U.S. Preventive Services Task Force
Screening for Prediabetes and Type 2 Diabetes Mellitus
Academy Responses Submitted on Monday, April 12, 2021

Note: USPSTF takes comments via a form that asks commenters to respond to discrete questions, so the comment is organized by those questions, with questions omitted if we did not provide any feedback.

Question: Provide additional evidence/viewpoints that should have been considered.
We believe USPSTF came to the right overall recommendation to screen for prediabetes in asymptomatic adults with overweight or obesity.

The Academy appreciates that the USPSTF changed from using the term "abnormal blood glucose" to "prediabetes" in its new draft recommendation summary statement for screening for diabetes in adults. Although we recognize that prediabetes is not a scientific term, it is one that is now widely used by the Centers for Disease Control and Prevention, the Academy of Nutrition and Dietetics, legislators, policymakers, health care providers, insurers, and suppliers of the National Diabetes Prevention Program (National DPP) and the Medicare Diabetes Prevention Program (MDPP).

The Academy also supports the change from the previous recommendation to clinicians to "offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity" to the new advice to "offer or refer patients with prediabetes to effective preventive interventions." We believe that the USPSTF's use of the word "effective" makes it clear that clinicians should offer or refer patients to evidence-based diabetes prevention interventions and also eliminates any confusion that could arise from clinicians or payers attempting to interpret what constitutes as "intensive behavioral counseling."

Question: Did you expect to find information in the rec that was not in there?
In the "Practice considerations" section, the authors discuss that clinicians should consider additional factors when dealing with specific groups. Given the evidence, this statement is completely true, so we encourage USPSTF to write a recommendation to address this. Very few people might expand the tab and review "additional information," however, the recommendation statement is read by majority of the audience. If the evidence is strong enough, we recommend an additional Recommendation statement be added that focuses on the groups of people who are more at risk of getting T2DM.

If there is not going to be a specific statement on these groups, consider adding detail to the considerations statement (see additions in bold):
"Practice considerations" the authors mention …" Clinicians should consider screening at an earlier age **(18-34)** and lower BMI **(BMI^3 23 kg/m2)** in persons who are members of certain racial/ethnic groups (Black/African American, American Indian/Alaskan Native, Asian American, Hispanic/Latino, or Native Hawaiian/Pacific Islander persons), or who have a family history of diabetes, a history of gestational diabetes, or a history of polycystic ovarian syndrome."

Question: What resources would help make this rec more useful?
The Academy recommends that the USPSTF add a link to the Find a Nutrition Expert tool, which helps providers and patients find a registered dietitian nutritionist for in-person or telehealth care, with options to filter based on specialty area, insurance coverage, and language spoken: https://www.eatright.org/find-a-nutrition-expert. The Academy also recommends that the USPSTF add a link to the CDC's National Diabetes Prevention Program registry page: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx. Easy access to these websites would help providers identify and refer appropriate patients to RDNs and/or CDC-recognized Diabetes Prevention Programs, depending on the patient's needs and preferences.