



January 18, 2022

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Dear Members of the USPSTF:

The Diabetes Advocacy Alliance (DAA) appreciates the opportunity to offer comments in response to the U.S. Preventive Services Task Force (USPSTF) *Draft Recommendation Statement: Screening for Prediabetes and Type 2 Diabetes in Children and Adolescents*. The DAA is diverse in scope, with its 28 members representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked with legislators and policymakers to increase awareness of, and action on, the diabetes epidemic.

The organizations that comprise the DAA share a common goal of elevating diabetes and obesity on the national agenda so we may ultimately defeat this treatable, but also potentially devastating chronic disease. We are committed to advancing policies and legislation that can improve the health and well-being of people with diabetes and prediabetes, combatting health disparities, and addressing social determinants of health. We do this by informing policymakers about strategies to prevent, detect and control diabetes and care for those affected by it. We also educate about how to address the drivers of health inequities, and the health equity implications of existing or new policies, regulations, and legislation.

Overall, the DAA agrees with the Task Force's conclusion that there is currently insufficient evidence to assess the benefits and harms of screening asymptomatic children and adolescents for prediabetes and type 2 diabetes. Despite the insufficient evidence for screening, the DAA wishes to emphasize the evidence that demonstrates that cases of overweight and obesity in youth continue to rise, thus underscoring the need for more research, given the strong association of these conditions with prediabetes and type 2 diabetes. For example, there is evidence that child and adolescent weight gain during the ongoing COVID-19 pandemic has been significant.

- According to a [study in *Morbidity and Mortality Weekly Report*](#) published in September 2021, in which researchers examined more than 430,000 records from the IQVIA Ambulatory Electronic Medical Records Database, obesity among the 2-19 year old

population increased from 19.3% in 2019 to 22.4% in 2020. Youth who were overweight or obese before the pandemic and the younger school-aged children had the largest increases.

- Similar results were found in a retrospective cohort [study published in JAMA](#) that used Kaiser Permanente Southern California electronic health record data for a similar time frame.
- There is some evidence of health equity issues in these increases. A [study published in Pediatrics](#) of data from a large Philadelphia-area pediatric primary care practice, comparing 2019 data to 2020 data, showed significant increases in youth obesity, with greater increases among 5-9-year-olds from Hispanic/Latino, non-Hispanic black, publicly insured, and lower income populations compared with non-Hispanic white patients.

The DAA also agrees with the recommendations that the Task Force states in the “Research Needs and Gaps” section of the Draft Recommendation Statement. However, the DAA suggests an additional area for more research: the impact of the ongoing COVID-19 pandemic and its impact on new cases of diabetes among children and adolescents.

- In the January 14, 2022, edition of [Morbidity and Mortality Report](#), researchers reported data from their analyses of two U.S. medical claims databases. Results from one database showed a 2.6-fold increase in new diabetes diagnoses among children who had COVID-19 versus those who did not, while the other showed a 30% increase in new diabetes cases. The DAA notes that these trends could be more pronounced among children in non-white racial and ethnic minority groups, since such children are already at an increased risk for developing type 2 diabetes. The DAA encourages the Task Force to include this area as one in which additional study is needed.

Specific Concerns and Observations

The DAA also notes that guidance is needed now for pediatric healthcare providers that are already screening child and adolescent patients for prediabetes and type 2 diabetes. Practical advice in the final recommendation statement from the USPSTF would be much appreciated by these providers.

For pediatricians and other clinicians interested in screening children and adolescents for prediabetes and type 2 diabetes, important insights are available in a robust study excluded from the Task Force’s evidence review. The DAA believes that pediatricians and other clinicians would benefit from research that could improve upon the screening criteria that currently are provided by the American Diabetes Association (ADA). In a study published in September 2020 in [Pediatrics](#) that was excluded from the Task Force’s evidence review (reason for exclusion X6: ineligible outcome), Wallace et al used NHANES data to examine the performance of the ADA’s risk-based screening criteria. They identified 25.5% of US youth (10.6 million in 2016) as potentially eligible for screening for prediabetes and type 2 diabetes but found the sensitivity and specificity of these criteria to be relatively low. However, in the same study, the researchers also examined the performance of the hemoglobin HbA1c (A1c) and fasting plasma glucose (FPG) blood tests to identify youth at high cardiometabolic risk. They found that “HbA1c is a specific and useful non-fasting test to identify high-risk youth who could benefit from lifestyle interventions to prevent diabetes and cardiovascular risk in adulthood.”

As it currently stands, the “**Suggestions for Practice Regarding the I Statement**” section of the Task Force’s Draft Recommendation Statement underscores the seriousness of diabetes in childhood, especially among non-white youth, but does not provide guidance for pediatric healthcare providers who wish to screen youth for prediabetes and type 2 diabetes. The DAA believes there will still be those who wish to screen, even with the Task Force’s “I” recommendation conclusion. **The DAA recommends that the Task Force consider adding advice to this section:** For those pediatricians and other clinicians wishing to screen, use of the A1c test is recommended, based on the [Wallace et al study](#).

Emphasize the USPSTF recommendation for screening for obesity in children and adolescents in the “Suggestion for Practice Regarding the I Statement” section. While the Task Force does include a brief mention of the USPSTF recommendation for screening for obesity in children and adolescents elsewhere, the DAA recommends the Task Force mention this obesity screening recommendation in the “**Suggestions for Practice Regarding the I Statement**” section of the Draft Recommendation Statement. As the Task Force notes, “Obesity and excess adipose tissue, especially when centrally distributed, are the most important risk factors for type 2 diabetes in younger persons.” Health care providers who are concerned about diabetes in their patients who are children and adolescents would benefit from learning about or being reminded of the recommendation to screen for obesity and refer to intensive behavioral interventions delivered by multidisciplinary teams, which have been proven effective for addressing prediabetes and diabetes in adults and have been hypothesized to be effective in youth.

The DAA appreciates the opportunity to provide comments and commends the members of the USPSTF for their efforts in preparing the Draft Recommendation Statement: Screening for Prediabetes and Type 2 in Children and Adolescents. We support and would appreciate regular reviews of this topic due to increasing rates of obesity, prediabetes, and diabetes in children, the effects of the COVID-19 pandemic, and the increasing availability of study data in these areas.

Sincerely,



Hannah Martin, MPH, RDN
DAA Co-Chair
Academy of Nutrition and Dietetics
hmartin@eatright.org



Kate Thomas, MA
DAA Co-Chair
Association of Diabetes Care & Education Specialists
kthomas@adces.org