



Invited Commentary

Commentary on ‘The Impact of Decreasing Abdominal Aortic Aneurysm Prevalence on a Local Aneurysm Screening Programme, Darwood RJ, et al.’

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This manuscript describes a theoretical model of a future local screening programme. It could, however, apply to anywhere in England at the moment. The NHS AAA Screening Programme (NAAASP) is currently implementing in England, with similar national programmes on the way in Scotland, Wales and Northern Ireland.

The message that there are fewer AAA being detected in England is based on the first year of NAAASP, when only 25,000 men were screened. This is perhaps too early, since when it is fully functioning NAAASP will screen 300,000 new 65-year-old men each year. It may be premature to make decisions about the future of screening programmes, since men from early implementer programmes may have a different profile.

One anxiety is that if, as a vascular community, we publicly doubt the value of screening, countries presently exploring the possibility of a national programme may be put off. The authors play down the fact that within 3 years they will have a surveillance cohort of over 500 men, many of whom will go on to need treatment for their AAA (known from the small AAA study). At worst, they will get medical treatment that will reduce their potential cardiac mortality, but it is expected that deaths from AAA will be reduced by almost 50% in Bristol over the next ten years. Even now,

there are over 4000 deaths from ruptured AAA every year in England and Wales. There are also other hidden benefits from screening, such as the remodelling of vascular treatment services in England that was required to minimise postoperative mortality in the treatment of screen-detected AAA, but which has played a part in improving outcomes from elective AAA surgery.¹

The real issue here is whether screening remains cost effective with lower prevalence rates. Recent modelling from the Netherlands and Norway suggests that screening may be cost effective with prevalence rates as low as 1%.² The original cost effectiveness calculations from the Multicentre Aneurysm Screening Study are being recalculated using current prevalence, interventions and prices. The results will be published shortly, but early indications suggest they will support the continuation of AAA screening in its present form, for now.

References

- 1 The Vascular Society. *Outcomes after elective repair of infra-renal abdominal aortic aneurysm*, <http://www.vascularsociety.org.uk/>; 2012.
- 2 Spronk S, van Kempen BJH, Boll APM, Jorgensen JJ, Hunink MG, Kristiansen IS. Cost-effectiveness of screening for abdominal aortic aneurysm in the Netherlands and Norway. *Br J Surg* 2011;**98**:1546–55.

DOI of original article: 10.1016/j.ejvs.2012.04.010.

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