



March 27, 2019

USPSTF Program Office
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. Preventative Services Task Force (USPSTF) *Draft Research Plan for Gestational Diabetes Mellitus: Screening*.

The Diabetes Advocacy Alliance (DAA) is a coalition of 24 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 Draft Research Plan

Gestational diabetes mellitus (GDM) affects approximately 1 in 7 pregnancies worldwide.¹ Despite its high prevalence, there is a lack of consensus on how best to screen, diagnose, and treat GDM. DAA recognizes that there is a strong need to expand the knowledge base and reach consensus, especially regarding the diagnostic criteria for GDM. DAA is encouraged that the type of systematic review proposed by the USPSTF will both summarize existing research findings and inspire future research to help find answers to the pressing questions surrounding GDM. We also hope that the draft research plan leads us one step closer to the establishment of uniform diagnostic criteria. A universally accepted approach to screening and diagnosis would benefit clinicians, researchers, and most importantly GDM mothers and their offspring.

The DAA would like to point out that this Draft Research Plan uses the term “screening” in the title while the guideline under review also discusses “treatment” for GDM. It is our understanding from conversations with USPSTF that guidelines such as the *Abnormal Blood Glucose and Type 2 Diabetes Mellitus* pertain to both screening and counseling for diabetes prevention. Similar to recommendations DAA provided on the *Abnormal Blood Glucose and Type 2 Diabetes Mellitus* Draft Research Plan, the DAA recommends that “treatment” be reflected in the GDM Draft Research Plan title. Screening and referral to treatment go hand-in-

¹ International Diabetes Federation: <https://www.idf.org/our-activities/care-prevention/gdm>

hand and must be directly connected in this guideline which is in accordance with commonly accepted public health principles. DAA urges USPSTF to clearly state the guideline(s) address both screening and treatment.

Comments on Draft: Proposed Key Questions to be Systematically Reviewed

In reviewing the proposed key questions to be systematically reviewed, DAA was pleased to see questions examining comparative effectiveness of different screening strategies, as well as questions exploring the harms and benefits of screening.

DAA appreciates the opportunity to comment on the *Draft Research Plan for Gestational Diabetes Mellitus: Screening*. Please contact Amy Wotring at awot@novonordisk.com should you have any questions regarding DAA's comment letter.

Sincerely,

Meredith Dyer
DAA Co-chair
Endocrine Society

Karin Gillespie
DAA Co-chair
Novo Nordisk, Inc.

Meghan Riley
DAA Co-chair
American Diabetes Association