Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

CIPOMO

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the Italian Board of Medical Oncology Directors - CIPOMO Green Oncology

1	**Don't prescribe antibiotics to prevent infectious complications from neutropenia in cancer patients treated with standard dose chemotherapy.**
	The most frequent complication of chemotherapy is myelotoxicity with particular reference to the neutropenia. Neutropenia. is a serious cause of impairment of the immune system with the risk of infection, sepsis and septicemia. Normally the relevant pathogens are bacterial type, although you can not rule out viral or fungal infections. For many years it was considered indicated for prophylactic treatment with broad-spectrum antibiotics, such as quinolones. Today we know that there is no scientific evidence of the utility of this practice. Antibiotic therapy is indicated only in febrile neutropenia (in immunocompromised patient is very serious event, often lethal) and in clinical infection without fever. In these cases is indicated to select antibiotic therapy only on the basis of an antibiogram. In case of clinical emergency selection of the antibiotic can be performed on the basis of clinical criteria waiting the antibiotic result. It is known that antibiotic therapy can stimulate allergic or anafilactic reactions and produce bacterial resistance, especially when used at a dose lower than recommended.
2	**Don't routinely prescribe serum cancer markers during the diagnostic or staging procedures in cancer care.**
	The serum tumor markers are often required in an appropriate way as they need a simple blood sample. Given the high cost of each prescription tests and the high number of required tests it represents a considerable employment of resources; in addition it represents a source of anxiety for the patient in the case of a false positive result. Their inappropriate use in asymptomatic patients , in the presence of a test higher than normal, often require further diagnostic tests and medical and surgical inappropriate treatments. In diagnostic setting these markers can be considered only in well-defined types of malignancies, not particularly frequent (hepatocellular carcinoma, testicular tumors, pancreatic cancer). Tumour markers may be indicated only as therapy monitoring and follow-up of patients with ascertained diagnosis of neoplasia, only in the cases that are established by specific guidelines.
3	**Don't routinely use cancer-directed therapy for solid tumor patients with low performance status (3 or 4) or progressive after 2-3 therapeutic lines, but prioritize palliative care.**
	The anticancer treatments in general are likely to be ineffective in patients with solid tumors with the following characteristics: low performance status (3-4), no response to previous evidence-based therapies, not eligibility for a clinical trial, the absence of evidence of effectiveness of further treatment. Only exceptions are patients in which the functional limitations are due to non neoplastic pathological conditions resulting in a low PS or patients with disease characteristics (for example, genetic mutations) that suggest a high probability of response to therapy. The choice of avoid anticancer therapies must be sustained by appropriate palliative and supportive therapy (simultaneous care).
4	**Don't perform laboratory tests (including biochemical profile), imaging (chest x-rays, liver and pelvic ultrasound, PET, CT and radionuclide bone scans) or serum cancer markers for asymptomatic patients after surgery for breast cancer, in the absence of clinical signs.**
	Physical examination (medical examination) should be performed every 3-6 months for the first three years, every 6-12 months for the fourth and fifth year, and annually thereafter. In women undergoing breast-conserving surgery should be performed a bilateral mammography after treatment, one year after the initial one, and at least 6 months after completion of radiotherapy. Subsequently, unless otherwise indicated, a bilateral mammogram should be done every year.
5	**Don't prescribe neither chemotherapy nor radiotherapy in the treatment of ductal carcinoma in situ of the breast.**
	The widespread screening for early detection of breast cancer has led to the frequent identification of early forms of cancer, especially carcinoma in situ: lobular carcinoma in situ and, more frequently, ductal carcinoma in situ (DCIS). Since these types of cancer may evolve towards infiltrating forms, the local and the systemic treatment are performed to prevent the invasive cancer or the cancer in the contralateral breast.. DCIS can be treated with conservative surgery or with simple mastectomy. There is no scientific evidence in support of chemotherapy or radiotherapy in the treatment of DCIS, although this therapeutic approach was fairly common until recent years. Conversely, randomized phase III trials support the use of tamoxifen after local surgical treatment.

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

CIPOMO (Italian Board of Medical Oncology Hospital Directors) established, in 2011, the working group Green Oncology, committed to a new oncology paradigm that takes into account, for the same results, the economic and environmental sustainability. In 2012 he drafted and presented The Green Position Paper of Oncology CIPOMO (see website CIPOMO www.cipomo.it). The working group consists of 14 medical oncologists, a general practitioner and a nurse.

As part of the campaign "Choosing Wisely" and in collaboration with Slow Medicine, 13 procedures were identified with the criteria "Doing more does not mean do better", for risk of inappropriateness, in the practice of medical oncology. Among these, considering the opinion of "Slow Medicine", the five most consistent procedures have been identified with respect to: "Do not perform", "Do not take", "Do not require."

In 2013, the National Congress of Roma of CIPOMO, were presented the 10 Behaviors of CIPOMO, representing real recommendations to medical oncologists: among them include 2 of 5 points submitted for the project "Doing more does not mean doing better "(www.cipomo.it). In the summer of 2013, the 13 points were approved by the "White Heron" patient organization (chairman Aldo Sardoni). The association approved the 13 procedures advancing suggestions and criticisms. The documentation is available to anyone interested. Currently the Green Oncology Group is engaged in the project "Good Practices", with the aim to disseminate and promote good clinical practices already carried out under the spirit of Green Oncology.

Sources

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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

CIPOMO is the Italian Board of Medical Oncology Hospital Directors with the aim to protect the development of care and clinical research in medical oncology. All members are Directors of Medical Oncology of Hospital Department in Italy.

Green Oncology is a working group of CIPOMO to perform the new paradigm of medical oncology in the name of economic and environmental sustainability. This view is based on responsibility ethical and biopsycosocial medical model.

www.cipomo.it