Appendix F Table 1. Mortality Data for Age Subpopulation in One-Time Screening Trials (KQ1a)

Author, Year Trial Name Quality	Mean Followup, years	Age Description	Group	N Analyzed	All- Cause Mortality, n (%)*	HR (95% CI)	AAA- Related Mortality, n (%)*	HR (95% CI)	30-Day Mortality, n (%)*	30-Day Mortality for Elective Repairs, n (%)*	30-Day Mortality For Emergency Repairs, n (%)*
Lindholt,	13	≤65 years	IG	2,742	NR	NA	6 (0.2)	0.36 (0.14–	NR	NR	NR
2010 ¹⁴⁷			CG	2,687	NR		16 (0.6)	0.93)	NR	NR	NR
		66-73 years	IG	3,591	NR	NA	13 (0.4)	0.33 (0.18–	NR	NR	NR
Viborg			CG	3,619	NR		39 (1.1)	0.62)	NR	NR	NR
		64-73 years	IG	-	-	-	19 (0.3)	0.34 (0.20-	-	-	-
Good		Main trial results (see Table 2)	CG	-	-	-	55 (0.9)	0.57)	-	-	-
McCaul, 2016 ¹⁵	12.8	65-74 years	IG	13,266	5,456 (41.1)	NR [†]	48 (0.4)	0.92 (0.62– 1.36) [†]	14 (3.7) [‡]	6 (1.6)§	8 (57.1)
Western			CG	13,239	5,501 (41.6)		52 (0.4)		21 (6.9) [‡]	11 (4.0)§	10 (37.0)
Australia		64-83 years Main trial	IG	19,249	9,739 (50.6)	NR [†]	90 (0.46)	0.91 (0.68– 1.21) [†]	34 (6.0)#	18 (3.4)**	16 (61.5) ^{††}
Fair		results (see Table 2)	CG	19,231	9,832 (51.1)		98 (0.51)	·	36 (7.9)#	17 (4.1)**	19 (43.2) ^{††}

^{*} P value for interaction NR.

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence intervals; HR = hazard ratio; IG = intervention group; N = population size; n = sample size; NA = not applicable; NR = not reported.

[†] Rate ratio (95% CI). Rate ratios reported as AAA-related and non-AAA deaths, not available for all-cause mortality.

[‡] N analyzed, IG: 382, CG: 303.

[§] N analyzed for IG: 368, CG: 276.

N analyzed for IG: 14, CG: 27.

[#] N analyzed for IG: 562, CG: 458.

^{**} N Analyzed for IG: 536, CG: 414.

^{††} N Analyzed for IG: 26, CG: 44.

Appendix F Table 2. All-Cause and AAA-Related Mortality Data for Smoking Subpopulation in One-Time Screening Trials (KQ1a)*

Author, Year Trial Name Quality	Age	Outcome	Never Smoked, n (%)	Ever Smoked, n (%)	OR (95% CI)	P-Value for Interaction
McCaul, 2016 ¹⁵	64-83 years	AAA Mortality	4 (0.11)	28 (0.3)	2.95 (1.04-8.43)	NR
	(screened)	All-cause	1,310 (36.2)	4,072 (47.4)	1.59 (1.47–1.72)	
Western Australia		Mortality				
	65-74 years	AAA Mortality	1 (0.04)	15 (0.2)	6.31 (0.83–47.81)	
Fair	(screened)	All-cause	707 (26.7)	2,502 (39.7)	1.81 (1.63–2.00)	
		Mortality		,	,	

^{*} These outcomes reflect rates in the screened group; there was no outcome reporting by smoking status in the unscreened group for comparison. This subgroup analysis does not address whether screening has a differential benefit in smokers.

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence intervals; IG = intervention group; N = population size; NA = intervention group; NB = intervention group; NB

Appendix F Table 3. AAA Prevalence, Rupture, and Surgery Data for Age Subpopulations in One-Time Screening Trials (KQ3a)

Author, Year Trial Name Quality	Mean Followup, years	Description	Group	N Analyzed	AAA Prevalence, n (%)	AAA Rupture, n (%)	HR (95% CI) for AAA Rupture	Procedures,	Elective Surgery, n (%)	Emergency Surgery, n (%)	P-Value for Interaction	HR (95% CI) for Emergency Surgery
McCaul, 2016 ¹⁵	12.8	Age 65– 74 years	IG	13,266	785.6 (6.6)	NR	NR	382 (2.9)	368 (2.77)	14 (0.11)*	NR	NR
Western Australia Fair			CG	13,239	NR	NR		303 (2.3)	276 (2.08)	27 (0.20)*		
r an		Age 64– 83 years Main trial	IG	19,249	879 (7.2)†	72 [‡]	NR	562 (2.9)	536 (2.78) [§]	26 (0.14)*	NR	NR
		results (see Table 1)	CG	19,231	NR	99		458 (2.4)	414 (2.15)	44 (0.23)*	NR	

^{*} Total surgery for rupture.

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence intervals; HR = hazard ratio; IG = intervention group; N = population size; n = sample size; NA = not applicable; NR = not reported.

[†] N analyzed for prevalence: 12,203.

p=0.04

[§] p<0.001.

Appendix F Table 4. AAA diameter, rupture, and surgery data for smoking subpopulations in one-time screening trials (KQ3a)

Author, Year Trial name Quality	Age	Outcome	Never Smoked, n (%)	Ever Smoked, n (%)	OR (95% CI)	P-Value for Interaction
McCaul,	64-83 years	AAA Diameter ≥3.0 cm	117 (3.24)	758 (8.83)	2.90 (2.37 to 3.53)	NR
2016 ¹⁵		AAA Elective operations	45 (1.24)	360 (4.19)	3.47 (2.54 to 4.75)	
		AAA Ruptures	2 (0.06)	16 (0.19)	3.37 (0.78 to 14.68)	
Western	65-74 years	AAA Diameter ≥3.0 cm	55 (2.08)	496 (7.87)	4.03 (3.04 to 5.34)	
Australia		AAA Elective operations	26 (0.98)	253 (4.01)	4.22 (2.81 to 6.33)	
Fair		AAA Ruptures	1 (0.04)	11 (0.17)	4.63 (0.60 to 35.85)	

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence intervals; IG = intervention group; N = population size; n = sample size; NA = not applicable; NR = not reported; OR = odds ratio.

Appendix F Table 5. All-Cause and AAA Mortality Data for Age Subpopulations in Open vs. Surveillance Trials (KQ4a)

Study, Year Quality	Mean Followup, years	Description	Treatment Group	N Subgroup	All-Cause Mortality, n (%)	HR (95% CI)	P-Value for Interaction	AAA- Related Mortality, n (%)	HR (95% CI)
Lederle,	4.9	50-59 years	IG	47	8 (17.0)	1.02 (0.38–2.73)*	NR	NR	NR
2002140			CG	51	8 (15.7)			NR	
		60-69 years	IG	251	61 (24.3)	1.34 (0.93–1.93)*		-	-
ADAM			CG	279	55 (19.7)			NR	NR
		70-79 years	IG	271	74 (27.3)	1.10 (0.78–1.55)*		NR	NR
Good			CG	237	59 (24.9)			NR	NR
Powell,	12	60-66 years	IG	176	89 (50.6)	0.73 (0.55–0.99)	0.152	NR	NA
2007 ¹⁶¹ -			CG	171	102 (59.6)			NR	
163		67–71 years	IG	191	120 (62.8)	0.86 (0.66–1.11)		NR	NA
			CG	190	125 (65.8)			NR	
UKSAT		72-76 years	IG	196	153 (78.1)	1.08 (0.79–1.38) [†]		NR	NA
Good			CG	166	125 (75.3)			NR	

^{*} Relative risk.

Abbreviations: AAA = abdominal aortic aneurysm; ADAM = Abdominal aortic aneurysm Detection and Management study; CG = control group; CI = confidence interval; HR = hazard ratio; IG = intervention group; N = population size; n = sample size; NR = not reported; RR = relative risk; UKSAT = the UK Small Aneurysm Trial.

[†] Primary adjustments made for age, sex, initial AAA diameter, smoking status, mean of left and right ankle-brachial pressure indexes, forced expiratory volume in 1 sec, and aspirin use.

Appendix F Table 6. All-Cause and AAA Mortality Data for Sex Subpopulations in Open vs. Surveillance Trials (KQ4a)

Study, Year Quality	Mean Followup, years	Description	Treatment Group	N Subgroup	All-Cause Mortality, n (%)	HR (95% CI)	P-Value for Interaction	AAA- Related Mortality, n (%)	HR (95% CI)
Powell,	12	Men	IG	468	299 (63.8)	0.90 (0.76-1.06)*	0.756	NR	NR
2007 ¹⁶¹⁻¹⁶³			CG	434	284 (65.4)			NR	
		Women	IG	95	63 (66.3)	0.89 (0.62–1.28)		NR	NR
UKSAT			CG	93	68 (73.1)			NR	
Good									

^{*} Primary adjustments made for age, sex, initial AAA diameter, smoking status, mean of left and right ankle-brachial pressure indexes, forced expiratory volume in 1 sec, and aspirin use.

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence interval; HR = hazard ratio; IG = intervention group; N = population size; n = sample size; NR = not reported; RR = relative risk; UKSAT = the UK Small Aneurysm Trial.

Appendix F Table 7. All-Cause Mortality Data for Smoking Subpopulations in Open vs. Surveillance Trials (KQ4a)

Study, Year Quality	Mean Followup, years	Description	N Subgroup	All-Cause Mortality, n	HR (95% CI) ^{†, ‡}	P-Value for Interaction
Powell, 2007 ¹⁶¹⁻¹⁶³	10*	Current Smoker (at baseline)	404	204 (50.5)	1.25 (1.03–1.53)	NR
		Former Smoker	620	259 (41.8)	1.00	
UKSAT		Never Smoker	64	32 (50.0)	1.30 (0.88–1.92)	
Good						

^{*}Data are from Powell 2002.¹⁶¹

Abbreviations: AAA = abdominal aortic aneurysm; CG = control group; CI = confidence interval; HR = hazard ratio; IG = intervention group; N = population size; n = sample size; NR = not reported; RR = relative risk; UKSAT = the UK Small Aneurysm Trial.

[†] HRs and P-values determined by Cox proportional hazards regression analysis and adjusted for baseline age, sex, smoking status, aneurys m diameter, average of left and right ankle-brachial pressure indexes, forced expiratory volume in 1 sec, and use or nonuse of aspirin.

[†]This subgroup analysis reports all-cause mortality HRs by smoking status in the entire study population. It does not provide outcomes by IG and CG in smokers and nonsmokers so does not provide comparisons to determine if there is a differential treatment effect of early surgery by smoking status.