SECTION C SURVIVAL

C1 Survival analyses

C1.1 Proportion of patients starting RRT 1993 - 2012 surviving at 1 year, 2 years, 5 years and 10 years by age and primary renal diagnosis group										
Age group	Diagnosis group	Number starting	1 year survival		2 year survival		5 year survival		10 year survival	
		RRT	n	%	n	%	n	%	n	%
≥75 years	Unknown	667	417	63	273	41	75	11	5	1
	Diabetes	249	156	63	99	40	22	9	1	-
	Multisystem	713	405	57	279	39	73	10	5	1
	Interstitial	267	187	70	132	49	43	16	4	1
	Glomerulo- nephritis	196	124	63	82	42	25	13	7	4
65-74 years	Unknown	608	446	73	348	57	152	25	27	4
	Diabetes	573	410	72	275	48	78	14	5	1
	Multisystem	959	587	61	410	43	153	16	20	2
	Interstitial	430	346	80	276	64	133	31	24	6
	Glomerulo- nephritis	324	269	83	208	64	97	30	21	6
45-64 years	Unknown	439	363	83	300	68	195	44	72	16
	Diabetes	869	719	83	539	62	192	22	39	4
	Multisystem	701	515	73	411	59	221	32	77	11
	Interstitial	873	806	92	713	82	488	56	210	24
	Glomerulo- nephritis	609	556	91	486	80	319	52	157	26
20-44 years	Unknown	239	225	94	209	87	163	68	103	43
	Diabetes	417	378	91	316	76	208	50	91	22
	Multisystem	206	191	93	177	86	139	67	71	34
	Interstitial	560	548	98	518	93	411	73	243	43
	Glomerulo- nephritis	406	398	98	372	92	306	75	198	49
<20 years	Unknown	31	30	97	30	97	25	81	17	55
-	Diabetes	1	0	-	0	-	0	-	0	-
	Multisystem	41	40	98	39	95	33	80	26	63
	Interstitial	153	149	97	144	94	115	75	69	45
	Glomerulo- nephritis	31	31	100	31	100	27	87	19	61
All ages	All diagnoses	10562	8296	79	6667	63	3666	35	1511	14

Information on the inclusions and exclusions that are applied to survival analysis are detailed in the Summary of Data section of the report.

C1.2 Life expectancy for the general population of Scotland 2011-2013									
Age	Life expectancy males	Life expectancy females							
85	5.5	6.35							
75	10.46	12.07							
65	17.14	19.51							
55	25.15	28.03							
45	33.99	37.16							

Source: GROS life expectancy tables

Life expectancy in years for the general population of Scotland in 2011-2013 by sex, at the exact age given, is shown in this table. This allows comparison with patients receiving RRT.

C1.3 Survival of patients by year of start of RRT 2004-2013									
Date starting RRT	% surviving 90 days	% surviving 1 year	% surviving 1 year + 90 days	% surviving 2 years	% surviving 2 years + 90 days				
2004	90.2	75.4	71.9	63.9	61.1				
2005	91.5	76.6	72.7	62.6	60.1				
2006	91.9	78.8	74.8	66.7	63.9				
2007	92.9	81.5	78.1	71.2	69.2				
2008	93.4	81.8	78.8	71.2	67.8				
2009	90.8	77.9	76.4	68.5	65.8				
2010	94.4	83.7	80.2	72.8	69.8				
2011	94.4	86.1	83.9	77.1	73.9				
2012	95.3	86.0	83.5						
2013	96.0								

Note: Censored patients are excluded from this table.

Patients with insufficient follow-up and those who recovered within 90 days or who were lost to follow-up within the relevant period have been excluded.





Trend in 90 days survival: year to year OR is 1.07 (95% CI 1.02-1.13).

Trend in 1 year survival: year to year OR is 1.09 (95% CI 1.05-1.12).

Trend in 2 years survival: year to year OR is 1.09 (95% CI 1.06-1.12).

There is a statistically significant trend of improving survival at 90 days, 1 year and 2 years after starting RRT.

C1.5 Proportion of patients starting RRT 2003-2012 surviving at 90 days and 1 year, by NHS Board area of residence

NHS Board	Number of	90 day :	survival	1 year survival		
	patients	n	%	n	%	
A&A	434	406	94	359	83	
BORD	118	112	95	103	87	
D&G	190	170	89	150	79	
FIFE	446	416	93	361	81	
FV	299	283	95	248	83	
GG&C	1377	1258	91	1100	80	
GRAM	555	524	94	463	83	
HIGH	332	309	93	272	82	
LAN	558	533	96	464	83	
LOTH	739	684	93	574	78	
ORKN	25	23	92	21	84	
SHET	14	12	86	10	71	
TAY	531	477	90	404	76	
WI	30	28	93	24	80	
Scotland	5648	5235	93	4553	81	

C2 Survival of patients aged 45-64 when starting RRT over time

In order to investigate whether survival has improved for patients starting RRT the trend of the survival of patients in a single diagnosis group, glomerulonephritis, and a single age group, 45-64 years is shown. The number of incident patients in these groups has not changed significantly for the past 20 years - see A3.1 and A4.2.

Data relating to patients starting RRT 2012 onwards are excluded to ensure a minimum available follow up period of 2 years.

This analysis was repeated for patients of the same age group with a diagnosis of diabetic nephropathy.

RRT 1960-2011 when aged 45-64 in the glomerulonephritis PRD group										
Year	Number of	1 year survival		2 year survival		5 year survival		10 year survival		
RRT	Patients	n	%	n	%	n	%	n	%	
1960-1976	36	27	75	21	58	15	42	8	22	
1977-1981	73	62	85	56	77	42	58	25	34	
1982-1986	80	73	91	66	83	45	56	26	33	
1987-1991	106	95	90	89	84	70	66	36	34	
1992-1996	156	140	90	129	83	103	66	61	39	
1997-2001	148	132	89	119	80	90	61	66	45	
2002-2006	121	109	90	101	83	79	65			
2007-2011	152	143	94	139	91					

937 patients in the glomerulonephritis PRD group were aged between 45-64 when starting RRT.

Of these 65 started RRT between 2012 and 2013 and were excluded to ensure a minimum of 5 years of follow-up RRT.

Of the 872 remaining patients, 444 died within 5 years of beginning RRT.

C2.2 Trend in 5 year survival from starting RRT 1960-2006 for patients aged 45-64 in the glomerulonephritis PRD group



There is an increasing trend in survival which is statistically significant (OR 1.09, 95% CI 1.01-1.19, p=0.03).

C2.3 Proportion of patients surviving at 1, 2, 5 and 10 years from starting RRT 1987-2011 when aged 45-64 in the diabetic nephropathy PRD group										
Year	Number of	1 year survival		2 year survival		5 year survival		10 year survival		
RRT	T attents	n	%	n	%	n	%	n	%	
1987-1991	100	80	80	62	62	23	23	6	6	
1992-1996	149	113	76	80	54	31	21	12	8	
1997-2001	197	151	77	117	59	44	22	16	8	
2002-2006	229	197	86	159	69	80	35	9	4	
2007-2011	235	204	87	181	77					

916 patients in the diabetic nephropathy PRD group were aged 45-64 years when starting RRT. Of these 6 patients were excluded by censoring.

Of the remaining 910 patients, 732 died within 5 years of starting RRT.

C2.4 Trend in 5 year survival from starting RRT 1987-2006 for patients aged 45-64 in the diabetes PRD group





C3 Comparison of survival by NHS Board area of residence providing first RRT using Cox regression

The standardised mortality ratio (SMR) is the number of deaths in every unit divided by the expected number of deaths in that unit. This makes the SMR a measure of case-mix adjusted mortality (hence the label 'standardised'). The expected number of deaths is based on a logistic regressions comprising patients' age, sex, SIMD and primary renal diagnosis. A SMR close to one means that the observed number of deaths is close to the expected number. A SMR higher than one means that the observed number of deaths is higher than the expected number. The data points within the outer control limits (-3SD, +3SD) are considered equivalent and different only by chance. The control limits are calculated via the Poisson probability distribution.

C3.1 One year standardised mortality ratio at 1 year for patients starting RRT 2003-2012 by NHS Board area of residence



All NHS Board areas fall within 3 standard deviations of the mean.

The mortality in first year of RRT for patients starting RRT in the ten years 2003-2012 was 19%.

C3.2 Five year standardised mortality ratio for patients starting RRT 1999-2008 by NHS Board area of residence



All NHS Board areas fall within 3 standard deviations of the mean.

The mortality in first five years of RRT for patients starting RRT in the ten years 1999 - 2008 was 58%.

Survival by renal unit providing first RRT **C4**

C4.1 One year standardised mortality ratio by renal unit providing first RRT for patients starting RRT 2003-2012



All units fall within three standard deviations of the mean.

Expected mortality is based on sex, age group, SIMD and primary renal diagnosis group.

The mortality in first year of RRT for patients starting RRT in the ten years 2003-2012 was 19%.



All units fall within 3 standard deviations of the mean. Expected mortality is based on sex, age group, SIMD and primary renal diagnosis group.

The mortality in the first five years of RRT for patients starting RRT in the ten years 1999 - 2008 was 58%.