

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Abdominal Aortic Aneurysm

WASHINGTON, D.C. – January 28, 2014 – The U.S. Preventive Services Task Force (Task Force) today posted its draft recommendation statement and published its final evidence report on screening adults for abdominal aortic aneurysm (AAA). The Task Force is providing an opportunity for public comment on this draft recommendation statement until February 24. All public comments will be considered as the Task Force develops its final recommendation statement.

AAA—a bulge or “ballooning” in the wall of the main artery that carries blood from the heart—often has no symptoms, but can be a serious condition. If untreated, a large AAA can burst or rupture without warning, and a high percentage of ruptures can cause death.

“Older male smokers are at the highest risk of developing AAA,” says Task Force co-vice chair Albert Siu, M.D., M.S.P.H. “The good news is that, if you are a 65- to 75-year-old man who smokes or used to smoke, one-time AAA screening with an ultrasound, along with appropriate treatment, can reduce your risk of dying from a rupture.”

In its draft recommendation statement, the Task Force found that one-time AAA screening can be effective and recommends it for men ages 65 to 75 who have ever smoked. This is a B recommendation. For men ages 65 to 75 who have never smoked, the Task Force recommends that these men talk to their doctor or nurse about whether one-time AAA screening might be right for them based on their health history and the potential benefits and harms of screening. This is a C recommendation.

For women, the Task Force found that the benefits and harms of screening are different. In the draft recommendation statement, the Task Force calls for more research to determine if AAA screening is beneficial for women ages 65 to 75 who smoke or have smoked in the past. Based on the lack of evidence, the Task Force determined it could not recommend for or against screening older female smokers and issued an I statement. Research is critically needed in this area to determine if AAA screening could be beneficial for women who smoke or who have ever smoked.

Among nonsmoking women, the chance of developing AAA is extremely low (well under 1%), and the Task Force found that AAA screening is very unlikely to benefit these women and may even cause harm. The Task Force recommends against screening for AAA in these women; this is a D recommendation.

“There are many other things that men and women of all ages can do to reduce their overall risk of developing cardiovascular disease,” says Task Force member Kirsten Bibbins-Domingo, Ph.D., M.D. “These include including quitting smoking; eating a healthy diet and maintaining a healthy weight; engaging in physical activity; and keeping blood pressure and blood cholesterol under control.”

The Task Force’s draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from January 28 to February 24, 2014 at www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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