A Bayesian competing risks survival model to study the cause of death in patients with heart failure

<u>Jesús Gutiérrez-Botella</u>¹, Carmen Armero², María Pata³, Thomas Kneib⁴, Francisco Gude-Sampedro⁵

¹jesus.gutierrez.botella@rai.usc.es, Biostatech, Advice, Training and Innovation in Biostatistics SL; GRID-BDS, University of Santiago de Compostela

²carmen.armero@uv.es, Department of Statistics and OR, Universitat de València
³mariapata6@biostatech.com, Biostatech, Advice, Training and Innovation in Biostatistics SL
⁴tkneib@uni-goettingen.de, Georg-August-Universität Göttingen
⁵francisco.gude.sampedro@sergas.es, Epidemiology Department, Clinical University Hospital of Santiago de Compostela

Heart Failure (HF) is a chronic, progressive condition which happens when the heart is not able to pump enough blood to supply the patient's tissues. Cardiac Resynchronization Therapy (CRT) is a procedure to implant electrodes in the heart's chambers to make the heart work in a more organized and efficient way. This therapy improves the prognosis and reduces hospitalization rates and mortality in HF patients. Although the effects of this therapy have been assessed on a short-term basis, there are scarce published data on the long-term benefits of the CRT.

The aim of this work is to study the long-term cardiovascular and non-cardiovascular death in HF patients who underwent CRT and its relationship with demographic and clinical variables. This follow-up study includes 296 patients who received CRT in a tertiary cardiac institution between August 2001 and April 2015. Patients with unknown cause of death were withdrawn.

For the statistical analysis we used a Bayesian competing risks model for the events cardiovascular death and non-cardiovascular death. Bayesian estimation was performed using MCMC methods with JAGS software. Posterior outputs such as the posterior distribution for the cause-specific baseline hazard function for cardiovascular and non-cardivascular death, posterior distribution for the cumulative incidence function for each cause of death as well as the posterior distribution of the overall survival function are discussed.

Keywords: Cardiac Resynchronization Therapy; Cardiovascular and non-cardiovascular death; Cumulative incidence function; Overall survival function.