CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES IN VASCULAR SURGERY
JANUARY 19-21 2017
MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
PARIS, FRANCE
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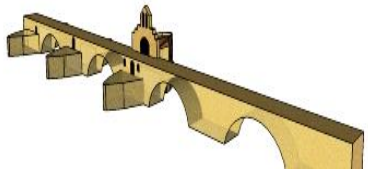
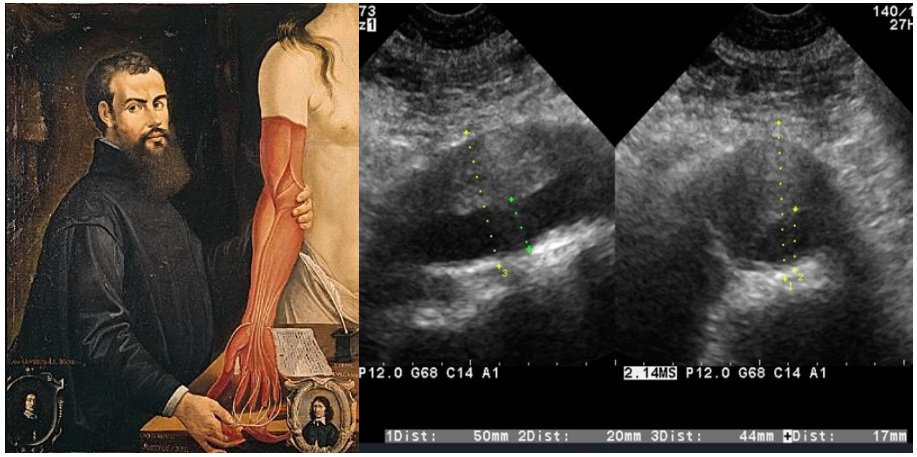
Is B Mode Screening Aorta Aneurysm save LIFE !





Opération VESALE 2014-2015

Dépistage de l'anévrisme de l'aorte abdominale - Une année pour se faire dépister !

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No conf£ict$ of int€r€$t with my £ink$.

- **Investigator** : Bayer Healthcare, Daiichi Sankyo, Astra-Zeneca, Portola, Aloka Hitachi
- **Board** : Leo Pharma
- **Congress Invitation** : Léo Pharma, Bayer Healthcare, Almoka-Hitachi

SOCIÉTÉ FRANÇAISE
DE MÉDECINE VASCULAIRE

FSM

SOCIÉTÉ FRANÇAISE
DE MÉDECINE VASCULAIRE

Société française de médecine vasculaire 2007[13]	France	• *Recommandé*: hommes/femmes >50 ans avec antécédents familiaux • *Recommandé*: hommes fumeurs, 60-75 ans • *Proposé*: hommes non fumeurs, 60-75 ans • *Proposé*: femmes 60-75 ans, fumeuses et/ou hypertendues • *Proposé*: après 75 ans, si bonne espérance de vie et faible comorbidité

Recommended : men and women > 50 years old with family history
Recommended : smoking men , 60 to 75 years old
Proposed : men non smoking , 60 – 75 years old
Proposed : women, 60 to 75 years old, smoking and / or hypertension
Proposed : > 75 years old, men and women with good life expectancy and low co morbidity

Men and Women

HAS
HAUTE AUTORITÉ DE SANTÉ

February 2013

la pertinence de la mise en place d'un programme de dépistage des AAA en France, **la HAS recommande le dépistage ciblé opportuniste unique** (c'est-à-dire « qui ne sera proposé qu'une seule fois ») **des AAA chez les hommes répondant aux caractéristiques suivantes :**

- âge compris entre 65 et 75 ans et tabagisme chronique actuel ou passé (voir tableau synoptique) ;
- âge compris entre 50 et 75 ans et antécédents familiaux d'AAA (voir tableau synoptique).

Cette mesure doit être accompagnée d'une prise en charge thérapeutique globale des personnes ayant été identifiées comme ayant un AAA.

Recommended : men > 50 years old with family history

Recommended : smoking men , 65 to 75 years old

Opportunist screening (GP)
TARGET and UNIQUE
MEN only
NO ORGANISATION : as you want, French Method or French Tech ?

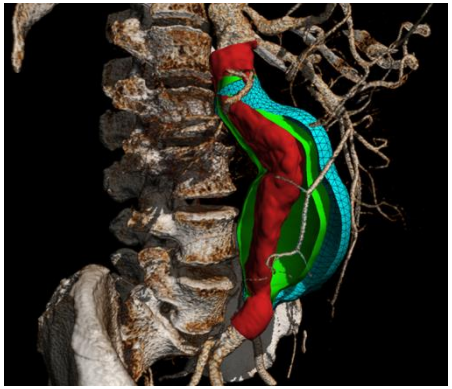
2014 ESC Guidelines on the diagnosis and treatment of aortic diseases

Recommendations for abdominal aortic aneurysm screening

MEN

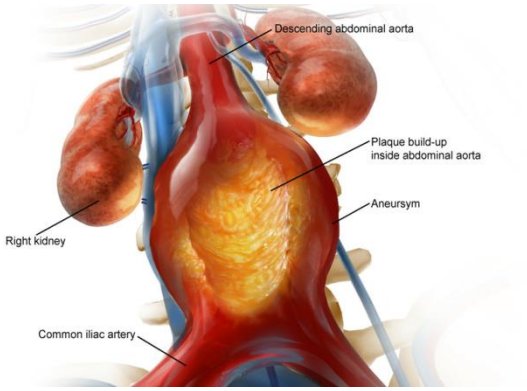
WOMEN

Recommendations	Class[a]	Level[b]	Ref.[c]
Population screening for AAA with ultrasound:			
• is recommended in all men >65 years of age.	I	A	357,367
• may be considered in women >65 years of age with history of current/past smoking.	IIb	C	
• is not recommended in female non-smokers without familial history.	III	C	
Targeted screening for AAA with ultrasound should be considered in first-degree siblings of a patient with AAA.	IIa	B	338,339
Opportunistic screening for AAA during TTE:			
• should be considered in all men >65 years of age.	IIa	B	346,347
• may be considered in women >65 years with a history of current/past smoking.	IIb	C	



Correction of CVRF ++++

(80% of aneurysm do not die from aneurysm)



Reduction in aneurysm rupture (7 à 8000 death/year in France)

Programmed intervention

13 000 aneuryms repaired in France each years (HAS)

SFMV set up a year of national screening for AAA (Vesalius operation November 2014 to November 2015) in order to increase public and physician awareness about AAA detection, therapeutic management, and monitoring.

HOSPITAL, PRIVATE PRACTICE, during one year for each patient which are examined by a Vascular Physician regardless of the reason for consultation.
We use SFMV criteria.

<u>FREE</u> B MODE SCREENING
(less 1 MINUTE)

Opération VESALE 2014-2015

Dépistage de l'anévrisme de l'aorte abdominale - Une année pour se faire dépister !

Accueil | L'Anévrisme de l'Aorte Abdominale | Le dépistage | Outils de promotion | Réservé médecins participants

729 AAA détectés

Number of persons examined

Prevalence AAA	Number
1%	72 900
2%	36 500
3%	24 300
4%	18 200
5%	14 200

Number of Vascular physician : 300 to 400

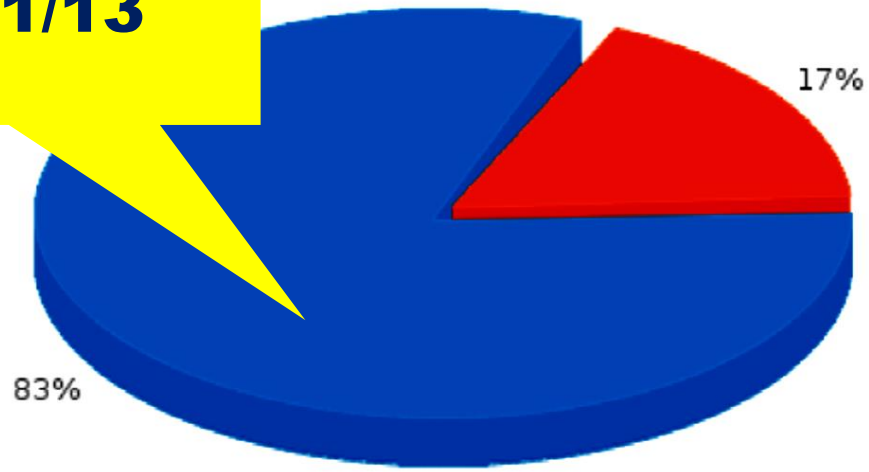
729 AAA détectés

Population

HAUTE AUTORITÉ DE SANTÉ

Sex RATIO
W/M = 1/13

MEN = 605
FEMALE = 124



Sex RATIO
W/M = 1/5

Abdominal aortic aneurysms in women

Ruby C. Lo, MD, and Marc L. Schermerhorn, MD, *Boston, Mass*

Abdominal aortic aneurysm (AAA) has long been recognized as a condition predominantly affecting males, with sex-associated differences described for almost every aspect of the disease from pathophysiology and epidemiology to morbidity and mortality. Women are generally spared from AAA formation by the immunomodulating effects of estrogen, but once they develop, the natural history of AAAs in women appears to be more aggressive, with more rapid expansion, a higher tendency to rupture at smaller diameters, and higher mortality following rupture. However, simply repairing AAAs at smaller diameters in women is a debatable solution, as even elective endovascular AAA repair is fraught with higher morbidity and mortality in women compared to men. The goal of this review is to summarize what is currently known about the effect of gender on AAA presentation, treatment, and outcomes. Additionally, we aim to review current controversies over screening recommendations and threshold for repair in women. (J Vasc Surg 2016;63:839-44.)

Screening: WOMEN ≥ 65 years : aneurysm rate> men of the same age who have never smoked or with family history
Expansion, rupture, surgical risk> men

729 AAA détectés

Population

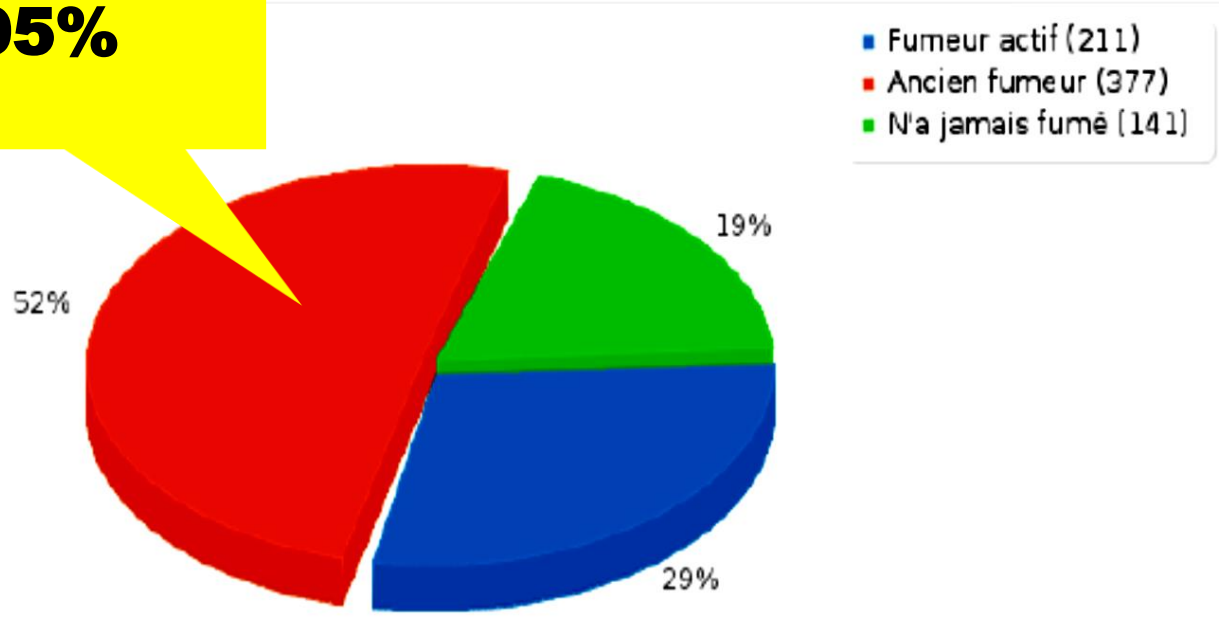
50 / 65 years old	28%
66 to 75 years old	37%
> 75 ans (90*)	35% (80% between 75 to 85 ans)

Age Average
FEMALES : 68 ans
MEN : 75 ans

729 AAA détectés

Tobacoo

FEMALE 95%



81% SMOKER

729 AAA déte

Diamet

Without men < 65 years old , 25 men died

Without female detection , 124 Aneurysm lost, and 28 died

Respect of HAS rules : 53 persons died !

60/64

> 7

74%

RENIG MEN and FEMALE

M anf F > 60 years old (SFMV) , > M > 65 years old (HAS)

729 AAA détectés

Diameter

Diameter	%	
30 - 39 mm (DAP moy = 35mm)	61 % (n = 444)	82,8%
40 - 45 mm (DAP moy = 43 mm)	15,5% (n = 113)	
46 - 49 mm (DAP moy =47 mm)	6,3 % (n =46)	
≥ 50 mm (DAP moy = 58 mm)	17,2% (n = 126)	17,2%

30 mm < DAP < 100 mm

Mean DAP : : 43 mm

1 aneurysm out of 6 : 50 mm of diameter

729 AAA détectés

Number of patients to be screened for 1 aneurysm from our population

Estimated prevalence aneurysm, patients numbrer	30 mm ≤ A ≤ 49 mm (82%)	≥ 50 mm (18%)
1% (72 900)	120	578
2% (36 500)	60	289
3% (24 300)	40	192
4% (18 200)	30	144
5% (14 200)	23	112

Conclusion 1

- WE demonstrate our capacity to perform aneurysm screening
- Screening female > 65 years old and tobacco consumers will be instituted (as opposed to HAS recommendations)
- Need to follow SFMV recommendations
- 1 patient targeted out of 120 has an AAA ≥ 30 mm and 1 out of 578 an AAA ≥ 50 mm, 1 aneurysm out of 6 = 50 mm
- Our results will be communicated to the HAS (current article)
- This screening must be institutionalized by all vascular doctors, every day but also for all ultrasound examination (targeted population)
- QUESTION: real impact correction RCVF in case of aneurysm

YES, WE SAVE LIFE !

Conclusion 2

Journal des Maladies Vasculaires (Paris)
 31, 5, 260-276

RECOMMANDATION

DÉPISTAGE DES ANÉVRYSMES DE L'AORTE ABDOMINALE ET SURVEILLANCE DES PETITS ANÉVRYSMES DE L'AORTE ABDOMINALE : ARGUMENTAIRE ET RECOMMANDATIONS DE LA SOCIÉTÉ FRANÇAISE DE MÉDECINE VASCULAIRE

Rapport final

« The success of a screening program largely depends on how patients are managed after the screening test. … Of great concern for patients with small AAAs detected at screening is the risk of unnecessary procedures. »
F.A. LEDERLE (ADAM study), *Ann Intern Med* 2003 ; *139* : 516-22(1).

F. BECKER (1), J.M. BAUD (2), POUR LE GROUPE DE TRAVAIL *AD HOC*

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