

# Capsule Commentary on Olchanski et al., Abdominal Aortic Aneurysm Screening: How Many Life Years Lost from Underuse of the Medicare Screening Benefit?

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J Gen Intern Med 29(8):1165  
DOI: 10.1007/s11606-014-2886-x  
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This study by Olchanski et al.<sup>1</sup> investigated utilization of the abdominal aortic aneurysm (AAA) screening benefit through the Screening Abdominal Aortic Aneurysms Very Efficiently (SAAVE) Act for Medicare beneficiaries, and estimated whether increasing its utilization would increase life expectancy. The authors conclude that screening benefits have been underutilized (< 1 % each year among those newly eligible) and that increasing utilization to 80 % of the eligible population would yield substantial gains in life expectancy. They also note that expanding screening to women with smoking history also has the potential for substantial health benefits.

The reported estimates may have been confounded by two factors. First, the current prevalence of AAA and the incidence of AAA rupture are on the decline among men, as the prevalence of smoking has decreased considerably in the past decade, though the prevalence continues to rise among women.<sup>2</sup> Second, the data on AAA prevalence and rupture rates and surgical outcomes in women are less robust than for men.<sup>3</sup> The authors estimate the numbers indirectly from other available studies, and therefore the projected estimates may not be accurate in that population.

The results of the study are important from the preventive and policy viewpoint. Why is AAA screening largely underutilized in the U.S? More studies are needed to further explore the reasons behind the underutilization. The authors cite Medicare's requirement that screening be conducted

within the limited eligibility period, the out of pocket deductible and the physician reimbursement as barriers to screening. Lack of physician awareness may be a larger contributor. As there are currently no quality measures around AAA screening, it may get lost among the myriad other recommended tests. The rates of AAA screening are significantly lower than colon cancer screening among Medicare beneficiaries. These missed opportunities can be corrected by raising awareness of the benefits and eventually linking it as a quality metric. Lastly, as is evident from this study, increasing utilization may yield significant gains in life expectancy among both men and women.

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**Conflicts of Interest:** The author has no conflicts of interest with the material in this article.

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