Internal Validation of the Metabo-Reno-Cardiovascular Disease Model: Mortality in Type 1 Diabetes

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Background

- The Metabo-Reno-Cardiovascular Disease Model (MRCDM) is a patient-level model with individuals with or without diabetes (type 1 or 2), obesity (defined by BMI), CVD or chronic kidney disease.
- It was developed to predict the risk of complications and mortality in

Table 2 – MRCDM predicted life expectancy

CVD equation options	Mortality approach	Predicted	Observed	
SweNDR (Sweden)	SweNDR	75	- 74.6 ⁴	
	Case fatality	73		
	CDI	60	-	

these individuals.

 To predict the risk of mortality in type 1 diabetes (T1D) in Western countries, different approaches are available: Swedish National Diabetes Registry (SweNDR)¹, Scottish Registry Linkage (SRL)² and case fatality combined with non-specific mortality.

Objectives

• This study aims to validate the prediction of mortality and life expectancy in individuals with T1D using the MRCDM.

Methods

- The MRCDM is a microsimulation model, with specific disease submodules and complications represented within a structure of Markov Health states.
- Individuals that enter the model can be with or without diabetes (type 1 or 2), obesity, CVD and chronic kidney disease.
- To predict mortality in Western countries in type 1 diabetes, 3



Results

- In Table 2, the Swedish and Scottish observed life expectancy and the MRCDM predictions obtained with different cardiovascular and mortality risk options, covering different regions are shown.
- The MRCDM predictions are very similar to the clinical trial predicted life expectancies.
- Using the combination of case fatality combined with nonspecific mortality, predictions show higher life expectancy for Scotland and lower for Sweden compared to the trial predicted outcomes.
- In Figure 1, the the MRCDM predicted survival curves are shown. The trials used as a source do not have this information available.

approaches can be used: the SweNDR¹ mortality equation, Scottish SRL² mortality data, or disease specific mortality (case and long-term fatality) combined with non-specific general mortality (UK).

- To predict CVD SweNDR⁵ and SRL² risk options were applied.
- The model was populated with country specific baseline characteristics of two studies^{4,2} and assuming no history of CVD.
- The EDIC risk factors progression equations were used³.
- With the different approaches, life-expectancy (LE) predictions were compared to the Swedish and Scottish study outcomes.

Table 1 – MRCDM Cohort inputs

Baseline characteristics	Sweden	Scotland
HbA1c (%)	7.90	8.56
Start age (years)	23	22
Duration of diabetes (years)	0	0
Proportion male (%)	58	56
SBP (mmHg)	124	125
DBP (mmHg)	75	76
Total cholesterol (mg/dL)	180	181
HDL (mg/dL)	56	54
LDL (mg/dL)	103	106
Triglycerides (mg/dL)	103	108
BMI (kg/m²)	25.4	25.9
eGFR (mL/min/1.73m ²)	102	102

 The case fatality approach predicts similar survival for Sweden and Scotland despite the use of different CVD risk equations.

Figure 1 – MRCDM predicted long-term survival



HbA1c: hemoglobin A1c, SBP: Systolic blood pressure, DBP: Diastolic blood pressure, HDL: High-density lipoprotein cholesterol, BMI: Body mass index, eGFR: Estimated glomerular filtration rate

Conclusions

For both Sweden and Scotland, the MRCDM predicts similar LE compared with the predictions of the source trials, with a variation of 2-4%.

Want to know more about the MRCDM? Contact: team@this2modeling.com

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