



## How Does the United States Preventive Services Task Force Make a Recommendation?

The United States Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force makes evidence-based recommendations about clinical preventive services such as screenings, counseling services and preventive medications. Recommendations are made based on the strength of the evidence and balance of benefits and harms of a preventive service and range from 'A' ("high certainty that the net benefit is substantial") to 'D' ("moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits") or 'I' ("evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined"). USPSTF updates its recommendations periodically to incorporate the latest evidence.

Here is how the USPSTF developed its most recent recommendation, receiving a 'B' grade, for lung cancer screening for individuals at high risk.

1. *Topic Nomination:* In 2018, the Task Force recognized the need to update its recommendation around lung cancer screening. Lung cancer screening for individuals at high risk first received a 'B' grade in 2013.
2. *Draft and Final Research Plans:* The Task Force and researchers from an Evidence-based Practice Center developed a research plan around lung cancer screening in 2018. The Task Force collected public comment on its draft research plan before finalizing it (read the Lung Association's [comments](#)) and finalized the research plan in August 2018.
3. *Draft Evidence Review and Draft Recommendation Statement:* Researchers gathered, reviewed and analyzed evidence on lung cancer screening from studies published in peer-reviewed scientific journals. In July 2020, weighing benefits and harms, researchers developed a draft recommendation statement based on the evidence review and held a public comment period on the draft recommendation (read the Lung Association's [comments](#)).
4. *Final Evidence Review and Final Recommendation Statement:* The Task Force and its researchers reviewed the public comments on the draft statement. They revised and finalized the evidence reviews and the Task Force finalized the recommendation statement based on both the final evidence review and the public comments. In March 2020, the USPSTF issued the following recommendation statement for lung cancer screening with a 'B' grade:



The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

The Affordable Care Act requires most private health insurance plans as well as Medicaid expansion plans to cover all preventive services that receive an 'A' or 'B' grade from the USPSTF without cost-sharing. These plans must update their coverage policies to match the new guidelines for lung cancer screening for plan years after March 31, 2022, although plans may update their coverage policies more quickly. [Learn more about USPSTF coverage recommendations and insurance coverage.](#)