

## From: Screening for Chronic Obstructive Pulmonary Disease: US Preventive Services Task Force Recommendation Statement

JAMA. 2016;315(13):1372-1377. doi:10.1001/jama.2016.2638

What the USPSTF Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</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.
<b>C</b>	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.
<b>D</b>	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.
<b>I statement</b>	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 the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

USPSTF Levels of Certainty Regarding Net Benefit

Level of Certainty	Description
<b>High</b>	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
<b>Moderate</b>	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as the number, size, or quality of individual studies. inconsistency of findings across individual studies. limited generalizability of findings to routine primary care practice. lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
<b>Low</b>	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of the limited number or size of studies. important flaws in study design or methods. inconsistency of findings across individual studies. gaps in the chain of evidence. findings not generalizable to routine primary care practice. lack of information on important health outcomes. More information may allow estimation of effects on health outcomes.
The USPSTF defines certainty as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.	

### US Preventive Services Task Force Grades and Levels of Certainty

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Population	Asymptomatic adults who do not present with respiratory symptoms
Recommendation	Do not screen for chronic obstructive pulmonary disease (COPD). Grade: D

Risk Assessment	Risk factors include history of exposure to cigarette smoke or heating fuels; occupational exposure to toxins, dusts, or industrial chemicals; exposure to environmental pollution, such as wood smoke and traffic pollutants; history of asthma or childhood respiratory tract infections; and $\alpha_1$ -antitrypsin deficiency.
Screening Tests	Primary care screening involves either risk assessment via a formal prescreening questionnaire and, if positive, follow-up with diagnostic spirometry testing or screening spirometry administered without a bronchodilator and, if positive, follow-up with diagnostic spirometry testing.
Treatment and Interventions	Medications used to treat COPD include long-acting $\beta$ -agonists, inhaled corticosteroids, long-acting anticholinergics, and combination therapy with corticosteroids and long-acting $\beta$ -agonists.
Balance of Benefits and Harms	The USPSTF concludes with moderate certainty that screening for COPD in asymptomatic persons has no net benefit.
Other Relevant USPSTF Recommendations	The USPSTF recommends that clinicians ask all adults, including pregnant women, about tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF also recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. These recommendations are available on the USPSTF website ( <a href="http://www.uspreventiveservicestaskforce.org">http://www.uspreventiveservicestaskforce.org</a> ).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org>.



Figure Legend:

Screening for Chronic Obstructive Pulmonary Disease: Clinical Summary