

How Are Cancer Screening Guidelines Developed?

Authoritative panels of subject matter experts meticulously review the available evidence and carefully weigh benefits of cancer screening against any potential harms before recommending at what age a person should start or stop cancer screening, for which cancer type, how frequently, and by which method he or she should be screened. There are minor differences in the process used and the guidelines issued by different organizations, but the overall rigor that is put in place to ensure maximal benefit and minimal harms to public health and safety is similar.

THE USPSTF REVIEW PROCESS FOR DEVELOPING CANCER SCREENING GUIDELINES*

The U.S. Preventive Services Task Force (USPSTF) is convened by U.S. Department of Health and Human Services. During the development of cancer screening guidelines, USPSTF is supported by researchers from the Evidence-based Practice Center (EPC) program, a U.S. Agency for Healthcare Research and Quality initiative. Institutions in the United States and Canada are awarded five-year contracts to serve as EPCs.



Review Topic Nominations

Anyone can nominate a new topic for review at any time. USPSTF reviews, selects, and prioritizes nominated topics based on relevance to and impact on disease prevention, primary care, and public health.



Develop Draft Research Plan

USPSTF and EPC develop a research plan and seek expert input on the prioritized topic. USPSTF posts the draft research plan on its website for public comments.



Review Public Comments and Finalize Research Plan

USPSTF and EPC review public comments and revise research plan as needed. USPSTF posts the final research plan on its website.



Review Evidence and Develop Draft Recommendation

USPSTF assesses EPC-gathered evidence, weighing effectiveness and benefits/harms, and develops a draft recommendation statement, which is posted on the website, along with EPC evidence review, for public comments.



Review Public Comments and Finalize Recommendation

Both the draft recommendation and evidence review are revised and finalized based on public comments and published in peer-reviewed journals and on the USPSTF website.

THE USPSTF GRADING SYSTEM FOR CANCER SCREENING GUIDELINES**

For the finalized guidelines, USPSTF assigns a grade to its recommendations. It is important to note that, based on the available evidence, USPSTF can assign different grades to different subpopulations for screening for the same cancer type. For example, screening for colorectal cancer is a Grade A recommendation for adults ages 50 to 75 and a Grade B recommendation for adults ages 45 to 49. Below are simplified definitions of these grades:

Grade A: Screening recommended because of high certainty that net benefit is substantial.

Grade B: Screening recommended because of high certainty that net benefit is moderate.

Grade C: Selective screening recommended based on professional assessment and patient preferences because of moderate certainty that net benefit is small.

Grade D: Screening not recommended because of moderate to high certainty that screening has no net benefit, or that the harms outweigh the benefits.

I Statement: Insufficient evidence to assess the balance of benefits and harms of screening.

*In addition to developing screening guidelines for cancers, USPSTF issues guidance on a range of public health-related issues, such as cardiovascular disorders. The cancer-specific language usage here is only for the purpose of this report; the review process and grades described are applicable to all guidance issued by USPSTF.

**Definitions included here are based on grade definitions after July 2012. A complete description for each grade, and the definitions for the guidelines issued before July 2012, can be accessed at the USPSTF website.

†Grade of evidence also informs which preventive services, including cancer screening, must be covered without out-of-pocket costs under the Affordable Care Act.