Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

aigo
Associazione Italiana Gastroenterologi & Endoscopisti Digestivi Ospedalieri

Tests, treatments and procedures at risk of inappropriateness in Italy that Physicians and Patients should talk about

Five Recommendations from the Italian Association of Hospital Gastroenterologists and Digestive Endoscopists (AIGO) – First list

1	**Prescribe fecal occult blood test (FOBT) only for screening of colorectal cancer.**
	FOBT is a screening test, intended for asymptomatic individuals who fall within the risk group defined by the national or regional screening program. It is not a diagnostic test and therefore should not be performed in individuals presenting with signs or symptoms suggestive of possible colon disease, such as diarrhea, overt gastrointestinal bleeding, or iron-deficiency anemia. Unfortunately, 26–51% of FOBTs are performed inappropriately, leading to an increase in unnecessary colonoscopies and a higher risk of endoscopic complications.
2	**Do not perform surveillance colonoscopy for colon polyps after a valid exam with intervals that vary from those indicated by the responsible gastroenterologist after histologic evaluation of the polyp.**
	The timing of surveillance colonoscopies is determined by the findings of the initial endoscopic examination and is guided by evidence-based guidelines that assess the relative risk of developing new adenomas or carcinomas. The most appropriate interval should be specified by the gastroenterologist responsible for the procedure, taking into account family history, any previous findings, the quality of the colonoscopy and the histology of the polyp.
3	**Do not repeat esophagogastroduodenoscopy (EGD) in patients diagnosed with gastroesophageal reflux disease (GERD), unless the examination is part of the follow-up of precancerous epithelial conditions (Barrett's esophagus) or in the event of new alarm symptoms.**
	Endoscopy in gastroesophageal reflux disease (GERD) should be reserved for patients who do not respond to an 8-week course of empirical therapy with proton pump inhibitors, for patients with extraesophageal symptoms that do not respond to therapy, for those presenting with alarm symptoms such as dysphagia, weight loss, or gastrointestinal bleeding, or for patients with multiple risk factors for Barrett's esophagus. Follow-up is also indicated in patients after treatment for severe esophagitis (Los Angeles grades C and D). In these patients, EGD is indicated because inflammation may mask the presence of underlying Barrett's esophagus.
4	**Do not prescribe abdominal ultrasound (or other imaging) follow-up for patients with asymptomatic hepatic hemangiomas smaller than 10 cm and without history of chronic liver disease.**
	Hepatic hemangiomas are the most common non-cystic benign liver lesions, with a prevalence of up to 20% in the general population, and sizes ranging from a few millimeters to more than 20 cm. They result from an abnormality in angiogenesis and have no malignant potential. In asymptomatic patients without a history of chronic liver disease and with hemangiomas smaller than 10 cm, imaging follow-up is not indicated. Follow-up should be reserved for symptomatic patients or for those with hemangiomas larger than 10 cm, due to the potential for related complications. In the latter case, for hemangiomas measuring between 10 and 15 cm, follow-up should be performed with ultrasound because of its low cost and ease of repetition without risk to the patient. For hemangiomas larger than 15 cm, given the difficulty in accurately assessing size changes with ultrasound, magnetic resonance imaging (MRI) is recommended.
5	**Do not prescribe proton pump inhibitors (PPIs) during steroid therapy or for long periods in patients who exhibit dyspeptic symptoms.**
	There is no evidence supporting the routine use of proton pump inhibitors (PPIs) in patients diagnosed with functional dyspepsia or as prophylaxis against iatrogenic injury during treatment with corticosteroids. The main risk associated with discontinuing PPIs in patients undergoing treatment for acid-related disorders is the recurrence of symptoms. Therefore, the therapeutic goal should be the control of residual symptoms and the improvement of the patient's quality of life.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

Released: 1 March 2017 – Last updated: 1 October 2024

How this list was created

In 2017, AIGO issued its first clinical best practice recommendations in the field of gastroenterology for Choosing Wisely Italy, based on a survey among its members and the work of the Young Committee in collaboration with the Committee for the Quality of Medical Professional Services. Following the CW program guidelines, it was decided to conduct a review and to update the five recommendations after reassessing literature and the most recent scientific studies.

Sources

1	1. Gluskin AB, Dueker JM, Khalid A. High Rate of Inappropriate Fecal Immunochemical Testing at a Large Veterans Affairs Health Care System. Fed Pract 2021;38:270-275. doi: 10.12788/fp.0142. 2. Soin S, Akanbi O, Ahmed A, et al. Use and abuse of fecal occult blood tests: a community hospital experience. BMC Gastroenterol 2019;19:161. doi: 10.1186/s12876-019-1079-9. 3. Lee MW, Pourmorady JS, Laine L. Use of Fecal Occult Blood Testing as a Diagnostic Tool for Clinical Indications: A Systematic Review and Meta-Analysis. Am J Gastroenterol 2020;115:662-670. doi: 10.14309/ajg.0000000000000495.
2	1. Hassan C, Antonelli G, Dumonceau JM, et al. Post-polypectomy colonoscopy surveillance: European Society of Gastrointestinal Endoscopy (ESGE) Guideline - Update 2020. Endoscopy 2020;52:687-700. doi: 10.1055/a-1185-3109. 2. Gupta S, Lieberman D, Anderson JC, et al. Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. Gastrointest Endosc 2020;91:463-485.e5. doi: 10.1016/j.gie.2020.01.014. 3. Rutter MD, East J, Rees CJ, et al. British Society of Gastroenterology/Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer resection surveillance guidelines. Gut 2020;69:201-223. doi: 10.1136/gutjnl-2019-319858.
3	1. Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol 2022;117:27-56. doi: 10.14309/ajg.0000000000001538. 2. Wauters L, Dickman R, Drug V, et al. United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on functional dyspepsia. United European Gastroenterol J 2021;9:307-331. doi: 10.1002/ueg2.12061. 3. Rodríguez-de-Santiago E, Frazzoni L, Fuccio L, et al. Digestive findings do not require endoscopic surveillance – Reducing the burden of care: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement. Endoscopy 2020;52:491-497. doi: 10.1055/a-1137-4721. 4. Frazzoni L, Fuccio L, Zagari RM. Management of gastro-esophageal reflux disease: Practice-oriented answers to clinical questions. World J Gastroenterol 2023;29:773-779. doi: 10.3748/wjg.v29.i5.773.
4	1. European Association for the Study of the Liver (EASL). EASL Clinical Practice Guidelines on the management of benign liver tumours. J Hepatol 2016;65:386-98. doi: 10.1016/j.jhep.2016.04.001. 2. Klotz T, Montoriol PF, Da Ines D, et al. Hepatic haemangioma: Common and uncommon imaging features. Diagn Interv Imaging 2013; 94:849–859. doi: 10.1016/j.diii.2013.04.008. 3. Pompili M, Ardito F, Brunetti E, et al. Benign liver lesions 2022: Guideline for clinical practice of Associazione Italiana Studio del Fegato (AISF), SIRM, SIC, SIUMB, AICEP, SITO, SIAPEC-IAP - Part II – Solid lesions. Dig Liv Dis 2022;54:1614-1622. doi: 10.1016/j.dld.2022.08.031.
5	1. Farrell B, Lass E, Moayyedi P, et al. Reduce unnecessary use of proton pump inhibitors. BMJ 2022;379:e06921.doi: 10.1136/bmj-2021-069211. 2. Ford AC, Mahadeva S, Carbone MF, et al. Functional dyspepsia. Lancet 2020;396:1689-1702. doi: 10.1016/S0140-6736(20)30469-4. 3. Strand DS, Kim D, Peura DA. 25 Years of Proton Pump Inhibitors: A Comprehensive Review. Gut Liver 2017;11:27-37. doi: 10.5009/gnl15502.

Slow Medicine ETS, an Italian Third Sector organization of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig.
www.choosingwiselyitaly.org
www.slowmedicine.it

AIGO (Italian Association of Hospital Gastroenterologists and Digestive Endoscopists) was established in Rome in 1969; it was established in response to the high incidence, prevalence, and social impact of diseases on the digestive system; its goal is the continued development of Gastroenterology and Digestive Endoscopy; it proposes and supports both a network of hospitals and territory capable of providing answers regarding appropriateness and adequate distribution of resources. It is articulated in regional sections, committees and study groups. Its goal is to develop understanding of the pathologies and preventative techniques, as well as to promote progress in the field of prevention, curing and rehabilitation of gastrointestinal diseases. It strives to further education and empowerment for science, technology, and organization of Gastroenterology, also in collaboration with regulatory authorities. www.webaigo.it