

# Ontario Abdominal Aortic Aneurysm Screening Program (OAAAASP)

Speaker:

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Assistant Professor, University of Toronto



April 25 2026 (Winnipeg Vascular & Endovascular Symposium)

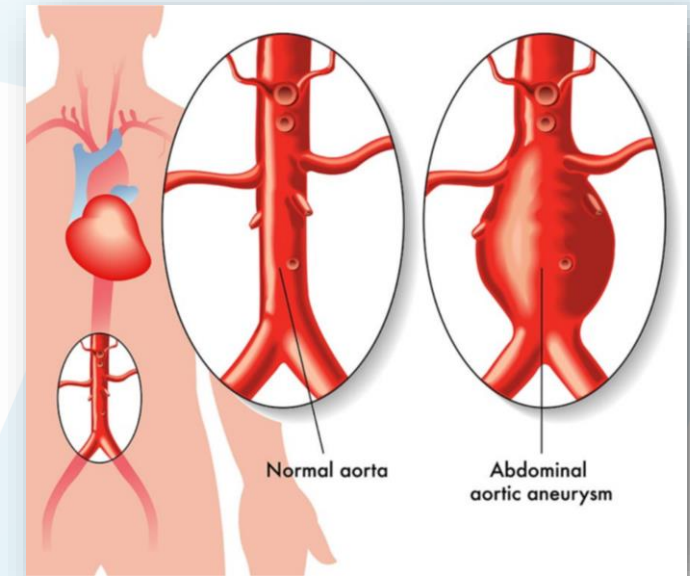
# PRESENTER DISCLOSURE



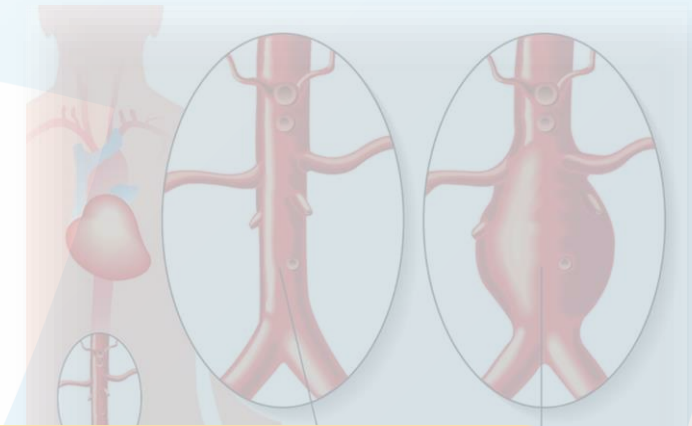
- I have no current relationships with commercial entities.
- I have the following professional relationship with **Ontario Health** as the Provincial Clinical Lead for Vascular and presenting this talk on behalf of Ontario Health.

# The Case for AAA Screening

- **AAA is a silent threat:** An abdominal aortic aneurysm (AAA) is a weakening in a section of the aortic wall, which bulges to form an aneurysm (>3cm). As the aorta expands beyond its normal size, risk of rupture increases. AAAs are almost always asymptomatic and therefore underdiagnosed; most at-risk patients remain undiagnosed because they were never screened.
- **High risk, high stakes:** Prevalence in the general population of Ontario 65-80 years of age (~2.3M) is 1-8% i.e., 23,000 – 185,000 Ontarians are currently living with an AAA. Aortic rupture is often fatal, with an 80-90% mortality rate. Urgent/emergent ED admissions are over 10x as likely to die in hospital as elective patients.
- **Cost-effective intervention:** AAA ruptures require immediate ED and ICU care, with survivors facing long hospital stays and complex recoveries. Early detection allows scheduled, lower-risk elective repairs, dramatically reducing hospital costs. The cost-per-life-saved from AAA screening is comparable to almost all provincial cancer screening programs (NNS = 222-370 for men, 588-714 for women).
- **Early detection saves lives:** Detecting AAAs before they rupture has been shown to reduce aortic-specific mortality, all-cause mortality, and rupture events. AAA screening delivers exceptional value for money and prevents avoidable deaths.



# The Case for AAA Screening



- **AAA is a silent threat:** An abdominal aortic aneurysm (AAA) is a weakening in a section of the aortic wall, which bulges to form an aneurysm (>3cm).

As the

AAA

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- 1. Rupture Is Almost Always Fatal — 90% Don't Survive**

AAA rupture carries one of the highest mortality rates in medicine, underscoring the urgency of prevention.

- 2. Early Detection Saves Lives — Proven in Randomized Trials**

Screening significantly reduces both AAA-related and all-cause mortality by catching disease before rupture.

- 3. A Preventable System Burden — High Cost When Missed**

Ruptures drive extended hospital stays, ICU use, transfusions, and rehabilitation — avoidable through timely detection.

- 4. Screening Delivers Exceptional Value for Money**

Cost-effectiveness is on par with provincial cancer programs — a small investment with outsized clinical and fiscal returns.

- 5. From Crisis Care to Planned Care**

Transitioning from emergency response to scheduled repair saves lives, optimizes resources, and improves patient outcomes.

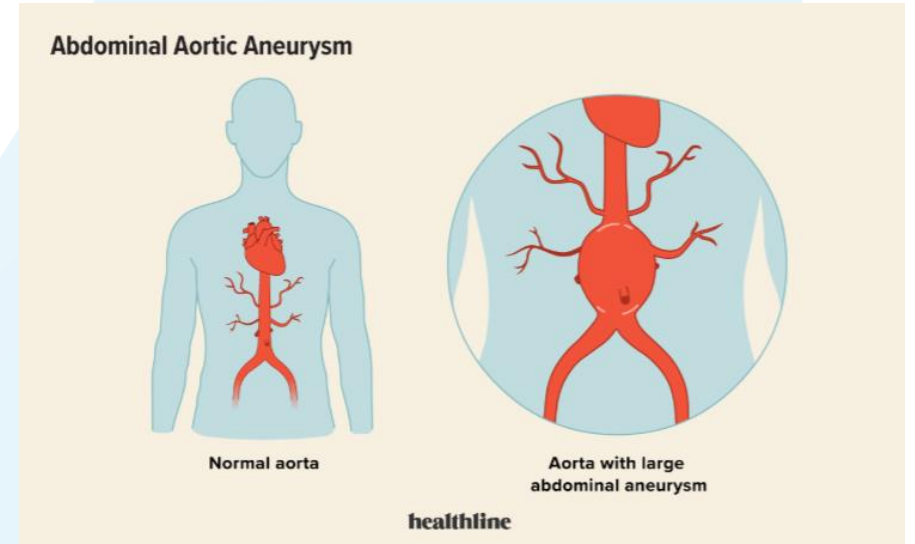
- **Early detection saves lives:** Detecting AAAs before they rupture has been shown to reduce aortic-specific mortality, all-cause mortality, and rupture events. AAA screening delivers exceptional value for money and prevents avoidable deaths.

# Patient Story: Vinicio Miccoli



Each year, **approximately 20,000 Canadians** are diagnosed with AAA, many without prior symptoms

An Abdominal Aortic Aneurysm (AAA) is a bulge of the abdominal aorta (>3 cm) that can rupture suddenly, leading to life-threatening internal bleeding



*Image taken from Healthline.com*

# AAA Screening Recommendations for Women

## Screening for abdominal aortic aneurysms in Canada: 2020 review and position statement of the Canadian Society for Vascular Surgery

We suggest one-time screening ultrasonography for all women aged 65–80 years with a history of smoking or cardiovascular disease (grade 2c [weak, low-quality] evidence).

## Recommendations on screening for abdominal aortic aneurysm in primary care

Canadian Task Force on Preventive Health Care\*

We recommend not screening women for AAA (strong recommendation; very low quality of evidence).

## SOCIETY FOR VASCULAR SURGERY® DOCUMENT

The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm



We recommend a one-time ultrasound screening for AAAs in men or women 65 to 75 years of age with a history of tobacco use.

Level of recommendation 1 (Strong)

Quality of evidence A (High)

We suggest a one-time ultrasound screening for AAAs in men or women older than 75 years with a history of tobacco use and in otherwise good health who have not previously received a screening ultrasound.

Level of recommendation 2 (Weak)

Quality of evidence C (Low)

# Key Takeaways

- Women were excluded from 3 of 4 major RCTs
- Women make up 20-25% of all treated AAAs in Ontario
- Women more likely to present as a rupture
- AAA is a deadlier disease in women
- Screening women is cost-effective (Vervoot et al, 2024 CMAJ\*)

**As a matter of patient safety and health equity, women deserve access to abdominal aortic aneurysm (AAA) screening.**

**For a disease that is both prevalent and life-threatening—and with a cost-effective, non-invasive test readily available—denying women this opportunity is a preventable risk.**

**\*Reference:**

One-time screening for abdominal aortic aneurysm in Ontario, Canada: a model-based cost-utility analysis. Dominique Vervoot, Grishma Hirode, Thomas F. Lindsay, Derrick Y. Tam, Varun Kapila, Charles de Mestral  
CMAJ Feb 2024, 196 (4) E112-E120; DOI: 10.1503/cmaj.230913

# Ontario AAA Screening Program (OAAASP)

The Ontario Abdominal Aortic Aneurysm Screening Program (OAAASP) is the first of its kind in Canada. The program offers life-saving screening to Ontarians turning 65 – a critical step toward early detection and prevention of aortic ruptures.



10 MINUTE  
ABDOMINAL  
ULTRASOUND

- **Access to AAA Screening:** Timely access to AAA screening helps identify at-risk individuals before symptoms appear, improving early detection and improving outcomes.
- **Early Detection and Prevent Aneurysm Ruptures:** Early detection and intervention will significantly lower the incidence of life-threatening AAA ruptures, ultimately improving patient outcomes and saving lives across the province.
- **Lower Mortality Rates:** Decrease the number of deaths associated with undiagnosed AAA, offering a safer future for aging Ontarians.
- **Alleviate pressure on Emergency Departments (EDs) and Intensive Care Units (ICUs):** By catching aneurysms before they rupture, we reduce emergency surgeries and ICU admissions – easing the burden on our healthcare system and lowering associated costs.

# OAAASP Launch

## The Ministry of Health announced the launch of the OAAASP Program as of September 9, 2025

HOME > LOCAL NEWS

### Southlake welcomes Ontario launch of first abdominal aortic aneurysm screening program in Canada

Ontarians turning 65 will soon receive invitations to undergo free ultrasounds as part of a new provincial initiative targeting life-threatening condition

**Ontario Launches First-in-Canada Screening Program for Abdominal Aortic Aneurysms**

By Sam Alkaskas — September 9, 2025

**ABDOMINAL AORTIC ANEURYSM (AAA) PATIENT INFORMATION**

An abnormal swelling in the wall of the abdominal aorta. This translates to irregularities for meninges.

**A Silent but Serious Threat**

An abdominal aortic aneurysm occurs when a bulge forms in the wall of the aorta in the abdomen. Over time, the weakened wall can rupture, leading to severe internal bleeding and, often, sudden death. Because symptoms rarely appear and it is too late, routine screening is viewed by health experts as a critical tool in preventing fatalities.

The program relies on abdominal ultrasound, a test described as quick, safe, and painless. The procedure takes only a few minutes, requires no preparation, and is publicly funded. "I know from experience how important this program is going to be for Ontarians," said Vito Micozzi, an aneurysm rupture survivor. "It cannot overstate the importance of having everyone know that this quick and painless ultrasound can detect a possible silent, life-threatening aneurysm and help people get timely, effective and proactive care."

**Ontario Launching New Abdominal Aortic Aneurysm Screening Program**

First program of its kind in Canada will promote life-saving early detection and prevention of potentially deadly ruptures

September 09, 2025

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**TORONTO** — The Ontario government is taking action to protect more people against life-threatening abdominal aortic aneurysms, which often have no symptoms and may go undetected until rupture, by launching a new screening program. The Ontario Abdominal Aortic Aneurysm Screening Program (OAAASP) is the first of its kind in Canada and will help save lives by promoting early detection and prevention of ruptures.

"Abdominal aortic aneurysms affect 20,000 people across the country each year, and we know early detection and prevention of aortic ruptures will save lives," said Sylvia Jones, Deputy Premier and Minister of Health. "Our government is proud to take this historic step by launching the first Abdominal Aortic Aneurysm Screening Program in Canada, connecting more Ontarians to the care they need, where and when they need it."

The government's new screening program will help more people with early diagnosis and timely treatment for abdominal aortic aneurysms, reducing the risk of sudden death and the need for emergency surgeries. An abdominal ultrasound is safe, free, only takes a few minutes and requires no preparation in advance. All people aged 65 and older are encouraged to get checked for abdominal aortic aneurysm, as they are at the greatest risk of experiencing one.

Starting today, Ontarians turning 65 will start receiving a screening letter in the mail from Ontario Health, encouraging them to discuss obtaining a requisition for an abdominal ultrasound screening test from their primary care provider. By the spring of 2026, the Ontario Aortic Abdominal Aneurysm Screening Program eligibility criteria will be expanded to include seniors aged 65 to 80, with plans also underway for eligible patients to have the option to self-refer directly to ultrasound labs for their abdominal screening.

As part of [Your Health: A Plan for Connected and Convenient Care](#), the Ontario government is connecting more people to the services they need, when they need them. This includes ensuring communities have the tools they need to diagnose and treat illnesses earlier and keep people healthier.

**New provincial aortic aneurysm screening program now being offered in York Region**

The program screens individuals aged 65 and older, enabling early diagnosis and timely treatment that can significantly reduce the risk of sudden death and emergency surgery.

By Simon Martin, Markham Economist Sun  
Wednesday, September 24, 2025 | 0 min to read  
Article was updated Sep 26, 2025

**Most relevant**

**Kirill Patyrykin** · 3rd+  
Founder & MD | Marine, Surety & Financial Risks |... 9h

**Dr Varun Kapila**, excellent preventive initiative. The OAAASP demonstrates smart risk management - early detection significantly reduces catastrophic rupture events and associated costs.

From an insurance perspective, programs like this create measurable value: reduced emergency interventions, lower mortality rates, and improved actuarial outcomes. The 10-minute screening investment pays dividends across the entire healthcare system.

One consideration: ensuring consistent follow-through protocols for positive screenings will be critical to program ROI. Early detection only delivers value when coupled with timely intervention pathways.

Congratulations on leading Canada in this evidence-based approach to AAA prevention.

**Like Reply**

**Most relevant**

**Dr Varun Kapila** · Author 9h

To learn more about the program, visit [Ontariohealth.ca/OAAASP](#) #OAAASP #VascularHealth #ScreeningSavesLives #EarlyDetection #PreventiveCare #PrimaryCare

**Abdominal Aortic Aneurysm Resources**  
An abdominal ultrasound is all it takes to check for an AAA. This test could help find an aneurysm early and: The aorta is the biggest blood vessel in...

Like · 1 | Reply

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Your feedback helps improve the feed [Undo](#)

**Denise Dykes Johnston** · 3rd+  
CMLA/TMLPAO (PCR), MAA 8h

In 2001 my 82 year old grandfather had an aortic aneurysm burst but was saved by emergency surgery. He was recovering very well in hospital until he contracted MRSA and died

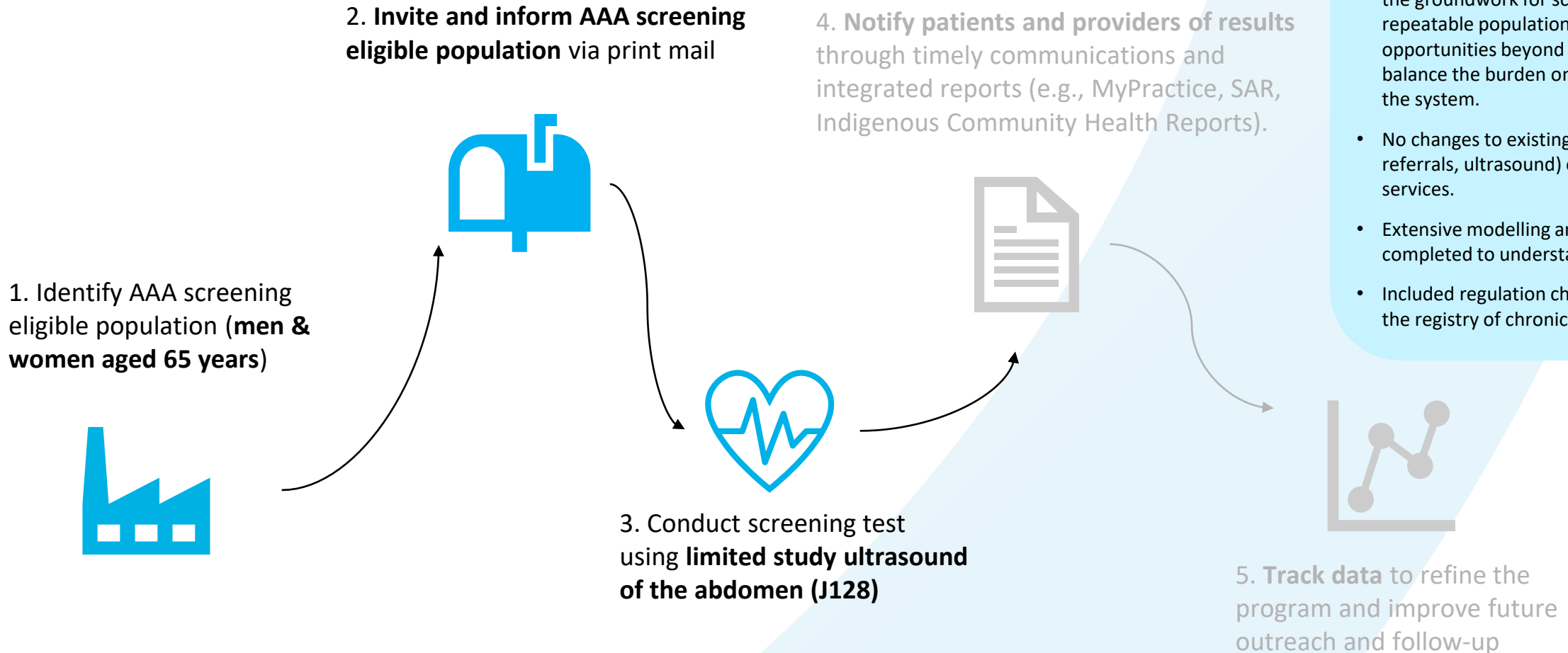
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**Vinay Badhwar** · 2nd  
Executive Chair, WVU Heart & Vascular Institute and Service Line 9h

Outstanding leadership

Like | Reply

# AAA Screening: Phase 1 Approach



## Phase 1 Limited Scope

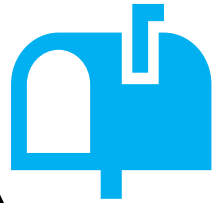
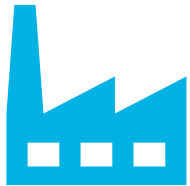
- Phase 1 was intentionally limited to lay the groundwork for scalable and repeatable population-based screening opportunities beyond AAA, and to balance the burden on primary care and the system.
- No changes to existing processes (e.g., referrals, ultrasound) or billing of services.
- Extensive modelling and forecasting completed to understand system impact.
- Included regulation change to establish the registry of chronic diseases.

Greyed out content indicates elements out of scope in Phase 1, being explored in Phase 2.

# AAA Screening: Phase 2 Multi-Year Approach

1. Identify eligible **individuals aged 65–80**, including those in equity-deserving communities.

2. Invite and inform AAA screening eligible population using **digital, physician-linked**, and optimized outreach methods, with the **option for self-referral** to improve accessibility.



3. Conduct screening test using **AAA screening ultrasound (new billing code)**

4. **Notify patients and providers of results** through correspondence and integrated reports (e.g., MyPractice, SAR, Indigenous Community Health reports).

5. **Track data** to refine the program and improve future outreach and follow-up

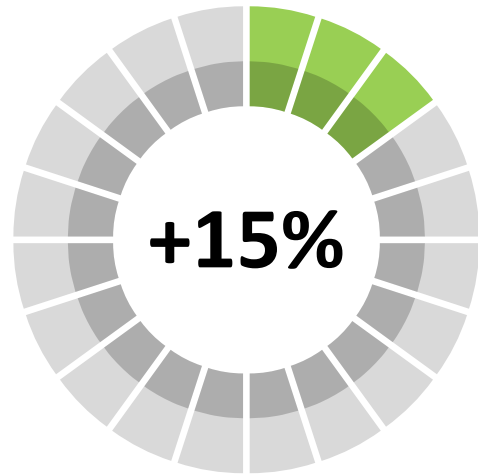
## Other Enhancements

- Deployment of **mobile screening units** and targeted screening events to reach remote, **Indigenous, and equity-deserving communities**.
- Implement a **clinical pathway** for those diagnosed with an AAA and a **care coordination** process for **unattached patients**.
- **Public and provider education and awareness**.

**Bolded text** indicates enhancements being explored in Phase 2

# AAA Screening Uptake

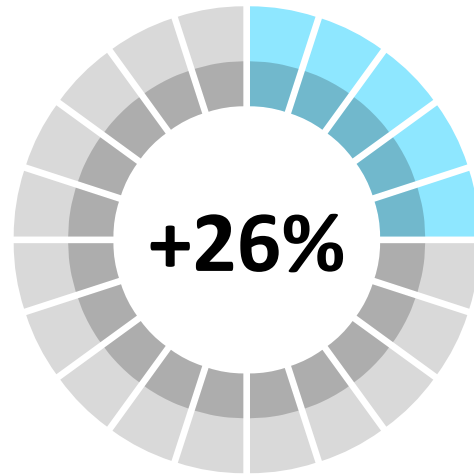
Strong year-over-year growth observed in Fall 2025, signaling early momentum in AAA screening\*



**+15%**

**October 2025**

483 additional ultrasounds (+15%)  
compared to October 2024



**+26%**

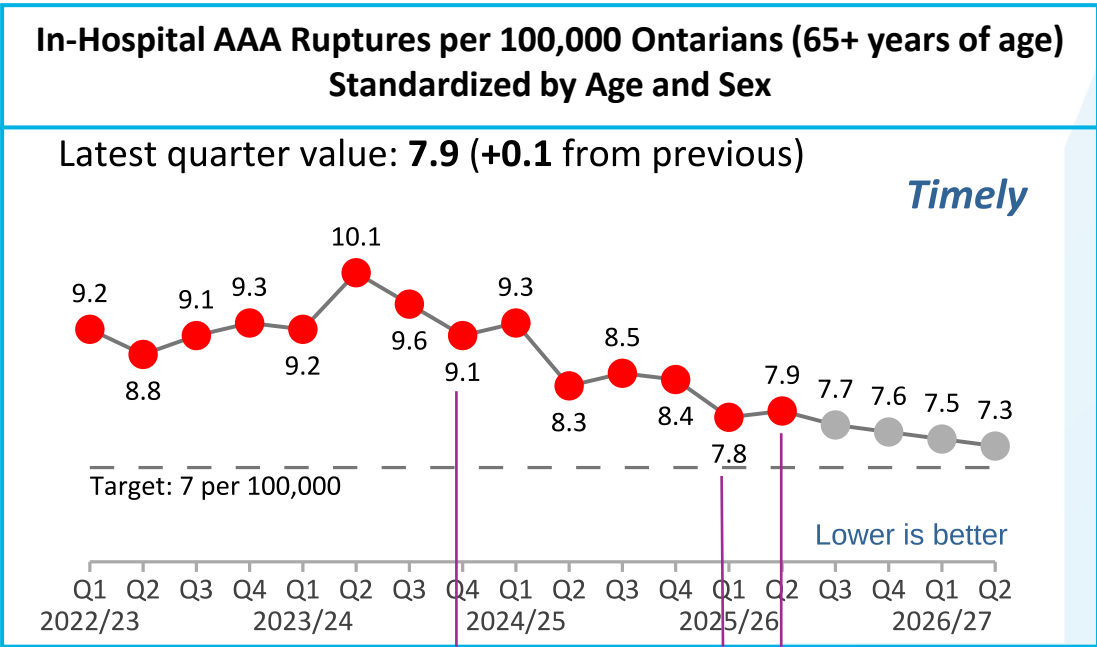
**November 2025**

797 additional ultrasounds (+26%)  
compared to November 2024

November 2025 recorded  
the highest J128 activity of  
any month since 2020

*\*Preliminary analysis; data likely underrepresented; subject to data delays and inclusion of non-AAA scans.*

# Figure: In-Hospital AAA Ruptures per 100,000 Ontarians (65+ years of age), Standardized by Age and Sex



*ON Vascular Program Standards released*

**\*OAAASP Program initiated\***

*ON Vascular Ultrasound Standards released*

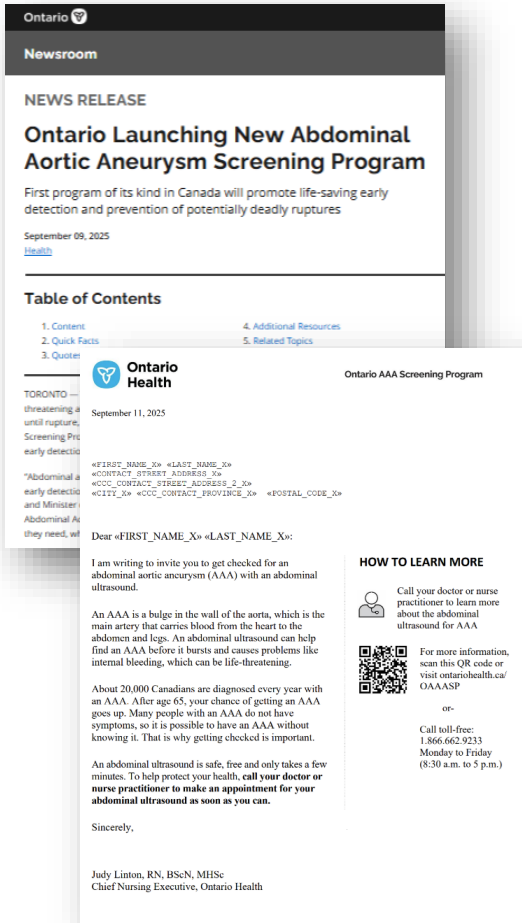
**Indicator Deviation From Target**

- On-track (less than 5% off target)
- Minor deviation (5%-10% off target)
- Major deviation (more than 10% off target)

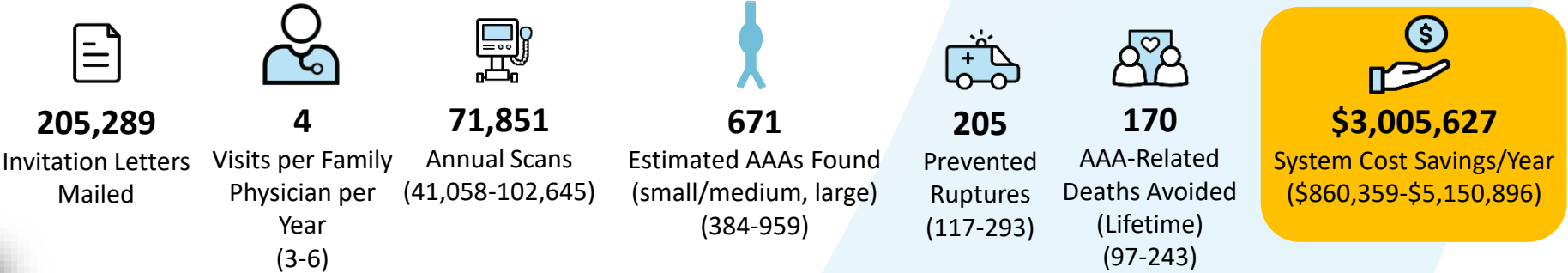
**Forecasting**

- Deviation cannot be calculated
- Forecasted value

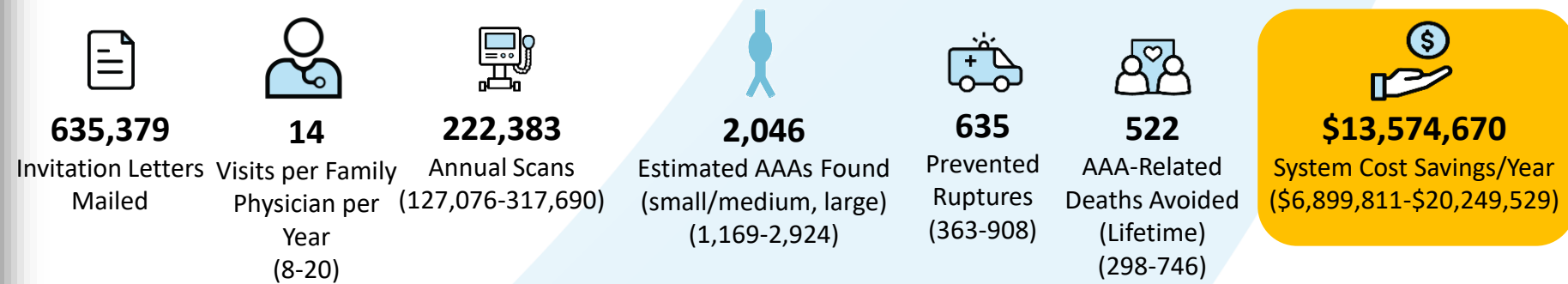
# Ontario Abdominal Aortic Aneurysm Screening Program



## Ontario System and Patient Impact: 2026 (Phase 1)



## Ontario System and Patient Impact: After Multi-Year Expansion (Phase 2)



# Feedback & Questions



# Thank you

## To learn more, visit

- **Ontario Health Website:**  
ontariohealth.ca
- **OAAASP General Resources:**  
ontariohealth.ca/OAAASP
- **OAAASP Provider Resources:**  
ontariohealth.ca/clinical/cardiac-stroke-vascular/abdominal-aortic-aneurysm-clinical-guidance

## Contact Information:

### Dr. Varun Kapila

- Email: [Varun.Kapila@ontariohealth.ca](mailto:Varun.Kapila@ontariohealth.ca)
- Connect on LinkedIn





# Appendix

# Data Collection

- We are currently in the process of configuring our technical systems to ingest the OHIP data necessary to begin reporting on OAAASP
- OAAASP intends to understand:
  1. The proportion of Ontarians who were screened:
    - a) After the invitation letter
    - b) After the reminder letter
    - c) Without a letter
  2. Access and equity perspective:
    - a) Where were patients screened
    - b) Were patients attached or unattached to a primary care provider
  3. AAA Rupture Rates

# Questions from the field to date

Question	Response
<p><b>Has Ontario Health considered the impacts of OAAASP roll out on the Primary Care and Diagnostic Imaging fields?</b></p>	<p>Yes, Ontario Health has conducted significant modelling to understand the implications for both primary care and diagnostic imaging sectors. Phase I is intentionally limited in scope to minimize disruption by limiting eligibility to men and women turning 65 in their birthday month. Additionally, the ultrasound exam is a limited field exam and rapid to perform, minimizing impact for US facilities.</p>
<p><b>What is the phased implementation approach for OAAASP?</b></p>	<p>In Phase 1, screening invitation and reminder letters will be mailed to people turning 65 in their birthday month.</p> <p>In Phase 2, planning is underway to expand scope of the OAAASP to broaden the age criteria, introduce AAA-specific procedure/billing code (to differentiate from the generic limited study ultrasound) and to include the option for self-referral (similar to OBSP). The timing for these enhancements will be determined as this phase of the program is planned in close collaboration with primary care and diagnostic imaging leadership.</p>
<p><b>What guidelines or billing codes are available for diagnostic labs and sonographers?</b></p>	<p>The implementation of the OAAASP will follow a phased approach, with new elements introduced as the program evolves. At this time, the OAAASP does not include an application process and there are no changes to existing practices required for OAAASP purposes.</p> <p>In future, we are working with the Ministry to potentially introduce a AAA-specific procedure/billing code (to differentiate from the generic limited study ultrasound) and to include the option for self-referral (similar to OBSP). As these elements of the program start to take shape, we will be sure to communicate these types of changes to the field well in advance.</p> <p>For best practices, one can access <b>Common Core Standards for Vascular Ultrasound in Ontario (PDF)</b> document here: <a href="https://www.corhealthontario.ca/resources-for-healthcare-planners-&amp;-providers">https://www.corhealthontario.ca/resources-for-healthcare-planners-&amp;-providers</a>. These standards form the basis of the program and include the recommended protocol for these limited field ultrasound exams. No additional OAAASP-specific protocol is required at this time. If further program-specific guidance is developed, it will be shared with sites in advance of implementation.</p>