August 26, 2020

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 Research Plan for Type 2 Diabetes Mellitus in Children and Adolescents: Screening*.

The Diabetes Advocacy Alliance (DAA) is a coalition of 25 diverse member organizations, 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 to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat diabetes.

General Comments on the Draft Research Plan
According to the Centers for Disease Control and Prevention's (CDC) National Diabetes Statistics Report 2020, the annual number of new cases of type 2 diabetes in children and adolescents ages 10-19 was 5,758 (as of 2014-15), with a notation that the overall incidence had significantly increased between 2002-2015. The report also notes that while the incidence of type 2 diabetes among non-Hispanic whites remained stable during the 2002-2010 and 2011-2015 periods, incidence increased significantly for all others, especially non-Hispanic Blacks. The CDC's report does not provide an estimate for numbers of undiagnosed children and adolescents with type 2 diabetes.[1]

The DAA is concerned about these rising incidence rates of type 2 diabetes, especially among non-Hispanic Blacks, and we applaud the Task Force for tackling the question of screening for type 2 diabetes in children and adolescents. This topic seems more crucial than ever, given the public health emergency and the COVID-19 pandemic, since poorly controlled type 2 diabetes is one of the critical underlying conditions that can make someone who contracts the coronavirus more likely to experience serious health consequences. Screening for prediabetes and type 2 diabetes in appropriate populations of high-risk youth and adolescents, especially those with obesity, could help identify young people at high risk for not only the serious long term complications of diabetes, but also the serious complications of COVID-19.

The rising incidence rates of type 2 diabetes in children and adolescents are highly concerning for another reason that underscores the urgent need for guidance on screening. Research has shown that treating type 2 diabetes in these populations is much different than in adults, with

poorer results. In a commentary piece in ***Diabetes Care*** about the TODAY study[2] (Treatment Options for Type 2 Diabetes in Adolescents and Youth), diabetes experts said this clinical trial "demonstrated that type 2 diabetes may have a much more aggressive course in youth, with approximately half of patients unable to maintain glycemic control on metformin monotherapy, despite good medication compliance."[3] The authors go on to say that "the data on insulin resistance and secretion derived from serial oral glucose tolerance tests in the TODAY study. . . suggest early and rapid deterioration of beta cell function in these youth compared with data published on adult individuals with newly diagnosed T2D. These data suggest the need to intervene aggressively and early in youth."[3] The only way to intervene in this manner is to first identify at-risk youth through targeted screening.

In the Task Force's draft research plan, the DAA notes that the recommended broad literature search for general screening for prediabetes and type 2 diabetes in children and adolescents may not reflect the overall effectiveness of more targeted screening among children and adolescents with obesity, as measured by body mass index (BMI), or among those with a family history of type 2 diabetes or obesity. The DAA also notes, however, that data captured in clinical records for such factors may be poor and difficult to assess and therefore not available in the literature.

DAA applauds and supports the Task Force's 2017 recommendation for screening for obesity in children and adolescents and notes that clinicians who are aware of this recommendation may not also be aware that obesity in children is a marker for identifying children and adolescents to screen for hyperglycemia. Recent studies also indicate that obesity is a separate, and significant, risk factor for severe COVID-19 disease. We believe clinicians need guidance in this area as it is vital to address obesity, prediabetes and type 2 diabetes early, before any associated complications can begin.

DAA appreciates the opportunity to comment on the *Draft Research Plan for Type 2 Diabetes Mellitus in Children and Adolescents: Screening*. Please contact Hannah Martin at hmartin@eatright.org or Kate Thomas at kthomas@adces.org should you have any questions regarding DAA's comment letter.

Sincerely,

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Association of Diabetes Care & Education Specialists

[1] Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020.
[2] Zeitler P, Hirst K, Pyle L, et al., TODAY Study Group. A clinical trial to maintain glycemic control in youth with type 2 diabetes. N Engl J Med 2012;**366**:2247–2256pmid:22540912
[3] Linder BL, Fradkin JE, Rodgers, GP. The TODAY study: an NIH perspective on its implications for research. Diabetes Care 2013; 36:1775-1776