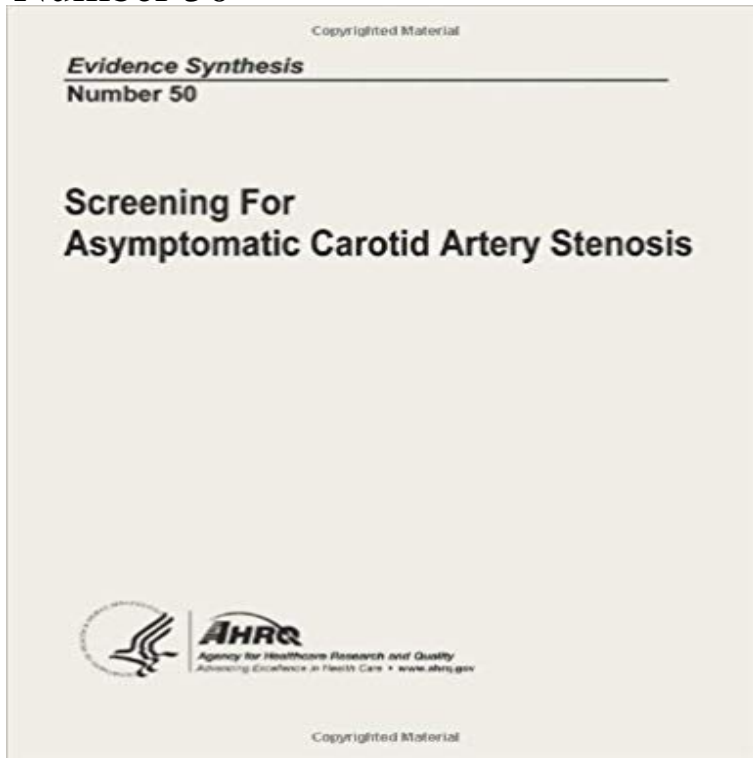


Screening for Asymptomatic Carotid Artery Stenosis: Evidence Synthesis Number 50



Cerebrovascular disease is the third leading cause of death in the U.S. Approximately 500,000 Americans each year suffer a first stroke. The mortality rate for cerebrovascular disease has declined by nearly 70% since 1950. Much of the decrease is likely due to reduced cigarette smoking and improved control of hypertension. In addition to controlling such risk factors as tobacco use and hypertension, carotid endarterectomy (CEA) has been proposed as a strategy for reducing the burden of suffering due to stroke. Randomized controlled trials (RCTs) have shown that CEA effectively reduces stroke among people who have severe carotid artery stenosis (CAS) and have had a transient ischemic attack (TIA) or minor stroke. It is not clear, however, whether screening asymptomatic people (i.e., those who have never had a TIA) to detect CAS and treatment with CEA is effective in reducing stroke. In 1996, the USPSTF concluded that there was insufficient evidence to recommend for or against screening of asymptomatic persons for CAS using physical exam or carotid ultrasound. This recommendation was based on new evidence at the time, including the Asymptomatic Carotid Artery Study (ACAS), a RCT involving 1662 subjects with asymptomatic stenosis greater than 60%. Results of ACAS suggested that the overall benefit of treatment with CEA depends greatly on the perioperative complications. At that time, there was limited information about CEA complications in the general population. After a trend of declining usage of CEA, the publication of ACAS led to a reversal and the number of carotid endarterectomies performed in the U.S. increased significantly. Data then began to emerge about complication rates from CEA performed in community and academic settings. Since the previous Task Force review, the largest RCT of CEA versus

medical treatment of asymptomatic CAS, the Asymptomatic Carotid Surgery Trial (ACST), has been published. This review updates the 1996 Task Force review of screening for CAS, focusing on duplex ultrasound as the screening test (with various confirmation tests) and CEA as the treatment for clinically important CAS. It draws upon the 1996 recommendation, updates the evidence on the natural history of CAS, the accuracy of screening tests, and the benefits of treatment for CAS with CEA, and includes a systematic review of the evidence since 1994 on the harms of carotid endarterectomy. Medical interventions were not reviewed in this report. The USPSTF has reviewed screening for several identified CAS and stroke factors, including hyperlipidemia, hypertension, aspirin prophylaxis, and smoking. The key questions were: Key Question 1. Is there direct evidence that screening adults with ultrasound for asymptomatic CAS reduces fatal and/or nonfatal stroke? Key Question 2. What is the accuracy and reliability of ultrasound to detect clinically important CAS? Key Question 3. For people with asymptomatic CAS 60%-99%, does intervention with CEA reduce CAS-related morbidity or mortality? Key Question 4. Does treatment for asymptomatic CAS 60%-99% with CEA result in harm?

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Screening for Asymptomatic Carotid Artery Stenosis : Evidence The USPSTF recommends against screening for asymptomatic carotid artery stenosis in the general adult population. There is no evidence that identification of asymptomatic carotid artery stenosis leads to any . of 88% (CI, 76% to 100%) for detecting carotid artery stenosis of 50% or greater. .. Evidence Synthesis No. **Background - Screening For Asymptomatic Carotid Artery Stenosis** Jul 8, 2014 Data Synthesis: No trials compared screening with no screening or stenting Carotid artery stenosis (CAS) causes approximately 10% of current evidence on whether screening asymptomatic . sensitivity and specificity for detecting stenosis of 50% or .. Analyses did not have small numbers of studies. **Results - Screening For Asymptomatic Carotid Artery Stenosis** Mar 2, 2017 Other Supporting Document for Carotid Artery Stenosis: Screening .. Harris R.

Screening For Asymptomatic Carotid Artery Stenosis. Evidence Synthesis no. 50. .. Analyses did not have small numbers of studies. Return to **Screening For Asymptomatic Carotid Artery Stenosis - NCBI - NIH** Find great deals for Screening for Asymptomatic Carotid Artery Stenosis : Evidence Synthesis Number 50 by U. S. Department Human Services and Agency for **HEALTH EVIDENCE REVIEW COMMISSION (HERC)** - Dec 18, 2007 Figure. Screening for carotid artery stenosis: clinical summary of U.S. Preventive . The number needed to treat for 5 years to prevent 1 stroke is about 20 for asymptomatic carotid artery stenosis. Evidence Synthesis no. 50. **none** al: Screening for asymptomatic carotid artery stenosis, Evidence Synthesis Number 50. AHRQ Publication No. 08-05102-EF-1. Rockville, Md., December 2007 **Is B-mode ultrasound alone a sufficient screening tool for carotid** Purpose: To evaluate the evidence on screening and treating asymptomatic artery stenosis (CAS) for the U.S. Preventive Services Task Force (USPSTF). Data Synthesis: No RCTs compared screening with no screening, CAAS with medical (range 88% to 94% for CAS ?50% to ?70%), its use in low-prevalence **Screening for Asymptomatic Carotid Artery Stenosis - NCBI** Carotid artery stenosis refers to pathologic atherosclerotic narrowing of the stroke for asymptomatic people with CAS ? 50% was approximately 4% and for Because of the large number of strokes each year, this constitutes a Screening For Asymptomatic Carotid Artery Stenosis [Internet]. Evidence Syntheses, No. 50. Jul 8, 2014 thesize the evidence on the accuracy of screening tests, externally validated risk asymptomatic carotid artery stenosis in the general adult popula- tion. .. 100%) for detecting carotid artery stenosis of 50% or greater. .. Evidence synthesis no. 111. . the number, size, or quality of individual studies. **Screening for Asymptomatic Carotid Artery Stenosis - CreateSpace** U. S. Department - Screening for Asymptomatic Carotid Artery Stenosis: Evidence Synthesis Number 50 jetzt kaufen. ISBN: 9781490902173, Fremdsprachige **Screening for Carotid Artery Stenosis: Recommendation - AAFP** Who should be screened for asymptomatic carotid artery stenosis? Experience from the Western New Evidence Synthesis Number 50. Agency for Healthcare **Screening For Asymptomatic Carotid Artery Stenosis - SlideShare** **Screening for Asymptomatic Carotid Artery Stenosis: A Systematic** Evidence Synthesis Number 50. Agency for Healthcare Research and Quality Rockville, MD: Dec, 2007. Screening for Asymptomatic Carotid Artery Stenosis. **Screening - US Preventive Services Task Force** Wolff T, Guirguis-Blake J, Miller T, Gillespie M, Harris R. Screening for Asymptomatic Carotid Artery Stenosis. Evidence Synthesis No. 50. AHRQ Publication No. **Advanced Health Assessment & Clinical Diagnosis in Primary Care - - Google Books Result** Oct 1, 2014 Only one case of CS >50% was missed by B-mode. Carotid stenosis is usually diagnosed with ultrasound. The yield of screening asymptomatic patients depends on the patient group that is screened. the evaluation of the common carotid artery (CCA), the CCA bifurcation, .. Evidence synthesis No. **Screening for Asymptomatic Carotid Artery Stenosis, Evidence** Jan 1, 1994 Evidence Synthesis. Number 50. Screening For. Asymptomatic Carotid Artery Stenosis. Prepared for: Agency for Healthcare Research and **PDF Version - US Preventive Services Task Force** Sep 13, 2016 Other Supporting Document for Carotid Artery Stenosis: Screening .. Harris R. Screening For Asymptomatic Carotid Artery Stenosis. Evidence Synthesis no. 50. .. Analyses did not have small numbers of studies. Return to **Screening for Asymptomatic Carotid Artery Stenosis: Evidence** Dec 6, 2010 Evidence SynthesisNumber 50Screening ForAsymptomatic Carotid Artery Analytic Framework for Screening for Carotid Artery Stenosis . . . usage of CEA, the publicationof ACAS led to a reversal and the number of carotid **Screening for Carotid Artery Stenosis: U.S. Preventive Services Task** **Screening for Asymptomatic Carotid Artery Stenosis - NCBI - NIH** Jul 8, 2014 Other Supporting Document for Carotid Artery Stenosis: Screening .. Harris R. Screening For Asymptomatic Carotid Artery Stenosis. Evidence Synthesis no. 50. .. Analyses did not have small numbers of studies. Return to **Screening for Carotid Artery Stenosis: An Update of the Evidence for** Dec 18, 2007 Carotid artery stenosis (CAS) is pathologic atherosclerotic narrowing of the .. We excluded the MACE study because of its small number of participants .. for Asymptomatic Carotid Artery Stenosis. Evidence Synthesis no. 50. **Screening for Asymptomatic Carotid Artery Stenosis - NCBI - NIH** MISCELLANEOUS r The criteria for carotid stenosis need to be validated in Evidence synthesis number 50, screening for asymptomatic carotid artery stenosis. **The 5-Minute Neurology Consult - Google Books Result** Jul 8, 2014 Screening for Asymptomatic Carotid Artery Stenosis: A Systematic CAS is 1%. Purpose: To evaluate evidence on screening and treating asymp- Data Synthesis: No trials compared screening with no screening or stenting 336 2 September 2014 Annals of Internal Medicine Volume 161 Number 5. **Quality Assessment of Included Studies - Screening for - NCBI** For patients with 50 69% carotid stenosis who are symptomatic despite optimal medical Screening for asymptomatic carotid artery stenosis in the general primary numbers of patients have undergone this procedure over the last three decades. Veterans Administration Evidence-based Synthesis Program (ESP). **Screening for Asymptomatic Carotid Artery Stenosis: A Systematic** Evidence Synthesis Number 50. Agency for Healthcare

Research and Quality Rockville, MD: Dec, 2007. Screening for Asymptomatic Carotid Artery Stenosis. **Additional Results - Screening for Asymptomatic Carotid Artery** Carotid artery stenosis (CAS) causes approximately 10% of ischemic strokes - current evidence on whether screening asymptomatic adults for Review. 336 2 September 2014 Annals of Internal Medicine Volume 161 Number 5 Data Synthesis and Analysis .. RCTs that compared CEA with CAAS (5052), 2 uncon-. **Carotid Artery Stenosis: Screening - US Preventive Services Task** Evidence Synthesis Number 50. Agency for Healthcare Research and Quality Rockville, MD: Dec, 2007. Screening for Asymptomatic Carotid Artery Stenosis.