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High-Priority Evidence Gaps for Clinical Preventive Services

SUBMITTED BY:

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**ON BEHALF OF THE
U.S. PREVENTIVE SERVICES
TASK FORCE**

**10TH ANNUAL REPORT
TO CONGRESS**



EXECUTIVE SUMMARY

The U.S. Preventive Services Task Force (USPSTF or Task Force) is an independent, volunteer panel of national experts in prevention, primary care, and evidence-based medicine. The Task Force makes evidence-based recommendations about clinical preventive services to improve the health of all Americans. The Task Force comprehensively assesses the potential benefits and harms of services to prevent disease in people without signs or symptoms, including screening tests, behavioral counseling, and preventive medications.

Each year, Congress charges the USPSTF to provide a report that identifies gaps in the scientific evidence base and recommends areas for future research. In some cases, clinical preventive services have been well studied, but there are important evidence gaps that prevent the USPSTF from making recommendations for specific populations and age groups. The Task Force recognizes disparities persist in healthcare based on age, race and ethnicity, sexual orientation, and social risk factors. Greater inclusion of diverse populations in research will help the USPSTF issue recommendations that improve the quality of preventive care, which will hopefully lead to improved access to and use of these preventive services, reduced disparities in healthcare, and increased health equity.

In this 10th Annual Report to Congress, which covers 2019 to 2020, the Task Force calls for more research in areas where evidence is lacking, including evidence for underrepresented populations and age groups.

Where More Research Is Needed Related to Child and Adolescent Health and Health Inequities

In this report, the USPSTF calls attention to high-priority research gaps from its recommendations **related to child and adolescent health and health inequities, including mental and behavioral health, substance use, and obesity**. Although there are many child and adolescent health topics with important research gaps, such as autism and speech and language delay, the USPSTF chose to focus this report specifically on those pertaining to mental and behavioral health, substance use, and obesity. Research into these complex health issues will help clinicians meaningfully assist patients and their families in preventing them and reducing health inequities.

Specifically, more research is needed to:



Mental and Behavioral Health in Children and Adolescents

1. Depression in Children and Adolescents: Screening

- Evaluate screening for major depressive disorder in children age 11 years or younger
- Evaluate combined treatments, and complementary and alternative approaches
- Assess the effect of having other health conditions along with depression

2. Suicide Risk in Adolescents, Adults, and Older Adults: Screening

- Evaluate screening and interventions for suicide risk, including:
 - Understanding how to better help people with suicide intentions before they act
 - Whether screening and interventions might be effective in individuals at average or high risk, so we can understand whether tailored therapies are more effective in these populations
- Identify ways to link clinical and community resources



Substance Use in Children and Adolescents

3. Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions

- Evaluate interventions to stop use of tobacco, including studies that:
 - Examine whether interventions help youth quit for the longer term (6 months or longer)
 - Provide details on components of behavioral counseling interventions
- Determine which interventions are effective in preventing the initiation of use and promote cessation of:
 - E-cigarettes in youth
 - Other types of tobacco
- Evaluate interventions tailored to populations with higher tobacco use rates

4. Illicit Drug Use in Children, Adolescents, and Young Adults: Primary Care–Based Interventions

- Evaluate interventions to prevent drug use, including studies that:
 - Examine prevention of marijuana use
 - Examine and report the harms of interventions
 - Examine health, social, and legal outcomes
 - Focus on children younger than age 10 years as well as young adults (ages 18–25 years)
 - Examine technology approaches to prevention, family-based approaches, and clinician training

5. Unhealthy Drug Use: Screening

- Evaluate screening (by asking questions about unhealthy drug use) and interventions for unhealthy drug use in adolescents



Obesity in Children and Adolescents

6. Obesity in Children and Adolescents: Screening

- Evaluate behavioral interventions in underrepresented populations and younger children
- Evaluate benefits and harms, especially in studies that:
 - Are larger and have more children as participants
 - Examine longer-term effects of treatment
 - Examine direct effects of screening
 - Examine benefits and harms of weight loss medications
 - Provide details on components of behavioral counseling interventions

Future research in these areas can help fill these gaps and may result in important new recommendations that will help to improve the health of all Americans, including underrepresented populations. The USPSTF hopes that identifying evidence gaps and highlighting them as research priorities will inspire public and private researchers to collaborate and target their efforts to generate new knowledge, address important health issues, and reduce health inequities.

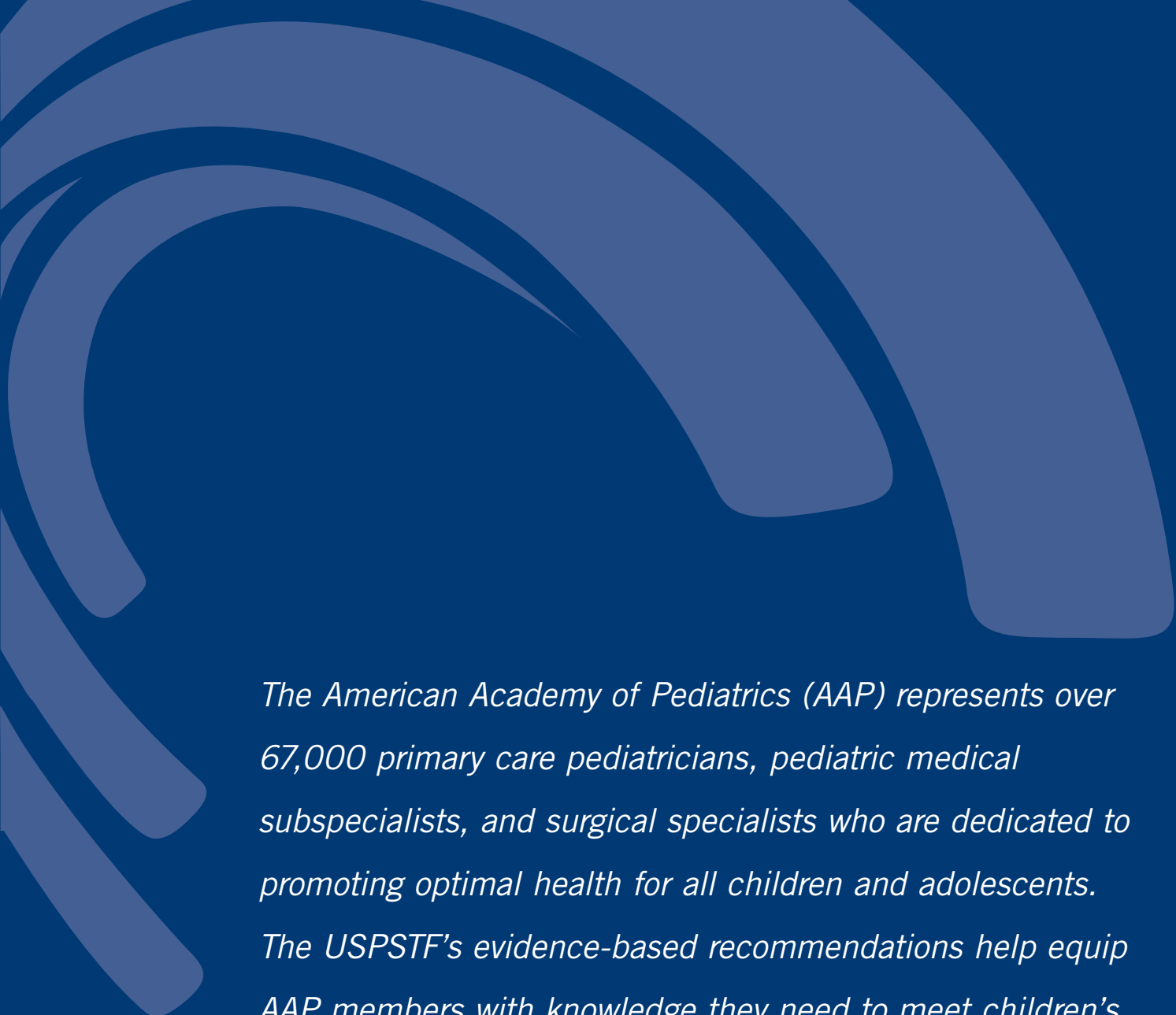
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The American Academy of Pediatrics (AAP) represents over 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists who are dedicated to promoting optimal health for all children and adolescents. The USPSTF's evidence-based recommendations help equip AAP members with knowledge they need to meet children's unique health and developmental needs. We applaud the USPSTF for focusing this year's report on critical evidence gaps related to child and adolescent health and join the Task Force in calling for more research to help every child reach their full potential.

Sara H. Goza, M.D., F.A.A.P.
President, American Academy of Pediatrics

I. INTRODUCTION

The U.S. Preventive Services Task Force (USPSTF or Task Force) is an independent, volunteer group of national experts in prevention, primary care, and evidence-based medicine. Since its inception in 1984, the Task Force has made evidence-based recommendations about clinical preventive services to improve the health of all Americans (e.g., by improving quality of life and prolonging life). These recommendations include screening tests, behavioral counseling, and preventive medications.

The mission of the USPSTF is to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.

The purpose of this report is to update Congress and the research community about high-priority evidence gaps in clinical preventive services identified by the Task Force from 2019 to 2020.

II. BACKGROUND

Clinical preventive services have tremendous value in improving the health of the Nation. When provided appropriately, they can identify diseases at earlier stages when they are more treatable or reduce a person's risk for developing a disease. However, some clinical preventive services can fail to provide the expected benefit or even cause harm. To make informed decisions, healthcare professionals, patients, and families need access to trustworthy, objective information about the benefits and harms of clinical preventive services.

The Task Force makes recommendations to help primary care clinicians, patients, and families decide together whether a particular preventive service is right for an individual's needs. Task Force recommendations:

- Apply only to people without signs or symptoms of the disease or health condition
- Focus on screening to identify disease early and other interventions to prevent the onset of disease
- Address services offered in the primary care setting or services to which patients can be referred by primary care professionals

Since 1998, the Agency for Healthcare Research and Quality has been authorized by Congress to convene the Task Force and to provide ongoing scientific, administrative, and dissemination support. The Agency funds Evidence-based Practice Centers (EPCs), which are academic or research organizations that work with the Task Force to develop research plans and conduct the evidence reviews that the Task Force uses to inform its recommendations.

Who Serves on the Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine who represent the diverse disciplines of primary care, including behavioral health, family medicine, geriatrics, internal medicine, nursing, obstetrics and gynecology, and pediatrics. It is made up of 16 volunteer members who are appointed to serve 4-year terms, led by a chair and two vice chairs (see **Appendix A** for current members).

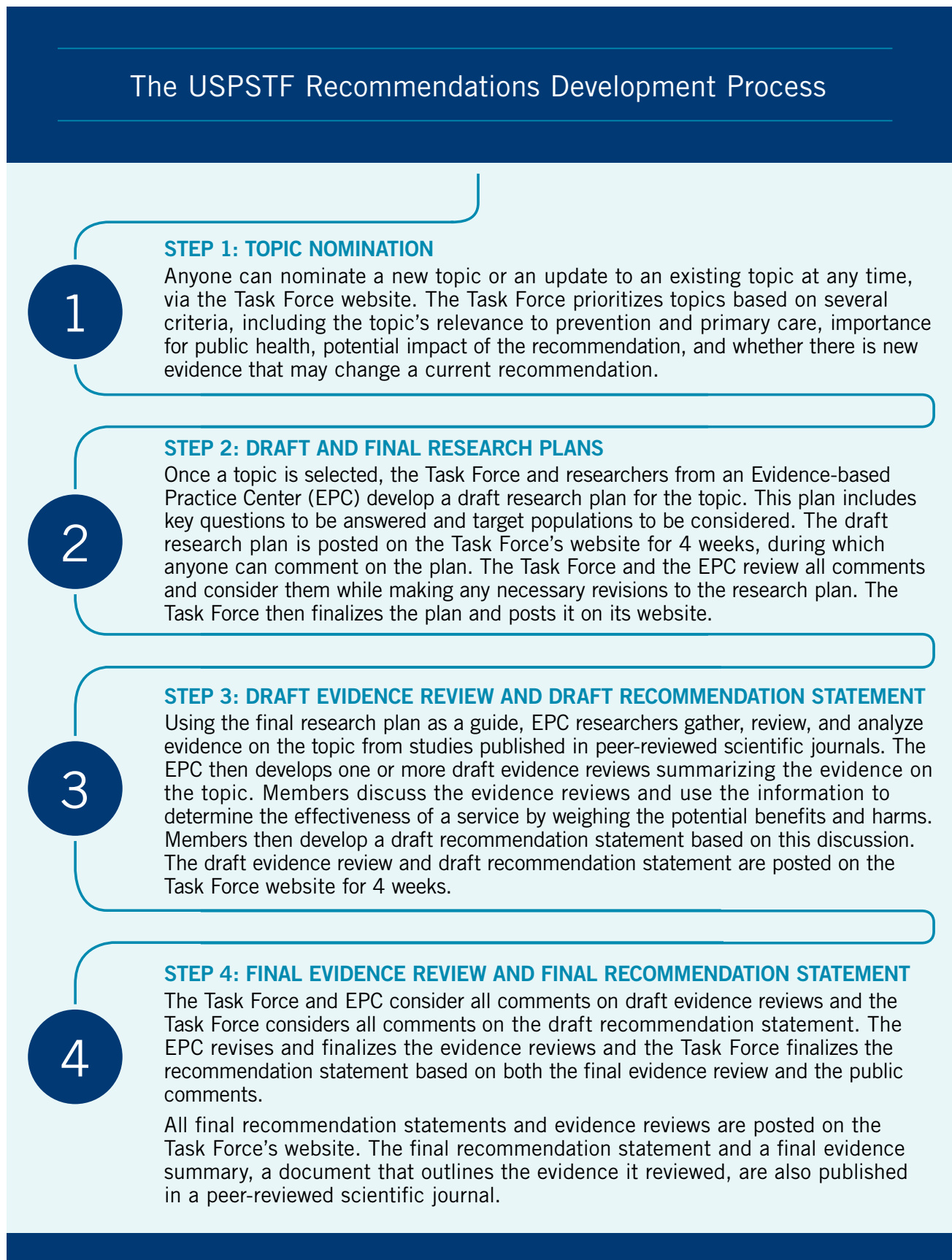
How Does the Task Force Minimize Potential Conflicts of Interest?

To ensure that USPSTF recommendations are balanced, independent, and objective, the USPSTF has a long-standing and rigorous conflict of interest assessment and disclosure process.¹ The process for each member begins prior to appointment, and potential conflicts of interest are reviewed at least three times each year for all members.

How Does the Task Force Make Recommendations?

The Task Force's recommendations are based on a review of the best available research on the potential benefits and harms of the preventive service. The Task Force does not conduct research studies, but rather reviews and assesses published research. It follows a multistep process when developing each of its recommendations and obtains public input throughout the recommendation development process (see **Figure 1**).

Figure 1. Steps the USPSTF Takes to Make a Recommendation



When the Task Force reviews the evidence, it considers the benefits and harms of the preventive service for the overall population, as well as for specific segments of the U.S. population that may be disproportionately affected by a condition or who may benefit differently from the preventive service.² Potential benefits of preventive services can include helping people stay healthy throughout their lifetime, improving quality of life, preventing disease, and prolonging life. Potential harms can include inaccurate test results, harms from invasive followup tests, harms from treatment of a disease or condition, diagnosis of a condition that would never have caused symptoms or issues in a person’s lifetime (also known as “overdiagnosis”), or receiving treatment when it is not needed or may not actually improve health (also known as “overtreatment”).

The Task Force assigns each of its recommendations a letter grade (A, B, C, or D) or issues an “I statement” based on the certainty of the evidence and the balance of benefits and harms of the preventive service (see **Table 1**).

Table 1. Meaning of USPSTF Grades

Grade	Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

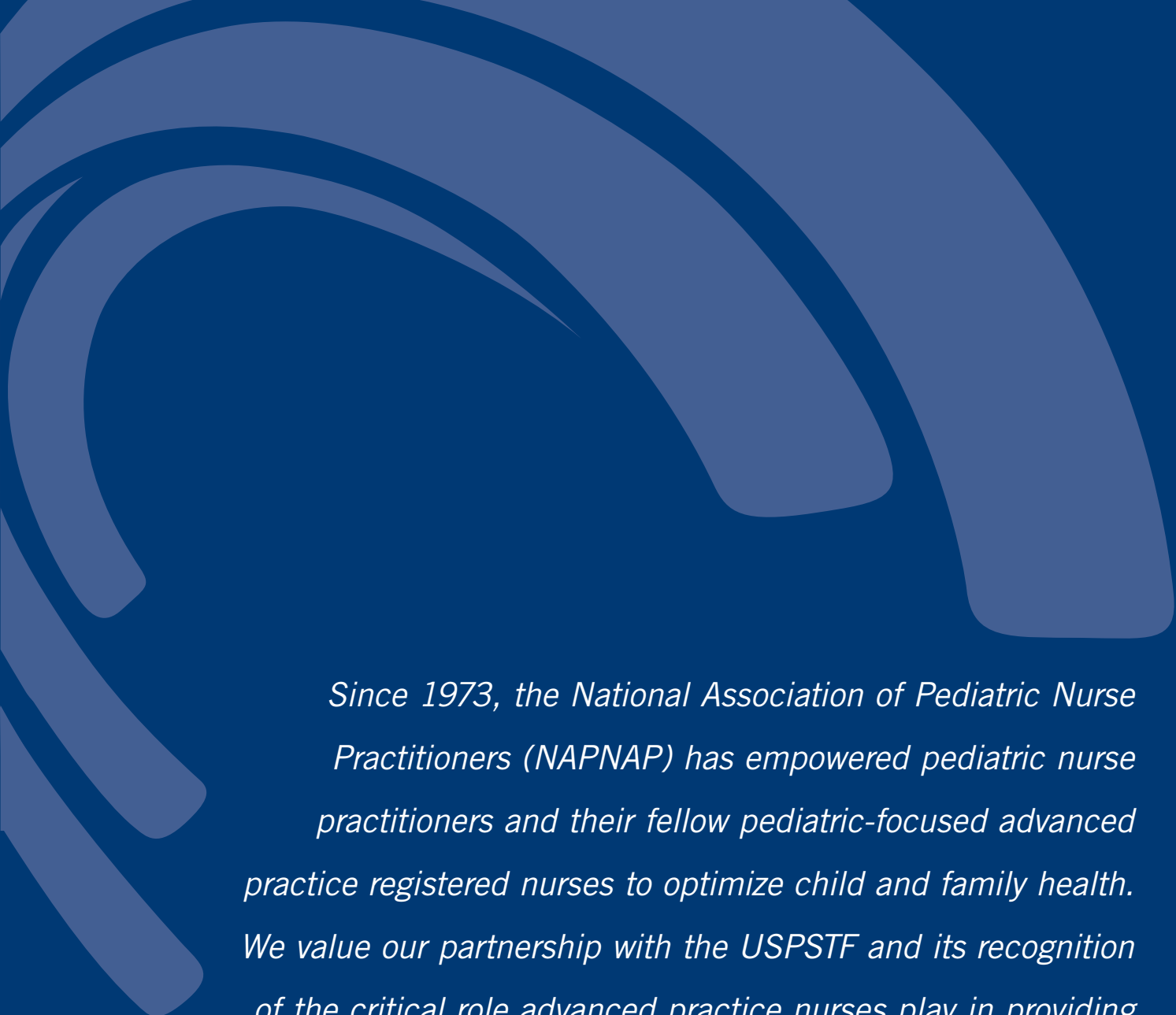
How Does the Task Force Engage the Public, Primary Care and Federal Partners, Stakeholders, and Topic Experts in Developing Recommendations?

For each topic, the USPSTF actively seeks input from the public, its partners, stakeholders, and topic experts, including medical specialists. This ensures a focus on important clinical prevention topics for practicing clinicians and that the evidence relevant to each recommendation is considered.³ At each step of the recommendation development process, the USPSTF solicits and reviews input. Anyone—the public, USPSTF partners, stakeholders, and topic experts—can nominate a new topic or an update to an existing topic, as well as submit comments on all Task Force draft materials (research plans, evidence reviews, and recommendation statements).

- **The Public.** All draft materials are posted on the Task Force website for a 4-week public comment period. The Task Force reviews and considers all comments as it finalizes the materials.
- **Partners.** The Task Force works with national organizations that represent primary care clinicians, consumers, and other primary care stakeholders and health-related Federal agencies. These organizations and agencies provide input on the recommendations as they are being developed and help the Task Force disseminate the final recommendations (see **Appendices B** and **C** for a list of partners).
- **Stakeholders.** The Task Force identifies relevant stakeholder groups for each topic and contacts leadership, inviting them to comment on the drafts during the public comment periods. Stakeholder groups include national primary care, specialty, patient, advocacy, and other organizations with expertise and interest in a specific topic.
- **Topic Experts.** The Task Force seeks input from different types of topic experts, including medical specialists such as radiologists, oncologists, cardiologists, and surgeons. In addition, the EPC team that conducts the evidence reviews for each topic always includes content experts, who work with the EPC during the systematic evidence review. Expert reviewers provide input on the evidence supporting the draft recommendation statement.

Where Can I Find More Information About the Task Force?

The Task Force website (www.uspreventiveservicestaskforce.org) contains more information about the Task Force and its methods for developing recommendations, including engaging with experts, partners, and the public. More details are available on the “About the USPSTF” and “Methods and Processes” pages.



Since 1973, the National Association of Pediatric Nurse Practitioners (NAPNAP) has empowered pediatric nurse practitioners and their fellow pediatric-focused advanced practice registered nurses to optimize child and family health. We value our partnership with the USPSTF and its recognition of the critical role advanced practice nurses play in providing high-quality, evidence-based care to children and adolescents. As experts in pediatrics and advocates for all children, we look forward to new research on these important issues. We hope future research can address these gaps in our knowledge and further promote the safety, health, and well-being of all children regardless of race, ethnicity, nationality, religion, gender, and sexual orientation.

Jessica L. Peck, D.N.P., A.P.R.N., C.P.N.P.-P.C., C.N.E., C.N.L., F.A.A.N.P.
President, National Association of Pediatric Nurse Practitioners

III. CLINICAL PREVENTIVE SERVICES WHERE MORE RESEARCH IS NEEDED: CHILD AND ADOLESCENT HEALTH AND HEALTH INEQUITIES

Congress has charged the Task Force with identifying and reporting each year on areas where current evidence is insufficient to make a recommendation on the use of a clinical preventive service, with special attention to those areas where evidence is needed to make recommendations for specific populations and age groups.

There are two ways that the USPSTF highlights evidence gaps in its recommendation statements:

- **Issuing an “I statement.”** The USPSTF issues “I statements” when the current evidence is lacking, of poor quality, or conflicting. When the evidence is insufficient, the USPSTF is unable to assess the balance of benefits and harms of the preventive service.
- **Describing the “Research Needs and Gaps.”** In all recommendation statements, the USPSTF points out where gaps in the evidence remain in a section called “Research Needs and Gaps.”

For studies to adequately address gaps in the evidence, researchers need to use methods that are consistent with the USPSTF’s criteria for assessing study quality, validity, and applicability. Studies addressing these gaps should do the following:

- Examine preventive services conducted in the **primary care setting** or that are referable from primary care
- Compare outcomes for a **screened versus unscreened** population
- Include populations **without obvious signs or symptoms** of the condition
- Adopt a **rigorous study design** appropriate for the question, such as a randomized, controlled trial or a high-quality observational study
- Be **free of potential sources of bias**, such as high dropout rates among participants or biased assessment of outcomes

To develop recommendations that improve the health of all Americans, the USPSTF needs quality evidence about the benefits and harms of the service and about the ways specific population groups are affected. For some preventive services and for certain populations, lack of scientific evidence limits the ability of the Task Force to make recommendations. This is because particular populations are not well represented in health research. Examples include:

- Age groups, including children and older adults
- Racial and ethnic groups, such as Black, Hispanic/Latino, American Indian or Alaska Native, and Asian American and Pacific Islander
- People who do not identify as heterosexual
- Those disproportionately affected by social risk factors, such as financial strain or lack of access to affordable and nutritious food

Greater inclusion of diverse populations in research will help the USPSTF issue recommendations that improve the quality of preventive care for these underrepresented groups, which will hopefully lead to improved access to and use of these preventive services, reduced disparities in healthcare, and improved health equity.

The Task Force has a long-standing commitment to, and specific methods for,^{2,4} evaluating the evidence for clinical preventive services and making recommendations that promote health equity. Systemic racism affects every aspect of our society—including health and healthcare. It can increase the risk of illness and prevent some people from accessing and receiving their recommended services. By proactively searching for data on a variety of populations, calling for new research to fill in existing gaps, and communicating as clearly as possible about how to support people’s varying health needs, we are hopeful that our approach will help improve equity in preventable diseases.

More research among underrepresented populations is needed in most areas of clinical preventive services. This report highlights some of these gaps.

Focusing on Child and Adolescent Health and Health Inequities

For this 2020 report, the USPSTF calls attention to high-priority research gaps from its recommendations related to **child and adolescent health and health inequities, including mental and behavioral health, substance use, and obesity** (see **Table 2**). While there are many other child and adolescent health topics with important research gaps, such as autism and speech and language delay, the USPSTF chose to focus this report specifically on those pertaining to mental and behavioral health, substance use, and obesity. Research in these areas will help us to understand these complex health issues and how clinicians can meaningfully assist patients and their families in preventing them and reducing health inequities.

Children and adolescents have unique healthcare needs, and many health disparities start in early childhood.⁵⁻⁷ The spectrum of health conditions that affect children is different from adults and changes with age. However, many of the health conditions that are prevalent in adulthood develop in childhood, potentially providing an early window for prevention of many common chronic diseases. Improving the health of young Americans and reducing health inequities may result in lasting benefits through adulthood.

COVID-19 has disrupted the delivery of preventive care services and worsened health inequities. Social risk factors related to education, income, housing, occupation/employment, and healthcare access are also driving these inequities. Over time, health conditions that are indirectly affected by COVID-19—such as mental and behavioral health and substance use—may worsen due to a variety of factors, including the emotional toll of the virus, school closures, increase in exposure to violence, not getting needed care, negative changes in health behaviors, and other social and environmental factors. Children and adolescents are especially vulnerable.

This year’s report focuses on key gaps related to child and adolescent health and health inequities, including mental and behavioral health, substance use, and obesity.

Table 2. Key Research Gaps for Clinical Preventive Services

Clinical Preventive Services <i>USPSTF Recommendation</i>	Gaps Where Research Is Needed
Mental and Behavioral Health	
<p>Mental health and well-being are critical to the development of children and youth. The USPSTF recommends screening for major depressive disorder in adolescents ages 12 to 18 years. The USPSTF found there was insufficient evidence to issue a recommendation for or against screening in children age 11 years or younger. In addition, the USPSTF found there was insufficient evidence to issue a recommendation for or against screening for suicide risk in adolescents, adults, and older adults in primary care.</p> <p>Key research gaps associated with these recommendations include:</p>	
<p>1. Depression in Children and Adolescents: Screening (2016)⁸</p> <p><i>Recommended for ages 12 to 18 years (B grade)</i></p> <p><i>Insufficient evidence for age 11 years or younger (I statement)</i></p>	<ul style="list-style-type: none"> • Evaluate the benefits and harms of screening for major depressive disorder in children age 11 years or younger • Evaluate the benefits and harms of combined treatments, and complementary and alternative approaches • Assess the effect of having other health conditions (comorbid conditions) along with major depressive disorder on screening accuracy and treatment
<p>2. Suicide Risk in Adolescents, Adults, and Older Adults: Screening (2014)⁹</p> <p><i>Insufficient evidence (I statement)</i></p>	<ul style="list-style-type: none"> • Evaluate the benefits and harms of screening and interventions for suicide risk, including: <ul style="list-style-type: none"> – Understanding how to better help people with suicide intentions before they act – Whether screening and interventions might be effective in average- or high-risk individuals, such as American Indians and Hispanic/Latino adolescents, so we can determine whether tailored therapies are more effective in these populations • Identify ways to link clinical and community resources to help people at risk for suicide

Substance Use

Substance use, including tobacco and drug use, among children and teens is a serious problem in the United States and can negatively affect their health as children and adults.

For preventing tobacco use, the USPSTF recommends that primary care clinicians prevent youth from *starting* tobacco use by providing counseling interventions, such as education or brief counseling. However, not enough evidence is available to recommend for or against primary care–feasible interventions to help youth *quit* tobacco use.

For preventing illicit drug use, there is not enough evidence to make a recommendation for or against: (a) screening by asking questions about drug use in children or adolescents, and (b) counseling children and teens to prevent them from using drugs.

Key research gaps associated with these recommendations include:

3. Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions¹⁰ (2020)

Recommended to prevent initiation (B grade)

Insufficient evidence for cessation (I statement)

- Evaluate the benefits and harms of interventions (including behavioral counseling and medications) to **stop use of tobacco (cessation)**, including studies that:
 - Examine whether interventions help youth quit for the longer term (**6 months or longer**)
 - Provide details on **the behavioral counseling intervention** (such as the type of counseling or materials provided, intensity of delivery and frequency of contact, delivery setting, and training of those delivering the intervention)
- Determine which interventions are effective in preventing the initiation of use and promote cessation of:
 - **E-cigarettes in youth**
 - **Other types of tobacco** (such as, but not limited to, cigars and smokeless tobacco)
- Evaluate benefits and harms of interventions tailored to **populations with higher tobacco use rates** (such as Black youth, Native American/Alaska Native youth, LGBTQ youth, and youth with mental illness)


Clinical Preventive Services <i>USPSTF Recommendation</i>	Gaps Where Research Is Needed
<p>4. Illicit Drug Use in Children, Adolescents, and Young Adults: Primary Care–Based Interventions¹¹ (2020)</p> <p><i>Insufficient evidence (I statement)</i></p>	<ul style="list-style-type: none"> • Evaluate the benefits and harms of interventions to prevent drug use, including studies that: <ul style="list-style-type: none"> – Examine both benefits and harms of prevention of marijuana use, given promising evidence that interventions could be effective in preventing cannabis use – Examine and report the harms of interventions—as well as the benefits – Examine health, social, and legal outcomes, such as incarceration, criminal activity, unsafe sex, unplanned pregnancy, and quality of life – Focus on children younger than age 10 years as well as young adults (ages 18–25 years) – Examine approaches to prevention that have shown promise, including technology-based interventions, such as text-based messaging, smartphone apps, games, web-based interventions, and social media; family-based interventions; and clinician training
<p>5. Unhealthy Drug Use: Screening¹² (2020)</p> <p><i>Recommended for adults (B grade)</i></p> <p><i>Insufficient evidence for adolescents (I statement)</i></p>	<ul style="list-style-type: none"> • Evaluate the effectiveness of screening by asking questions about unhealthy drug use in adolescents and interventions for unhealthy drug use in adolescents

Obesity

Childhood and adolescent obesity are common in the United States. Childhood and adolescent obesity can cause immediate problems, as well as lead to health problems in adulthood. The USPSTF recommends that clinicians screen for obesity in children and adolescents age 6 years or older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.

Key research gaps associated with this recommendation include:

<p>6. Obesity in Children and Adolescents: Screening¹³ (2017)</p> <p><i>Recommended for age 6 years or older (B grade)</i></p>	<ul style="list-style-type: none"> • Evaluate the benefits and harms of behavioral interventions in underrepresented populations—such as low income and diverse racial/ethnic groups, including Black children and adolescents—and younger children (age 5 years or younger) • Conduct additional studies that evaluate benefits and harms, especially studies that: <ul style="list-style-type: none"> – Are larger and have more children as participants – Examine longer-term effects of treatment – Examine direct effects of screening – Examine benefits and harms of weight loss medications – Provide details on the effective components of behavioral counseling interventions (such as what, where, when, and how much)
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At the Eunice Kennedy Shriver National Institute of Child Health and Human Development, we are committed to research that promotes healthy pregnancies and healthy children. As our 2020 strategic plan shows, we share the USPSTF's goal of addressing priority research gaps—especially those related to supporting diverse populations—so that children from all backgrounds can live long, healthy lives. Fulfilling the USPSTF's call for new research is vital for primary care clinicians across the country who care for children's health from birth to adulthood.

Rosalind Berkowitz King, Ph.D.
Associate Director for Prevention
Health Scientist Administrator, Population Dynamics Branch
National Institute of Child Health and Human Development

IV. THE USPSTF IN 2020 AND OTHER HIGHLIGHTS

Over the past year, the members of the Task Force continued working on a full portfolio of topics. The current USPSTF library includes 85 preventive service recommendation statements, with 136 specific recommendation grades. Many recommendation statements include multiple recommendation grades for different subpopulations. From October 1, 2019, to September 30, 2020, the Task Force accomplished the following:

- Received 12 nominations for new topics and 1 nomination to reconsider or update existing topics
- Posted 10 draft research plans for public comment
- Posted 12 draft recommendation statements and 13 draft evidence reports for public comment
- Published 8 final recommendation statements with 14 recommendation grades in medical journals; posted 9 final evidence reports

For a listing of all final USPSTF recommendations released since the last report, see **Appendix D**.

Of the Task Force's portfolio of **85 topics**, the following posted or published this year.

Draft Research Plan	Final Research Plan	Draft Recommendation	Final Recommendation
<input type="checkbox"/> Aspirin Use to Prevent CVD & Colorectal Cancer	<input type="checkbox"/> Aspirin Use to Prevent CVD & Colorectal Cancer	<input type="checkbox"/> Behavioral Counseling Interventions to Prevent STIs	<input type="checkbox"/> Behavioral Counseling Interventions to Prevent STIs
<input type="checkbox"/> Diet & Physical Activity Counseling for CVD Prevention in Adults Without Known Risk	<input type="checkbox"/> Diet & Physical Activity Counseling for CVD Prevention in Adults Without Known Risk	<input type="checkbox"/> Diet & Physical Activity Counseling for CVD Prevention in Adults With Known Risk	<input type="checkbox"/> Primary Care–Based Drug Use Prevention in Young People
<input type="checkbox"/> Screening for Atrial Fibrillation	<input type="checkbox"/> Prevention of Dental Caries in Children	<input type="checkbox"/> Interventions for Tobacco Smoking Cessation in Adults	<input type="checkbox"/> Primary Care Interventions to Prevent & Stop Tobacco Use in Youth
<input type="checkbox"/> Screening for Chronic Obstructive Pulmonary Disease	<input type="checkbox"/> Screening for Atrial Fibrillation	<input type="checkbox"/> Primary Care–Based Drug Use Prevention in Young People	<input type="checkbox"/> Screening for Abdominal Aortic Aneurysm
<input type="checkbox"/> Screening for Depression, Anxiety & Suicide Risk in Adults	<input type="checkbox"/> Screening for Carotid Artery Stenosis	<input type="checkbox"/> Screening for Bacterial Vaginosis in Pregnancy	<input type="checkbox"/> Screening for Bacterial Vaginosis in Pregnancy
<input type="checkbox"/> Screening for Depression, Anxiety & Suicide Risk in Children & Adolescents	<input type="checkbox"/> Screening for Depression, Anxiety & Suicide Risk in Adults	<input type="checkbox"/> Screening for Carotid Artery Stenosis	<input type="checkbox"/> Screening for Cognitive Impairment in Older Adults
<input type="checkbox"/> Screening for Eating Disorders in Adolescents & Adults	<input type="checkbox"/> Screening for Depression, Anxiety & Suicide Risk in Children & Adolescents	<input type="checkbox"/> Screening for Hearing Loss in Older Adults	<input type="checkbox"/> Screening for Hepatitis C in Adolescents & Adults
<input type="checkbox"/> Screening for Impaired Visual Acuity & Glaucoma	<input type="checkbox"/> Screening for Eating Disorders in Adolescents & Adults	<input type="checkbox"/> Screening for Hepatitis B in Adolescents & Adults	<input type="checkbox"/> Screening for Unhealthy Drug Use
<input type="checkbox"/> Screening for Type 2 Diabetes in Children & Adolescents	<input type="checkbox"/> Screening for Impaired Visual Acuity & Glaucoma	<input type="checkbox"/> Screening for Hypertension in Adults	
<input type="checkbox"/> Statin Use for Prevention of CVD		<input type="checkbox"/> Screening for High Blood Pressure in Children & Adolescents	
		<input type="checkbox"/> Screening for Lung Cancer	
		<input type="checkbox"/> Screening for Vitamin D Deficiency	

Dissemination Impact of USPSTF Recommendations

The USPSTF engages in a number of activities to disseminate its recommendations in order to increase their uptake. During the past year (October 1, 2019, to September 30, 2020), clinicians, patients, and other stakeholders viewed the USPSTF recommendations via the USPSTF website, the *Journal of the American Medical Association (JAMA)*, and the Prevention TaskForce app as follows:

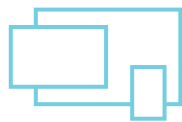


Email Outreach



60,293

Task Force email list subscribers notified regularly about topics and other activities



Digital Impact



6,337,938

Total page views of the Task Force website



128,000

Average monthly unique visitors to the Task Force website

488,042 visits
Home Page

377,664 visits
Final Recommendations

343,513 visits
A and B Recommendations

Top visited pages of the Task Force website



Clinical Practice Impact



168,988

Total page views of Task Force articles published on *JAMA* website



94,804

Number of new Prevention TaskForce app downloads



873,339

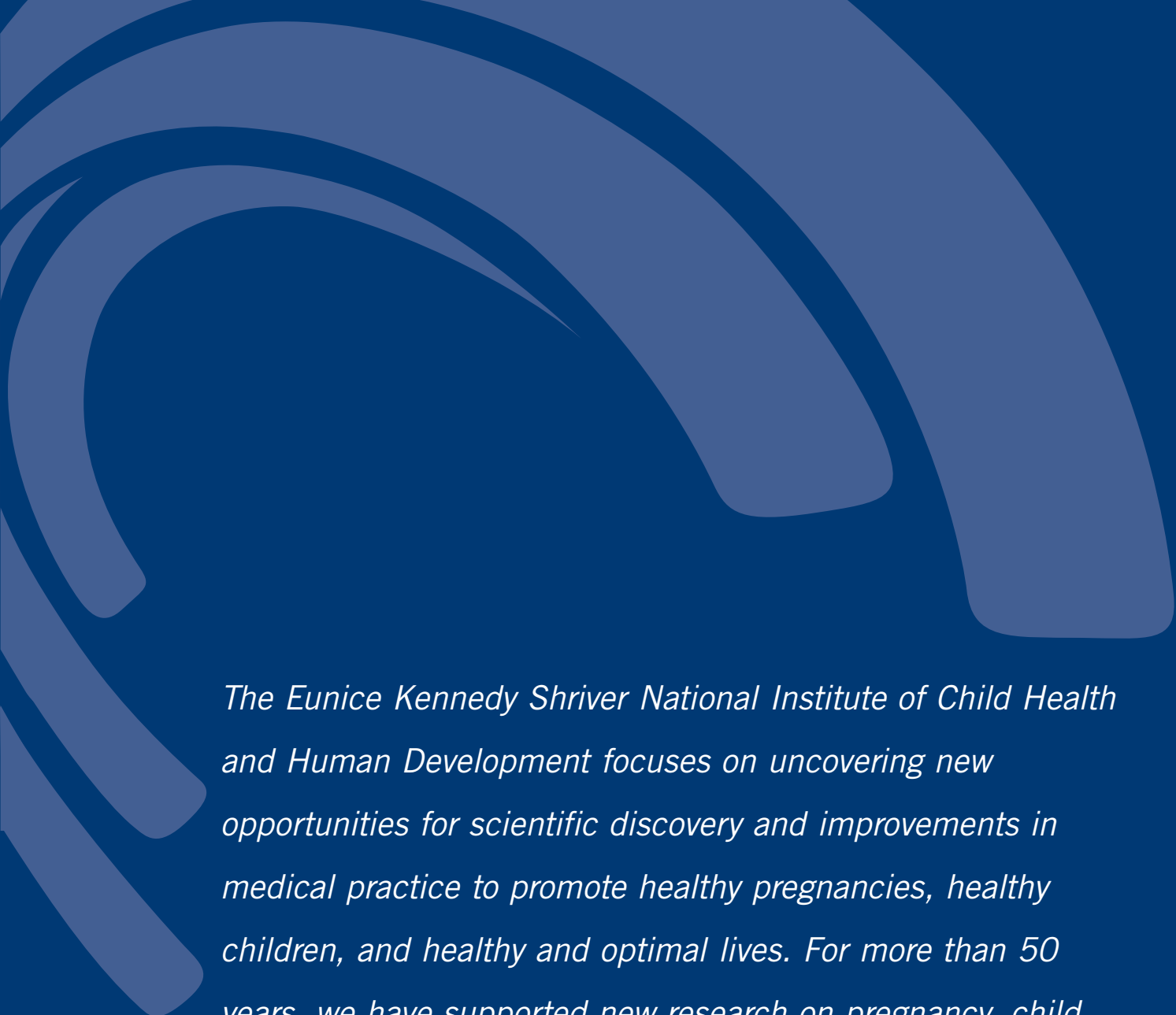
Total number of Prevention TaskForce app downloads

Efforts to Fill USPSTF Research Gaps

The National Institutes of Health (NIH) reviews the research gaps identified by the USPSTF and uses this information when developing future funding opportunities. The NIH has also funded research that has helped move prior USPSTF I statements to A, B, C, or D recommendations that provide clinicians with guidance on what they should do or not do. Screening for Obesity in Children and Adolescents provides an example of these efforts.

In 2005, the USPSTF concluded there was not enough evidence to recommend for or against routine screening in overweight children and adolescents as a means to prevent adverse health outcomes. Five years later—in 2010—the USPSTF issued a B recommendation advising that clinicians screen children age 6 years or older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. The USPSTF was able to make this recommendation because of new evidence on the topic, including studies funded by the NIH.

The NIH remains committed to reducing obesity. While obesity affects the overall population, it disproportionately affects people from certain racial and ethnic populations, including Black, Hispanic/Latino, American Indian/Alaska Native, and Pacific Islander people, and those who are socioeconomically disadvantaged. In FY2019, the NIH provided more than \$1.1 billion to support more than 2,700 obesity-related studies.¹⁴



The Eunice Kennedy Shriver National Institute of Child Health and Human Development focuses on uncovering new opportunities for scientific discovery and improvements in medical practice to promote healthy pregnancies, healthy children, and healthy and optimal lives. For more than 50 years, we have supported new research on pregnancy, child and adolescent health, and human development. By providing a comprehensive assessment of the available evidence as it stands today, the USPSTF will help us shape future research so that children and adolescents nationwide receive the best preventive care.

Tracy M. King, M.D., M.P.H.
Medical Officer
Intellectual and Developmental Disabilities Branch
National Institute of Child Health and Human Development

V. THE USPSTF IN 2021

In the coming 12 months, it is expected that the USPSTF will continue to:

Develop and Release New Recommendation Statements

- Work on more than 41 topics that are in progress
- Work on 6 new topics nominated for consideration through the public topic nomination process
- Post 10 draft research plans and 10 draft recommendation statements and evidence reports for public comment
- Publish 10 final recommendation statements

Coordinate With Partners to Develop and Disseminate Recommendations

- Coordinate with the USPSTF Dissemination and Implementation Partners and Federal Liaisons to solicit input and disseminate the recommendations to primary care clinicians and other stakeholders

Address Research Gaps

- Coordinate closely with NIH's Office of Disease Prevention to identify areas that might warrant expanded research efforts to fill evidence gaps
- Prepare an 11th annual report for Congress on high-priority evidence gaps (see **Appendix E** for a list of prior reports)

The USPSTF appreciates the opportunity to report on its activities, to highlight critical evidence gaps, and to recommend important new areas for research in clinical preventive services. The members of the Task Force look forward to their ongoing work to improve the health of all Americans.

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APPENDICES

APPENDIX A: 2020 MEMBERS OF THE USPSTF



Alex H. Krist, M.D., M.P.H., Chair

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the VCU Wright Center.



Karina W. Davidson, Ph.D., M.A.Sc., Vice Chair

Dr. Davidson is senior vice president of research, dean of academic affairs, and head of a new center focused on personalized trials at the Feinstein Institute for Medical Research at Northwell Health. She is also a professor of behavioral medicine at the Zucker School of Medicine at Hofstra University/Northwell Health.



Carol M. Mangione, M.D., M.S.P.H., Vice Chair

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine, and professor of medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She is a professor of public health at the UCLA Fielding School of Public Health, director of the UCLA Resource Centers for Minority Aging Research, and associate director of the UCLA Clinical and Translational Science Institute. Dr. Mangione is a member of the National Academy of Medicine.



Michael J. Barry, M.D., Member

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.



Michael Cabana, M.D., M.A., M.P.H., Member

Dr. Cabana is a professor of pediatrics and the chair of the Department of Pediatrics at the Albert Einstein College of Medicine. He is also physician-in-chief at the Children's Hospital at Montefiore.



Aaron B. Caughey, M.D., M.P.P., M.P.H., Ph.D., Member

Dr. Caughey is a professor in and chair of the Department of Obstetrics and Gynecology and the associate dean for Women’s Health Research and Policy at Oregon Health & Science University. He is the founder and chair of the Oregon Perinatal Collaborative, funded by the Centers for Disease Control and Prevention, which aims to improve outcomes for women and infants through guidelines and policies, working with all the health systems in the state.



Katrina Donahue, M.D., M.P.H., Member

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research. She is also the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.



Chyke A. Doubeni, M.D., M.P.H., Member

Dr. Doubeni is a professor of family medicine and the inaugural director of the Mayo Clinic Center for Health Equity and Community Engagement Research, which addresses health disparities throughout the life course and advances the ideal of health equity locally and globally through research and community engagement.



John W. Epling, Jr., M.D., M.S.Ed., Member

Dr. Epling is a professor of family and community medicine at the Virginia Tech Carilion School of Medicine in Roanoke, Virginia. He is the medical director of research for family and community medicine, the medical director of employee health and wellness for the Carilion Clinic, and maintains an active clinical primary care practice.



Martha Kubik, Ph.D., R.N., Member

Dr. Kubik is a professor and director of the School of Nursing, College of Health and Human Services at George Mason University. Dr. Kubik is a nurse scientist, active researcher, and past standing member on the National Institutes of Health’s Community-Level Health Promotion Study Section. Dr. Kubik is an advanced practice nurse and fellow of the American Academy of Nursing.



Gbenga Ogedegbe, M.D., M.P.H., Member

Dr. Ogedegbe is the Dr. Adolph and Margaret Berger professor of medicine and population health and the director of the Center for Healthful Behavior Change and the Division of Health and Behavior in the Department of Population Health at the NYU Grossman School of Medicine. He is also co-director of the Hypertension Specialty Clinic at Bellevue Hospital.



Lori Pbert, Ph.D., Member

Dr. Pbert is a professor in the Department of Population and Quantitative Health Sciences, associate chief of the Division of Preventive and Behavioral Medicine, and founder and director of the Center for Tobacco Treatment Research and Training at the University of Massachusetts Medical School.



Michael Silverstein, M.D., M.P.H., Member

Dr. Silverstein is a professor of pediatrics, chief of the Division of General Academic Pediatrics, and vice chair of research for the Department of Pediatrics at the Boston University School of Medicine. He is also associate chief medical officer for research and population health at Boston Medical Center/Boston University School of Medicine.



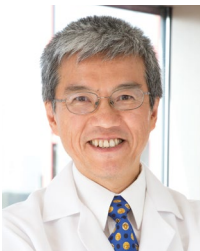
Melissa A. Simon, M.D., M.P.H., Member

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and professor of preventive medicine and medical social sciences at the Northwestern University Feinberg School of Medicine. She is the founder and director of the Center for Health Equity Transformation and the Chicago Cancer Health Equity Collaborative and a member of the Robert H. Lurie Comprehensive Cancer Center.



Chien-Wen Tseng, M.D., M.P.H., M.S.E.E., Member

Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, a professor, and the associate research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine. She is also a physician investigator with the nonprofit Pacific Health Research and Education Institute.



John B. Wong, M.D., Member

Dr. Wong is chief scientific officer, vice chair for Clinical Affairs, chief of the Division of Clinical Decision Making, and a primary care clinician in the Department of Medicine at Tufts Medical Center. He is also director of comparative effectiveness research for the Tufts Clinical Translational Science Institute and a professor of medicine at Tufts University School of Medicine and the Tufts University School of Graduate Biomedical Sciences.

APPENDIX B: 2020 USPSTF DISSEMINATION AND IMPLEMENTATION PARTNER ORGANIZATIONS

AARP

American Academy of Family Physicians

American Academy of Pediatrics

American Academy of Physician Assistants

American Association of Nurse Practitioners

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Preventive Medicine

American Medical Association

American Osteopathic Association

American Psychological Association

America's Health Insurance Plans

Canadian Task Force on Preventive Health Care

Community Preventive Services Task Force

National Association of Pediatric Nurse Practitioners

National Business Group on Health

National Committee for Quality Assurance

Patient-Centered Outcomes Research Institute

APPENDIX C: 2020 FEDERAL LIAISONS TO THE USPSTF

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

Department of Defense Military Health System

Department of Veterans Affairs National Center for Health Promotion and Disease Prevention

Health Resources and Services Administration

Indian Health Service

National Cancer Institute

National Institutes of Health

Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion

Substance Abuse and Mental Health Services Administration

U.S. Food and Drug Administration

APPENDIX D: LISTING OF USPSTF FINAL RECOMMENDATIONS PUBLISHED OCTOBER 2019–SEPTEMBER 2020

Over the past year, the members of the Task Force continued working on a full portfolio of topics. It published 8 final recommendation statements with 14 recommendation grades in a peer-reviewed journal between October 1, 2019, and September 30, 2020. For a complete listing of all current USPSTF recommendations, see the USPSTF website (<https://www.uspreventiveservicestaskforce.org/>).

Appendix D Table. Final Recommendation Statements Published by the USPSTF, October 1, 2019, to September 30, 2020

Topic	Recommendation
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections	The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. (Grade B)
Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents	<p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (Grade B)</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care–feasible interventions for the cessation of tobacco use among school-aged children and adolescents. (I statement)</p>
Primary Care–Based Interventions to Prevent Illicit Drug Use in Children, Adolescents, and Young Adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care–based behavioral counseling interventions to prevent illicit drug use, including nonmedical use of prescription drugs, in children, adolescents, and young adults. (I statement)
Screening for Abdominal Aortic Aneurysm	<p>The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked. (Grade B)</p> <p>The USPSTF recommends that clinicians selectively offer screening for AAA with ultrasonography in men ages 65 to 75 years who have never smoked, rather than routinely screening all men in this group. Evidence indicates that the net benefit of screening all men in this group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of evidence relevant to the patient’s medical history, family history, other risk factors, and personal values. (Grade C)</p> <p>The USPSTF recommends against routine screening for AAA with ultrasonography in women who have never smoked and have no family history of AAA. (Grade D)</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for AAA with ultrasonography in women ages 65 to 75 years who have ever smoked or have a family history of AAA. (I statement)</p>

Topic	Recommendation
Screening for Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery	<p>The USPSTF recommends against screening for bacterial vaginosis (BV) in pregnant persons who are not at increased risk for preterm delivery. (Grade D)</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for BV in pregnant persons who are at increased risk for preterm delivery. (I statement)</p>
Screening for Cognitive Impairment in Older Adults	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment in older adults. (I statement)</p>
Screening for Hepatitis C Virus Infection in Adolescents and Adults	<p>The USPSTF recommends screening for hepatitis C virus infection in adults ages 18 to 79 years. (Grade B)</p>
Screening for Unhealthy Drug Use	<p>The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Grade B)</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents. (I statement)</p>

APPENDIX E: PRIOR ANNUAL REPORTS TO CONGRESS ON HIGH-PRIORITY EVIDENCE GAPS FOR CLINICAL PREVENTIVE SERVICES

The table below lists the prior annual Reports to Congress on High-Priority Evidence Gaps for Clinical Preventive Services. Electronic versions of each report are available on the USPSTF website at <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/reports-congress>.

Appendix E Table. Prior Annual Reports to Congress

Year	Title	Theme
2019	Ninth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Mental health, substance use, and violence prevention
2018	Eighth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Recent evidence gaps related to cancer prevention and cardiovascular health
2017	Seventh Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Recent evidence gaps
2016	Sixth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Recent evidence gaps
2015	Fifth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Women's health
2014	Fourth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Child and adolescent health
2013	Third Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Older adult health
2012	Second Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Recent evidence gaps
2011	First Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services	Recent evidence gaps

