

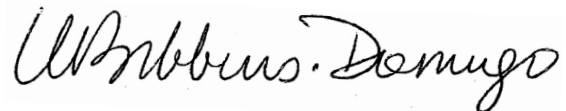
Thank you for your interest in the U.S. Preventive Services Task Force (USPSTF or Task Force), an independent, volunteer group of national experts in prevention and evidence-based medicine. **Our mission is to improve the health of all Americans by making evidence-based recommendations about clinical preventive services and health promotion.** These recommendations, which are developed for primary care clinicians and are grounded in science, include screening tests, counseling about healthful behaviors, and preventive medications. **Ultimately, we seek to help clinicians and patients make informed health care decisions.**

Enclosed you will find information about our approach to developing evidence-based recommendations and how health care professionals can use these recommendations to help people live healthier lives, including:

- **Who we are**, including how and why our members are selected
- **Our process** for selecting topics and developing recommendations, including how we define and assign grades and how **members are screened for conflicts of interest**
- How we collaborate with our **dissemination and implementation partners**
- How we engage with **experts, including specialists**, throughout the development of our recommendations
- How we solicit input from the **public, including patients and other stakeholders**, throughout the development of our recommendations
- How our **final recommendations are connected to the Affordable Care Act**
- How we **share our recommendations** with clinicians, patients, consumers, and other stakeholders and collaborate with our journal of record

We also encourage you to visit our Web site at www.uspreventiveservicestaskforce.org, or email us at coordinator@uspstf.net to learn more about our mission and recommendations.

Regards,



Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S.
Chair, U.S. Preventive Services Task Force
www.uspreventiveservicestaskforce.org

The U.S. Preventive Services Task Force is made up of **16 volunteer members**, led by a chair and two vice chairs, who are nationally recognized experts in **prevention, evidence-based medicine, and primary care**. We work to improve the health of all Americans by making **evidence-based recommendations about preventive services such as screenings, counseling, and preventive medications**. Our recommendations are based on **a review of the best available research on the potential benefits and harms of the service**. The Task Force does not conduct original research studies; we review and assess the available research using scientifically rigorous methods. Ultimately, we seek to help clinicians and their patients make **informed health care decisions**.

Our recommendations apply only to people who have no recognized signs or symptoms of the disease or condition. The Task Force's recommendations only address services offered in the primary care setting or services referred by a primary care clinician. This is why Task Force members are experts in primary care, prevention, and evidence-based medicine. Members' expertise is in fields such as family medicine, geriatrics, internal medicine, pediatrics, obstetrics and gynecology, behavioral medicine, nursing, and public health, among others. In addition, most Task Force members are practicing clinicians.

Our members' biographies can be found on our [Web site](#).^a

Support From the Agency for Healthcare Research and Quality

Since 1998, the Agency for Healthcare Research and Quality (AHRQ), an agency within the U.S. Department of Health and Human Services, has provided the resources—scientific, administrative, and dissemination support—for the Task Force to make independent recommendations about clinical preventive services. Specifically, the USPSTF program within AHRQ's Center for Evidence and Practice Improvement is charged with:

- Assisting with the day-to-day operations of the Task Force
- Coordinating the development of systematic evidence reviews
- Supporting the Task Force in the consistent and transparent application of its methods
- Providing assistance with the promotion and dissemination of Task Force materials and recommendations

Each year, the Director of AHRQ appoints new Task Force members to serve 4-year terms, replacing those who have completed their service. Any organization or individual can nominate one or more persons for the Task Force on the Task Force Member Nomination page of the AHRQ [Web site](#).^b While nominations are welcomed at any time during the year, they must be received by mid-May to be considered for appointment the following year. All potential members are screened to ensure that they have no substantial conflicts of interest that could affect the scientific integrity of the Task Force's work (see section on *Minimizing Potential Conflicts of Interest*).

^a <https://www.uspreventiveservicestaskforce.org/Page/Name/our-members>

^b <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/nominate.html>

The Task Force develops new recommendations—and routinely updates its existing recommendations so they are as current as possible—following the same process for each of its recommendations, regardless of topic. This process includes four distinct steps.

Step 1 | Topic Nomination and Prioritization

Anyone can nominate a new topic, or an update to an existing topic, at any time via the Task Force [Web site](#).^a The Task Force then prioritizes nominations based on several criteria, including:

- The topic's relevance to prevention and primary care and importance for public health
- The potential for the recommendation to affect clinical practice
- Whether there is new evidence that may change a current recommendation

Step 2 | Draft and Final Research Plans

Once a topic is selected, the Task Force and researchers from an Evidence-based Practice Center (EPC) develop a draft research plan for the topic. This plan includes the key questions to be answered by the review and describes the target populations, interventions, conditions, outcomes, and settings to be considered. The draft research plan is posted on the [Web site](#)^b for four weeks, during which anyone can comment on the plan. In addition, expert reviewers are invited by the Task Force to review the plan and provide input (see sections on *Expert Input* and *Engaging With the Public*). The Task Force and the EPC review all comments and consider them while making any necessary revisions to the research plan. The Task Force then finalizes the plan and posts it on the Web site.

What Is an Evidence-based Practice Center?

AHRQ funds Evidence-based Practice Centers (EPCs), which are academic or research organizations with expertise in conducting systematic evidence reviews. EPC researchers work with the Task Force to develop research plans and conduct the evidence reviews that the Task Force uses to determine its recommendations. A list of all EPCs is available on AHRQ's Web site.^c

Step 3 | Draft Evidence Review and Draft Recommendation Statement

Using the final research plan as a guide, EPC researchers gather, review, and analyze evidence on the topic from studies published in peer-reviewed scientific journals. The EPC then develops one or more draft evidence reviews summarizing the evidence on the topic. The Task Force members discuss the evidence review(s) and use this information to determine the effectiveness of a service by weighing the potential benefits and harms. Task Force members then develop a draft recommendation statement based on this discussion.

How Does the Task Force Define Benefits and Harms?

Potential benefits of preventive services can include helping people stay healthy throughout their lifetime and detecting diseases early when treatment may be more effective. Early detection can help people avoid health issues in the future and help them improve their quality of life. Sometimes the test or preventive medication can cause harms. No screening test is perfect, and **potential harms** can include inaccurate test results, harms from treatment of a disease or condition, or receiving treatment when it is not needed (also known as “overdiagnosis”).

^a <https://www.uspreventiveservicestaskforce.org/Page/Name/nominating-recommendation-statement-topics#forms>

^b <https://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>

^c <http://www.ahrq.gov/research/findings/evidence-based-reports/centers/index.html>

Each draft recommendation is issued a letter grade of A, B, C, or D, or classified as an I statement. The table below outlines how the Task Force defines each grade. This information is also available on our [Web site](#).^a

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 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.

The draft recommendation statement and draft evidence review(s) are posted on the Task Force [Web site](#)^b for four weeks, during which anyone can comment on these materials. Expert reviewers are also invited by the Task Force to review these materials and provide input (see sections on *Expert Input* and *Engaging With the Public*).

What Does an I Statement Mean?

An I statement means that the current available evidence is insufficient. Because evidence is lacking or unclear, the Task Force has determined that it cannot make a recommendation for or against a service. It is not a recommendation against providing a preventive service. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Step 4 | Final Evidence Review and Final Recommendation Statement

The Task Force and EPC consider all comments on draft evidence review(s) and the Task Force considers all comments on the draft recommendation statement. The EPC revises and finalizes the evidence review(s) and the Task Force finalizes the recommendation statement based on both the final evidence review and the public comments.

All final recommendation statements and evidence reviews are posted on the Task Force's [Web site](#).^c The final recommendation statement and evidence summary, a document that outlines the evidence the Task Force reviewed, are also published in a peer-reviewed scientific journal (see section on the *Journal of the American Medical Association*).

^a <https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

^b <https://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>

^c <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>

Minimizing Potential Conflicts of Interest

The Task Force takes conflicts of interest very seriously to ensure that our recommendations remain balanced, independent, objective, and scientifically rigorous. Our members are **required to disclose all information regarding any potential financial and nonfinancial conflicts** for all topics in development. Task Force members routinely update their disclosure forms to ensure that they are up to date. All disclosures are classified as Level 1, 2, or 3.

How Does the Task Force Define Potential Conflicts of Interest?

The Task Force defines potential conflicts of interest according to three levels:

- **Level 1** disclosures include nonfinancial disclosures that would not affect the judgment of a Task Force member. These disclosures do not require any action.
- **Level 2** disclosures include financial disclosures of \$1,000 or less and nonfinancial disclosures that are relevant to a topic but not anticipated to affect the judgment of the Task Force member. These disclosures do not limit the Task Force member's participation in the topic process.
- **Level 3** disclosures include financial disclosures larger than \$1,000 and significant nonfinancial disclosures that may affect the Task Force member's view on the topic. A Level 3 disclosure may prevent the member from taking part in topic activities.

The Task Force chairs determine the final action on the member's eligibility to participate on a specific topic, based on the nature and significance of the potential conflict.

All Level 3 disclosures made by Task Force members are posted on the Task Force [Web site](http://www.uspreventiveservicestaskforce.org/Page/Name/conflict-of-interest-disclosures)^a and at the end of each recommendation statement that is published in the *Journal of the American Medical Association (JAMA)*, the Task Force's journal of record.

^a <http://www.uspreventiveservicestaskforce.org/Page/Name/conflict-of-interest-disclosures>

Dissemination and Implementation Partners

The Task Force works with a group of dissemination and implementation partner organizations who represent primary care clinicians, consumer organizations, and other stakeholders involved in the delivery of preventive services. Partners review and provide feedback on the Task Force's work throughout the entire recommendation process via public comment periods (see section on *Engaging With the Public*).

Partners also help the Task Force ensure that its recommendations are meaningful to the groups that partners represent and are a powerful vehicle for ensuring that America's primary care workforce remains up to date on Task Force recommendations. A list of the Task Force's dissemination and implementation partners can be found on the Task Force [Web site](#).^a

Federal Agencies and Institutions

The Task Force also partners with a number of different federal agencies and institutions throughout the recommendation development process. These organizations keep the Task Force apprised of major federal initiatives that may produce new evidence or duplicate the Task Force's efforts on a given topic.

The Task Force also engages experts at federal agencies for all topics throughout the entire recommendation process. For example, the Task Force works with scientists at the National Institutes of Health on cancer topics, with the Food and Drug Administration on topics related to preventive medications, and with the Centers for Disease Control and Prevention on topics related to infectious diseases. All immunization recommendations are referred to the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Federal partners also have the opportunity to review and provide comments on all draft research plans, evidence reviews, and recommendation statements. The Task Force [Web site](#)^b has a full list of federal partners.

Additionally, many of the Task Force's recommendations are featured on public health Web sites and incorporated into patient and clinician tools, such as AHRQ's electronic Preventive Services Selector (ePSS) and the Office of Disease Prevention and Health Promotion's MyHealthFinder (see section on *Web Tools and Resources*).

^a <https://www.uspreventiveservicestaskforce.org/Page/Name/our-partners>

^b <https://www.uspreventiveservicestaskforce.org/Page/Name/our-partners>

The Task Force routinely invites the input of topic experts and specialists relevant to the topics being reviewed, as well as stakeholders and the public, throughout its recommendation process. The Task Force seeks input from different types of experts—including specialists—such as radiologists, oncologists, cardiologists, and surgeons. In addition, the teams that conduct the evidence reviews for each topic always include content experts. This input helps the Task Force develop effective and relevant recommendations.

For all topics, experts are invited to review and provide input at critical points in the process.

- 1 Topic Nomination:** Experts can nominate a new topic or an update to an existing topic at any time as part of the Task Force's public nomination process.
- 2 Draft & Final Research Plans:** Content experts help the Task Force develop the analytic framework. Expert reviewers provide guidance on the key questions, populations of concern, and the research approach. Experts can also comment on the draft research plan during the public comment period.
- 3 Draft Evidence Review & Draft Recommendation Statement:** Content experts work with the team that conducts the systematic evidence review. Expert reviewers provide input on the evidence behind the draft recommendation statement. Experts can comment on the draft evidence review and recommendation statement during the public comment period.
- 4 Final Evidence Review & Final Recommendation Statement:** Content experts provide input in the finalization of the evidence review. Expert reviewers are given the option to be acknowledged in the published evidence summary.

Expert Reviews

The Task Force recognizes that topic experts and specialists play a crucial role in the prevention of specific diseases and conditions, and for this reason, we consult topic experts and specialists to review our findings and conclusions throughout the recommendation development process. For example, we invite topic-relevant medical specialists such as radiologists, cardiologists, oncologists, and surgeons, to review and comment on our evidence materials in advance of the public comment period. Topic experts and specialists are also welcome to submit comments on all of our materials, along with other key stakeholders and the general public, during the standardized public comment periods for draft research plans and draft recommendation statements.

The Task Force is committed to making our recommendations clear and our processes transparent. As part of this commitment, we offer several opportunities for the public to provide input and work with many stakeholders to disseminate our recommendations.

Task Force Member and Topic Nomination

The Task Force looks to the public for both nominations of new members and topics to review. Anyone can nominate one or more individuals for consideration on the Task Force Member Nomination page of the AHRQ [Web site](#).^a Public nominations for new topics or requests to update an existing topic can be made at any time on the Topic Nomination page on our [Web site](#).^b

Public Comment Periods

The Task Force welcomes feedback from the public throughout the entire recommendation process through public comment periods. Each draft document is open for public comment for four weeks, and **anyone can comment on these materials** by visiting the Opportunities for Public Comment page on our [Web site](#).^c Once the public comment period has ended, the Task Force reviews all the comments and considers them while making any necessary revisions to the final documents. Many times, final recommendation statements include revisions made in response to public comments, such as clarifications about the population included in the recommendation and additional information about the preventive service.

At times, individuals submit personal stories or protected health information as a part of their comments. All comments are kept confidential to protect the privacy of these individuals. However, all final research plans and recommendation statements include a section summarizing any changes that were made as a result of the public comments.

Keeping the Public Informed

The Task Force values all public input that we receive. To keep the public informed about Task Force news, we send notifications through our email list when draft materials are posted for public comment, when final materials are posted or published, and about other Task Force activities. Any individual or organization can sign up for these updates and announcements by visiting the Task Force email updates page of the USPSTF [Web site](#).^d

^a <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/nominate.html>

^b <https://www.uspreventiveservicestaskforce.org/Page/Name/nominating-recommendation-statement-topics>

^c <https://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>

^d <https://www.uspreventiveservicestaskforce.org/Page/Name/email-updates>

The Task Force supports improved access to effective preventive services. In 2010, Congress created a link between the Task Force's recommendations and various coverage requirements for private and public insurers in the Affordable Care Act.

Although the Affordable Care Act has provided an opportunity to link evidence to coverage for the most highly recommended services, **the Task Force's recommendations are not recommendations for or against insurance coverage.** A and B recommended services may be used by others as **a floor, rather than a ceiling**, on coverage of preventive services. All of the Task Force's A and B recommendations can be found on the Healthcare.gov Web site, www.healthcare.gov/coverage/preventive-care-benefits/.

The Task Force is committed to using the best science to identify the most effective preventive services to improve the health of the public. The passage of the Affordable Care Act has not influenced the methods or evidence thresholds the Task Force uses to assign letter grades. Coverage and costs are not used in assigning grades to services. Coverage decisions are determined by payors and policymakers.

From: **Evidence-Based Clinical Prevention in the Era of the Patient Protection and Affordable Care Act: The Role of the US Preventive Services Task Force**

JAMA, 2015;314(19):2021-2022. doi:10.1001/jama.2015.13154

Table. USPSTF Recommendation Grades, Suggestions for Practice, and Relative Roles of the USPSTF, Lawmakers, and Insurers in Determining Coverage

USPSTF Role in Estimating Certainty of Net Benefit and Assigning a Grade				
Grade	Definition	Suggestions for Practice	ACA Linkage	Role of Insurers
A	Recommends (high certainty of substantial net benefit)	Offer or provide	ACA mandates coverage with no cost sharing	Establish coverage policy consistent with USPSTF grade and ACA ^b
B	Recommends (high certainty that net benefit is moderate or moderate certainty that net benefit is moderate to substantial)	Offer or provide		
C	Recommends selectively offering or providing to individual patients based on professional judgment and patient preferences (at least moderate certainty of small net benefit)	Offer or provide for selected patients depending on individual circumstances	ACA does not deny coverage and does not prohibit a plan from providing coverage ^a	Determine coverage policy based on effectiveness, consumer demand, community norms, and other considerations ^b
D	Recommends against the service (moderate or high certainty of no net benefit or that harms outweigh benefits)	Discourage the use of this service		
I	Concludes that current evidence is insufficient to assess balance of benefits and harms of the service; evidence is lacking, of poor quality, or conflicting, and balance of benefits and harms cannot be determined	Read clinical considerations section of USPSTF Recommendation Statement; if clinicians offer these services, patients should understand the uncertainty about balance of benefits and harms		

Abbreviations: ACA, Affordable Care Act; USPSTF, US Preventive Services Task Force.

^a Breast cancer screening for women in their 40s currently has a separate mandate for coverage with no cost sharing.

^b Coverage policy might include specifying the actual service and target population, which clinicians can provide the service, and where, when, and how often they can provide it.

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At the final recommendation stage, the Task Force disseminates its recommendations broadly to clinicians, patients, and the general public. In addition to posting recommendations and related materials on our Web site, we work with *JAMA* and our dissemination and implementation and federal partners to disseminate information about our work.

Web Tools and Resources

The Task Force offers a variety of Web-based resources and tools for clinicians, the public, and stakeholders to enhance understanding of our recommendations and process.

The [Electronic Preventive Services Selector^a](#) (ePSS) application is designed to help primary care clinicians identify clinical preventive services that are appropriate for their patients. It includes a search and browse feature of all Task Force recommendations on a tablet or mobile device. In addition, www.healthfinder.gov is a patient and consumer-friendly tool based on Task Force recommendations that helps people determine which preventive services they may need based on age, sex, and health status.

We invite members of the public to sign up to receive email notifications. Emails are sent at all stages of the recommendation process, including when draft materials are posted for public comment and when final materials are posted or published, and updates about other Task Force activities. Any individual or organization can sign up for updates and announcements by visiting the Task Force email list page of our [Web site^b](#).

Our Web site features a complete list of [current recommendations^c](#), as well as those that are [being update^d](#). Additional information on the Task Force can be accessed on the [Task Force 101 Resources page^e](#) of our Web site, including fact sheets and presentations on our recommendations process and how the Task Force works, AHRQ's support of the Task Force, and our engagement with the public and stakeholders.

Reports to Congress

Each year, the Task Force issues an annual report to Congress that identifies gaps in the evidence base for clinical preventive services and recommends priority areas that deserve further examination. We distribute the report to Congress and leading research funding agencies, including the National Institutes of Health, AHRQ, and the Patient-Centered Outcomes Research Institute, and make it publicly available through our [Web site^f](#). By annually highlighting high-priority evidence gaps, the Task Force assists researchers and public and private research funders in targeting their efforts to the most critical areas in clinical prevention.

Journal of the American Medical Association

All final recommendation statements and evidence summaries are published in *JAMA* and made available to nonsubscribers free of charge. In addition, *JAMA* develops supplemental materials, including pages for patients and podcast interviews, for all final recommendation statements published in the journal. Lastly, for some recommendations, *JAMA* produces additional explanatory materials, including videos and whiteboard animations.

Thank You

We hope that you found this information on the work of the Task Force helpful. Further inquiries can be sent to coordinator@uspstf.net, or you can visit our Web site.^g

^a <http://epss.ahrq.gov/PDA/index.jsp>

^b <http://www.uspreventiveservicestaskforce.org/Page/Name/email-updates>

^c <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>

^d <https://www.uspreventiveservicestaskforce.org/Page/Name/topics-in-progress>

^e <https://www.uspreventiveservicestaskforce.org/Page/Name/task-force-101-resources>

^f <https://www.uspreventiveservicestaskforce.org/Page/Name/reports-to-congress>

^g <https://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>