

**Online Supplementary Material**

US Preventive Services Task Force. Screening for phenylketonuria (PKU): US Preventive Services Task Force reaffirmation recommendation statement. *Ann Fam Med*. 2008;6(2):166.

<http://www.annfammed.org/cgi/content/full/6/2/166/DC1>

**Table 1. What the USPSTF Grades Mean and Suggestions for Practice**

Grade	Grade Definitions	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial	Offer/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/provide this service
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small	Offer/provide this service only if there are other considerations in support of the offering/providing the service in an individual patient
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
I statement	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 = US Preventive Services Task Force		

**Table 2. USPSTF Levels of Certainty Regarding Net Benefit**

Level of Certainty*	Description
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	<p>The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by factors such as:</p> <ul style="list-style-type: none"> <li>• The number, size, or quality of individual studies;</li> <li>• Inconsistency of findings across individual studies;</li> <li>• Limited generalizability of findings to routine primary care practice; or</li> <li>• Lack of coherence in the chain of evidence.</li> </ul> <p>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.</p>
Low	<p>The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:</p> <ul style="list-style-type: none"> <li>• The limited number or size of studies;</li> <li>• Important flaws in study design or methods;</li> <li>• Inconsistency of findings across individual studies;</li> <li>• Gaps in the chain of evidence;</li> <li>• Findings not generalizable to routine primary care practice; or</li> <li>• A lack of information on important health outcomes.</li> </ul> <p>More information may allow an estimation of effects on health outcomes.</p>
<p>* The US Preventive Services Task Force 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.</p>	