SCREENING FOR ABDOMINAL AORTIC ANEURYSM
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Men ages 65 to 75 years who have ever smoked*	Men ages 65 to 75 years who have never smoked	Women ages 65 to 75 years who have ever smoked	Women who have never smoked
Recommendation	**Screen once for abdominal aortic aneurysm (AAA) by ultrasonography.** **Grade: B**	**Selectively screen for AAA.** **Grade: C**	**No recommendation.** **Grade: I statement**	**Do not screen for AAA.** **Grade: D**

Risk Assessment	Risk factors for AAA include older age; a positive smoking history; having a first-degree relative with an AAA; and having a history of other vascular aneurysms, coronary artery disease, cerebrovascular disease, atherosclerosis, hypercholesterolemia, obesity, or hypertension. Factors associated with a reduced risk for AAA include African American race, Hispanic ethnicity, and diabetes.			
Screening Tests	Abdominal duplex ultrasonography is the standard approach for AAA screening. Screening with ultrasonography is noninvasive and easy to perform and has high sensitivity (94% to 100%) and specificity (98% to 100%) for detection.			
Treatment	Patients with large AAAs (≥5.5 cm) are referred for open surgical repair or endovascular aneurysm repair. Patients with smaller aneurysms (3.0 to 5.4 cm) are generally managed conservatively via surveillance (e.g., repeated ultrasonography every 3 to 12 months). Early open surgery for the treatment of smaller AAAs does not reduce AAA-specific or all-cause mortality. Surgical referral of smaller AAAs is typically reserved for rapid growth (>1.0 cm per year) or once the threshold of ≥5.5 cm on repeated ultrasonography is reached. Short-term treatment with antibiotics or β-blockers does not appear to reduce AAA growth.			
Balance of Benefits and Harms	There is a moderate net benefit of screening for AAA with ultrasonography in men ages 65 to 75 years who have ever smoked.	There is a small net benefit of screening for AAA with ultrasonography in men ages 65 to 75 years who have never smoked.	The evidence of screening for AAA in women ages 65 to 75 years who have ever smoked is insufficient, and the balance of benefits and harms cannot be determined.	The harms of screening for AAA in women who have never smoked outweigh any potential benefits.

*"Ever smoked" is defined as a person who has smoked at least 100 cigarettes in his or her lifetime.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to http://www.uspreventiveservicestaskforce.org/.