SHAPE and ASPC Urge USPSTF to Modernize Preventive Care Through Earlier Disease Detection

Joint letter backed by distinguished signatories from various academic centers calls for faster evidence review, earlier detection & clearer research priorities

HOUSTON, TX, UNITED STATES, September 25, 2026 / EINPresswire.com/ -- The Society for Heart Attack Prevention and Eradication (SHAPE), together with the American Society for Preventive Cardiology (ASPC) and a broad multidisciplinary coalition of physicians, scientists, imaging experts, public health leaders and health policy specialists, has issued an open letter to the newly appointed members of the U.S. Preventive Services Task Force (USPSTF). The September 23 letter calls for a timely scientific discussion about how preventive care can keep pace with advances in early disease detection while preserving the Task Force's rigorous evidence standards.

The letter is addressed to Seth J. Corey, MD, MPH, Chair, and the members of the USPSTF. It was copied to Robert F. Kennedy, Jr., Secretary of the U.S. Department of Health and Human Services; Dr. Mehmet Oz, Administrator of the Centers for Medicare & Medicaid Services; and Roger D. Klein, MD, JD, Director of the Agency for Healthcare Research and Quality.

At the center of the letter is a major question for modern prevention: as imaging, biomarkers, artificial intelligence and other technologies make it increasingly possible to identify subclinical disease before symptoms occur, how should preventive recommendations evaluate and incorporate that evidence? SHAPE and ASPC ask the Task Force to consider a framework that can respond to rapidly developing science without weakening the standards used to judge benefits, harms and clinical value.

Five Areas the Letter Asks the USPSTF to Consider

1. More timely incorporation of emerging evidence. The letter asks the Task Force to consider approaches that can identify and evaluate important new evidence more continuously as preventive science evolves.

2. Greater consideration of early disease detection. The coalition emphasizes that modern imaging and biomarkers can reveal subclinical disease before symptoms appear and asks for continued scientific discussion about when detecting disease itself may improve care beyond relying primarily on risk factors.

3. Earlier engagement with specialty experts and scientific organizations. The letter recognizes the USPSTF's existing expert review and public-comment processes and requests deeper scientific exchange with organizations and investigators working at the forefront of rapidly developing areas of prevention.

4. Judicious use of modern evidence sources. Randomized clinical trials remain critically important, the letter states, while large prospective cohorts, registries, real-world evidence, validated modeling and other contemporary methods may provide useful complementary information when direct long-term randomized evidence is not yet available.

5. Greater transparency about evidence gaps and research priorities. When evidence is judged insufficient, the coalition asks the Task Force to define more clearly what evidence is still needed so investigators, funding agencies, professional societies and industry can design studies that directly address those questions.

Read the full letter here:
https://www.shapesociety.org/_files/ugd/dac531_a8ea11adc31d4723b05f23c03b6e1ff2.pdf

Why the Clinical Impact Matters
Cardiovascular disease is presented in the letter as an important example of the shift now taking place across preventive medicine. Traditional prevention often estimates future risk from factors such as age, blood pressure, cholesterol, smoking and diabetes. Newer imaging and biomarker strategies can, in selected settings, provide information about disease that is already present but has not yet produced symptoms.

If the principles outlined in the letter are incorporated into future evidence reviews, the potential clinical impact could extend well beyond any single test or technology. Earlier recognition of clinically meaningful subclinical disease could support more precise risk assessment, better-informed conversations between patients and clinicians, and earlier consideration of appropriate preventive interventions. At the same time, clearer definitions of unresolved evidence gaps could help researchers focus future studies on the outcomes the Task Force needs in order to make strong recommendations.

The coalition also stresses that scientific adaptability and evidentiary rigor are not competing goals. The letter explicitly preserves the central role of randomized trials while asking whether carefully selected complementary evidence can help the Task Force evaluate rapidly evolving areas in which long-term randomized outcome data may take years to mature.

The letter describes this moment as an opportunity to combine the USPSTF's tradition of rigorous evidence assessment with greater speed, scientific adaptability and engagement with advances in early detection and precision prevention.

A Multidisciplinary Coalition

The open letter is signed by David J. Maron, MD, President of the American Society for Preventive Cardiology, and Morteza Naghavi, MD, President of SHAPE, on behalf of the listed signatories. The group brings together expertise in preventive cardiology, cardiovascular imaging, coronary calcium, atherosclerosis and plaque biology, radiology, oncology, lung cancer screening, endocrinology, epidemiology, health economics, artificial intelligence, population health and clinical trials.

The signatories include leaders affiliated with institutions such as Stanford University, Harvard Medical School, Johns Hopkins University, Duke University, the Icahn School of Medicine at Mount Sinai, Cedars-Sinai, Northwestern University, UCLA, the University of California, Irvine, Cornell University, Kaiser Permanente, Houston Methodist, UTHealth Houston and other major academic and clinical organizations. Their participation underscores the breadth of disciplines involved in the discussion about how preventive evidence should evolve as earlier disease detection becomes increasingly feasible.

ASPC, SHAPE and the undersigned physicians, scientists and public health leaders state in the letter that they welcome the opportunity to contribute constructively to the USPSTF's scientific discussion and to share relevant evidence from cardiovascular disease prevention, imaging and early disease detection.

Individuals Named in the Letter

The letter is addressed to Seth J. Corey, MD, MPH, Chair, and members of the U.S. Preventive Services Task Force. Copies were sent to Robert F. Kennedy, Jr.; Dr. Mehmet Oz; and Roger D. Klein, MD, JD.

Organizational signatories: David J. Maron, MD, President, American Society for Preventive Cardiology; and Morteza Naghavi, MD, President, Society for Heart Attack Prevention and Eradication.

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About SHAPE

The Society for Heart Attack Prevention and Eradication (SHAPE) is a nonprofit, volunteer-based organization founded in 2001 by Morteza Naghavi, MD. SHAPE is dedicated to eradicating heart attacks through education, early detection and preventive treatment of individuals at risk. Its vision is a world free from the threat of heart attack and stroke, and its work focuses on advancing prevention strategies, professional and public education, and earlier identification of

individuals with cardiovascular disease before a catastrophic event occurs.
For more information, visit www.shapesociety.org or contact@shapesociety.org.

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