Appendix E Table 4. Methodological and Intervention Characteristics of Included Rescreening Studies (KQ 2)

| **Study, Year****Quality** | **Trial** | **N** | **N Analyzed** | **Country** | **Mean length of follow up (yrs)** | **Measurement technique** | **Rescreening intervals; number of times rescreened** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D’Audiffret, 2002121Fair | Patients from the ADAM trial | 223 | 223 | US | 5.9 Range: NR | Aortic measurements were made in both the anteriorposterior and transverse planes and the greatest diameter was recorded. | Rescreening annually after aortic diameters of 2.5–2.9 cm were identified5 repeat scans |
| Deveraj, 2008123Fair | Patients from the Good Hope Hospital Screening Program | 999 | 358 | UK | 5.4 Range: 1–14 years | Assessed anterioposterior diameter | Rescreening of abnormal aortas (2.6–2.9 cm) annuallyNR |
| Oliver-Williams, 2018156Good | Patients from the Gloucestershire Aneurysm Screening Study | 80,150 | 1,233 | UK | 7.8Range: 2.7–11 years† | Maximum anteroposterior diameter assessed by measurement from the inner wall to the inner wall of the aorta. | Men with small AAA (2.4–4.4 cm had annual ultrasound followup. 6 (3–11)‡ repeat scans |
| Lederle, 2000138Good | Patients from the ADAM trial | 15,098 | 2,622 | US | 4Range: NR | Assessed infrarenal and suprarenal aortic diameter | Rescreening in those found to have no AAA 4 years after initial screening1 repeat scan |
| Lindholt, 2000148Fair | Case/control study of the Viborg Trial | 6,339 | 248 for 2.5–2.9 group275 Control group | Denmark | 5 Range: 3–5 yrs | Infrarenal aorta was first visualized anteroposteriorly in its entire length. Its anteroposteriorly and transversely diameters were measured and recorded at their maximal sizes. | Those with aortas 2.5–2.9 cm were offered rescreening 3 to 5 years after initial screen; control group were those with no AAA |
| Scott, 2001165Fair | Cohort of 65-year-old men found to have normal aorta | 1,011 | 649 | UK | 10Range: NR | Both anteroposterior and transverse measurements of aortic diameter were taken and the maximum of the two measurements was used as the defining diameter.  | Individuals with normal-sized aortas at initial scan were rescreened every 2 years. (These patients were NOT Chichester trial participants.)5 repeat scans |
| Soderberg, 2017167Fair | Population- based cohort of 70-year-old women | 5,140 | 2.5–2.9 cm group: 33; 26 rescanned≥3.0 cm group: 19 | Sweden | 5Range: NR | The maximum anteroposterior diameter was registered according to the leading edge to leading edge principle. | All women with screen-detected subaneurysms with a diameter of 2.5–2.9 cm were rescanned at 5 years. 1 repeat scan |
| Svensjo, 2014169Fair | Population- based cohort of 65-year-old men | 3,270 | <2.5 cm group: 2,652 2.5–2.9 cm group: 40 ≥3.0 cm group: 44  | Sweden | 5Range: 5 yrs | The maximum anteroposterior diameter of the infrarenal aorta was recorded using the leading edge to leading edge principle.  | Individuals with an infrarenal aortic diameter of 2.5–2.9 cm were rescanned after 5 years. 1 repeat scan |

\*Median.

† Duration of followup was calculated for each man as the time from the initial scan to death, or to most recent scan if the individual had not died.

‡ Median (IQR) within.

**Abbreviations:** AAA = abdominal aortic aneurysm; ADAM = Abdominal Aortic Aneurysm Detection and Management Study; IQR = interquartile range; NR = not reported.