



May 29, 2015

Dr. Richard Kronick  
Director  
Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, MD 20850

Dear Dr. Kronick:

Last October, the Diabetes Advocacy Alliance (DAA) was extremely pleased with the draft recommendation statement on screening for type 2 diabetes mellitus and abnormal blood glucose issued by the U.S. Preventive Services Task Force (USPSTF). In fact, we submitted a comment letter to the task force in this vein. More recently, in April 2015, we read with interest the Final Evidence Report posted online in *Annals of Internal Medicine*.

As the Task Force completes its review of public comments to the draft recommendation, we reiterate our wholehearted support for the value of screening asymptomatic adults for abnormal blood glucose. As Emory University's K.M. Venkat Narayan, MD and Mary Beth Weber, PhD, noted in commentary published online concomitantly in *Annals of Internal Medicine*, the evidence report "...has concluded that there is moderate certainty that measuring blood glucose to detect prediabetes or diabetes has net benefits and no significant harms in adults at high risk for diabetes."

Drs. Narayan and Weber remind us in their editorial that "90% of the 86 million Americans with prediabetes are not aware of their condition, and the first step to resolving this should be a national policy on screening and detection of prediabetes."

Since the co-chairs of the DAA met with you in August 2014, we have more evidence of the value of screening for prediabetes, from new research commissioned by Novo Nordisk and conducted by Timothy Dall and colleagues at IHS Global Insights. While Mr. Dall is still drafting a manuscript for peer review, he gave us permission to share some findings of interest. He and his team estimate that if asymptomatic adults were screened for elevated blood glucose based on the risk factors included in the USPSTF draft screening guideline:

- 60.3 million overweight or obese prediabetic adults could benefit from lifestyle diabetes prevention interventions recognized by the CDC's National Diabetes Prevention Program
- If half of the adults targeted completed the intervention, there would be 15.6 million fewer cases of diabetes, 4.3 million fewer deaths and \$615 billion less health spending over the next 25 years
- Over a 25-year period, the additional federal spending associated with the initiative would be far below the normal cost-effectiveness thresholds.

We agree with and support Drs. Narayan and Weber in their assertion that "to the greatest extent possible, short of a direct randomized, controlled trial testing of screening on a hard outcome, the overall body of data supports a broad policy, closer to the American Diabetes Association position, for early detection of prediabetes and diabetes."

We also agree with their conclusion that “Without screening, 90% of prediabetes cases will remain undetected, and we will continue to miss the opportunity to aggressively implement strategies to prevent diabetes and remain unable to slow the growing costs of managing diabetes and its complications.”

We also would be remiss if we did not point out the growing concerns about the rising incidence of type 2 diabetes in children and youth. In December 2014, the DAA sent a letter to the USPSTF Workgroup on Child and Adolescent Health recommending that USPSTF conduct an evidence review in preparation for a screening guideline for abnormal blood glucose and type 2 diabetes mellitus in children and adolescents.

The DAA remains committed to changing the U.S. health care system to improve diabetes prevention, detection and care. We respectfully urge you to move forward with publication of a final USPSTF diabetes screening recommendation that meets the expert consensus of multiple risk factor screening for type 2 diabetes. In closing, we thank you for your continued interest in improving the lives of those with prediabetes and diabetes.

Sincerely,

**Academy of Nutrition and Dietetics**

**American Association of Clinical Endocrinologists**

**American Association of Diabetes Educators**

**American Diabetes Association**

**American Medical Association**

**American Optometric Association**

**Diabetes Hands Foundation**

**Endocrine Society**

**Healthcare Leadership Council**

**National Association of Chronic Disease Directors**

**National Kidney Foundation**

**Novo Nordisk Inc.**

**Omada Health**

**Pediatric Endocrine Society**

**VSP Vision Care**

**YMCA of the USA**