Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from SIPMeL
Italian Society of Clinical Pathology and Laboratory Medicine

1	**Don't routinely request creatin kinase-MB (CK-MB), total creatin kinase (CK), aspartato transaminase (AST), lactic-dehydrogenase (LDH) e myoglobin diagnosing Acute Coronary Syndromes (ACS).**
	The cardio-specific troponins (cTn) are considered the markers of choice for the diagnosis of Myocardial Infarction (MI) and Acute Coronary Syndromes (ACS) on the basis of their specificity, sensitivity (both analytical and clinical) and negative predictive value (NPV), and other markers are considered not necessary. Diagnosing ACS depends on the integration of clinical presentation, ECG and biomarkers.
2	**Don't perform the determination of urine glucose for the monitoring of diabetes mellitus.**
	Urinary glucose measurement lacks the requested diagnostic sensitivity. The test of choice for monitoring diabetic patients is glycated hemoglobin (HbA1c).
3	**Don't routinely request preoperative laboratory tests in low-risk patients (for minor surgery and for intermediate surgery in ASA 1, ASA 2 patients).**
	Hematological and biochemical preoperative tests don't add significant elements to the clinical risk evaluation for minor or intermediate surgery in low-risk patient.
4	**Don't request serum protein electrophoresis nor search urinary Bence-Jones protein as laboratory test before contrast media administration.**
	The only real drawback for the administration of contrast media is renal insufficiency. It can be diagnosed measuring serum Creatinine (increased) and calculating the glomerular filtration rate (eGFR).
5	**Don't request the determination of serum biomarkers like CEA, CA-125, HE4, CA-15.3, α-fetoprotein or CA-19.9 for the diagnosis of neoplastic disease in asymptomatic patients.**
	The diagnostic sensitivity and specificity of these biomarkers are not sufficient to allow their use (diagnosis, screening, case-finding) in a population with a low prevalence of neoplastic diseases. Their use is recommended for the monitoring of the neoplasms that express the specific biomarker (Colon – rectal: CEA; Ovarian: CA-125 and / or HE4; Breast cancer: CA-15.3; Hepatocarcinoma: α-fetoprotein; Pancreatic: CA-19.9).

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

In 2015 at the 1st SIPMeL National Congress, a working group developed a proposal for a list of the five procedures with the highest risk of inappropriateness. The list was discussed and approved. In the following months additional comments and proposals were gathered; no procedure reached greater consensus than the five originally listed. The National Council approved them. In 2023, the EBLM Working Group (WG) of SIPMeL was tasked to evaluate whether the first 5 SIPMeL recommendations of 2017 were still valid and, if they were, to update the bibliography. The WG proceeded with the update; the updated list was approved by the National President on June 15, 2023 and was sent to Choosing Wisely for evaluation.

Sources

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5	1. Sturgeon CM, Diamandis EP. Use of tumor markers in clinical practice: quality requirements. Disponibile alla pagina: https://academic.oup.com/clinchem/article/54/8/e1/5628779?login=false [citato 26 aprile 2023]. 2. Gion M, Trevisiol C, Fabricio AS. Appropriateness of tumor marker request: a case of study. Ann Transl Med 2017;5:274. doi: 10.21037/atm.2017.0. 3. Gion M, Treisiol C, Rainato G.et al. Marcatori circolanti in oncologia Guida all'uso clinico appropriato. Quaderni di Monitor 2016. Disponibile alla pagina: https://www.agenas.gov.it/images/agenas/monitor/quaderno/pdf/16_Quaderno_Marcatori_tumorali.pdf [citato 26 aprile 2023].

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, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig.

www.choosingwiselyitaly.org; www.slowmedicine.it

The Italian Society of Clinical Pathology and Laboratory Medicine (SIPMeL) is a national medical/scientific association of professionals working in clinical laboratories. Founded in 1986 under the name SIMeL (Italian Society of Laboratory Medicine), the society has about 1,000 members. As of Oct. 29, 2014, SIMeL changed its name to SIPMeL The structure of the society is federal in nature, and includes three professional components: physicians, graduate scientific specialists (DSLBs) and biomedical laboratory technicians (STLBs). It is the responsibility of the Society to develop and disseminate the professional operating standards on which laboratory "good practice" depends. Training activities recognize educational credits to participants, in accordance with the Continuing Medical Education Program of the Ministry of Health. Scientific research and training activities are promoted and maintained by 22 study groups. https://www.sipmel.it/it/