

# U.S. task force still advises against carotid artery stenosis screening

4 August 2020



with carotid endarterectomy (CEA) or carotid artery stenting (CAS). Thirty-day stroke or death rates ranged from 1.4 to 3.5 percent for CEA and 2.6 to 5.1 percent for CAS.

Based on these findings, the USPSTF concluded with moderate certainty that the harms of screening for asymptomatic carotid artery stenosis outweigh the benefits in the general population. This recommendation statement was a reaffirmation of the 2014 [recommendation](#).

"The [task force](#) wants to help prevent people from having a stroke," USPSTF member Michael J. Barry, M.D., said in a statement. "But screening for carotid artery stenosis in those without symptoms of a blocked artery is not an effective way to do so."

(HealthDay)—The U.S. Preventive Services Task Force (USPSTF) recommends against screening the general adult population for asymptomatic carotid artery stenosis. This recommendation forms the basis of a draft recommendation statement published online Aug. 4 by the USPSTF.

**More information:** [Draft Evidence Review](#)  
[Draft Recommendation Statement](#)  
[Comment on Recommendation Statement](#)

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Janelle M. Guirguis-Blake, M.D., from Kaiser Permanente Center for Health Research in Portland, Oregon, and colleagues conducted a systematic literature review on the benefits and harms of screening for asymptomatic carotid artery stenosis in the general population. The researchers found no eligible studies that directly assessed the benefits or harms of asymptomatic carotid artery stenosis screening. Two limited, fair-quality, prematurely terminated trials revealed mixed results for comparative effectiveness of carotid revascularization plus best medical treatment versus best medical treatment alone. Two fair-quality trials, two national datasets, and three surgical registries reported harms associated

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