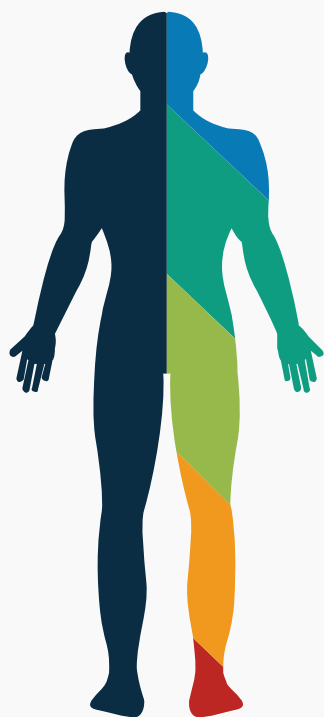


Standard of Care

One Time Screening



▶ **All Males between 65-75 years old who have smoked**

▶ **Physicians *may* consider all males between 65-75 years old OR those with an indication.**

- Diabetes
- Hypertension
- PAD Indications
 - (Claudication/Leg pain/Cramping)
 - Heredity
 - Infection
 - Non-healing foot or toe wounds
 - Loss of hair on toes or lower leg
 - Congenital (Marfans)
 - Arterio/Atherosclerosis
 - Lower leg decrease in temperature
- Poor/bad ABI
- Lipid Problems
- Family History of PAD or CAD

▶ **No recommendation (for or against) on females who have smoked between ages 65-75/**

▶ **No evidence to screen on females who have never smoked**

▶ **Females with family history is not addressed**

Standard of Care

Summary

Abdominal Aortic Aneurysm: Screening

Release Date: June 2014

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Men Ages 65 to 75 Years who Have Ever Smoked	The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked.	B
Men Ages 65 to 75 Years who Have Never Smoked	The USPSTF recommends that clinicians selectively offer screening for AAA in men ages 65 to 75 years who have never smoked rather than routinely screening all men in this group.	C
Women Ages 65 to 75 Years who Have Ever Smoked	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for AAA in women ages 65 to 75 years who have ever smoked.	I
Women Who Have Never Smoked	The USPSTF recommends against routine screening for AAA in women who have never smoked.	D

2012 Medicare Review Policy

Overview



Prevention

Because a lifetime history of tobacco use is strongly associated with abdominal aortic aneurysm (AAA) and its associated mortality, it is important to avoid tobacco use. Because more than 90% of users start using tobacco before age 21, it also is important to counsel younger patients (ages 11–21) to avoid tobacco experimentation. Tobacco users of all ages should be urged to quit tobacco and be assisted in their quit attempts with counseling and appropriate pharmacotherapy. See the Tobacco Use Guideline for more information.

Screening Recommendations and Tests

Eligible population	Test	Frequency
Men aged 65–75 who have a smoking history of more than 100 cigarettes ¹ with no family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	One time
Men aged 55–75 who have a family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	One time
Women aged 55–75 who have both a smoking history of more than 100 cigarettes and a family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	Consider one time
Women of any age who have neither a smoking history nor a family history (parent or sibling) of AAA	Screening not recommended	N/A

¹ Screening men aged 65–75 years who have ever smoked results in a 43% reduction in AAA-specific mortality (absolute risk reduction = 0.12%). There is no evidence that screening for AAA reduces all-cause mortality in this group.