

# Appendix

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Supplement to:

Chammartin F, Probst-Hensch N, Utzinger J, Vounatsou P. Mortality atlas of the main causes of death in Switzerland, 2008–2012. *Swiss Med Wkly.* 2016;146:w14280.

## Appendix 1: Cause of death classification according to ICD-10 code

We got inspired by the CDC classification for showing mortality data by geographic areas (CDC, 2009) to group our data into 32 causes of death. Table A1 shows the causes of death together with the corresponding International classification of Diseases (ICD)-10 codes

Table A 1: Definition of the causes of death by the ICD-10 code.

Cause of death	ICD-10 code
<b>Cancer</b>	
Breast cancer	C50-C509
Gynecological cancers (cervix uteri, corpus uteri and ovary)	C53-C56
Colorectal cancer	C18-C218
Leukaemia	C91-C959
Lung cancer	C33-C349
Non Hodgkin's lymphoma	C82-C859
Pancreas cancer	C25-C259
Prostate cancer	C61
Stomach cancer	C16-C169
Urinary tract cancer	C64-C689
Other cancer	C00-C159,C17-C179,C22-C249, C26-C329,C37-C499,C51-C52, C57-C609,C62-C639,C69-C819, C86-C866,C88-C887,C90-C903, C96-C97
<b>Cardiovascular diseases</b>	
<b>Heart diseases</b>	
Hypertensive heart disease with or without renal disease	I11-I139, I159
Ischemic heart diseases	I20-I259
Other diseases of heart	I00-I099,I26-I519
Atherosclerosis	I70-I709
Hypertensive disease (hypertension and hypertensive renal disease)	I10,I12-I129
Stroke (cerebrovascular diseases)	I60-I698
Other diseases of circulatory system	I71-I788
<b>External cause of death</b>	
Assault (homicide)	X859-Y099
Intentional self-harm (suicide)	X60-X849,Y87-Y870
Motor vehicle accidents	V02-V049,V09-V090,V092, V124-V149,V19-V194,V20-V799, V81,V82,V835,V872,V89,V892
All other unspecified accidents and adverse effects	V01-V019,V05-V061,V093-V099, V11-V119,V15-V189,V199, V80-V809,V813,V825-V829,V899, V904-X599,Y40-Y86,Y88-Y883 Y10-Y349,Y872,Y89-Y899
All other external causes	
<b>Other causes</b>	
Certain conditions originating in the perinatal period	P00-P968
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q999
Chronic respiratory diseases	J40-J47
Alzheimer's disease	G30-G309
Diabetes	E10-E149
HIV	B20-B24
Influenza and pneumonia	J09-J189
Liver diseases	K70-K709,K73-K746
Nephritis, nephrotic syndrome and nephrosis	N01-N079,N17-N19,N25-N26
Peptic ulcer	K25-K289
Pregnancy, childbirth and the puerperium	O00-O998
Sudden infant death syndrome	R95
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R94,R96-R999
Syphilis	A52-A529
Tuberculosis	A15-A199
All other diseases	A01-A099,A24-A499,A60-B199, B25-B99,D002-E079,E15-G259, G31-H931,I80-J398,J61-K229, K29-K668,K71-K729,K75-M959, N10-N159,N20-N23,N28-N94

## Appendix 2: National statistics

Gender-specific age-adjusted death rates are calculated as a weighted average of the age-specific  $a$  ( $a = 1, \dots, 18$ ) death rate by gender  $g$  ( $g \in \{Female, Male\}$ ) as follows:

$$\text{Age-adjusted death rate}_g = \sum_a (\text{weight}_a * \frac{\text{death count}_{ag}}{\text{population}_{ag}}).$$

Hence, similar weights that depend on the age structure of the total population are applied to the standard age-specific rates, readily allowing for gender comparison. Population and weights for the year 2010 in Switzerland are given in Table A2.

Table A 2: Population and percentage (weight) of the population in Switzerland according to the 2010 census, by gender.

Age category	Age	Female population	Male population	Total population
1	0–4	189871 (4.76%)	200758 (5.18%)	390629 (4.96%)
2	5–9	186442 (4.67%)	196612 (5.07%)	383054 (4.87%)
3	10–14	203197 (5.09%)	213936 (5.52%)	417133 (5.30%)
4	15–19	220240 (5.52%)	231379 (5.97%)	451619 (5.74%)
5	20–24	238828 (5.98%)	246153 (6.35%)	484981 (6.16%)
6	25–29	257836 (6.46%)	263516 (6.80%)	521352 (6.62%)
7	30–34	266170 (6.67%)	268638 (6.93%)	534808 (6.80%)
8	35–39	278833 (6.98%)	280086 (7.22%)	558919 (7.10%)
9	40–44	315984 (7.91%)	318088 (8.20%)	634072 (8.06%)
10	45–49	321169 (8.04%)	329746 (8.50%)	650915 (8.27%)
11	50–54	279627 (7.00%)	286684 (7.39%)	566311 (7.20%)
12	55–59	243362 (6.10%)	243474 (6.28%)	486836 (6.19%)
13	60–64	232996 (5.84%)	226815 (5.85%)	459811 (5.84%)
14	65–69	205331 (5.14%)	191911 (4.95%)	397242 (5.05%)
15	70–74	164340 (4.12%)	139108 (3.59%)	303448 (3.86%)
16	75–79	145628 (3.65%)	110430 (2.85%)	256058 (3.25%)
17	80–84	119759 (3.00%)	74620 (1.92%)	194379 (2.47%)
18	≥ 85	123095 (3.08%)	55472 (1.43%)	178567 (2.27%)
		3992708 (100.00%)	3877426 (100.00%)	7870134 (100.00%)

### Appendix 3: Additional results

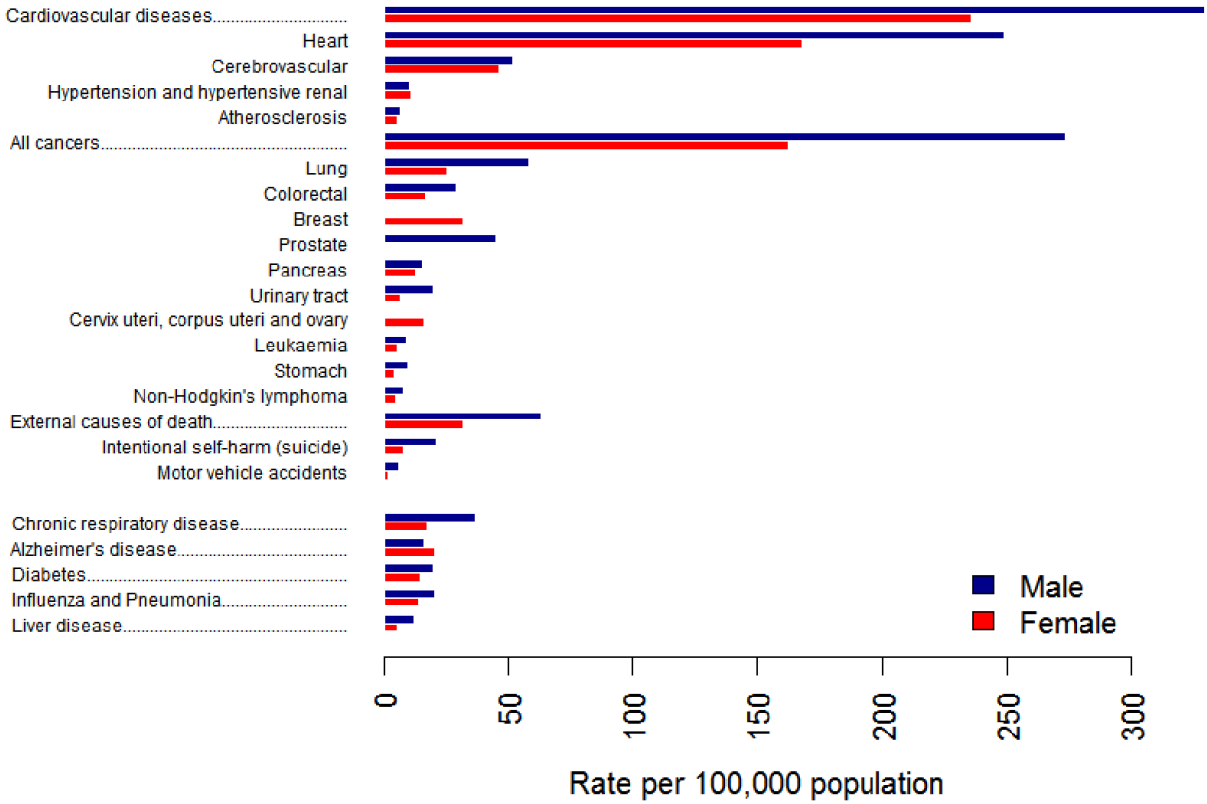
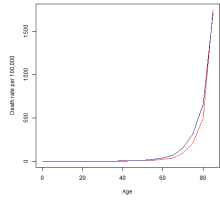
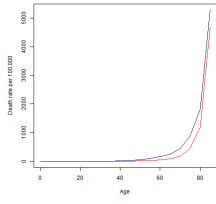


Figure A 1: Age-adjusted death rates by cause and gender.

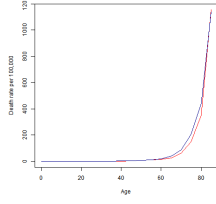
**Cardiovascular diseases**



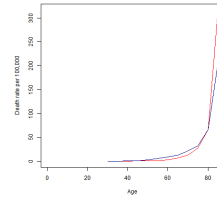
**Heart disease**



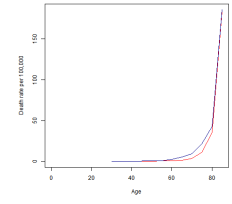
**Cerebrovascular disease**



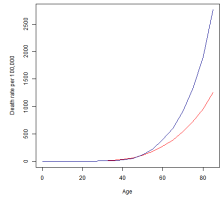
**Hypertensive disease**



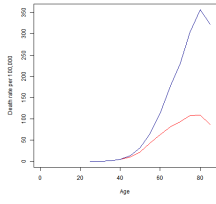
**Atherosclerosis**



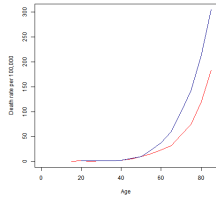
**All cancers**



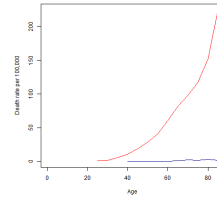
**Lung cancer**



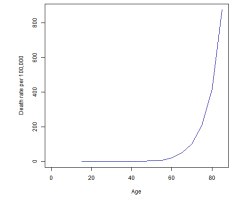
**Colorectal cancer**



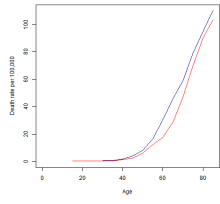
**Breast cancer**



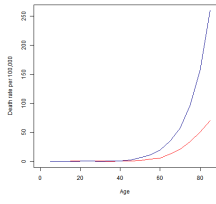
**Prostate cancer**



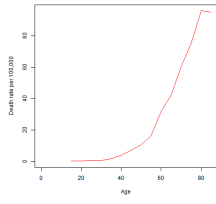
**Pancreas cancers**



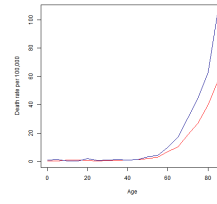
**Urinary tract cancer**



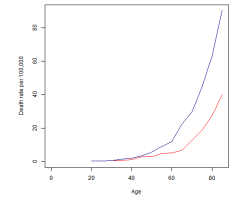
**Gynecological cancer**



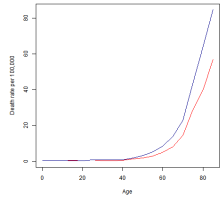
**Leukaemia**



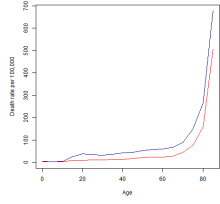
**Stomach cancer**



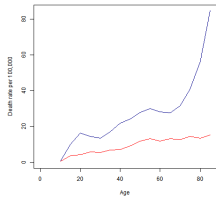
**Non Hodgkin's lymphoma**



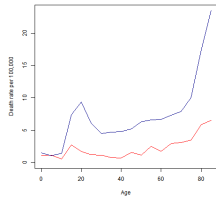
**External causes of death**



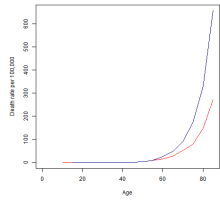
**Intentional self-harm**



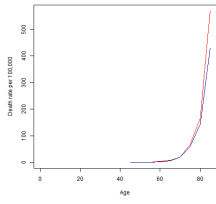
**Motor vehicle accidents**



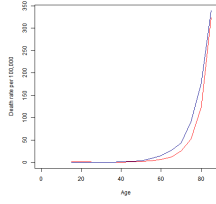
**Chronic respiratory diseases**



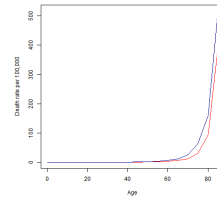
**Alzheimer's**



**Diabetes**



**Influenza and pneumonia**



**Liver diseases**

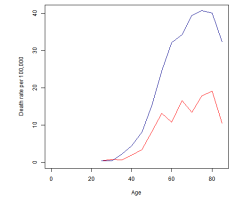


Figure A 2: Death rate per 100,000 population by cause for male (blue) and female (red).

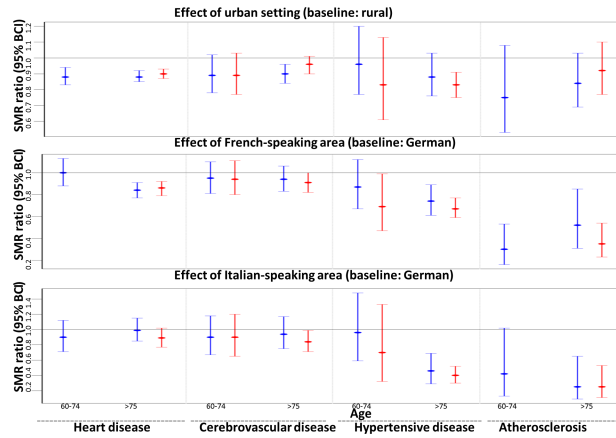


Figure A 3: Effect of different covariates on cardiovascular diseases for male (blue) and female (red)

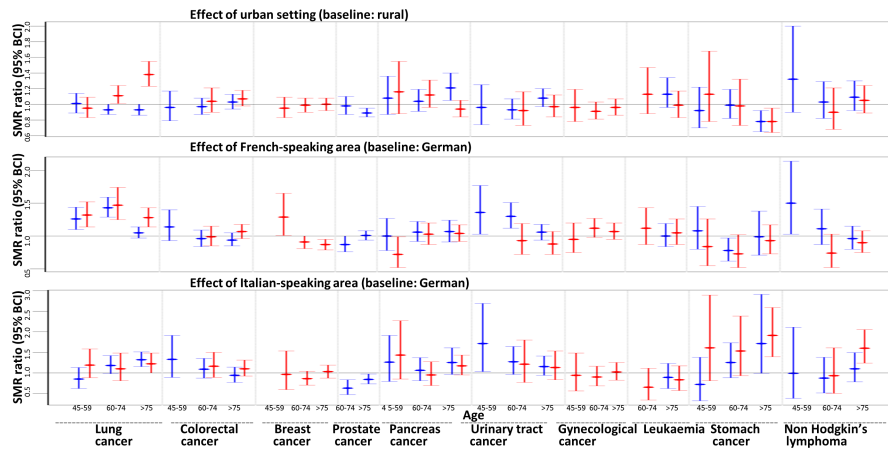


Figure A 4: Effect of different covariates on cancer for male (blue) and female (red)

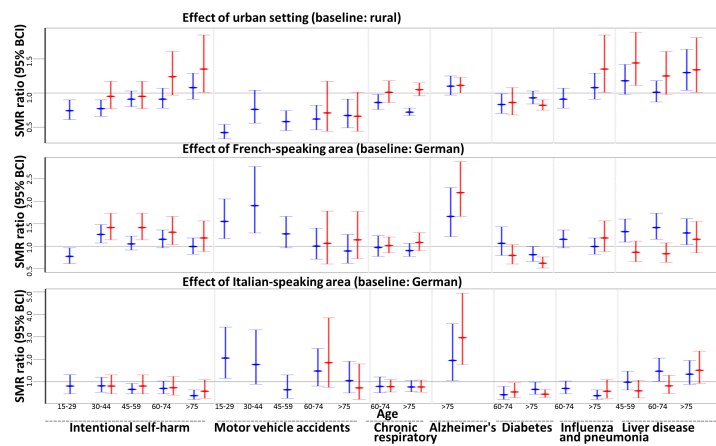
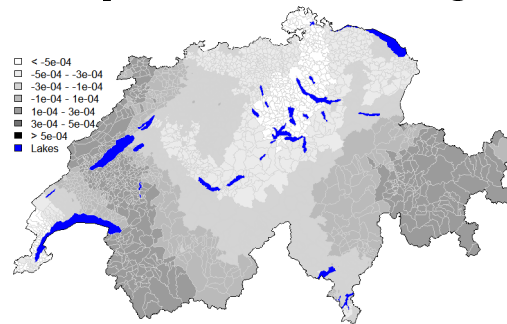
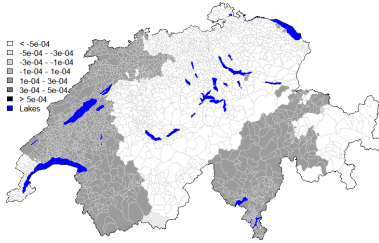


Figure A 5: Effect of different covariates on additional causes of death for male (blue) and female (red).

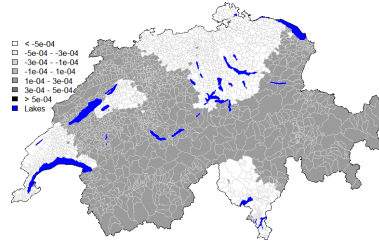
**A1) Shared spatial dependence between lung cancer and COPD**



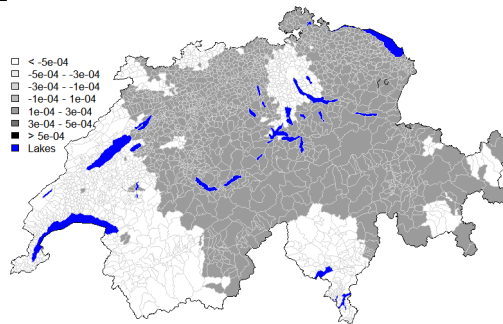
**A2) Lung cancer specific spatial dependence**



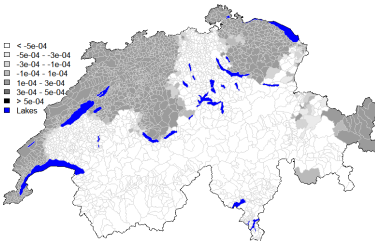
**A3) COPD specific spatial dependence**



**B1) Shared spatial dependence between diabetes and cardiovascular diseases**



**B2) Diabetes specific spatial dependence**



**B3) Cardiovascular diseases specific spatial dependence**

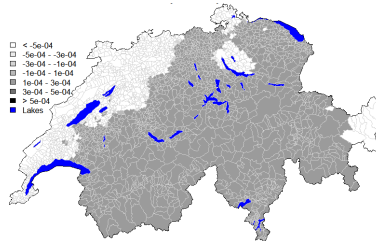


Figure A 6: Shared and disease specific spatial dependence identified by the joint modelling of A) lung cancer and chronic lower respiratory diseases (COPD) and B) diabetes and cardiovascular diseases.



Table A 3: Number of deaths in Switzerland during the period 2008–2012 by cause, age and gender.

Cause of death	0–14 years old		15–29 years old		30–44 years old		45–59 years old		60–74 years old		≥75 years old		All-age	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Age category		Age category		Age category		Age category		Age category		Age category		Age category	
Cardiovascular diseases	6	2	10	4	102	75	606	380	2214	1413	8906	15213	11844	17087
Heart disease	12	18	68	32	449	130	2558	580	7386	2889	26306	39127	36779	42776
Cerebrovascular disease	5	2	5	4	64	54	296	281	1196	949	5933	10290	7499	11580
Hypertensive disease	0	0	0	0	14	4	142	50	380	218	995	2549	1531	2821
Atherosclerosis	0	0	0	0	2	2	20	8	139	51	799	1418	960	1479
All cancers	78	46	157	116	711	842	5438	4775	16607	11735	22023	18744	45014	36258
Lung cancer	0	0	2	0	104	90	1480	1011	4563	2327	3902	1971	10051	5399
Colorectal cancer	0	0	5	10	61	54	509	388	1682	1019	2421	2380	4678	3851
Breast cancer	0	0	0	7	1	270	7	1209	13	2348	17	3152	38	6986
Prostate cancer	0	0	1	0	4	0	125	0	1388	0	5138	0	6656	0
Pancreas cancer	0	0	0	3	35	27	389	280	1191	882	1093	1680	2708	2872
Urinary tract cancer	2	1	3	2	18	15	274	95	964	370	1844	986	3105	1469
Gynecological cancer	0	0	0	10	0	91	0	464	0	1297	0	1707	0	3569
Leukaemia	19	11	33	19	43	30	132	86	497	340	776	782	1500	1268
Stomach cancer	0	0	2	1	53	37	244	145	557	235	727	546	1583	964
Non Hodgkin's lymphoma	5	2	11	4	30	14	140	81	389	263	713	795	1288	1159
External causes of death	119	60	1226	361	1651	540	2196	844	1954	921	3693	4627	10839	7353
Intentional self-harm	11	2	509	163	767	282	1165	475	810	379	669	281	3931	1582
Motor vehicle accidents	43	20	280	60	200	39	257	71	197	76	184	98	1161	364
Chronic respiratory diseases	0	1	3	0	11	3	162	144	1354	868	3996	3112	5526	4128
Alzheimer's	0	0	0	0	0	0	13	13	216	270	2049	4985	2278	5268
Diabetes	0	0	7	6	29	15	198	79	716	404	2100	3102	3050	3606
Influenza and pneumonia	8	8	6	4	30	17	107	62	370	196	2379	3221	2900	3508
Liver diseases	0	0	1	2	107	43	655	332	972	400	461	308	2196	1085

Death counts highlighted in bold indicate age categories that were analyzed and contribute to more than 5% of the total population deaths.

## Appendix 4: Spatial analysis at municipality level

### Likelihood assumption

Several likelihood functions were explored to model death counts, namely the "Poisson", the "negative binomial" and the "zero inflated negative binomial" distributions.

The Poisson distribution is widely used to model count data. It is the simplest distribution that assumes the variance to be equal to the mean. Thus, our data  $Y_{ij}$  were assumed to follow a Poisson distribution  $Y_{ij} \sim Poisson(\lambda_{ij}E_{ij})$ , where  $Y_{ij}$  is the number of deaths due to disease  $i$  at municipality  $j$  ( $j = 1, \dots, 2352$ ),  $\lambda_{ij}$  is the expected number of deaths and  $E_{ij}$  represents the expected number of deaths in the general population.

However, count data are often over-dispersed and might have a larger variance than assumed by the Poisson distribution. Thus, a negative binomial distribution  $Y_{ij} \sim NegBin(\mu_{ij}, r)$ , where  $\mu_{ij} = r/(r + \lambda_{ij}E_{ij})$  and the parameter  $r$  captures the over-dispersion might be more appropriate.

In the presence of large amount of zero counts, a zero inflated negative binomial distribution that captures the excess of zeros that cannot be accounted for by the over-dispersion parameter can be assumed such as:

$$Y_{ij} \sim \begin{cases} 0 & \text{with probability } p_{ij} \\ NegBin(\mu_{ij}, r) & \text{with probability } 1 - p_{ij} \end{cases}$$

### Generalised linear regression model

Standardised mortality ratios (SMR) were modeled on the log scale, such as  $\log(\lambda_{ij}) = \log(E_{ij}) + \alpha_i + \psi_{ij} + \epsilon_{ij}$ , where  $\alpha_i$  is a disease-specific constant,  $\psi_{ij}$  is a conditional autoregressive (CAR) spatially-structured random term and  $\epsilon_{ij}$  an unstructured random effect.

Following Besag et al. (1991) formulation, we assigned a conditional prior distribution on the  $\psi_j$ , such as:

$$\psi_j | \psi_{k, j \neq k, \sigma^2} \sim N\left(\frac{1}{w_j} \sum_{j \sim k} \psi_k, \frac{\sigma^2}{w_j}\right),$$

where  $w_j$  is the number of neighbours of municipality  $j$ ,  $j \sim k$  indicates that municipalities  $j$  and  $k$  are neighbours and  $\sigma^2$  is the conditional prior variance.

Age and gender standardization was done through the expected number of deaths  $E_{ij}$ . Thus,  $E_{ij} = \sum_{a_1g} (DR_{ia_1g} * (\sum_t n_{ja_1gt}))$ , where  $n_{ja_1gt}$  is the 2010 population and  $DR_{ia_1g}$  is the death rate for municipality  $j$  ( $j = 1, \dots, 2352$ ), age category  $a_1$  ( $a_1 \in \{0-4, 5-9, \dots, \geq 85\}$ ),

gender  $g$  ( $g \in \{Female, Male\}$ ) and time  $t$  ( $t \in \{2008, 2009, \dots, 2012\}$ ), i.e.  $DR_{ia_1g} = \frac{\sum_{jt} Y_{jta_1g}}{\sum_{jt} n_{jta_1g}}$ .

We also developed gender and age group-specific models that account for urbanisation (urban *vs* rural) and linguistic areas (French, Italian and Romansch *vs* German). We divided the total population into 6 age groups  $a_2$  ( $a_2 \in \{0-14, 15-29, 30-44, 45-59, 60-74, \geq 75\}$ ). Thus, SMRs were modeled such as:  $\log(\lambda_{ija_2g}) = \log(E_{ija_2g}) + X_{ij}^T \beta_{ia_2g} + \psi_{ija_2g} + \epsilon_{ija_2g}$ , where  $X$  is the matrix of explanatory variables that includes urbanisation, linguistic areas and a constant. Expected number of death  $E_{ija_2g}$  was calculated as:  $E_{ija_2g} = \sum_{a_1 \cap a_2} (DR_{ia_1g} * (\sum_t n_{ja_1gt}))$ .

Similarly, we developed shared component model (Knorr-Held and Best, 2001) by jointly modelling two causes of death  $i$  ( $i = 1, 2$ ) as follows:  $\log(\lambda_{ij}) = \log(E_{ij}) + \alpha_i + \psi_{ij} + \epsilon_{ij} + \delta_k \phi_j$ , where  $\phi_j$  is the CAR spatially-structured random term that is shared by both causes of deaths  $i$  and  $\delta_k$  is a cause of death specific weight.

## Model fit and implementation

Model parameters were estimated through integrated nested Laplace approximations (INLA) (Rue et al., 2009) and stochastic partial differential equations approach (Lindgren et al., 2011) for fast Bayesian inference. All models were fitted in R (version 3.0.2) (R Core Team, 2014) with the INLA package. We used the poisson, nbinomial and zeroinflated-binomial1 likelihood models implemented in the R INLA package to fit the corresponding regression models. Spatial and non spatial random effects were fitted with the bym model for latent Gaussian field. We assigned uninformative Gaussian prior for the constant  $\alpha$ ; i.e.  $\alpha \sim N(0, 100)$  and logGamma distribution for the log of the overdispersion parameter  $r$ ,  $\log(r) \sim \logGamma(1, 100)$ . For the shared component model, we modeled spatial effects with the besag model and non-spatial effects with the independent random variables model, respectively. We chose flat log-normal distribution for  $\delta_2$  and fixed  $\delta_1$  to 1 to overcome identifiability problems.

# Bibliography

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