Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

Associazione Italiana Radioterapia e Oncologia clinica

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

Five Recommendations from the Italian Association of Radiation Oncology (AIRO)

1	**Don't define a treatment program that includes radiation therapy without the involvement of the radiation oncologist from the beginning (that is, immediately after diagnosis of the disease) in the definition of the program.**
	The modern oncology employes surgery, radiotherapy and sistemic therapies (hormon therapies, chemotherapies, target therapies, immunotherapies, and so on). The radiation oncologist is a specialist in the use of radiation therapy, alone or in combination with sistemic therapies, and he is the only person authorized to prescribe radiation therapy. Most treatment programs today involves the use of multiple therapeutic modalities, variously integrated with each other, and radiation therapy is used to treat 70% of tumors. It follows that the lack of involvement of radiation oncologist from the very beginning (that is, immediately after the diagnosis of the disease) in the definition of the therapeutic program, may result in errors in the indication of radiotherapy, in the evaluation of possible side effects and/or in the choice of treatments' sequence. Many of these errors can't be compensated at a later time.
2	**Don't recommend the use of technical or "special" radiotherapy equipment without a motivated reason of the radiation oncologist.**
	The high technological level reached by the radiation therapy is beneficial for cancer patients, because it gives rise, in selected clinical situations, very positive results and guarantees the security of each technical method, provided that used according to correct indications. This benefit is available today for the vast majority of equipment for radiotherapy; all equipment, even those designed to simpler treatments, are subject to quality controls which guarantee security; the use of equipment and techniques more complex and expensive, available in a limited number of centers, is indicated in particular cases, that only the radiation oncologist's competence is able to define.
3	**Don't use, to the extent possible, prolonged radiation therapy treatments when the purpose of radiation therapy is symptomatic and palliative in people with reduced life expectancy.**
	Numerous clinical studies have documented that, in patients with reduced life expectancy, prolonged chemo-and radiotherapy-based treatments are ineffective in terms of increased survival. Radiation therapy has conversely a key role in the management of complications related to the spread of disease in patients with a short life expectancy (eg. pain, bleeding, spinal cord compression, etc ..) because it is characterized by high response rates with consequent improvement quality of life even in patients with advanced disease. However, prolonged treatments performed in these clinical situations reduce the life time available outside of medical services (since it involves a prolongation of hospitalization or access to the radiotherapy department), creating discomfort to the patient and the family, while similar results can be obtained with shorter treatments and consequently should be avoided as much as possible.
4	**Don't perform radiation therapy treatment for degenerative joint disease (benign), especially under the age of 60.**
	The use of radiation therapy in the treatment of well-selected benign diseases is widely documented in the literature. The indications are limited to cases with serious functional problems or even threat to life itself. However, the published data do not justify the radiation treatment of degenerative joint diseases, especially below 60 years of age, because of the risks associated with this practice.
5	**Don't perform PET, CT, and radionuclide bone scans in the staging of prostate cancer at low risk for metastasis in patients undergoing radical radiation therapy, except in a clinical research setting.**
	Perform proper staging in patients with any form of neoplastic disease is absolutely necessary. However, CT, PET and bone scans are often used also in the initial staging of prostate cancer, in which the risk of metastases is minimal; evidence of literature do not support the use of these methods in patients at low risk of distant metastases (stage T1c / T2a; prostate specific antigen - PSA - less than 10 ng / ml and Gleason score less than or equal to 6) . The use of such diagnostic methods inappropriately, can result in unjustified costs and unnecessary exposure to radiation, and delay the start of radiotherapy.

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.

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How this list was created

After the request by the SLOW MEDICINE to the AIRO President, the methodology applied to identify the five practices at risk of inappropriateness was the creation of a special committee within the Board of Directors. A document has been proposed by this Commission to the entire Board and after group discussion and amendments, the final document has been validated.

Sources

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2	1. L'appropriatezza in Radioterapia Oncologica: indicazioni e considerazioni dell'Associazione Italiana di Radioterapia Oncologica (AIRO) http://www.radioterapiaitalia.it/index.php?L=&ID=703&CERCA=appropriatezza#703 2. Seung SK, Larson DA, Galvin JM, eta l. American College of Radiology (ACR) and American Society for Radiation Oncology (ASTRO) Practice Guideline for the Performance of Stereotactic Radiosurgery (SRS). Am J Clin Oncol. 2013 Jun; 36(3): 310-5.
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4	1. Radiation Therapy of Benign Diseases: A Clinical Guide - Stanley Elias Order, Sarah S. Donaldson - 2003 , Springer.
5	1. Makarov DV, Desai RA, Yu JB, et al. The population level prevalence and correlates of appropriate and inappropriate imaging to stage incident prostate cancer in the medicare population. J Urol. 2012 Jan; 187(1): 97-102. 2. National Comprehensive Cancer Network: NCCN clinical practice guidelines in oncology (NCCN Guidelines)- Prostate Cancer Version 4.2013. 3. Thompson I, Thrasher JB, Aus G, et AUA Prostate Cancer Clinical Guideline Update Panel. Guideline for the management of clinically localized prostate cancer: 2007 update. J Urol. 2007 Jun; 177(6): 2106-31.

Slow Medicine, an Italian movement 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, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The **Italian Association of Radiation Oncology (AIRO)** has as main purpose to contribute to the progress and development of the Radiotherapy and Clinical Oncology in Italy. It promotes scientific research and teaching in the oncology disciplines and supports cultural and scientific upgrading of the members. The Socienty develops guidelines, trials and scientific research in collaboration with regional agencies, scientific societies and other organizations or institutions. It enhances the professionalism of the radiation oncologist and promotes rational qualitative and quantitative increase of Radiation Oncology Centers. It promotes collaboration with the Ministry of Health, Regions, Health Authorities and other organizations or institutions for the purpose of better development of Radiation Oncology.
www.radioterapiaitalia.it