

1 **Appendix 2 (as supplied by the authors)**

2 **Screening for Abdominal Aortic Aneurysm FACE Survey Results**

3 This Appendix provides analysis on the level of priority of the recommendation and level of Feasibility,  
4 Acceptability, Cost (affordability) and Equity using findings from a survey of stakeholders.

5 **Part 1. Is the Problem a Priority?**

6 **Question 1:** Is AAA a priority for your organization?

7 **Response:** Three of five stakeholders rated abdominal aortic aneurysm as a priority for their  
8 organization.

9 Table 1. Number of stakeholders reporting screening for abdominal aortic aneurysm as priority for their  
10 organization.

n=5	n
Number (%) rating abdominal aortic aneurysm as a priority	3

11 **Part 2. Evaluating the Recommendation on Affordability, Health Equity, Acceptability**  
12 **and Feasibility**

13 Stakeholders were asked to indicate the level (1 to 4) of affordability (resource use), health equity,  
14 acceptability, and feasibility for each recommendation based on the FACE definitions:

**FACE Definitions:**

**Affordability (resource use):** Considering the **cost** of the intervention compared to how much the stakeholder would be able to pay. How large would the resource requirements be? Level 1 indicates high affordability and low resource use. Level 4 indicates low affordability and high resource use.

**Health equity:** What would the impact on health equity compared to current status be? Would the intervention negatively or positively impact disadvantaged populations? Level 1 indicates positive impact on disadvantaged populations and high impact reducing health inequity. Level 4 indicates negative impact on disadvantaged populations and high impact on increasing health inequity.

**Acceptability:** Would the recommendation be acceptable to stakeholders (including your organization)? Level 1 indicates high acceptability to stakeholders. Level 4 indicates low acceptability to stakeholders.

**Feasibility:** Would the recommendation be feasible to implement? Would the recommendation be sustainable? Would there be important barriers that are likely to limit the feasibility of implementing the intervention? Level 1 indicates high feasibility to implement. Level 4 indicates low feasibility to implement.

15

**Recommendation 1:**

We recommend one-time screening with ultrasound for abdominal aortic aneurysm of men aged 65 to 80.

*Weak recommendation; moderate quality of evidence*

16

17 **Question 2:** Please indicate the level (**1 to 4**) of affordability, health equity, acceptability, and feasibility  
 18 for the recommendation to one-time screen with ultrasound for abdominal aortic aneurysm of men  
 19 aged 65 to 80. Please comment on what aspects of **affordability, health equity, acceptability and**  
 20 **feasibility** has impacted your rating.

21 **Response:** Stakeholders rated the recommendation as affordable (4/5) , having a positive impact on  
 22 health equity (3/5), acceptable (5/5) and feasible (4/5). Nearly all (4/5) stakeholders reported they  
 23 intend to implement the recommendation.

24 Table 2. Number of stakeholders reporting abdominal aortic aneurysm recommendation 1 as affordable,  
 25 positively impacting health equity, acceptable and feasible

n=5	n
Number rating the recommendation as <i>affordable</i>	4
Number rating the recommendation as having positive impact on <i>health equity</i>	3
Number rating the recommendation as <i>acceptable</i>	5
Number rating the recommendation as <i>feasible</i>	4
Do you intend to implementation this recommendation?	4

26

**Recommendation 2:**

We recommend not screening men older than 80 years of age for abdominal aortic aneurysm.

*Weak recommendation; low quality of evidence*

27

28 **Question 3:** Please indicate the level (**1 to 4**) of affordability, health equity, acceptability, and feasibility  
 29 for the recommendation to not screen men older than 80 years of age for abdominal aortic aneurysm.  
 30 Please comment on what aspects of **affordability, health equity, acceptability and feasibility** has  
 31 impacted your rating.

32 **Response:** Stakeholders rated the recommendation as affordable (4/5), having a positive impact on  
 33 healthy equity (3/5), acceptable (4/5) and feasible (5/5). Three of five stakeholders reported they  
 34 intend to implement the recommendation.

35 Table 3. Number of stakeholders reporting abdominal aortic aneurysm recommendation 2 as affordable,  
 36 positively impacting health equity, acceptable and feasible

n=5	n
Number rating the recommendation as <b>affordable</b>	4
Number rating the recommendation as having positive impact on <b>health equity</b>	3
Number rating the recommendation as <b>acceptable</b>	4
Number rating the recommendation as <b>feasible</b>	5
Do you intend to implementation this recommendation?	3

37

**Recommendation 3:**  
 We recommend not screening women for abdominal aortic aneurysm.  
*Strong recommendation; very low quality of evidence*

38

39 **Question 3:** Please indicate the level (**1 to 4**) of affordability, health equity, acceptability, and feasibility  
 40 for the recommendation to not screen women for abdominal aortic aneurysm. Please comment on what  
 41 aspects of **affordability, health equity, acceptability and feasibility** has impacted your rating.

42 **Response:** Stakeholders rated the recommendation as affordable (4/5), having a positive impact on  
 43 healthy equity (4/5), acceptable (3/5) and feasible (4/5). Three of five stakeholders reported they  
 44 intend to implement the recommendation.

45 Table 4. Number of stakeholders reporting abdominal aortic aneurysm recommendation 3 as affordable,  
 46 positive impacting health equity, accessible, and feasible

n=5	n
Number rating the recommendation as <b>affordable</b>	4
Number rating the recommendation as having positive impact on <b>health equity</b>	4
Number rating the recommendation as <b>acceptable</b>	3
Number rating the recommendation as <b>feasible</b>	4
Do you intend to implementation this recommendation?	3

47

48

49 The FACE Survey was sent to the following organizations; those that responded are starred:

- 50 • Canadian Association of Advanced Practice Nurses
- 51 • Canadian Association of Schools of Nursing\*
- 52 • Canadian Council of Cardiovascular Nurses \*
- 53 • Canadian Medical Association
- 54 • Canadian Nurses Association
- 55 • Canadian Partnership Against Cancer

- 56 • Canadian Public Health Association
- 57 • Cardiac Health Foundation of Canada \*
- 58 • College of Family Physicians of Canada
- 59 • Community Health Nurses Canada
- 60 • Health Canada \*
- 61 • Royal College of Physicians and Surgeons of Canada
- 62 • Sidney Kimmel Medical College and Thomas Jefferson University Hospitals\*
- 63 • United States Preventive Services Task Force

64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
  
76

CONFIDENTIAL