

January 13, 2022

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

Dear Members of the USPSTF:

On behalf of the Endocrine Society, thank you for the opportunity to provide comments on the U.S. Preventive Services Task Force (USPSTF) Draft Recommendation Statement: Screening for Prediabetes and Type 2 Diabetes in Children and Adolescents.

Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders, including diabetes. Our membership also includes pediatric endocrinologists and members who focus on pediatric obesity. These members are on the front lines in treating children with diabetes and those who are at risk of developing diabetes.

The Endocrine Society agrees with the Task Force's conclusion that the current evidence is insufficient to make a recommendation for or against screening for type 2 diabetes in children and adolescents. While we agree with this conclusion, we want to emphasize the importance of this screening and the benefits it provides for those who are at high risk of developing type 2 diabetes, particularly those who are overweight and obese. Recent research also shows that the COVID-19 pandemic has resulted in significant increases in the obesity rates amongst children.<sup>1</sup> These increases point to the need for more screening amongst at-risk populations. For children with high risk factors such as obesity, screening and early diagnosis can help motivate parents to make significant changes which can delay the onset of diabetes. Also, children most at risk of developing diabetes can progress quickly in early adolescence. Screening at-risk children early ensures that targeted interventions can be applied to these groups. As the Draft Recommendations noted, there are other guidelines which recommend risk-based screening for children with obesity and other risk factors.<sup>2</sup> We support these standards and recommend you emphasize the use of this screening and the benefits amongst at-risk populations.

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<sup>1</sup> Changes in Body Mass Index Among Children and Adolescents During the COVID-19 Pandemic. JAMA. 2021;326(14):1434-1436. Retrieved from: <http://jamanetwork.com/article.aspx?doi=10.1001/jama.2021.15036>

<sup>2</sup> American Diabetes Association. 13. Children and adolescents: standards of medical care in diabetes-2020. Diabetes Care. 2020;43(Suppl 1):S163-S182. Retrieved here: [https://diabetesjournals.org/care/article/43/Supplement\\_1/S163/30510/13-Children-and-Adolescents-Standards-of-Medical](https://diabetesjournals.org/care/article/43/Supplement_1/S163/30510/13-Children-and-Adolescents-Standards-of-Medical)



We appreciate that the Task Force identified areas where more studies are needed to make an informed recommendation on this issue. We agree that more research is necessary, particularly for populations that have a higher prevalence of diabetes. Children in these vulnerable groups are often people of color who come from underserved communities. These children are the ones most at-risk of developing the risk-factors which lead to the onset of diabetes. The Society supports efforts to better understand the effects of screening and lifestyle intervention for children in these populations. Gestational diabetes is another area where further research might be warranted. Gestational diabetes can disproportionately impact people of color, including Native Americans and Alaska Natives and could be another metric for identifying children who are at-risk.

Recent studies also have indicated that children recovering from SARS-CoV-2 are at an increased risk of developing diabetes. One recent study published by the CDC found a 2.6-fold increase in new diabetes diagnosis amongst children who had COVID-19. Another dataset from the same study found a 30% increase in diabetes cases amongst children.<sup>3</sup> The CDC study did not distinguish between type 1 and type 2 diabetes noting that COVID-19 has disproportionately children in racial and ethnic minority groups who are already at an increased risk for developing type 2. We encourage the Task Force to include this as an additional area where further study is needed. We must do more to fully understand these studies, what they could mean in terms of increased incidence rates, and how additional screening could be beneficial.

Thank you again for the opportunity to provide comments on these recommendations. If you have any questions or require additional information, please contact Rob Goldsmith, Director of Advocacy and Policy, at [rgoldsmith@endocrine.org](mailto:rgoldsmith@endocrine.org).

Sincerely,

Carol H. Wysham, MD  
President  
Endocrine Society

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<sup>3</sup> Centers for Disease Control and Prevention. Risk for Newly Diagnosed Diabetes >30 Days After SARS-CoV-2 Infection Among Persons Aged <18 years — United States, March 1, 2020–June 28, 2021. January 7, 2022. Retrieved from: [https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e2.htm?s\\_cid=mm7102e2\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e2.htm?s_cid=mm7102e2_w)