



Unitat Docent
Clínic - CAPSBE



Àrea Integral
de Salut
Barcelona Esquerra

C S B

Consorti Sanitari de Barcelona

Ens públic de la Generalitat de Catalunya i l'Ajuntament de Barcelona
adscrit al Servei Català de la Salut

Corporació Sanitària de Barcelona

8^a JORNADA D'ATENCIÓ COMPARTIDA CIRURGIA VASCULAR

**Com millorar les perspectives de vida als pacients amb
aneurismes d'aorta: una atenció integrada entre la Primària
i l'Hospitalària.**

El cribratge a l'Atenció Primària: quan, com i perquè.

**Antoni Sisó Almirall, CAPSBE.
Divendres, 15 D'ABRIL DE 2016
HOSPITAL CLÍNIC, SALA D'ACTES**

La historia natural del AAA (silente) conduce a 3 posibles complicaciones:

- **ruptura del AAA**
- **formación de trombos en luz vascular**
- **compresión de órganos adyacentes.**

Otro factor de riesgo adicional para la ruptura es el **crecimiento rápido** en AAA menores de 5,5 cm.

La **ecografía abdominal** es la prueba de cribado del AAA en todos los países en donde existe un programa.

| Tamaño | Riesgo Ruptura (anual) |
|--------------|------------------------|
| < 4 cm | 0,5% |
| 4,0 a 4,9 cm | 1% |
| 5,0 a 5,9 cm | 11% |
| 6,0 a 6,9 cm | 26% |

Screening for abdominal aortic aneurysm (Review)

Cosford PA, Leng GC, Thomas J



Revisión Cochrane 2007 justifica el cribado: demuestra disminución significativa de la mortalidad por AAA en hombres (OR 0.60; 95% CI 0.47 to 0.78), pero no en mujeres (OR 1.99; 95% CI 0.36 to 10.88).

Overview of the randomized studies of ultrasound screening for abdominal aortic aneurysms (AAA) (1)

| | MASS (UK) | Western Australia | Viborg (Denmark) | Chichester (UK), men |
|-------------------------|-----------|-------------------|------------------|----------------------|
| Age (years) | 65–74 | 65–83 | 65–73 | 65–80 |
| Sex | Men | Men | Men | Men |
| Randomized | 67 800 | 38 704 | 12 658 | 6433 |
| Follow-up (years) | 7 | 3.6 | 9.6 | 15 |
| Screening achieved | 80% | 63% | 77% | 73% |
| Prevalence of AAA >3 cm | 4.9% | 7.2% | 4.0% | 7.6% |



Screening for Abdominal Aortic Aneurysm: A Best-Evidence Systematic Review for the U.S. Preventive Services Task Force

Craig Fleming, MD; Evelyn P. Whitlock, MD, MPH; Tracy L. Beil, MS; and Frank A. Lederle, MD

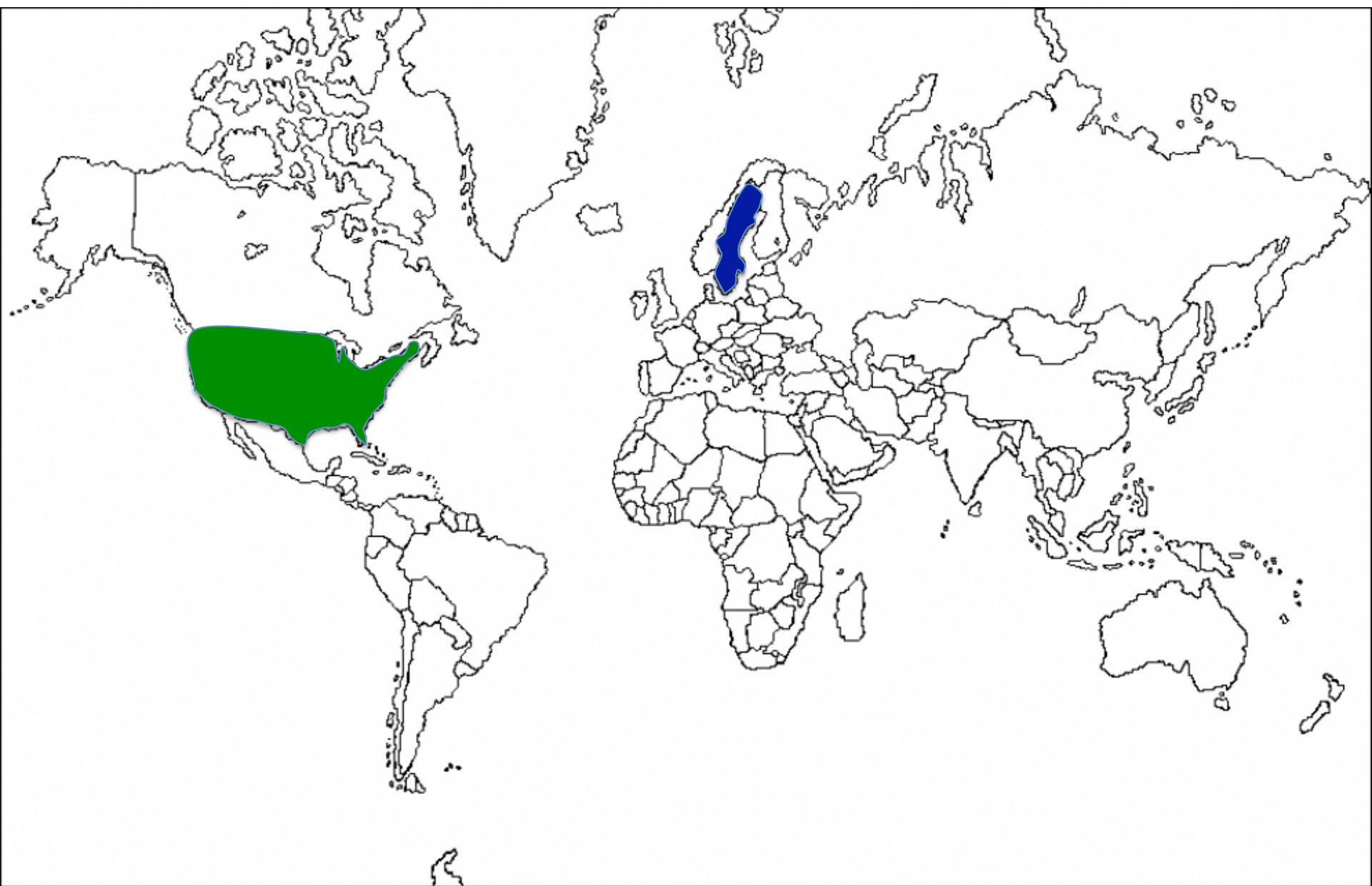
En el año 2005 la US Preventive Task Force (*Ann Int Med 2005*) otorgó como recomendación clase B el cribado del aneurisma de aorta abdominal (AAA) con ecografía en hombres de 65-75 años fumadores o exfumadores, incluyéndose desde entonces como prueba de cribado del Medicare.

Atherosclerotic Cardiovascular
Disease Screening in Adults
American College of Preventive Medicine
Position Statement on Preventive Practice

Lionel S. Lim, MD, MPH, Nowreen Haq, MD, MPH, Shamail Mahmood, MD,
Laura Hoeksema, MD, MPH, and the ACPM Prevention Practice Committee*

*ACPM recommends one-time
AAA screening in men aged 65–
75 years who have ever
smoked. Routine AAA screening
in women is not recommended*

(Am J Prev Med 2011;40(3):380–381) © 2011 American Journal of Preventive Medicine





UPPSALA
UNIVERSITET

Nationwide AAA screening programme

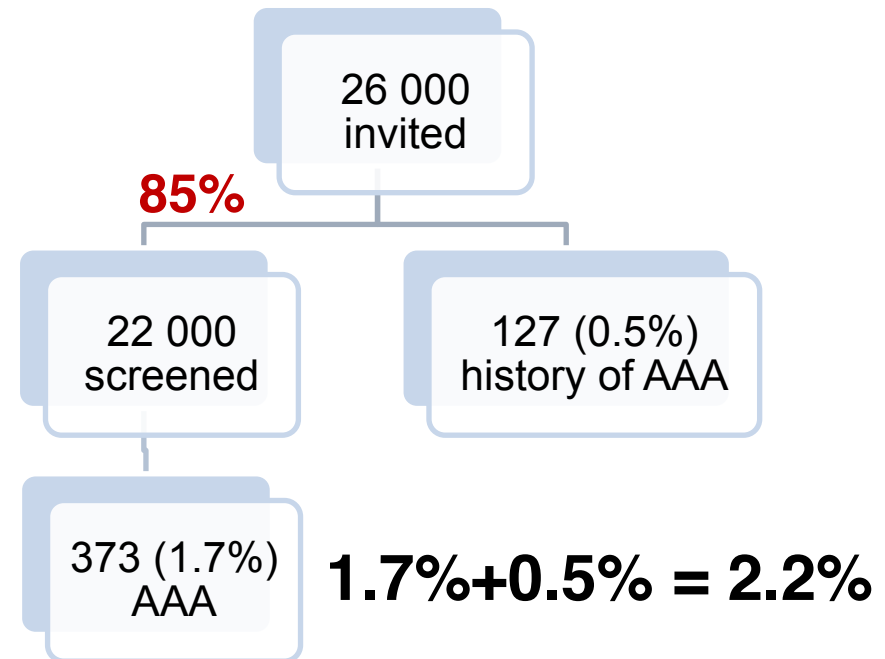
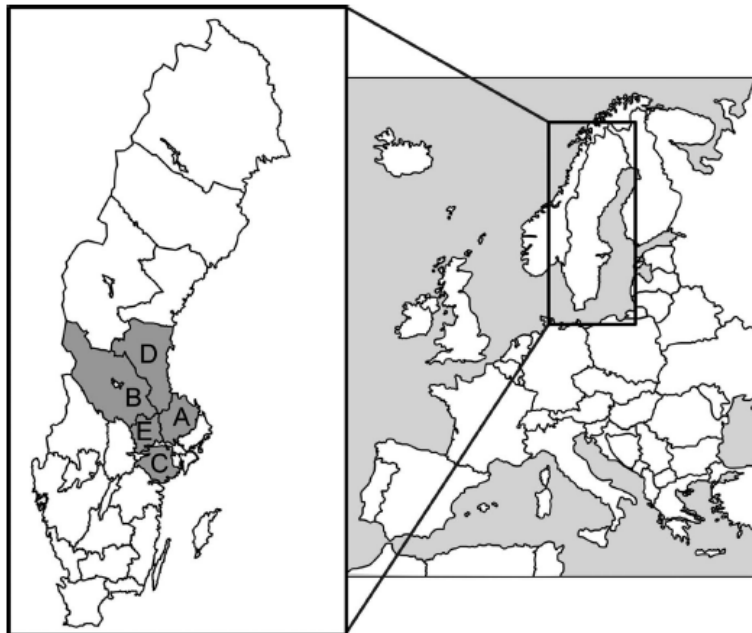
2014



- Total population: 9.4 million
- 700 – 1000 AAA-deaths / year
- 21 independent counties
- Screening started in **2006 in Uppsala**
- By 2011 >90% of all 65-year old men were invited
- By the end of 2014 **100% - nationwide**

Low Prevalence of Abdominal Aortic Aneurysm Among 65-Year-Old Swedish Men Indicates a Change in the Epidemiology of the Disease

Sverker Svensjö, MD; Martin Björck, MD, PhD; Mikael Gürtelschmid, MD; Khatereh Djavani Gidlund, MD; Anders Hellberg, MD, PhD; Anders Wanhainen, MD, PhD

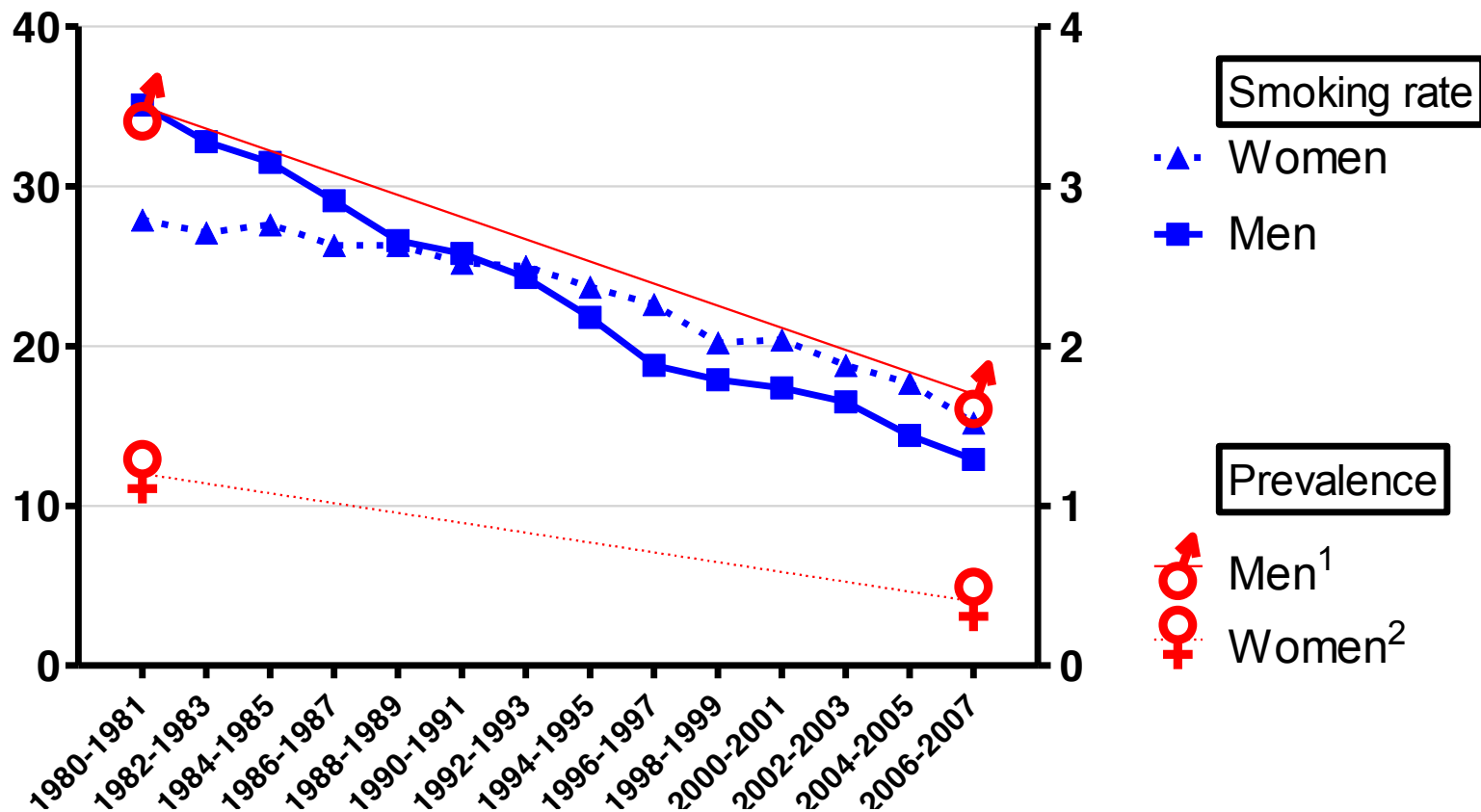




Daily smokers and AAA-prevalence

Smokers, %
in population

Prevalence AAA, %



Screening for Abdominal Aortic Aneurysm in 65-Year-old Men Remains Cost-effective with Contemporary Epidemiology and Management

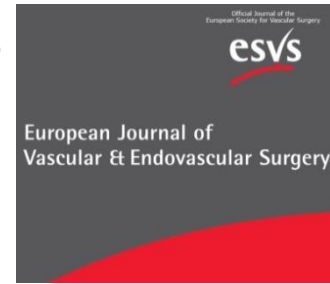
S. Svensjö ^{a,b,*}, K. Mani ^a, M. Björck ^a, J. Lundkvist ^c, A. Wanhainen ^a

^a Department of Surgical Sciences, Section of Vascular Surgery, Uppsala University, 75185 Uppsala, Sweden

^b Department of Surgery, Falun County Hospital, Falun, Sweden

^c Medical Management Centre, Karolinska Institutet, Stockholm, Sweden

2014

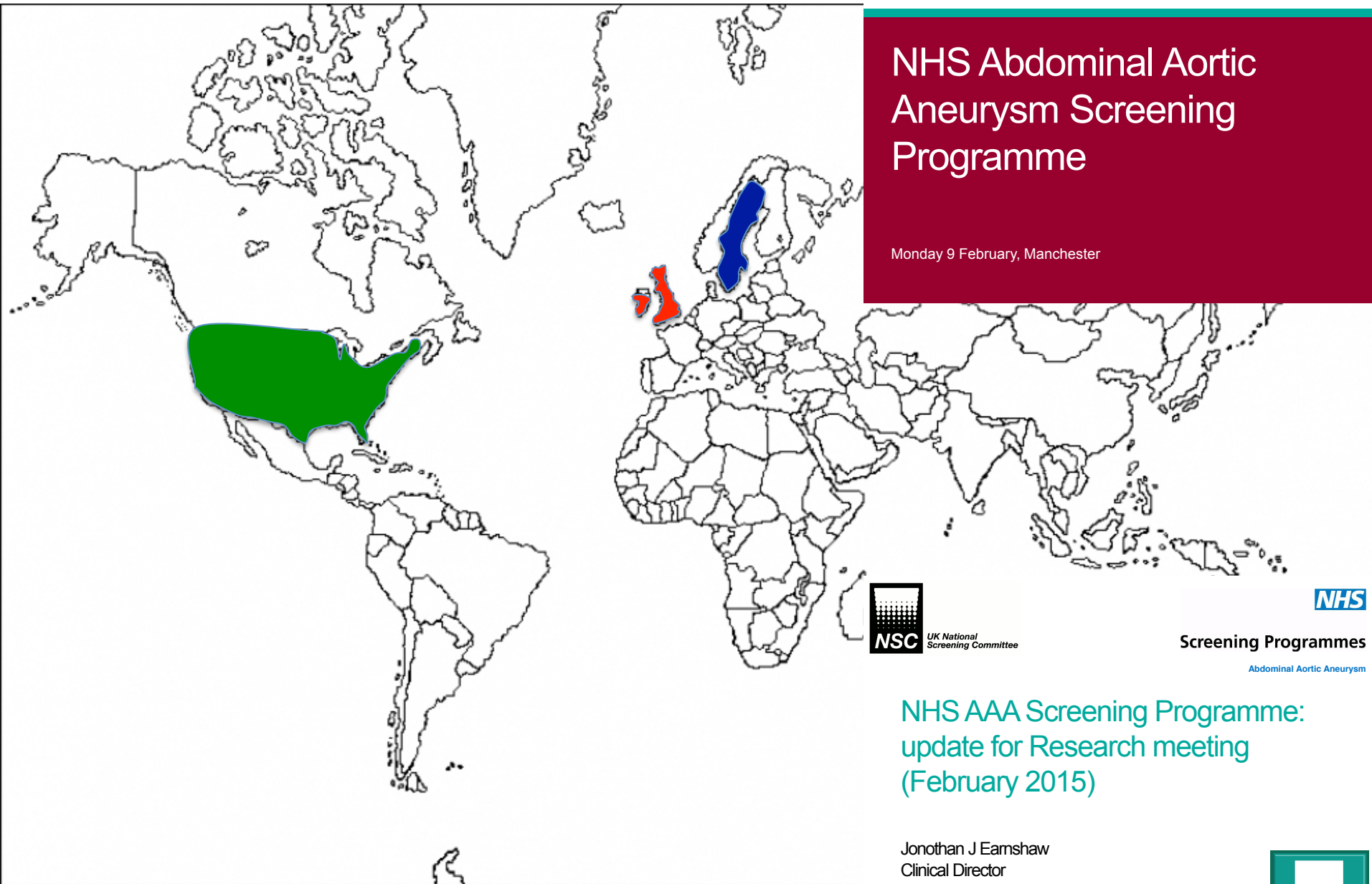


Conclusiones

1. El cribado de AAA en los hombres de 65 años de edad, parece seguir siendo una intervención coste - eficiente y eficaz en el marco de la epidemiología y la gestión modernas.
2. Sin embargo, es necesaria una estrecha vigilancia de los costes y del impacto de los programas de cribado

NHS Abdominal Aortic Aneurysm Screening Programme

Monday 9 February, Manchester



Screening Programmes

Abdominal Aortic Aneurysm

NHS AAA Screening Programme:
update for Research meeting
(February 2015)

Jonothan J Earnshaw
Clinical Director



NAAASP headline results

Nov 2014

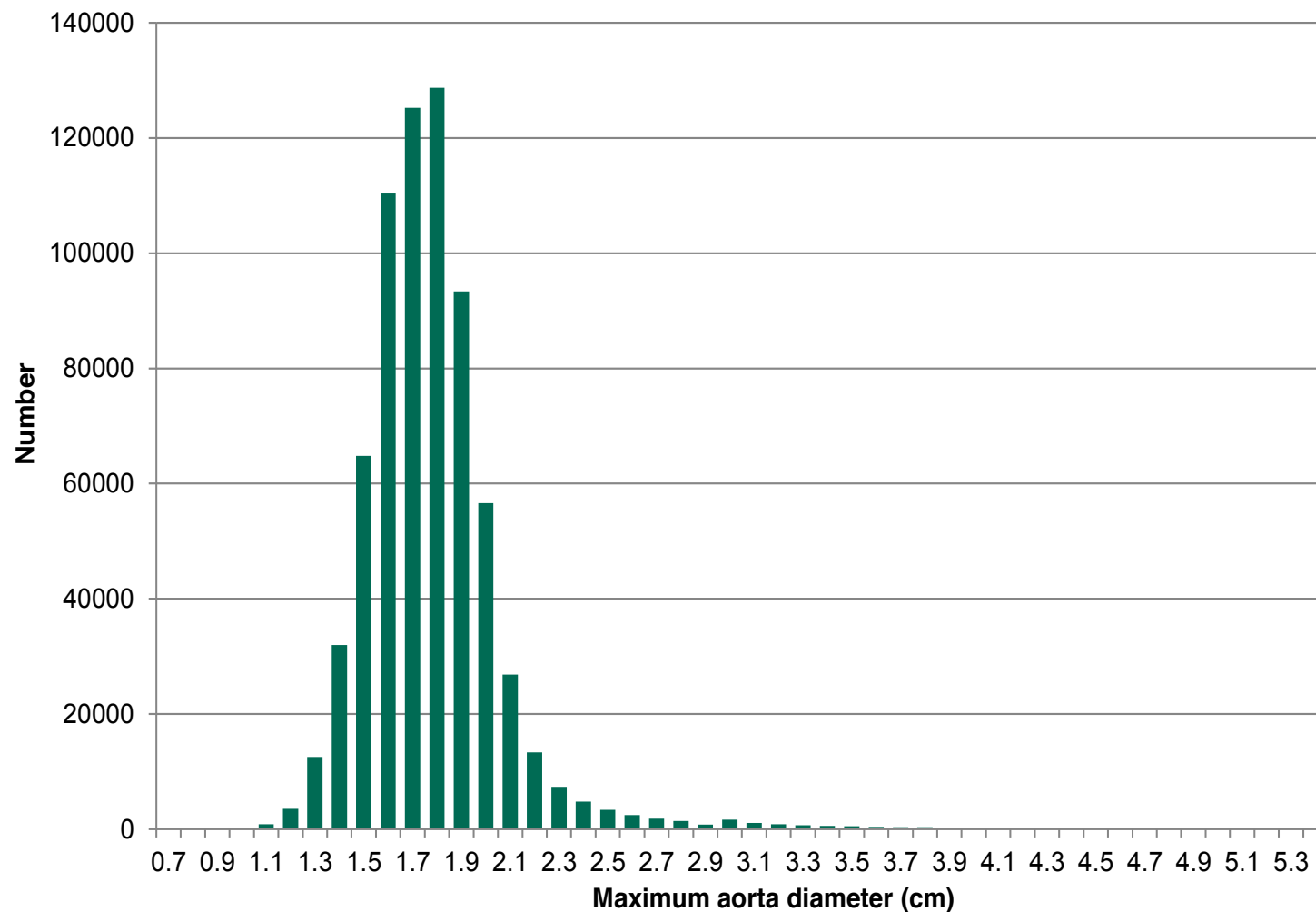
- Almost one million men invited
- Over 700,000 men screened
- Over 11,000 AAA (>3cm) detected
- Over 10,000 men in surveillance
- More than 1,000 men referred for surgery

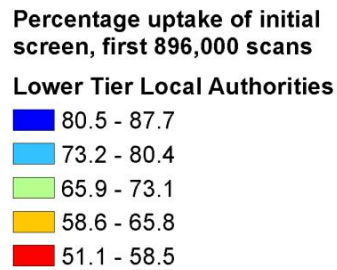
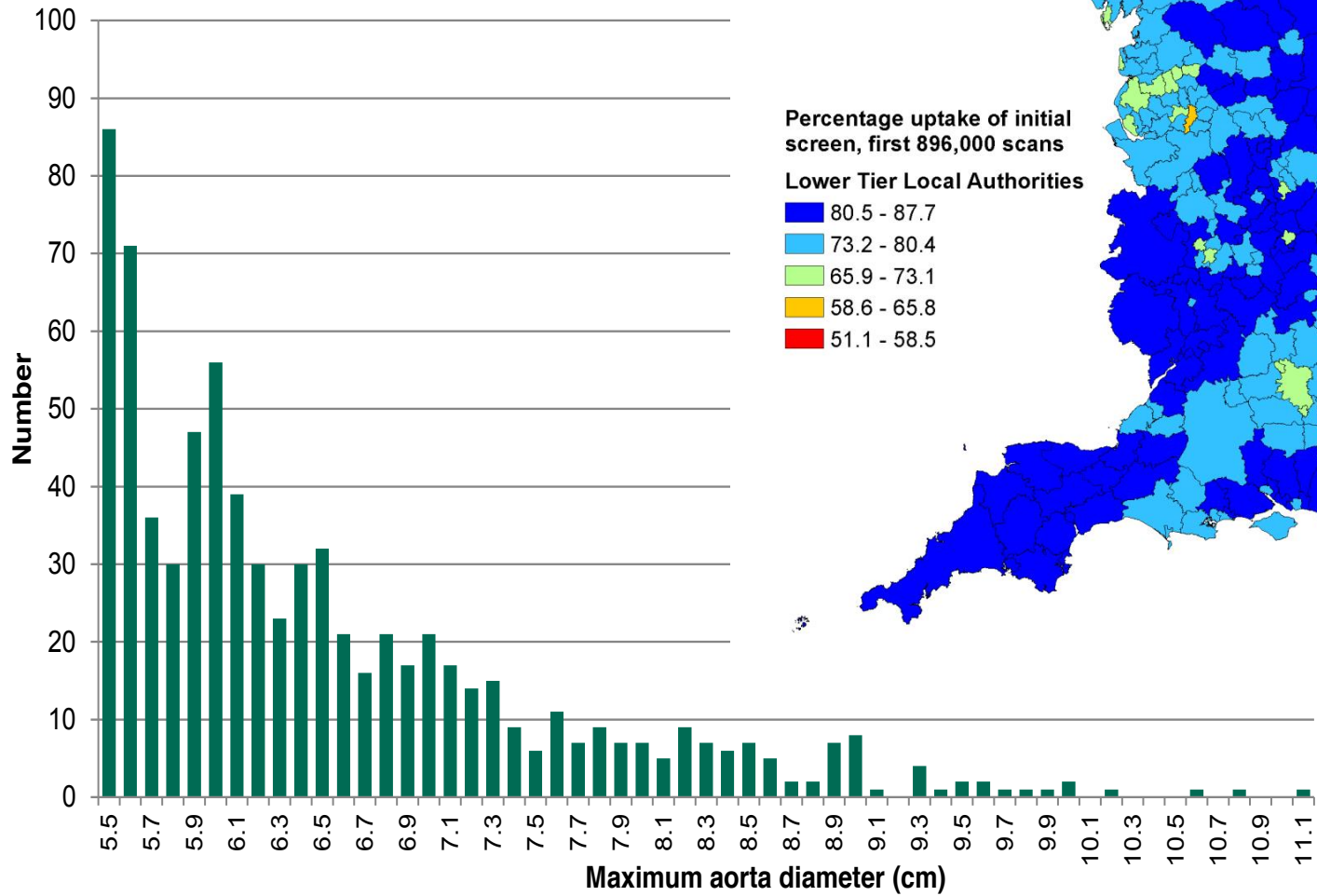


First 1000 men with AAA >5.4cm referred for treatment

- 869 had intervention (14% turndown)
- Mean delay 16 weeks
- Open AAA repair 447 (51.4%)
- EVAR 4027 (46.3%)
- Perioperative deaths 3 (0.3%)

First 700,000 men scanned





i..... El Cost-efectivitat...?

Screening Programmes

Rate of maximum aorta measurement of $\geq 3\text{cm}$ per 1,000 men screened

Original article

Cost-effectiveness of the National Health Service abdominal aortic aneurysm screening programme in England

M. J. Glover¹, L. G. Kim², M. J. Sweeting³, S. G. Thompson³ and M. J. Buxton¹

¹Health Economics Research Group, Brunel University, and ²Department of Medical Statistics, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, and ³Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK
 Correspondence to: Mr M. J. Glover, Health Economics Research Group, Brunel University, Uxbridge UBS 3PH, UK (e-mail: Matthew.Glover@brunel.ac.uk)

Background: Implementation of the National Health Service abdominal aortic aneurysm (AAA) screening programme (NAAASP) for men aged 65 years began in England in 2009. An important element of the evidence base supporting its introduction was the economic modelling of the long-term cost-effectiveness of screening, which was based mainly on 4-year follow-up data from the Multicentre Aneurysm Screening Study (MASS) randomized trial. Concern has been expressed about whether this conclusion of cost-effectiveness still holds, given the early performance parameters, particularly the lower prevalence of AAA observed in NAAASP.

Methods: The existing published model was adjusted and updated to reflect the current best evidence.

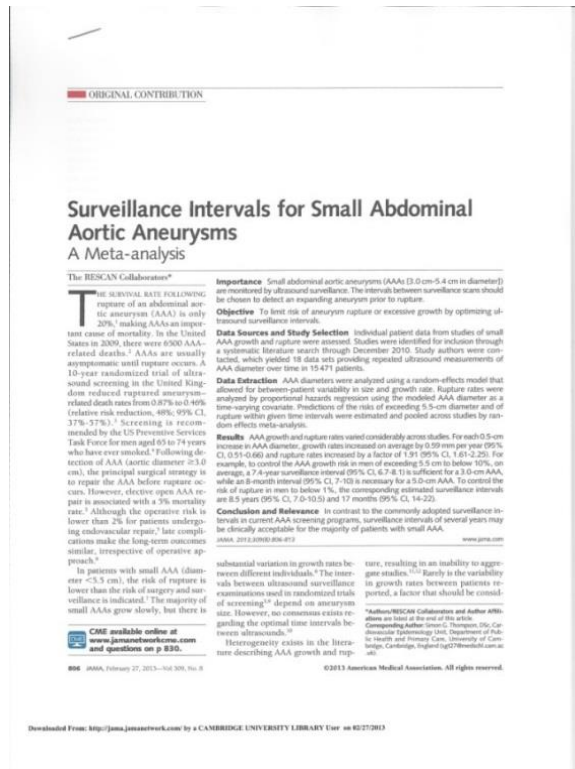
10 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15*

Initial screening year

Surveillance intervals (RESCAN Collaborators), JAMA, 2013

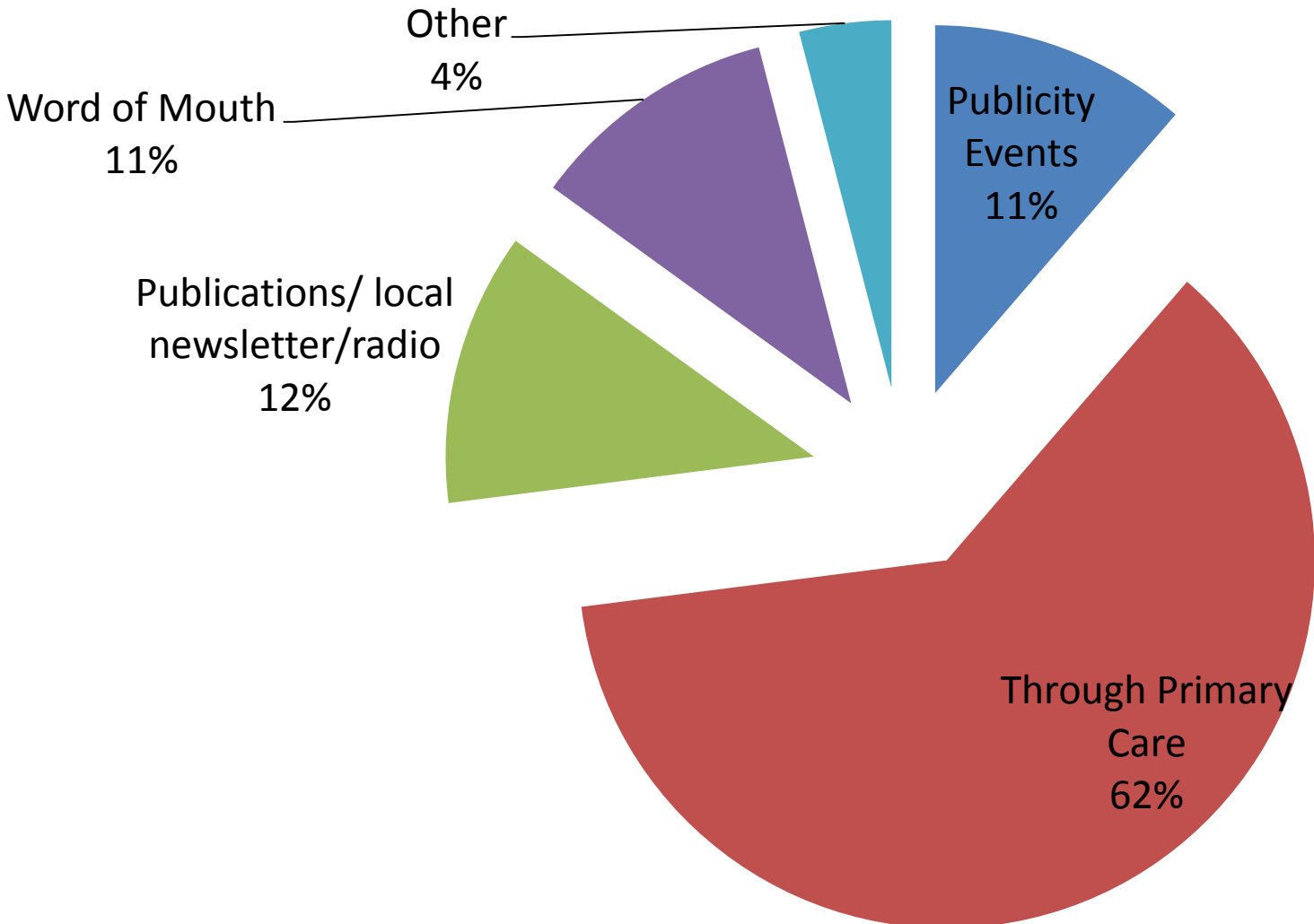
Maintaining risk of rupture less than 1%,
the following surveillance intervals
are acceptable:

- 3-4cm – several years
- 4-4.9cm – annual
- 5-5.4cm – six months



The ability of primary care health professionals to significantly influence the numbers of men self-referring to the Northern Ireland Abdominal Aortic Aneurysm Screening Programme

How self-referrals heard of AAA Screening



Number of patients who need to be screened in order to prevent one disease-specific death

| | NNS* | Time period |
|--|----------------|-------------|
| Fecal occult blood test | 808 | 8.5 years |
| Colonoscopy | 862 | 13 years |
| Mammography (women aged 50 to 69 years) | Approx 2000 | 10 years |
| Ultrasound of the abdominal aorta (men aged 65 to 80 years) | 350 | 7–15 years |

En conclusió...

El cribatge a l'Atenció Primària?

Sí!

Quan?

En Homes a partir dels 65 anys d'edat

Com?

Amb Ecografia

Perquè?

Perquè és factible, cost-efectiu, salva vides, i és on toca fer-ho

Moltes gràcies

asiso@clinic.cat