

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

EMD Study Group Endocrinology and Metabolism Diseases

1	<p>Do not screen asymptomatic subjects. Do not request an extended panel of thyroid function tests in suspected thyroid function impairment; limit to TSH or TSH Reflex in all cases where it is not contraindicated. Do not require FT3 determination for monitoring levothyroxine therapy in patients with hypothyroidism.</p> <p>There is currently insufficient evidence to assess the benefit-harm ratio of screening for thyroid dysfunction in asymptomatic adults. Extensive panels of thyroid function tests used in hospital and, in particular, outpatient settings have been found to be less effective and efficient than specific requests such as TSH or TSH Reflex. However, these two tests do not allow evaluation of patients such as those with central hypothyroidism, in situations of unstable thyroid function, such as sick euthyroid syndrome and in the early phase of levothyroxine treatment. The few guidelines dealing with FT3 determination in levothyroxine therapy recommend that it should not be performed.</p>
2	<p>Do not require anti-Thyroperoxidase (AbTPO) and anti-Thyroglobulin (AbTg) antibodies together in suspected autoimmune thyroiditis, only AbTPO.</p> <p>Prevailing clinical and laboratory literature and authoritative guidelines state that AbTg are less useful than AbTPO and are rarely present without AbTPO. The presence of AbTPO associated or not with AbTg confirms the diagnosis of Auto-Immune Thyroiditis (AHI) but repeat determinations has no prognostic value once the diagnosis is reached. AbTg may be required in the presence of a clinic highly suggestive of AHI and absence of AbTPO. According to NICE and the British Thyroid Foundation, when the General Practitioner refers the patient to the paediatrician, AbTPO may be measured again in cases where the cause of the thyroid dysfunction has not been established. In geographical areas with high iodine intake such as Japan, the increase in AbTg is more frequent than that of AbTPO in the general population and in AHI.</p>
3	<p>Do not measure serum cortisol and plasma corticotropin (ACTH) at random times during the day as first-line tests in suspected Cushing's syndrome.</p> <p>For screening of Cushing's syndrome it is recommended to use one of the following three tests: urinary cortisol (at least two 24-hour collections), nocturnal salivary cortisol (two samples on two different days), serum cortisol after overnight dexamethasone 1 mg suppression test (oDST). This approach is strongly supported by authoritative scientific societies and is aligned with up-to-date and Evidence-Based literature.</p>
4	<p>Do not require urinary vanillymandelic acid and plasma and/or urinary catecholamines for diagnosis of pheochromocytoma-paranglioma.</p> <p>For the diagnosis of pheochromocytoma-paranglioma require free plasma metanephrines and, if these are not available, fractionated urinary metanephrines. The remarkable sensitivity of plasma and urinary metanephrines allows the diagnosis to be excluded when they are not increased. Fundamental articles such as those by JW Lenders et al. conclude that the diagnostic sensitivity of urinary vanillymandelic acid is lower. Methoxytyramine in plasma (not urine) can be used in some dopamine-producing tumours and in monitoring metastatic disease and Chromogranin A in non-secreting pheochromocytoma-paranglioma.</p>
5	<p>Do not use the determination of 25OH vitamin D (25OH-D) as a routine or screening test to determine the status of hypovitaminosis without a specific clinical indication.</p> <p>According to documents produced by international and national regulatory bodies the measurement of 25OH-D should be reserved for:</p> <ul style="list-style-type: none"> - a small number of patients with persistent symptoms of profound asthenia, myalgias, diffuse or localised bone pain suspicious for osteomalacia or with predisposition to unmotivated falls (NHS 2018, NIH 2022); - patients with established bone pathology such as osteoporosis, osteomalacia, Paget's disease, osteogenesis imperfecta candidates for remineralisation therapy, patients in whom malabsorption is suspected, patients chronically taking drugs interfering with vitamin D metabolism, patients with elevated parathormone.

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

SIPMeL Endocrinology and Metabolic Diseases Study Group (SG-EMD) edited the list of five practices at risk of inappropriateness issued in October 2016 and updated in 2018. All members of the SG assessed the timeliness of the recommendations starting at the 20 October 2023 meeting. A select group took charge of checking whether more current and relevant articles had been published between 2016 and 2023 and prepared a document to which the entire SG contributed. The final list of five updated recommendations was approved by all SG-EMD members, the president of SIPMeL and the steering group of Choosing Wisely Italy.

Sources

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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, Zedig. 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/>