

NIH Activities Related to “Insufficient Evidence” Statements of the United States Preventive Services Task Force

Results from the 2022 Annual Survey of Institutes, Centers and Offices

Prepared by:
National Institutes of Health
Office of Disease Prevention

December 30, 2022

Purpose

An “insufficient evidence” (I) statement is a conclusion by the United States Preventive Services Task Force (USPSTF) that the current evidence is insufficient to assess the balance of benefits and harms of a preventive service because evidence is lacking, of poor quality, or conflicting. As such, I statements represent evidence gap areas that call for expanded research efforts and investment.

The National Institutes of Health (NIH) Institutes, Center and Offices (ICs) stimulate, support, and conduct research to fill the evidence gaps identified by the USPSTF. Between 2010 and 2019, eleven I statements were changed to a letter; most changed to a B grade.¹ Private health insurance plans in the United States are required to cover, without deductibles or copayments, preventive services that have received an A or B recommendation from the USPSTF. An additional eleven I statements were reviewed by the USPSTF since 2019 and updated but continue to have evidence gaps, which prevent the USPSTF from making a recommendation for or against use of the service. Progress in building the evidence base for preventive services is tangible but more is needed.

Each year the NIH Office of Disease Prevention (ODP) conducts the I Statement Reporting Survey to capture NIH research activity and collaborations relevant to existing I statements. This report documents the results of the 2022 survey, which summarizes NIH activities that address 24 of the current I statements. Through this report, the extramural research community can:

- Identify opportunities for investigator-initiated activities to address evidence gaps in I statements;
- Understand the I statements that have the greatest NIH activity and the NIH ICs that are involved; and
- Learn of current grant and funding opportunity announcements (FOA) portfolios that address the I statements.

The purpose of this report is to share NIH ICs independent and collaborative activities to increase extra- and intramural research to accelerate evidence-building activities for clinical preventive services.

Background

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. They commission systematic evidence reviews and use the information from these reviews to develop and/or update clinical practice recommendations for preventive services that are provided in, or referred from, primary care practice. The USPSTF is a major

¹ Klabunde, C.N., Ellis, E.M., Villani, J., et al., (2022). Characteristics of scientific evidence informing changed U.S. Preventive Services Task Force Insufficient Evidence Statements. *American Journal of Preventive Medicine*, 62(2), e77-86. doi.org/10.1016/j.amepre.2021.07.014.

consumer of the research supported by the NIH, as NIH research comprises a sizable component of the evidence base used by the USPSTF in making its preventive services recommendations.

The USPSTF assigns each preventive service recommendation a letter grade (A, B, C, D, or I) based on the strength of the evidence and the balance of benefits and harms of the service. The Affordable Care Act of 2010 requires all private health insurance plans in the United States to cover, without deductibles or copayments, preventive services that have received an A or B recommendation from the USPSTF (see page 5 for a description of the USPSTF's grade definitions). An I statement is a conclusion by the USPSTF that the current evidence is insufficient to assess the balance of benefits and harms of a preventive service because evidence is lacking, of poor quality, or conflicting.

To change an I statement to an A, B, C, or D recommendation, the USPSTF requires the following types of evidence about the preventive service:

- **Effects on health outcomes**
- **Effects stratified by health or risk status of study participants**
- **Feasibility of implementation in, or referral from, primary care**
- **Effective dose and/or relative contribution of specific components of the service**
- **Harms or adverse events**

The ODP serves as the NIH's liaison office to the USPSTF. Since 2013, the ODP has worked closely with the Agency for Healthcare Research and Quality (AHRQ), which convenes and supports the USPSTF, to improve the coordination between the NIH and the USPSTF.

ODP coordinating activities include collaborating with the NIH ICs to:

- (1) Nominate members to the USPSTF.**
- (2) Nominate and rank priorities for preventive services considered by the USPSTF.**
- (3) Provide content area expert input on USPSTF research plans, draft evidence reviews, and draft recommendation statements.**
- (4) Prepare for release of final evidence reports and recommendation statements.**
- (5) Increase awareness of and potentially address the research needs and gaps embodied in I statements.**

In partnership with AHRQ, the ODP conveys information from the ICs to the USPSTF and from the USPSTF to the ICs. This work is guided by Strategic Priority II in the [ODP Strategic Plan](#), which calls for the ODP to “Identify prevention research areas for investment or expanded effort by the NIH.”

I Statement Reporting Survey

A key activity of this collaboration is the annual I Statement Reporting Survey conducted by the ODP to collect information about current or planned NIH activities that address USPSTF I statements. The survey’s primary aim is to comprehensively identify currently funded or emerging NIH research that potentially fills evidence gaps identified by the USPSTF. A secondary aim is to monitor changes over time in NIH activities related to I statements. As described below, the information gathered in the survey is used in a variety of ways to stimulate research activities that address prevention research gaps. The survey and its reports help to raise awareness of emerging areas of new evidence, continued research gaps, topics for NIH-wide efforts, and potential areas for new collaborations.

This report describes the 2022 I Statement Reporting Survey methods (page 6) and results (page 7), which assessed NIH activities from fiscal years 2020 and 2021 that were relevant to 24 of 55 current I statements (see **Table A-1**).

The ODP maintains a complete list of [USPSTF I statements](#) and a brief summary of the research needs and gaps for each.

The full recommendation statements for all USPSTF topics are available at:

<https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>.



USPSTF Grade Definitions

Grade	Definition*	Suggestions for Practice
I	I Statements: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.
A**	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B**	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.

* These definitions were taken from the [Grade Definitions page of the USPSTF website](#).

** The Affordable Care Act requires private insurers to cover preventive services recommended by the USPSTF with a grade of A or B, with no cost-sharing (i.e., no deductible and no co-pay).

Survey Methods

The ODP has conducted the ODP Annual I Statement Reporting Survey every year since 2015. From 2015-2017, all I statements that were current at the time of the survey were included. The number of I statements has increased annually so in 2018, the ODP moved to collecting information about each I statement every other year on an alternating schedule in an effort to obtain complete and accurate information while reducing response burden. The 2022 survey obtained NIH portfolio information on these I statements for a 2-year period—fiscal years 2020 and 2021. In 2020, 26 I statements were evaluated. Two of those I statements (related to aspirin use) were recently re-reviewed by the USPSTF and upgraded to letter grade recommendations. Therefore, the 2022 survey included 24 of the 26 I statements evaluated in the 2020 survey.

2022 Survey Overview:

- **Completed by the ICs between April 5, 2022 and May 27, 2022**
- **Included 24 of 55 I statements**
- **Collected information for fiscal years 2020 and 2021**
- **Included information on grants, contracts, funding opportunity announcements (FOAs), intramural research projects, publications, and meetings/workshops/conferences**

Updated I Statements

Four I statements that were updated by the USPSTF in 2020–2021 were included in the 2022 survey; the update process resulted in revised research needs and gaps statements for each. The four I statements were:

- *Blood Pressure (High) in Children and Adolescents: Screening (2020)*
- *Chlamydia and Gonorrhea: Screening (2021)*
- *Cognitive Impairment in Older Adults: Screening (2020)*
- *Gestational Diabetes Mellitus: Screening (2021)*

A listing of the 24 I statements covered in the 2022 survey is provided in **Table A-1**. Further details on survey features and processes, and a complete listing of survey questions, are provided in **Appendices B** and **C**.

After the ICs completed the survey, the ODP reviewed and cleaned the data and prepared data tables for this summary report. The ODP also developed and distributed to the ICs' USPSTF liaisons and IC directors a "snapshot" report for each I statement relevant to the IC. These snapshots summarize in greater detail all information submitted about NIH activities addressing the research gaps reflected in each I statement. The I statement snapshots are intended to provide a complete summary of NIH activities related to addressing research needs and gaps, as well as to stimulate discussions about new initiatives, collaborations, and other activities that the ICs might engage in to address research gaps.

The ODP also developed two "theme snapshots" to accompany the 2022 survey results; the theme snapshots summarize NIH activity across several I statements for the following themes: *Health of Children and Adolescents* (6 relevant I statements) and *Health of Older Adults* (7 relevant I statements).

Results

Overview

Twenty-three ICs were invited to complete the survey and all participated. Over 150 people from the 23 ICs contributed information (see Results at a Glance).



I Statements

Results at a Glance 2020–2021

Current Activities	2020	2021
 Grants	1048 22 ICs	989 21 ICs
 FOAs	292 19 ICs	259 19 ICs
 Contracts	7 1 IC	9 1 IC
 Intramural Research Projects	35 6 ICs	34 6 ICs
 Recent Meetings, Workshops, Conferences	22 7 ICs	15 7 ICs
 Publications with New Evidence	100 13 ICs	197 14 ICs

Survey Summary

23 ● | Participating ICs

24 ● | I Statements

Other Collaborations	2020	2021
 Inter-Agency Agreements	1 1 IC	1 1 IC
 Scientific Interest Group Membership	7 4 ICs	19 7 ICs

Highlights: Year-to-Year Changes

The number of publications related to the 24 I statements increased from 100 in 2020 to 197 in 2021. Active contracts increased from 7 in 2020 to 9 in 2021.

Other activities showed slight decreases:

- 1,048 active grants in 2020 to 989 in 2021
- 292 active FOAs in 2020 to 259 in 2021
- 35 intramural research projects in 2020 to 34 in 2021
- 22 recent meetings, workshops, or conferences in 2020 to 15 in 2021

Highlights: 2022 Survey Year

As shown in Table A-2, the I statements addressed by the largest number of ICs are:

- *Cognitive Impairment in Older Adults: Screening* (10 ICs)
- *Obstructive Sleep Apnea in Adults: Screening* (10 ICs)
- *Lipid Disorders in Children: Screening* (8 ICs)
- *Blood Pressure (High) in Children and Adolescents: Screening* (7 ICs)

More detail is provided below related to NIH portfolios for new and updated I statements, current activities for I statements, and other collaborations to address the research gaps. A listing of the ICs that reported active grants, contracts, FOAs, and intramural research projects for the 2022 survey is shown for the 24 I statements in **Table A-2**. Detailed survey results are displayed in **Tables A-3 through A-6**. For ease of reference, the I statements are listed in alphabetical order, and each has been assigned a sequential number.

New and Updated I Statements

The 2022 survey did not include new I statements since no new I statements were issued by the USPSTF from April 2020 through April 2021. There were four updated I statements, and the 2022 survey showed that the NIH has portfolios of active grants for all of them:

- *Blood Pressure (High) in Children and Adolescents: Screening* (75 grants in 2020 and 71 in 2021)
- *Chlamydia and Gonorrhea: Screening* (53 grants in 2020 and 53 in 2021)
- *Cognitive Impairment in Older Adults: Screening* (134 grants in 2020 and 127 in 2021)
- *Gestational Diabetes Mellitus: Screening* (51 grants in 2020 and 48 in 2021)

Additionally, the NIH has small- to moderate-sized portfolios of active FOAs for the four updated I statements:

- *Blood Pressure (High) in Children and Adolescents: Screening* (40 FOAs in 2020 and 35 in 2021)
- *Chlamydia and Gonorrhea: Screening* (11 FOAs in 2020 and 11 in 2021)
- *Cognitive Impairment in Older Adults: Screening* (15 FOAs in 2020 and 11 in 2021)
- *Gestational Diabetes Mellitus: Screening* (16 FOAs in 2020 and 10 in 2021)

Two updated I statements had a moderate-sized portfolio of publications:

- *Chlamydia and Gonorrhea: Screening* (9 publications in 2020 and 38 in 2021)
- *Cognitive Impairment in Older Adults: Screening* (23 publications in 2021)

The survey also identified a small portfolio of active contracts, intramural research projects, and recent meetings, workshops, or conferences with new evidence related to the updated I statements (see **Tables A-3** and **A-4**).

Current Activities

All participating NIH ICs reported current activities relevant to addressing the research gaps for at least one of the 24 I statements included in the survey for fiscal years 2020 and 2021. Current activities include active grants, active contracts, active FOAs, intramural research projects, NIH-sponsored recent meetings, workshops, or conferences, and publications with new evidence. This information is presented in **Tables A-3** and **A-4**. Darker shading in the tables denotes I statements for which greater activity was reported. A brief summary by category of activity of I statements with the most activity is provided below.

I statements with the largest grant portfolios:

- *Depression in Children and Adolescents: Screening* (217 grants in 2020 and 224 in 2021)
- *Cognitive Impairment in Older Adults: Screening* (134 grants in 2020 and 127 in 2021)
- *Obstructive Sleep Apnea in Adults: Screening* (115 grants in 2020 and 106 in 2021)
- *Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening* (112 grants in 2020 and 95 in 2021)

I statements with the largest contract portfolios:

- *Gestational Diabetes Mellitus: Screening* (4 contracts in 2020 and 4 in 2021)
- *Elevated Blood Lead Levels in Pregnant Women: Screening* (2 contracts in 2020 and 2 in 2021)

I statements with the largest active FOA portfolios:

- *Depression in Children and Adolescents: Screening* (89 active FOAs in 2020 and 84 in 2021)
- *Blood Pressure (High) in Children and Adolescents: Screening* (40 active FOAs in 2020 and 35 in 2021)

I statements with the greatest number of intramural research projects:

- *Gestational Diabetes Mellitus: Screening* (11 projects in 2020 and 11 in 2021)
- *Depression in Children and Adolescents: Screening* (9 projects in 2020 and 9 in 2021)

I statements with the most meetings/workshops/conferences activity:

- *Gestational Diabetes Mellitus: Screening* (6 in 2020 and 3 in 2021)
- *Autism Spectrum Disorder in Young Children: Screening* (3 in 2020 and 1 in 2021)
- *Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening* (2 in 2021)

I statements with the greatest number of reported publications with new evidence:

- *Chlamydia and Gonorrhea: Screening* (9 publications in 2020 and 38 in 2021)
- *Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening* (36 publications in 2021)
- *Cognitive Impairment in Older Adults: Screening* (23 publications in 2021)

- *Obstructive Sleep Apnea in Adults: Screening* (22 publications in 2021)
- *Blood Pressure (High) in Children and Adolescents: Screening* (7 publications in 2020 and 8 in 2021)
- *Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication* (9 publications in 2020 and 2 in 2021)

Topics of Significance

- ***Depression in Children and Adolescents: Screening: 441 grants, 173 active FOAs, and 18 intramural research projects in 2020 and 2021***
- ***Gestational Diabetes Mellitus: Screening: 8 contracts, 22 intramural research projects, and 9 meetings, workshops, or conferences in 2020 and 2021***

Other Collaborations

For 14 of 24 (58%) I statements, ICs reported other collaborations such as interagency agreements (IAA) and committee or task force memberships that address research gaps (see **Tables A-5** and **A-6**). For example, seven ICs reported staff representation on committees or task forces whose work is relevant to 14 I statements. One IC reported having an IAA in place that is relevant to one I statement included in this year's survey.

The I statements for which no additional collaborations were reported by the ICs (18 in 2020; 11 in 2021) are also listed in **Tables A-5** and **A-6**.

The summary table on page 13 captures current activities and collaborations by IC.

Participating ICs by Activity																
Participating IC	Grants		FOAs		Contracts		Intramural Research Projects		Recent Meetings, Workshops, Conferences		Publications with New Evidence		Interagency Agreements		Scientific Interest Group Membership	
	'20	'21	'20	'21	'20	'21	'20	'21	'20	'21	'20	'21	'20	'21	'20	'21
NCCIH	✓	✓	✓	✓												
NCI	✓	✓	✓	✓			✓	✓								✓
NEI	✓	✓	✓	✓							✓	✓				
NHGRI	✓	✓	✓	✓												
NHLBI	✓	✓	✓	✓					✓	✓			✓	✓	✓	✓
NIA	✓	✓	✓	✓					✓	✓	✓	✓				
NIAAA	✓															
NIAID	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓			✓	✓
NIAMS	✓	✓									✓	✓				
NIBIB	✓	✓	✓	✓							✓	✓				
NICHD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓
NIDA	✓	✓	✓	✓												
NIDCD	✓	✓	✓	✓							✓	✓			✓	✓
NIDCR	✓	✓									✓	✓				
NIDDK	✓	✓	✓	✓			✓	✓			✓	✓				
NIEHS	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓			✓	✓
NIMH	✓	✓	✓	✓			✓	✓		✓	✓	✓				
NIMHD	✓	✓	✓	✓					✓	✓	✓	✓				
NINDS	✓	✓	✓	✓							✓	✓				✓
NINR	✓	✓	✓	✓					✓							
NLM	✓	✓	✓									✓				
OD	✓	✓	✓	✓												

Summary and Next Steps

The ODP Annual I Statement Reporting Survey captures the NIH ICs’ significant investments to address prevention research needs identified by the USPSTF. The breadth and depth of this work highlights NIH’s commitment to building an evidence base for clinical preventive services with more than 150 IC program staff across 23 ICs assisting in the completion of the 2022 survey. Responses show that the NIH has research activities to address research gaps embodied in all 24 I statements that were included in the survey.

Each year, this report serves as an important resource to document the NIH’s efforts to generate new evidence to address evidence gaps identified by the USPSTF. The ODP uses the information gathered in this annual survey in multiple ways, including to:



Work with AHRQ, the USPSTF, NIH ICs, and others to understand where new evidence is emerging and ongoing gaps remain by maintaining an electronic database of reported activities.



Inform the USPSTF’s annual topic prioritization efforts.



Facilitate and coordinate NIH-wide efforts to address and close critical research gaps.



Collaborate with AHRQ including presenting a summary of NIH activities related to preventive services research gaps at an annual meeting of AHRQ’s USPSTF program staff.



Inform the USPSTF’s Annual Report to Congress of critical research gaps in clinical preventive services and ways they are being addressed.



Promote extramural research collaborations and communicate with the broader research community to encourage new, innovative studies addressing preventive services research gaps.



Inform and complement other ODP initiatives aimed at facilitating collaborative research projects across and beyond the NIH. Examples include:

- Prevention Research Scientific Interest Groups (SIGs)
- Prevention Research Coordinating Committee (PRCC)



Identify opportunities for coordinating research activities that may be relevant to addressing research gaps identified by the separate but related Centers for Disease Control and Prevention (CDC)-supported [Community Preventive Services Task Force](#).

The NIH's long-standing partnership with AHRQ and the USPSTF has been instrumental in strengthening the evidence base for preventive services. New evidence allowed the USPSTF to upgrade eleven I statements with a letter grade between 2010 and 2019 and update eleven I statements with new evidence since 2019. The NIH will continue to work with AHRQ and the USPSTF on current, new, and updated I statements to highlight research needs, promote strong collaborations, and stimulate new research activity to continue to build the evidence base for clinical preventive services.

I Statements that the ODP Plans to include in the 2023 Survey (Year USPSTF Released the I Statement) (n=33)

- *Abdominal Aortic Aneurysm: Screening (2019)*
- *Adolescent Idiopathic Scoliosis: Screening (2018)*
- *Alcohol Use in Adolescents: Screening and Behavioral Counseling Interventions (2018)*
- *Atrial Fibrillation: Screening (2022)*
- *Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery: Screening (2020)*
- *Child Maltreatment: Interventions (2018)*
- *Cardiovascular Disease: Risk Assessment With Nontraditional Risk Factors (2018)*
- *Cardiovascular Disease Risk: Screening With Electrocardiography (2018)*

- *Dental Caries in Children from Birth Through Age 5 Years: Screening (2021)*
- *Drug Use, Illicit: Primary Care-Based Interventions for Children, Adolescents, and Young Adults (2020)*
- *Drug Use, Unhealthy: Screening in Adolescents (2020)*
- *Elder Abuse and Abuse of Vulnerable Adults: Screening (2018)*
- *Hearing Loss in Older Adults: Screening (2021)*
- *Iron Deficiency Anemia in Pregnant Women: Screening (2015)*
- *Iron Deficiency Anemia in Pregnant Women: Supplementation (2015)*
- *Iron Deficiency Anemia in Young Children: Screening (2015)*
- *Oral Cancer: Screening (2013)*
- *Osteoporosis to Prevent Fractures: Screening (2018)*
- *Peripheral Arterial Disease and Cardiovascular Disease Screening and Risk Assessment with the Ankle-Brachial Index (2018)*
- *Skin Cancer Prevention: Behavioral Counseling (2018)*
- *Skin Cancer: Screening (2016)*
- *Suicide Risk in Adults and Older Adults: Screening (under update)*
- *Suicide Risk in Children and Adolescents (2022)*
- *Tobacco Use Cessation in Children and Adolescents: Primary Care Interventions (2020)*
- *Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions (2021)*
- *Tobacco Smoking Cessation: Electronic Nicotine Delivery Systems (ENDS) (2021)*
- *Vision in Children Ages 6 Months to 5 Years: Screening (2017)*
- *Vitamin D Deficiency: Screening (2021)*
- *Vitamin Supplementation to Prevent Cancer and CVD: Counseling – Multivitamins (2022)*
- *Vitamin Supplementation to Prevent Cancer and CVD: Counseling – Nutrient Supplements (2022)*
- *Prediabetes and Type 2 Diabetes in Children and Adolescents: Screening (2022)*
- *Anxiety in Children: Screening (2022)*
- *Eating Disorders in Adolescents and Adults: Screening (2022)*

Acknowledgments

The NIH ODP wishes to thank the NIH USPSTF IC liaisons who either completed or facilitated completion of the 2022 ODP Annual I Statement Reporting Survey on behalf of their ICs and all IC staff who helped to gather information for the survey on behalf of their organizations. The ODP is grateful for the time that IC program staff expended to capture this information. The ODP team members who contributed to this project include Carrie Klabunde, Luis Ganoza, Charlene Liggins, Bob McNellis, Elizabeth Neilson, and Kate Winseck. Staff from the ODP's support contractor, Westat, who contributed to the project include Scott Heemann, Tina Marshall, Jennifer Rosenbaum, Binu Singh, Soheyra Taie-Tehrani, and James Wise.

Contact

For more information about ODP work related to prevention research gaps, coordination with the USPSTF, or the ODP Annual I Statement Reporting Survey, please contact—

Bob McNellis, MPH, PA
NIH Office of Disease Prevention
Phone: 301-827-5561
Email: prevention@mail.nih.gov

Appendices

Appendix A Tables		Page
Table A-1.	List of USPSTF I Statements Included in the 2022 ODP Annual I Statement Reporting Survey	19
Table A-2.	NIH IC Portfolio Activity in Fiscal Years 2020 and 2021 Related to USPSTF I Statements	21
Table A-3.	Fiscal Year 2020 NIH Engagement in Activities Related to USPSTF I Statements	24
Table A-4.	Fiscal Year 2021 NIH Engagement in Activities Related to USPSTF I Statements	26
Table A-5.	Fiscal Year 2020 NIH IC Participation in IAAs and Committees/Task Forces/Groups Related to USPSTF I Statements	28
Table A-6.	Fiscal Year 2021 NIH IC Participation in IAAs and Committees/Task Forces/Groups Related to USPSTF I Statements	29
Appendix B.	Survey Methods	31
Appendix C.	List of Questions Included in the 2022 ODP Annual I Statement Reporting Survey	33

Table A-1. List of USPSTF I Statements Included in the 2022 ODP Annual I Statement Reporting Survey

No.	USPSTF Recommendation (Year released)	Research Gap: “Current evidence is insufficient to...”
1	Autism Spectrum Disorder in Young Children: Screening (2016)	Assess the balance of benefits and harms of screening for autism spectrum disorder (ASD) in children for whom no concerns of ASD have been raised by their parents or clinical provider.
2	Bladder Cancer in Adults: Screening (2011)	Assess the balance of benefits and harms of screening for bladder cancer in asymptomatic adults.
3	Blood Pressure (High) in Children and Adolescents: Screening (2020)	Assess the balance of benefits and harms of screening for high blood pressure in children and adolescents.
4	Breast Cancer: Screening (≥75 Years) (2016)	Assess the balance of benefits and harms of screening mammography in women aged 75 years or older.
5	Breast Cancer: Screening (Adjunctive Screening) (2016)	Assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.
6	Breast Cancer: Screening (Digital Breast Tomosynthesis [DBT]) (2016)	Assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer.
7	Celiac Disease: Screening (2017)	Assess the balance of benefits and harms of screening for celiac disease in asymptomatic persons.
8	Chlamydia and Gonorrhea: Screening (2021)	Assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men.
9	Cognitive Impairment in Older Adults: Screening (2020)	Assess the balance of benefits and harms of screening for cognitive impairment in older adults.
10	Depression in Children and Adolescents: Screening (2016)	Assess the balance of benefits and harms of screening for major depressive disorder (MDD) in children aged 11 years or younger.
11	Gestational Diabetes Mellitus: Screening (2021)	Assess the balance of benefits and harms of screening for Gestational Diabetes Mellitus (GDM) in asymptomatic pregnant women before 24 weeks of gestation.
12	Glaucoma: Screening (2013)	Assess the balance of benefits and harms of screening for primary open-angle glaucoma (POAG) in asymptomatic adults 40 years or older.
13	Gynecological Conditions: Periodic Screening with the Pelvic Exam (2017)	Assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic women for the early detection and treatment of a range of gynecologic conditions.
14	Impaired Visual Acuity in Older Adults: Screening (2016)	Assess the balance of benefits and harms of screening for impaired visual acuity in asymptomatic adults 65 years or older.
15	Lead Levels in Childhood: Screening (2019)	Assess the balance of benefits and harms of screening for elevated blood lead levels in asymptomatic children 5 years or younger.
16	Lead Levels in Pregnancy: Screening (2019)	Assess the balance of benefits and harms of screening for elevated blood lead levels in asymptomatic pregnant persons.

No.	USPSTF Recommendation (Year released)	Research Gap: "Current evidence is insufficient to..."
17	Lipid Disorders in Children: Screening (2016)	Assess the balance of benefits and harms of screening for lipid disorders in infants, children, adolescents, or young adults (up to age 20).
18	Obstructive Sleep Apnea in Adults: Screening (2017)	Assess the balance of benefits and harms of screening for Obstructive Sleep Apnea (OSA) in asymptomatic adults.
19	Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening (2015)	Assess the balance of benefits and harms of screening for speech and language delay and disorders in children aged 5 years or younger.
20	Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication (2016)	Assess the balance of benefits and harms of initiating statin use for the primary prevention of cardiovascular disease events and mortality in adults 76 years or older.
21	Thyroid Dysfunction: Screening (2015)	Assess the balance of benefits and harms of screening for thyroid dysfunction in non-pregnant, asymptomatic adults.
22	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Men (2018)	Assess the balance of the benefits and harms of vitamin D and calcium supplementation, alone or combined, for the primary prevention of fractures in men.
23	Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication - Post-Menopausal Women (2018)	Assess the balance of the benefits and harms of daily supplementation with doses greater than 400 IU of vitamin D and greater than 1000 mg of calcium for the primary prevention of fractures in community-dwelling, post-menopausal women.
24	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Premenopausal Women (2018)	Assess the balance of the benefits and harms of vitamin D and calcium supplementation, alone or combined, for the primary prevention of fractures in premenopausal women.

Table A-2. NIH IC Portfolio Activity in Fiscal Years 2020 and 2021 Related to USPSTF I Statements

Note: This table reflects reported activities in 2020 and/or 2021 for active grants, contracts, FOAs, and intramural research projects.

Key: **G = Active Grants; C = Active Contracts; F = Active FOAs; I = Intramural Research Projects**

I Statement	NCCIH	NCI	NEI	NHGRI	NHLBI	NIA	NIAAA	NIAID	NIAMS	NIBIB	NICHD	NIDA	NIDCD	NIDCR	NIDDK	NIEHS	NIMH	NIMHD	NINDS	NINR	NLM	OD
Autism Spectrum Disorder in Young Children: Screening (2016)	-	-	-	-	-	-	-	-	-	-	G,C,F,I	-	G,F	-	-	G,F	G,F	-	F	-	-	G,F
Bladder Cancer in Adults: Screening (2011)	-	G,F,I	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Blood Pressure (High) in Children and Adolescents: Screening (2020)	-	-	-	-	G,F	-	-	-	-	-	G,C,F,I	-	-	-	G,F	G,F	G	G	-	F	-	-
Breast Cancer: Screening (≥75 Years) (2016)	-	G,F	-	-	-	G,F	-	-	-	G	-	-	-	-	-	-	-	-	-	-	-	-
Breast Cancer: Screening (Adjunctive Screening) (2016)	-	G,F	-	-	-	F	-	-	-	G	-	-	-	-	-	-	-	G	-	-	-	-
Breast Cancer: Screening (Digital Breast Tomosynthesis [DBT]) (2016)	-	G,F	-	-	-	-	-	-	-	G,F	-	-	-	-	-	-	-	-	-	-	-	-
Celiac Disease: Screening (2017)	-	-	-	-	-	-	-	G,F	-	-	-	-	-	-	G,F	-	-	-	-	-	-	-
Chlamydia and Gonorrhea: Screening (2021)	-	-	-	-	-	-	-	G,I	-	G,F	G,C,F	G,F	-	-	-	-	G	-	-	G,F	-	-
Cognitive Impairment in Older Adults: Screening (2020)	-	-	-	-	-	G,F	-	-	-	G	-	-	G,F	-	G	G,F,I	G,F	G,F	G,F	G	G,F	-
Depression in Children and Adolescents: Screening (2016)	G,F	-	-	-	-	-	-	-	-	-	G,F,I	-	-	-	-	G,F	G,F,I	G	-	-	-	-
Gestational Diabetes Mellitus: Screening (2021)	-	-	-	-	-	-	-	-	-	G	G,C,F,I	-	-	-	G,F	G,F,I	-	-	-	G	G,F	-
Glaucoma: Screening (2013)	-	-	G,F	G,F	-	-	-	-	-	-	-	-	-	-	-	-	-	G,F	-	-	-	-

I Statement	NCCIH	NCI	NEI	NHGRI	NHLBI	NIA	NIAAA	NIAID	NIAMS	NIBIB	NICHHD	NIDA	NIDCD	NIDCR	NIDDK	NIEHS	NIMH	NIMHD	NINDS	NINR	NLM	OD
Gynecological Conditions: Periodic Screening with the Pelvic Exam (2017)	-	G,I	-	-	-	-	-	-	-	-	G,F	-	-	-	-	-	-	-	-	-	-	-
Impaired Visual Acuity in Older Adults: Screening (2016)	-	-	G,F	-	-	G,F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lead Levels in Childhood: Screening (2019)	-	-	-	-	-	-	-	-	-	-	G,C,I	-	-	-	-	G,F	-	G,F	-	G	-	-
Lead Levels in Pregnancy: Screening (2019)	-	-	-	-	-	-	-	-	-	-	C,I	-	-	-	-	G,F	-	G	-	-	-	-
Lipid Disorders in Children: Screening (2016)	-	-	-	G,F	G,F	-	-	-	-	-	G,F,I	-	-	-	G,F	G,F	G	G,F	-	F	-	-
Obstructive Sleep Apnea in Adults: Screening (2017)	-	-	-	-	G,F	G,F	-	-	-	G,F	-	-	G	G	G,F	-	I	G,F	G	G,F	-	-
Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening (2015)	-	-	-	-	-	-	-	-	-	G	G,C,F,I	-	G,F	G	-	-	G,F,I	-	-	-	-	-
Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication (2016)	-	-	-	-	G	G	G	-	-	-	-	-	-	-	-	-	-	-	G	-	-	-
Thyroid Dysfunction: Screening (2015)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	G,I	-	-	-	-	-	-	-
Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Men (2018)	-	-	-	-	-	-	-	-	G	-	-	-	-	-	G,F	-	-	-	-	-	-	-

I Statement	NCCIH	NCI	NEI	NHGRI	NHLBI	NIA	NIAAA	NIAID	NIAMS	NIBIB	NICHD	NIDA	NIDCD	NIDCR	NIDDK	NIEHS	NIMH	NIMHD	NINDS	NINR	NLM	OD
Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication - Post-Menopausal Women (2018)	-	-	-	-	-	-	-	-	G	-	-	-	-	-	G	-	-	-	-	G	-	-
Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Premenopausal Women (2018)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	G,F	-	-	-	-	-	-	-

Table A-3. Fiscal Year 2020 NIH Engagement in Activities Related to USPSTF I Statements

Note: Darker cells in this table reflect greater activity (e.g., I statements with the largest numbers of grants will have the darkest color used in the Active Grants column). Wherever multiple ICs participate in a single activity, that activity is only counted once (e.g., a single FOA with three participating ICs will only be counted once in the table below, though the IC count for that activity will reflect participation of all relevant ICs).

No.	USPSTF Recommendation (Year released)	# of Active Grants (# ICs)	# of Active Contracts (# ICs)	# of Active FOAs (# ICs)	# of Intramural Research Projects (# ICs)	# of Recent Meetings/ Workshops/ Conferences (# ICs)	# of Publications with new Evidence (# ICs)
All	Total Activity for 2020	1048 (22 ICs)	7 (1 IC)	292 (19 ICs)	35 (6 ICs)	22 (7 ICs)	100 (13 ICs)
1	Autism Spectrum Disorder in Young Children: Screening	74 (5 ICs)	1 (1 IC)	29 (6 ICs)	2 (1 IC)	3 (2 ICs)	4 (3 ICs)
2	Bladder Cancer in Adults: Screening	8 (1 IC)		8 (1 IC)	1 (1 IC)		
3	Blood Pressure (High) in Children and Adolescents: Screening	75 (6 ICs)	1 (1 IC)	40 (5 ICs)	4 (1 IC)		7 (3 ICs)
4	Breast Cancer: Screening (75 Years and Older)	40 (3 ICs)		12 (2 ICs)			2 (1 IC)
5	Breast Cancer: Screening (Adjunctive Screening)	88 (3 ICs)		13 (2 ICs)			6 (3 ICs)
6	Breast Cancer: Screening (Digital Breast Tomosynthesis)	30 (2 ICs)		5 (2 ICs)			1 (1 IC)
7	Celiac Disease: Screening	21 (2 ICs)		6 (2 ICs)		1 (1 IC)	2 (1 IC)
8	Chlamydia and Gonorrhea: Screening	53 (6 ICs)	1 (1 IC)	11 (4 ICs)	1 (1 IC)		9 (3 ICs)
9	Cognitive Impairment in Older Adults: Screening	134 (10 ICs)		15 (6 ICs)	3 (1 IC)		
10	Depression in Children and Adolescents: Screening	217 (5 ICs)		89 (4 ICs)	9 (2 ICs)		5 (3 ICs)
11	Elevated Blood Lead Levels in Children: Screening	16 (4 ICs)	2 (1 IC)	9 (2 ICs)	3 (1 IC)		1 (1 IC)
12	Elevated Blood Lead Levels in Pregnant Women: Screening	8 (2 ICs)	2 (1 IC)	4 (1 IC)	2 (1 IC)		
13	Gestational Diabetes Mellitus: Screening	51 (6 ICs)	4 (1 IC)	16 (4 ICs)	11 (2 ICs)	6 (3 ICs)	3 (1 IC)
14	Glaucoma: Screening	11 (2 ICs)		6 (3 ICs)			2 (1 IC)

No.	USPSTF Recommendation (Year released)	# of Active Grants (# ICs)	# of Active Contracts (# ICs)	# of Active FOAs (# ICs)	# of Intramural Research Projects (# ICs)	# of Recent Meetings/ Workshops/ Conferences (# ICs)	# of Publications with new Evidence (# ICs)
15	Gynecological Conditions: Periodic Screening with the Pelvic Exam	7 (2 ICs)		9 (1 IC)	1 (1 IC)		1 (1 IC)
16	Impaired Visual Acuity in Older Adults: Screening	10 (2 ICs)		5 (2 ICs)		1 (1 IC)	
17	Lipid Disorders in Children: Screening	49 (7 ICs)		31 (7 ICs)	3 (1 IC)	1 (1 IC)	
18	Obstructive Sleep Apnea in Adults: Screening	115 (9 ICs)		27 (6 ICs)	1 (1 IC)		
19	Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening	112 (5 ICs)	1 (1 IC)	21 (2 ICs)	3 (2 ICs)	2 (1 IC)	
20	Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication	9 (4 ICs)					9 (1 IC)
21	Thyroid Dysfunction: Screening	1 (1 IC)			1 (1 IC)		
22	Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication (Post-Menopausal Women)	23 (3 ICs)				1 (1 IC)	
23	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication (Men)	21 (2 ICs)		1 (1 IC)		1 (1 IC)	
24	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication (Premenopausal Women)	19 (1 IC)		2 (1 IC)	3 (1 IC)	1 (1 IC)	

Table A-4. Fiscal Year 2021 NIH Engagement in Activities Related to USPSTF I Statements

Note: Darker cells in this table reflect greater activity (e.g., I statements with the largest numbers of grants will have the darkest color used in the Active Grants column). Wherever multiple ICs participate in a single activity, that activity is only counted once (e.g., a single FOA with three participating ICs will only be counted once in the table below, though the IC count for that activity will reflect participation of all relevant ICs).

No.	USPSTF Recommendation (Year released)	# of Active Grants (# ICs)	# of Active Contracts (# ICs)	# of Active FOAs (# ICs)	# of Intramural Research Projects (# ICs)	# of Recent Meetings/ Workshops/ Conferences (# ICs)	# of Publications with new Evidence (# ICs)
All	Total Activity for 2021 and Current	989 (21 ICs)	9 (1 IC)	259 (19 ICs)	34 (6 ICs)	15 (7 ICs)	197 (14 ICs)
1	Autism Spectrum Disorder in Young Children: Screening	60 (5 ICs)	1 (1 IC)	24 (6 ICs)	2 (1 IC)	1 (1 IC)	20 (4 ICs)
2	Bladder Cancer in Adults: Screening	8 (1 IC)		8 (1 IC)	1 (1 IC)		
3	Blood Pressure (High) in Children and Adolescents: Screening	71 (6 ICs)	2 (1 IC)	35 (5 ICs)	4 (1 IC)		8 (3 ICs)
4	Breast Cancer: Screening (75 Years and Older)	33 (2 ICs)		10 (2 ICs)			5 (1 IC)
5	Breast Cancer: Screening (Adjunctive Screening)	87 (3 ICs)		13 (2 ICs)			6 (2 ICs)
6	Breast Cancer: Screening (Digital Breast Tomosynthesis)	30 (2 ICs)		5 (2 ICs)			
7	Celiac Disease: Screening	21 (2 ICs)		6 (2 ICs)		1 (1 IC)	
8	Chlamydia and Gonorrhea: Screening	53 (6 ICs)	1 (1 IC)	11 (4 ICs)	1 (1 IC)	1 (1 IC)	38 (4 ICs)
9	Cognitive Impairment in Older Adults: Screening	127 (9 ICs)		11 (7 ICs)	3 (1 IC)	1 (1 IC)	23 (5 ICs)
10	Depression in Children and Adolescents: Screening	224 (5 ICs)		84 (4 ICs)	9 (2 ICs)		14 (2 ICs)
11	Elevated Blood Lead Levels in Children: Screening	15 (4 ICs)	1 (1 IC)	9 (2 ICs)	3 (1 IC)	1 (1 IC)	10 (3 ICs)
12	Elevated Blood Lead Levels in Pregnant Women: Screening	8 (2 ICs)	2 (1 IC)	4 (1 IC)	2 (1 IC)	1 (1 IC)	9 (2 IC)
13	Gestational Diabetes Mellitus: Screening	48 (6 ICs)	4 (1 IC)	10 (3 ICs)	11 (2 ICs)	3 (1 IC)	10 (3 ICs)
14	Glaucoma: Screening	15 (3 ICs)		7 (3 ICs)			4 (2 ICs)
15	Gynecological Conditions: Periodic Screening with the Pelvic Exam	5 (1 IC)		7 (1 IC)			

No.	USPSTF Recommendation (Year released)	# of Active Grants (# ICs)	# of Active Contracts (# ICs)	# of Active FOAs (# ICs)	# of Intramural Research Projects (# ICs)	# of Recent Meetings/ Workshops/ Conferences (# ICs)	# of Publications with new Evidence (# ICs)
16	Impaired Visual Acuity in Older Adults: Screening	9 (2 ICs)		6 (2 ICs)		1 (1 IC)	14 (2 ICs)
17	Lipid Disorders in Children: Screening	38 (6 ICs)		20 (6 ICs)	3 (1 IC)	1 (1 IC)	7 (2 ICs)
18	Obstructive Sleep Apnea in Adults: Screening	106 (7 ICs)		24 (5 ICs)	1 (1 IC)		22 (3 ICs)
19	Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening	95 (5 ICs)	1 (1 IC)	20 (3 ICs)	3 (2 ICs)		36 (4 ICs)
20	Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication	8 (3 ICs)					2 (1 IC)
21	Thyroid Dysfunction: Screening	1 (1 IC)			1 (1 IC)		4 (1 IC)
22	Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication (Post-Menopausal Women)	23 (3 ICs)				1 (1 IC)	8 (2 ICs)
23	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication (Men)	21 (2 ICs)		1 (1 IC)		1 (1 IC)	7 (2 ICs)
24	Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication (Premenopausal Women)	19 (1 IC)		2 (1 IC)	3 (1 IC)	1 (1 IC)	

Table A-5. Fiscal Year 2020 NIH IC Participation in IAAs and Committees/Task Forces/Groups Related to USPSTF I Statements

No.	USPSTF Recommendation (Year released)	IAAs	Committee/Task Force/Working and Interest Group Membership
1	Autism Spectrum Disorder in Young Children: Screening (2016)	-	NIDCD NINDS
7	Celiac Disease: Screening (2017)	-	NIAID
8	Chlamydia and Gonorrhea: Screening (2021)	-	NIAID
13	Gynecological Conditions: Periodic Screening with the Pelvic Exam (2017)	-	NIAID
15	Lead Levels in Childhood: Screening (2019)	-	NIHES
18	Obstructive Sleep Apnea in Adults: Screening (2017)	NHLBI	NHLBI NIDCD

No IAAs or Committees/Task Forces/Groups were reported for the following I statements:

- Bladder Cancer in Adults: Screening (2011)
- Blood Pressure (High) in Children and Adolescents: Screening (2020)
- Breast Cancer: Screening (≥75 Years) (2016)
- Breast Cancer: Screening (Adjunctive Screening) (2016)
- Breast Cancer: Screening (Digital Breast Tomosynthesis [DBT]) (2016)
- Cognitive Impairment in Older Adults: Screening (2020)
- Depression in Children and Adolescents: Screening (2016)
- Gestational Diabetes Mellitus: Screening (2021)
- Glaucoma: Screening (2013)
- Impaired Visual Acuity in Older Adults: Screening (2016)
- Lead Levels in Pregnancy: Screening (2019)
- Lipid Disorders in Children: Screening (2016)
- Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening (2015)
- Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication (2016)
- Thyroid Dysfunction: Screening (2015)
- Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Men (2018)
- Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication - Post-Menopausal Women (2018)
- Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Premenopausal Women (2018)

Table A-6. Fiscal Year 2021 NIH IC Participation in IAAs and Committees/Task Forces/Groups Related to USPSTF I Statements

No.	USPSTF Recommendation (Year released)	IAAs	Committee/Task Force/Working and Interest Group Membership
1	Autism Spectrum Disorder in Young Children: Screening (2016)	-	NICHD NIDCD NINDS
3	Blood Pressure (High) in Children and Adolescents: Screening (2020)	-	NICHD
8	Chlamydia and Gonorrhea: Screening (2021)	-	NIAID NICHD
9	Cognitive Impairment in Older Adults: Screening (2020)	-	NIDCD
10	Depression in Children and Adolescents: Screening (2016)	-	NICHD
11	Gestational Diabetes Mellitus: Screening (2021)	-	NICHD
13	Gynecological Conditions: Periodic Screening with the Pelvic Exam (2017)	-	NCI NIAID NICHD
15	Lead Levels in Childhood: Screening (2019)	-	NICHD NIEHS
16	Lead Levels in Pregnancy: Screening (2019)	-	NICHD
17	Lipid Disorders in Children: Screening (2016)	-	NICHD
18	Obstructive Sleep Apnea in Adults: Screening (2017)	NHLBI	NHLBI NIDCD
19	Speech and Language Delay and Disorders in Children Age 5 and Younger: Screening (2015)	-	NICHD
20	Statin Use for the Primary Prevention of CVD in Adults: Preventive Medication (2016)	-	NHLBI

No IAAs or Committees/Task Forces/Groups were reported for the following I statements:

- Bladder Cancer in Adults: Screening (2011)
- Breast Cancer: Screening (≥75 Years) (2016)
- Breast Cancer: Screening (Adjunctive Screening) (2016)
- Breast Cancer: Screening (Digital Breast Tomosynthesis [DBT]) (2016)
- Celiac Disease: Screening (2017)
- Glaucoma: Screening (2013)
- Impaired Visual Acuity in Older Adults: Screening (2016)
- Thyroid Dysfunction: Screening (2015)
- Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Men (2018)

- Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Preventive Medication - Post-Menopausal Women (2018)
- Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures in Community-Dwelling Adults: Preventive Medication - Premenopausal Women (2018)

Appendix B. Survey Methods

The 2022 survey included the following features:

- Prepopulated questions—pertaining to grants, contracts, intramural research projects, FOAs, and meetings/workshops/conferences—with information submitted in the 2020 survey (previous survey cycle for this slate of I statements), along with a request for IC staff to review and update as appropriate.
- Prepopulated grants and relevant FOAs that were identified by the ODP as potentially relevant to each I statement and funded in budget years 2020 or 2021. IC staff were asked to review and confirm whether or not the grants were relevant.

ODP staff conducted a search of NIH internal databases to prospectively identify a list of potentially relevant grants and FOAs for each I statement included in the survey. Grants were identified through the Query View Report (QVR), de-duplicated from grants identified in earlier surveys, screened for relevance, and then uploaded into the 2022 survey for validation by the primary IC. FOAs were identified based on funding announcements, de-duplicated by removing previously reported FOAs, and also uploaded into the 2022 survey for validation by the primary IC. In 2022, the ODP updated the process for gathering potentially relevant grants and FOAs to use budget date instead of fiscal year data to reduce the survey burden on each IC and streamline grant and FOA responses by capturing a larger portion of each IC's existing portfolio.

The web-based survey platform functions as an interactive system for collecting and storing information and reporting on progress during the survey field period. ODP staff assigned I statements to ICs based on: (1) the relevance of the topic area to each IC's area of research, (2) whether the IC had provided information for a given I statement in the 2020 survey, and (3) whether the ODP had identified one or more grants funded by the IC in fiscal years 2020 and/or 2021 that were potentially relevant to addressing the research gaps pertinent to the I statement. IC representatives also had the option of "selecting in" I statements that had not been preassigned to them if their IC had research activities relevant to them.

During the annual IC liaisons meeting in March 2022, ODP staff provided NIH IC liaisons with survey completion instructions. Slides from the presentation are available upon request by emailing the ODP at prevention@mail.nih.gov.

On April 5, 2022, ODP staff distributed the survey website link by email to NIH USPSTF IC liaisons from 23 ICs, with a request that the survey be completed by May 6, 2022. Given the ongoing extraordinary circumstances of the COVID-19 pandemic, which resulted in the closing of NIH laboratories and offices, and nearly all NIH staff moving to 100 percent telework, an extension was provided to enable all ICs to complete the survey. The last survey responses were received on May 27, 2022.

The ODP and their support contractor compiled the survey responses and reviewed them for completeness and accuracy in June and July 2022.

Appendix C. List of Questions Included in the 2022 ODP Annual I Statement Reporting Survey

Questions for Grants:

- **Previously Reported Grants.** Update the status of each grant your IC reported for this I statement. This table shows the research grant(s) that your IC submitted to this survey in 2020. Please verify that each grant is relevant to this I statement during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021). Update the information about each grant as appropriate. For situations where a grant cycle changes during this report period, update the information below for the previous cycle and add any grant for the next cycle in the Add Active Grants section.
- **Potentially Relevant Grants.** Confirm whether each grant is relevant to this I statement. This table shows research grants for your IC that the ODP identified as potentially relevant to this I statement. Please review and confirm whether each grant (1) was active in 2020 and/or 2021 AND (2) addresses one or more of the research gaps noted for this I statement (see the yellow box at the top of this page). Select “Yes” or “No” in the “Relevant” column as appropriate for BOTH 2020 and 2021. Beginning in 2022, ODP updated the process for gathering potentially relevant grants to use budget date instead of fiscal year data. Our hope is this change will reduce the survey burden on each IC and streamline grant responses by capturing a larger portion of each IC’s existing portfolio. We will continue to monitor survey data to identify possible enhancements aimed at reducing the number of activities that require manual entry in the survey.
- **Add Active Grants.** Does your IC fund/support additional grant(s) that address this I statement or an accompanying research gap, and meet the following criteria:
 - Active in FY 2020 (10/1/2019 – 9/30/2020) or FY 2021 (10/1/2020 – 9/30/2021)
 - Grant activity codes: K, F, R, U, P
 - Application types: 1–5, 8, or 9 (not 6 or 7)
 - Awarded or funded
 - Includes human subjects
 - International studies relevant to the United States population

Questions for Contracts:

- **Previously Reported Contracts.** Update the status of each active contract your IC previously reported for this I statement. This table shows the Active Contract(s) that your IC submitted to this survey in 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021). Update the information about each contract as appropriate.

- **Previously Reported Contracts Under Development.** Update the status of each contract under development that your IC previously reported for this I statement. This table shows the contracts under development that your IC submitted to this survey in 2020. Update the information about each contract under development as appropriate, and be sure to indicate its status in BOTH 2020 and 2021.
- **Add Active Contracts.** Does your IC have any additional active contracts in its portfolio that addresses one or more of the research gaps in this I statement AND were active during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021)?
- **Add Active Contracts Under Development.** Has your IC been developing any contracts (not yet awarded) that will address one or more of the research gaps in this I statement in fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021)?

Questions for FOAs:

- **Previously Reported FOAs.** Update the status of each FOA your IC reported for this I statement. This table shows the FOA(s) that your IC submitted to this survey in 2020. Please verify that each FOA is relevant to this I statement during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021). Update the information about each FOA as appropriate.
- **Previously Reported FOAs Under Development.** Update the status of each draft FOA your IC reported for this I statement. This table shows the draft FOA(s) that your IC submitted to this survey in 2020. Please verify that each draft FOA is relevant to this I statement during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021). Update the information about each draft FOA as appropriate.
- **Potentially Relevant FOAs.** This table shows FOAs for your IC that the ODP identified as potentially relevant to this I statement. Please review and confirm whether each FOA addresses one or more of the research gaps noted for this I statement (see the yellow box at the top of this page). Select “Yes” or “No” in the “Active/Relevant” column as appropriate for BOTH FY 2020 (10/1/2019 – 9/30/2020) and 2021 (10/1/2020 – 9/30/2021). Beginning in 2022, ODP updated the process for gathering potentially relevant FOAs to use budget date instead of fiscal year data. Our hope is this change will reduce the survey burden on each IC and streamline FOA responses by capturing a larger portion of each IC’s existing portfolio. We will continue to monitor survey data to identify possible enhancements aimed at reducing the number of activities that require manual entry in the survey.
- **Add Active FOAs.** Does your IC have any additional active FOAs in its portfolio that address one or more research gaps in this I statement AND were active during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021)?

- **Add New FOAs Under Development.** Does your IC have any additional FOAs in its portfolio that address one or more of the research gaps in this I statement AND were in development during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021)?

Questions for Intramural Research Projects:

- **Previously Reported Intramural Research.** Update the status of each intramural research project your IC reported for this I statement. This table shows the intramural research projects that your IC submitted to this survey in 2020. Please verify that each intramural research project both (1) is relevant to this I statement, AND (2) was active at any point during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021). Update the information about each intramural research project as appropriate.
- **Add an Intramural Research Project.** Does your IC have any additional intramural applied research project (i.e., research in humans, not basic science) in its portfolio that address one or more of the research gaps in this I statement AND that were active during fiscal year(s) 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021)?

Questions for Meetings and Workshops:

- **Previously Reported Future Meetings/Workshops/Conferences.** This table shows responses from the “Future Meetings/Workshops/Conferences” section in the previous survey for this I statement. Please update the information for each meeting/workshop/conference as appropriate.
- **Recent Meetings/Workshops/Conferences.** In the past 2 years, has your IC convened or sponsored any meetings, workshops, conferences, symposia, forums, or other scientific events not listed above that address one or more of the research gaps in this I statement?
- **Future Meetings/Workshops/Conferences.** Is your IC planning any new meetings, workshops, conferences, symposia, forums, or other scientific events (not already listed) that would address one or more of the research gaps in this I statement?

Questions for Collaborations:

- Has your IC engaged in collaborations in fiscal year 2020 (10/1/2019 – 9/30/2020) and/or 2021 (10/1/2020 – 9/30/2021), or are you currently engaged in collaborations?
 - Please identify the collaborations to address this research gap in which your IC was engaged in fiscal year **2020** (10/1/2019 – 9/30/2020).
 - Checkbox to indicate any Interagency Agreement and/or Memorandum of Understanding;
 - Checkbox to indicate any IC representation on a committee, task force, working group, interest group or other scientific group.
 - Please identify the collaborations to address this research gap in which your IC was engaged in fiscal year 2021 (10/1/2020 – 9/30/2021), or are you currently engaged in collaborations?
 - Checkbox to indicate any Interagency Agreement and/or Memorandum of Understanding;
 - Checkbox to indicate any IC representation on a committee, task force, working group, interest group or other scientific group.

Question for Publications:

- The United States Preventive Services Task Force requires new evidence when determining whether an I statement can be updated to a letter grade (i.e., A, B, C, or D) recommendation.
 - Are you aware of any scientific articles or other reports published in the past 2 years with new evidence that directly addresses one or more of the research gaps in this I statement? (New evidence can include systematic reviews, randomized controlled trials, controlled trials without randomization, cohort or case-control analytic studies, time-series analyses, diagnostic accuracy studies assessing a particular screening test, etc. Identification of publications with new evidence is important for the USPSTF to inform its topic prioritization process and to update topics.)
- Publications identified in the survey do not need to reflect research funded by your IC; however, all identified publications should specifically relate to one or more evidence gaps in the given I Statement. The publications you report in this section are very helpful to AHRQ and the USPSTF to ensure they are aware of key recent/newly reported research that could contribute to changing I statements to definitive recommendations.

Questions for Team Members:

- Did other staff from your IC assist you with responses to this I statement? This information will be retrievable in next year's survey to make it easier for you to identify staff members who have previously helped in collecting I statement information.
 - Please list the names of staff who assisted you in responding to this I statement.

Question for Comments:

- Do you have any additional comments or feedback about this I statement that you would like to share with the ODP?