Supplemental Table a.United States Preventive Services Task Force (USPSTF) Levels of Certainty Regarding Net Benefit

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| **Level of Certainty** | **Description** |

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| High | 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. |
| Moderate | 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. |
| Low | 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. | |

Supplemental Table b*.* United States Preventive Services Task Force (USPSTF) Grades

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| **Grade** | **Definitions** |

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| **A** | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. |
| **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. |
| **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. |
| **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. |
| **I** | 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. |

From: [US Preventive Services Task Force](https://www.ncbi.nlm.nih.gov/pubmed/?term=US%20Preventive%20Services%20Task%20Force%5BCorporate%20Author%5D) Grade Definitions after July 2012. Levels of Certainty Regarding Net Benefit. [https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions](about:blank). Accessed January 5, 2020.