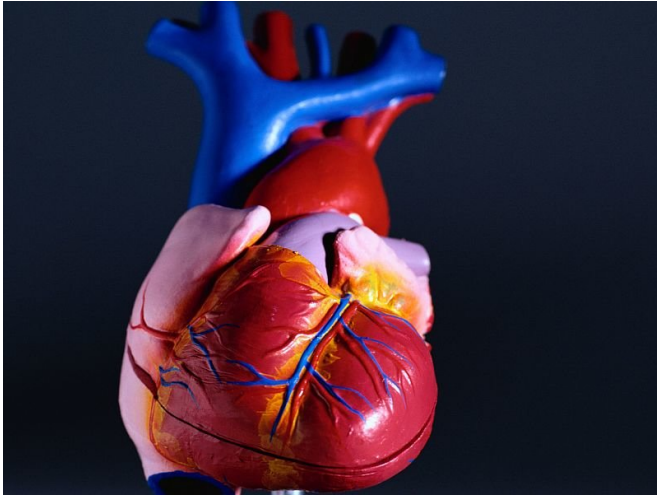


Patient with CAS of 50 percent should not undergo screening

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based clinical prediction models perform poorly. In addition, the positive predictive value of carotid ultrasound is poor. Both the vascular surgeon and [primary care physician](#) recommend against [carotid endarterectomy](#) for this patient and agree that he should participate in a trial.

"In this article, two discussants address the risks and benefits of screening for carotid artery disease as well as how to apply the guideline to an individual patient who is deciding whether to be screened," the authors write.

One author disclosed financial ties to the pharmaceutical and health care industries.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A vascular surgeon and primary care physician agree that an asymptomatic patient with cardiovascular risk and stenosis of 50 percent on screening carotid ultrasonography should not undergo carotid artery stenosis (CAS) screening, according to an article published online Oct. 2 in the *Annals of Internal Medicine*.

Noting that the U.S. Preventive Services Task Force guidelines recommend against screening for asymptomatic CAS, Gerald W. Smetana, M.D., from Beth Israel Deaconess Medical Center in Boston, moderated a discussion with a [vascular surgeon](#) and primary care physician about the case of a 74-year-old man with risk factors for cardiovascular disease.

According to the vascular surgeon, surgery is not generally entertained until stenosis is >70 percent. The patient had a predicted likelihood of having >50 percent stenosis of between 5 and 20 percent. According to the primary care physician, age is the most important risk factor for CAS and risk factor-

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