

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	<p>Don't ask for creatin kinase-MB (CK-MB), total creatin kinase (CK), aspartato transaminase (AST), lactic-dehydrogenase (LDH) e myoglobin diagnosing Acute Coronary Syndromes (ACS).</p> <p>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.</p>
2	<p>Don't perform the determination of urine glucose for the monitoring of diabetes mellitus.</p> <p>Urinary glucose measurement lacks the requested diagnostic sensitivity. The test of choice for monitoring diabetic patients is glycated hemoglobin (HbA1c), because it is a sensitive and specific measure and the expression of the average glycaemia over a long period of time.</p>
3	<p>Don't ask routine preoperative laboratory tests in low risk patients ASA (American Society of Anesthesiology) class I (a normal healthy patient) or II (a patient with mild systemic disease) for minor or intermediated surgery (NICE – National Institute for Health and Care Excellence- UK)</p> <p>Hematological and biochemical preoperative tests don't add significant elements to the clinical risk evaluation for minor or intermediate surgery in low risk patient.</p>
4	<p>Don't perform serum protein electrophoresis nor search of urinary Bence-Jones protein as laboratory test before contrast media administration.</p> <p>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). The radiological requests should adequate to this statement.</p>
5	<p>Don't ask for 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.</p> <p>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; Brest cancer: CA-15.3; Hepatocarcinoma: α-fetoprotein; Pancreatic: CA-19.9).</p>

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.

How this list was created

In 2015 at the 1° SIPMeL National Meeting, a working group proposed a tentative top five list of tests with a high risk of inappropriateness. The list was discussed and approved in the specific “Slow Medicine” Session. For some following months other comments and indications were accepted on the Society website; none of other suggestions had better consensus than the first five. In 2016 the National Council approved them.

Sources

1	<ol style="list-style-type: none"> 1. Roffi M, Patrono C, Collet JP et al. 2015 ESC guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. Eur Heart J 2015 DOI 10.1093/eurheartj/ehv320. 2. Cappelletti P, Morandini M, Moretti M et al. Raccomandazioni del Gruppo di Studio sui marcatori miocardici (GdS MM) di SIPMeL per l'implementazione di Point-of-care testing (POCT) per la determinazione della troponina (cTn). Riv Ital Med Lab 2016 DOI 10.1007/s13631-015-0105-3.
2	<ol style="list-style-type: none"> 1. Standard italiani per la cura del diabete mellito 2016 www.standarditaliani.it 2. Carta M. raccomandazioni per l'autocontrollo della glicemia nel paziente mellito. Sinossi. Riv Ital Med Lab 2014;10:122-4.
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4	<ol style="list-style-type: none"> 1. European Society of Urogenital Radiology (ESUR). Guidelines on Contrast Media. www.esur.org/guidelines/it 2. Brusca I, Ruggeri M, Cinquanta L et al. La nefropatia da mezzi di contrasto: i fattori di rischio e l'anomalia italiana. Riv Ital Med Lab 2011;7:36-41.
5	<ol style="list-style-type: none"> 1. Sturgeon CM, Diamandis E Eds. LMPG. Use of Tumor Markers of Testicular, Prostate, Colorectal, Breast, and Ovarian Cancer. NACB 2009 https://www.aacc.org/~media/practice-guidelines/major-tumor-markers/tumormarkersmajor10.pdf?la=en 2. Esposito E, Dorizzi RM. La risposta dei marcatori tumorali (indicatori di neoplasia). RIMeL/IJLaM 2005;1(suppl):82-7.

<p>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</p>	<p>The Italian Society of Clinical Pathology and Laboratory Medicine (SIPMeL) is a national medical/scientific association of professionals working in clinical laboratories. The SIPMeL was established in 2014 after the re-union of SIMeL (Italian Society of Laboratory Medicine), founded in 1986, and AIPaCMeM (Italian Association of Clinical Pathology and Molecular Medicine). The structure of society with 2000 members is federal and includes three professional components: medical doctors, graduates in scientific disciplines (DSLb) and biomedical laboratory technicians (STLB). The aim of the society is to develop and disseminate the professional standards on which the laboratory "good practice" is based. The participants to the education activities of the society receive training credits in accordance with the Ministry of Health's Continuing Medical Education Program. The scientific research and training activities are promoted and maintained by 22 study groups. www.sipmel.it/it/</p>
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