

This fact sheet explains the Task Force's draft recommendation statement on screening for carotid artery stenosis (CAS). It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 18 to March 17, 2014. The Task Force welcomes your comments.

Screening for Carotid Artery Stenosis

The U.S. Preventive Services Task Force (Task Force) has issued a **draft** recommendation statement on *Screening for Carotid Artery Stenosis (CAS)*.

This draft recommendation statement applies to adults who do not have signs or symptoms of a stroke and who have not already had a stroke or a transient ischemic attack (a “mini-stroke”).

The draft recommendation statement summarizes what the Task Force learned about the potential benefits and harms of screening for CAS: Health professionals should not screen for CAS in adults who do not have signs or symptoms of a stroke.

What is carotid artery stenosis (CAS)?

CAS is the narrowing of the arteries that run along each side of the neck. These arteries provide blood flow to the brain. Over time, plaque (a fatty, waxy substance) can build up and harden the arteries, limiting the flow of blood to the brain.

Facts about Carotid Artery Stenosis

CAS is an uncommon condition — it occurs in about ½ to 1% of the population. The main risk factors for CAS are older age, high blood pressure, smoking, high blood cholesterol, and heart disease.

CAS is a risk factor for stroke, a leading cause of death and disability in the United States. However, only a small number of strokes are caused by CAS.

Screening and Treatment for Carotid Artery Stenosis

CAS screening is done using ultrasound, a painless test that uses sound waves to create a picture of the carotid arteries. Health care professionals can look at the pictures to see whether the arteries are narrowed or blocked by plaque.

The main treatments for patients with CAS are surgery, medicines, and lifestyle changes. Surgery removes the blockage and increases the blood flow through the arteries. Health professionals also may recommend medicines to reduce high blood pressure and high blood cholesterol and blood thinners, which can prevent blood clots (a risk factor for stroke). Important lifestyle changes include not smoking, being physically active, and eating a healthful diet.

Potential Benefits and Harms

The Task Force reviewed studies on the benefits and harms of screening for and treatment of CAS. They found that screening for CAS in the general population has little or no benefit for preventing stroke.

The Task Force also found that CAS screening has potential harms. Ultrasound screening for CAS does not itself cause any physical harm. However, because so few people have CAS, screening all adults will lead to many false positive results. This is when a test result says a person has a condition that he or she actually does not have. False positive results lead to unneeded tests and surgeries.

In addition, the Task Force found that the treatment of CAS with surgery can cause serious harms, including stroke, heart attack or death.

The Draft Statement on Screening for Carotid Artery Stenosis: What Does It Mean?

Here is the Task Force's draft recommendation on screening for CAS. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for preventing strokes. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends against screening (**Grade D**), it is because it has more potential harms than potential benefits. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full **draft recommendation statement**. The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence report** provides more detail about the studies the Task Force reviewed.

- The Task Force recommends against *screening for asymptomatic carotid artery stenosis (CAS) in the general adult population.*
Grade D

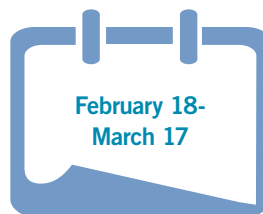
Notes

- screening*
Conducting an ultrasound test.
- asymptomatic*
Without signs or symptoms.
- general adult..*
All adults ages 18 and older who do not have a history of stroke or mini-stroke.

 **Click Here** to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **February 18** through **March 17, 2014**.



All comments will be considered for use in writing final recommendations.


What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

[Click Here to Learn More About Carotid Artery Stenosis and Stroke](#)

 [Carotid Artery Disease](#)
(Medline Plus)

 [NINDS Stroke Information Page](#)
(National Institute for Neurological Disorders and Stroke)

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.