Supplementary Figure 2

LOO sequential model with proportional odds assumption (fit_1):

```
          Estimate   SE
elpd_loo   -192.0 10.5
p_loo        50.9  7.5
looic       384.1 20.9

Pareto k diagnostic values:
                         Count Pct.    Min. n_eff
(-Inf, 0.5]   (good)     99    86.8%   8414
 (0.5, 0.7]   (ok)       12    10.5%   1834
   (0.7, 1]   (bad)       2     1.8%   830
   (1, Inf)   (very bad)  1     0.9%   36
```

LOO sequential model without proportional odds assumption, category-specific parameters for all predictors (fit_2):

```
          Estimate   SE
elpd_loo   -207.8 11.0
p_loo        79.0  7.2
looic       415.6 22.0

Pareto k diagnostic values:
                         Count Pct.    Min. n_eff
(-Inf, 0.5]   (good)     89    78.1%   9770
 (0.5, 0.7]   (ok)       23    20.2%   751
   (0.7, 1]   (bad)       1     0.9%   633
   (1, Inf)   (very bad)  1     0.9%   20
```

LOO sequential model with proportional odds assumption, category-specific parameters for most relevant predictors (immunosuppression, organs_greater_1) (fit_3):

```
          Estimate   SE
elpd_loo   -190.4 11.3
p_loo        49.3  8.2
looic       380.8 22.6

Pareto k diagnostic values:
                         Count Pct.    Min. n_eff
(-Inf, 0.5]   (good)     100   87.7%   10642
 (0.5, 0.7]   (ok)        11    9.6%   1806
   (0.7, 1]   (bad)        2    1.8%   271
   (1, Inf)   (very bad)   1    0.9%   8
```

LOO comparisons (fit 1 vs. fit 2 vs. fit 3):

```
      elpd_diff se_diff
fit     0.0       0.0
fit_3  -1.7       1.6
fit_2 -17.4       6.0
```

Leave-one-out cross-validation (LOO) demonstrates that the choosen model has a similar ELPD (expected log-predictive density, a measure of its ability to generalize to unseen data) as a sequential model without category-specific effects, meaning that including category-specific effects does not improve model performance and the proportional odds assumption does not have a strong effect on the model conclusions.