



## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. Have you ever been diagnosed by a doctor as having an abdominal aortic aneurysm?

Yes

No

If "Yes," ask question 2.

2. Have you had surgery or other repair for this aneurysm?

Yes

No

3. Abdominal Ultrasound Protocol

An ultrasound scan of the abdominal aorta is performed using a portable ultrasound machine (Hitachi ultrasound scanner EUB-405, Hitachi Medical Corporation, Tokyo, Japan). The maximum transverse diameter of the aorta in the transverse plane, and the maximum anterior-posterior diameter in the longitudinal plane, are measured with calipers, and images are recorded on thermal paper. The largest diameter of these two readings is recorded as the maximum aortic diameter for each. A hardcopy should be kept of all scans.

After initial screening, the scanned group is subdivided into those who had an abdominal aortic aneurysm (maximum aortic diameter on ultrasound  $\geq 3$  cm), those in whom no aneurysm was detected, and those in whom the aorta could not be visualized. Arrangements should be made with a personal physician to follow up with patients who had an abdominal aortic aneurysm with repeat scans at intervals related to the aortic size.

Patients are not given their results at the clinic. A radiologist reviews all abnormal scans and a subsample of normal scans. At the completion of screening, results are sent to the patients family doctor with letters for the doctors to send to the

patients should they feel it appropriate.

Patients who have a normal aorta (<3 cm diameter) and those whose aortas are not visualized are not rescanned. Patients with an aortic diameter of 3.0-4.4 cm should be rescanned at yearly intervals, whereas those with an aortic diameter of 4.5-5.4 cm should be rescanned at 3-month intervals. Urgent referral to a vascular consultant should be recommended for patients with an aortic diameter of 5.5 cm or greater.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/41001>