Tests, treatments and procedures at risk of inappropriateness in Italy

that Health Professionals and Patients should talk about.

Five Recommendations from the Italian Society of Clinical Pharmacy and Therapy (SIFACT)

1	**Don't use costly drugs when low-cost generics with the same composition are available and try to convey a correct information to citizens on this point.**
	Generic drugs have the same composition as branded drugs and possess similar effectiveness, but their cost is 30 to 70% lower. In Italy, the increased use of generics from 2010 al 2014 (+55% as DDD/1000 inhabitants/day) has determined a saving in the pharmaceutical expenditure of our NHS of about 2 billion Euros, that has allowed us to increase the overall access to reimbursed medicines. For example, for every percentage point of increased use of generic angiotensin receptor blockers, the pharmaceutical expenditure of our NHS would be reduced by 6 million Euros per year.
2	**Don't propose any type of palliative chemotherapy in the end-of-life setting.**
	The results of numerous prospective clinical studies indicate that chemotherapy administered to patients with metastatic cancer in their last 30 days of life is ineffective and leads, particularly in the last week of life, to an increased utilization of intensive care (e.g. cardiopulmonary resuscitation or mechanical ventilation). Although this chemotherapy in the end-of-life setting worsens quality of life, it is currently practiced in 20-50% of patients with metastatic cancer.
3	**Don't prescribe MF-59 adjuvated influenza vaccine in elderly people.**
	The population at increased risk for developing influenza is represented by subjects aged ≥65 years or suffering from co-morbidities. However, defining the "place in therapy" of the different types of influenza vaccine is difficult because comparative studies based on clinically relevant end-points (reduced hospitalization rates, deaths) are lacking and are generally characterised by a poor methodological quality. These limitations apply in particular to the MF-59 adjuvated type of vaccine. In conclusion, the adjuvated vaccine has no advantages while its price is considerable higher than that of the non-adjuvated vaccine.
4	**Don't prefer bioresorbable coronary stents over traditional drug-eluting stents.**
	The recent development of bioresorbable coronary stents (Bioresorbable Vascular Scaffolds, BVS) represent a promising therapeutic option as compared with traditional drug-eluting stents (DES). However, based on the most recent evidence currently available, BVS (the cost of which is approximately double compared with DES) have not confirmed the initial expectations of incremental benefit and therefore do not seem to offer any therapeutic advantage. In particular, comparative studies contrasting BVS with DES have shown the non-inferiority of BVS, which was however vitiated by too wide non-inferiority margins. Some data focused on the end-point of stent thrombosis have shown that BVS could be significantly worse than DES.
5	**Don't use bevacizumab for its various oncologic indications.**
	Based on the most recent literature assessing the effectiveness of bevacizumab, the benefit expected from this agent for its various oncologic indications is in the order of a few weeks of survival gained. Since the cost of bevacizumab is high and its incremental benefit is small, the use of this agent for its oncologic indications should be discouraged with the exception of uterine cervix cancer. This recommendation is in line with the decisions made in the UK according to the suggestions released by NICE and Cancer Drug Fund.

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

The 5 recommendations of SIFACT were discussed and identified through a dedicated website in which the proposals of recommendation were uploaded and comments by participants were collected. The development of these recommendations has involved a group of 20 pharmacists, who proposed more than 25 topics that were thought to be potentially suitable for this initiative.
Ten of these recommendations were identified within a project of disinvestment completed in November 2015 (Messori A, Trippoli S, Fadda V, Maratea D. Producing evidence in support of disinvestment: the experience of the Tuscany region in Italy. Eur J Intern Med. 2015 Nov 9. pii: S0953-6205(15)00350-7. doi: 10.1016/j.ejim.2015.10.021, url http://www.osservatorioinnovazione.net/papers/ejim2015.pdf), but this material was thought to be too oriented towards economic purposes so that these topics were excluded from the final 5 recommendations.
Among the remaining 15 recommendations, 5 were finally selected and represented those submitted by SIFACT to Slow Medicine. Overall, a total of 8 pharmacists contributed to write these 5 recommendations. The evidence on which these 5 recommendations were based was the following: at least one meta-analysis of randomized trials (recommendations 1, 4 and 5), at least two randomised trials (recommendation 3), one prospective cohort study (recommendation 2).
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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

SIFACT (Società Italiana di Farmacia Clinica e Terapia. Italian Society of Clinical Pharmacy and Therapeutics) was founded in 2012 and since then is active at national level as a reference institution for the pharmacists of the NHS who work in the area of clinical pharmacy.
The pharmacists of the NHS are professionals who have graduated in pharmacy and have completed a 4-year specialization course of Hospital Pharmacy. In the framework of clinical pharmacy, the perspective of clinical pharmacists is not represented by medicines, but by patients. Hence, the priorities of clinical pharmacists are not oriented towards the handling of medicines, but are specifically focused on the therapy of patients. Typically, this type of work is carried out in a multidisciplinary team that includes physicians, nurses, epidemiologists, and all other professionals working in the hospital.
The aim of SIFACT is to pursue the optimisation of health care and to promote the constitutional right of citizens to public healthcare. Since its foundation, SIFACT recognises the principles of honesty, transparency, independence, passion, and courage. www.sifact.it