

USPSTF: Screen Older Male Smokers for AAA

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The U.S. Preventive Services Task Force is recommending that men between the ages of 65 and 75 years, who are or have been smokers, undergo a one-time ultrasound screening for abdominal aortic aneurysm.

The recommendation is based on new evidence that has shown that screening and surgery to repair large abdominal aortic aneurysms (AAAs) are effective at reducing the number of deaths in men as a result of this condition. Between 59% and 83% of patients with a ruptured AAA die before reaching the hospital and undergoing surgery, according to estimates.

"This is an important recommendation because evidence now exists that screening high-risk men for abdominal aortic aneurysms can reduce deaths from aneurysm," task force chair Ned Calonge, M.D., said in a statement. Men 65 years

The task force found there was fair evidence that screening high-risk men allowed for timely surgery and thus reduced deaths from abdominal aortic aneurysms.

and older who are currently or have been regular smokers are at the highest risk for AAA, according to the task force.

The recommendation is grade B, meaning that the task force found at least fair evidence that screening improves important health outcomes and concludes that benefits outweigh harms (Ann. Intern. Med. 2005;142:198-202).

The task force last reviewed the topic in 1996 and concluded at that time that there was insufficient evidence to screen for such aneurysms.

The task force noted that there is evidence that surgery to repair the aorta in people with an aortic diameter of at least 5.5 cm reduces the number of deaths caused by AAA, which causes approximately 9,000 deaths each year in this country. However, the number may be underestimated because most people with AAA die before reaching a hospital and their deaths may be attributed to other causes.

The condition is less likely to occur in people who have never smoked, and the preventive services task force found that screening these patients for AAA would have little net benefit. Therefore the task force made no recommendation either for or against routine screening for this condition in men between 65 and 75 years who have never smoked (grade C).

The USPSTF is also recommending that women not be screened for AAA (grade D). Death from an aneurysm is rare in women, and most of these deaths occur in women older than 80 years. The USPSTF found no evidence of benefit from routine screening for AAA in all women and concluded that potential harms from screening—mortality and complications of

surgery—outweighed potential benefits.

The Agency for Healthcare Research and Quality is sponsoring an evidence review of endovascular repair of AAA that is expected to be published next year. The technique has been shown to have short-term benefits, compared with open surgical repair. The long-term effectiveness and harms of endovascular repair of AAA are not known. ■

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