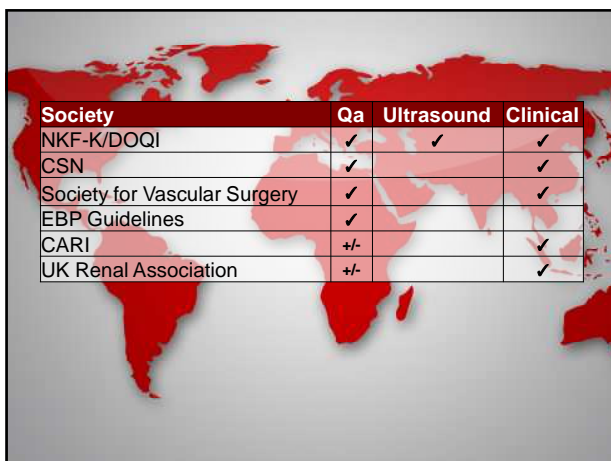


The current state of the literature

A deeper dive: the assumptions we make

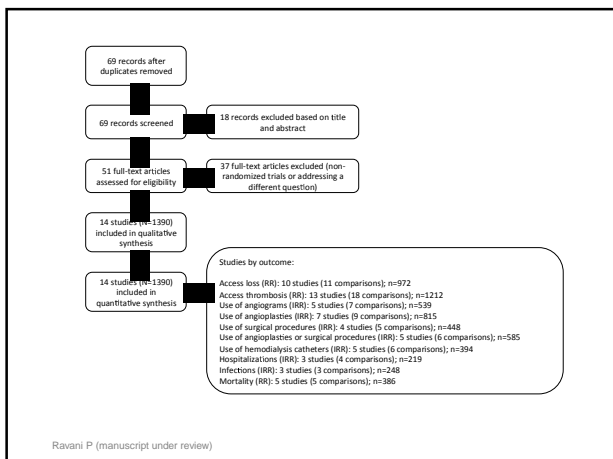
Unanswered questions

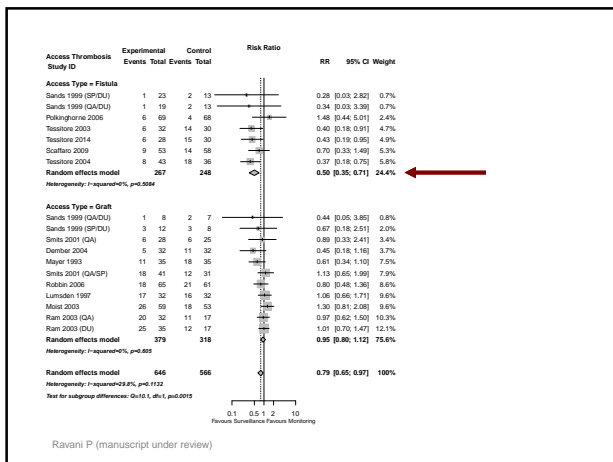


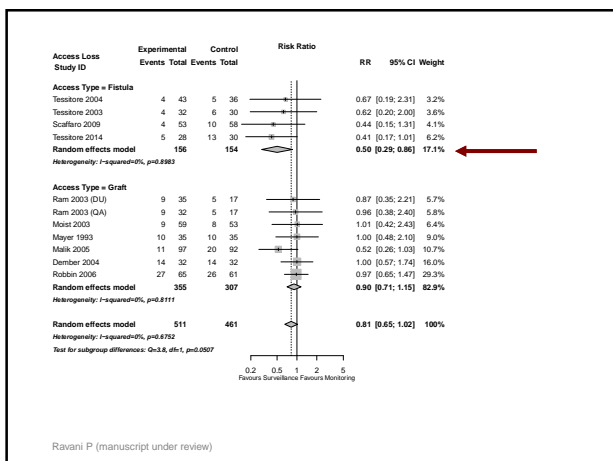
Society	Qa	Ultrasound	Clinical
NKF-K/DOQI	✓	✓	✓
CSN	✓		✓
Society for Vascular Surgery	✓		✓
EBP Guidelines	✓		
CARI	+/-		✓
UK Renal Association	+/-		✓

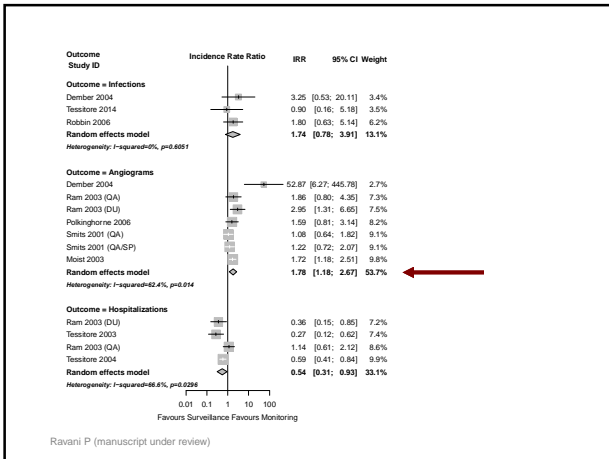


The current state of the literature







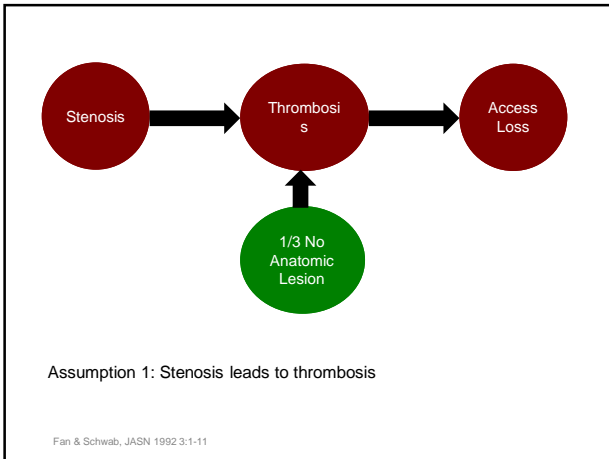


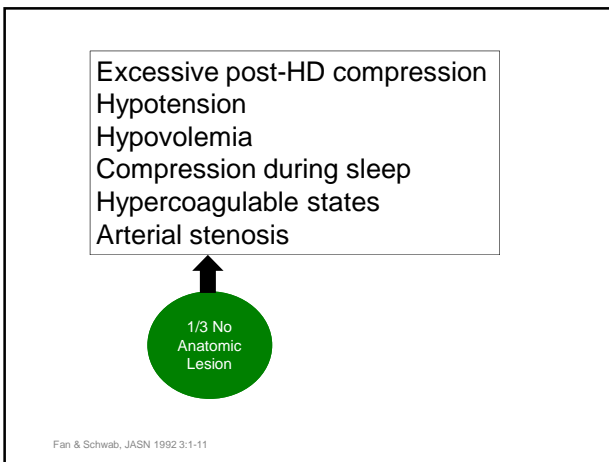
Surveillance and pre-emptive correction of stenoses does not appear to be of benefit in AVGs

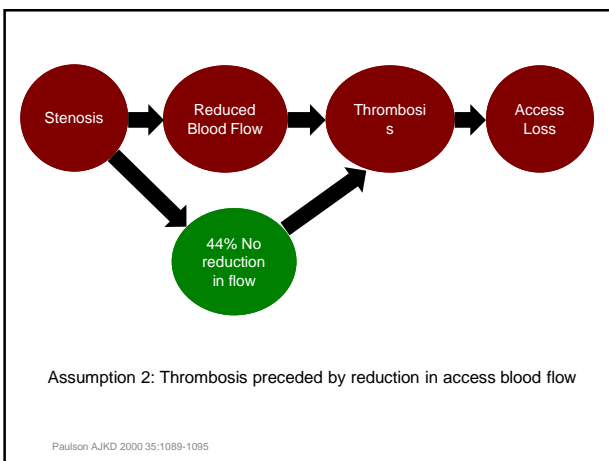
Data are more promising for AVFs

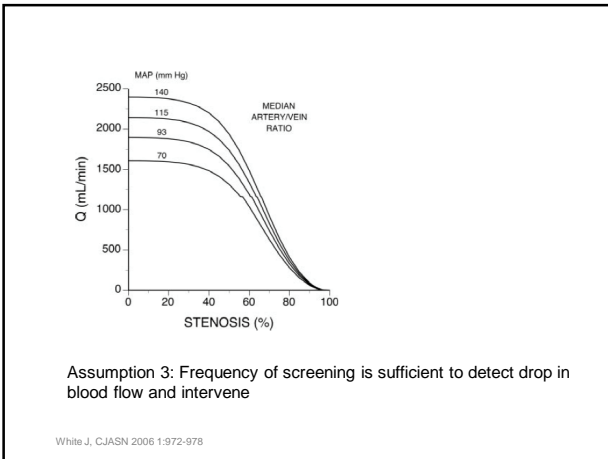
- Single-center (3/4 from same site)
- Small numbers of patients / events
- Unblinded







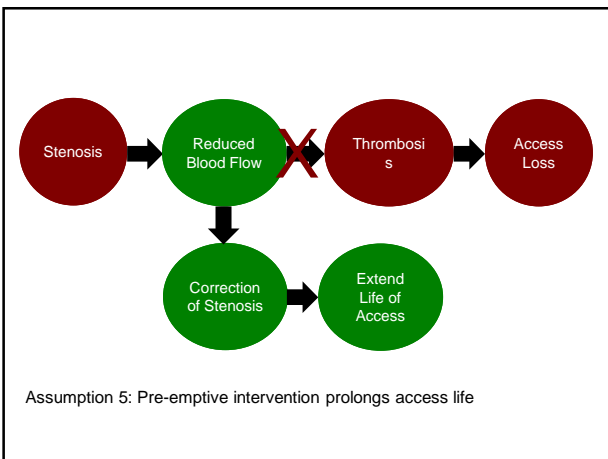


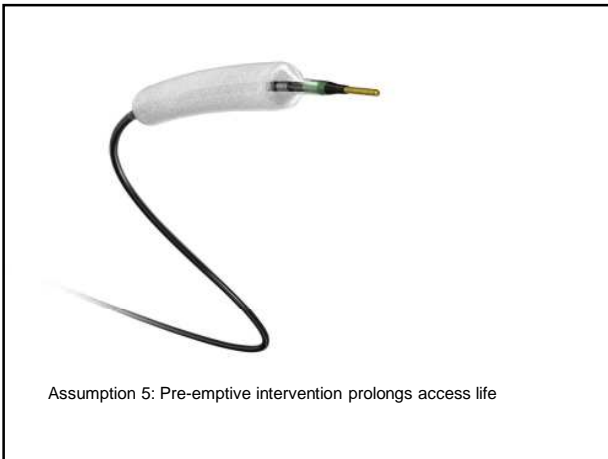


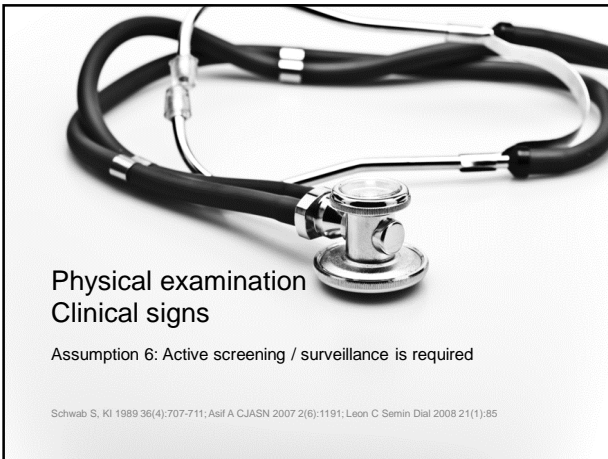
Criteria for Predicting Thrombosis	Sensitivity	FPR	Positive Predictive Value
Qa (mL/min)			
<600	0.53	0.03	0.95
<900	0.75	0.33	0.68
<1,200	0.86	0.44	0.65
<1,800	0.97	0.74	0.55

Assumption 4: We have a good diagnostic test

Paulson WD, AJKD 2000 35:1089-1095









Is active surveillance required?
"Best" diagnostic test
Frequency of testing
Does pre-emptive angioplasty improve access longevity?

"Further data are required to better understand the role of active surveillance and pre-emptive correction of access stenosis"
