

U.S. Preventive Services Task Force Highlights High-Priority Evidence Gaps in 2017 Report to Congress

Calls for more research on recent I statements and for specific populations

WASHINGTON, D.C. – December 7, 2017 – Today, the U.S. Preventive Services Task Force (Task Force) released its seventh annual Report to Congress, highlighting five recent topics for which the current evidence was insufficient for the Task Force to make a recommendation. The report also identifies evidence gaps that prevent it from making recommendations for specific populations.

The priority areas of prevention where the Task Force calls for more research are:

- Screening for Celiac Disease
- Screening for Obstructive Sleep Apnea in Adults
- Screening for Gynecologic Conditions With Pelvic Examination
- Vision Screening in Children Younger Than Age 3 Years
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults Age 76 Years and Older

“Our goal in this report is to both highlight important areas where more research is needed and to define criteria that studies must meet to be consistent with Task Force methods and standards for evidence quality,” says Task Force chair David C. Grossman, M.D., M.P.H. “We hope that by highlighting gaps in evidence and our standards for evidence, new research will be done that leads to new recommendations.”

The Task Force also identified four evidence gaps that currently prevent it from making recommendations for specific racial/ethnic populations and age groups:

- Screening for breast cancer in African American women
- Screening for prostate cancer in African American men
- Screening for illicit drug use in children and adolescents
- Screening for hearing loss in older adults.

“When reviewing evidence, we consider the general population as well as specific populations that are uniquely affected by the disease or condition,” says Task Force vice chair, Susan J. Curry, Ph.D. “These groups can be underrepresented in research. We are committed to improving the health of all Americans, and use this report to identify research gaps for underrepresented groups.”

The report also provides an update on the Task Force’s activities over the past year, during which it continued to focus on making its work clear and relevant to health care professionals and patients. From October 2016 to September 2017, the public had the opportunity to comment on 13 draft research plans and 12 draft recommendation statements. The Task Force also published 12 final recommendation statements in peer-reviewed journals and on its Web site.

The “Seventh Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services” can be found on the Task Force Web site at <http://www.uspreventiveservicestaskforce.org/Page/Name/reports-to-congress>.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is senior investigator at the Kaiser Permanente Washington Health Research Institute, a pediatrician at Kaiser Permanente Washington, and a senior medical director for the Washington Permanente Medical Group. Dr. Grossman is also a professor of health services and adjunct professor of pediatrics at the University of Washington.

Dr. Curry is interim executive vice president and provost of the University of Iowa, where she also serves as a distinguished professor of health management and policy in the College of Public Health. She is also a member of the National Academy of Medicine. Dr. Curry's many professional activities include past service as dean of the University of Iowa College of Public Health from 2008 to 2017, vice chair of the board of directors of the Truth Initiative, and member of the National Cancer Institute's Board of Scientific Advisors.

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