

Non-ASH Choosing Wisely® Recommendations of Relevance to Hematology



An initiative of the ABIM Foundation



American Society of Hematology

ACR

Don't image for suspected PE without moderate or high pre-test probability of PE.

While deep vein thrombosis (DVT) and PE are relatively common clinically, they are rare in the absence of elevated blood D-Dimer levels and certain specific risk factors. Imaging, particularly computed tomography (CT) pulmonary angiography, is a rapid, accurate, and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value. Imaging is helpful to confirm or exclude PE only for such patients, not for patients with low pre-test probability of PE. *Source: American College of Radiology (ACR). Wording reflects that of the Radiology recommendation, other societies have similar recommendations, some explicitly recommended D-Dimer testing prior to imaging.*

ASRM

Don't routinely order thrombophilia testing on patients undergoing a routine infertility evaluation.

There is no indication to order these tests, and there is no benefit to be derived in obtaining them in someone that does not have any history of bleeding or abnormal clotting and in the absence of any family history. This testing is not a part of the infertility workup. Furthermore, the testing is costly, and there are risks associated with the proposed treatments, which would also not be indicated in this routine population. *Source: American Society for Reproductive Medicine (ASRM).*

SHM

Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Hospitalized patients frequently have considerable volumes of blood drawn (phlebotomy) for diagnostic testing during short periods of time. Phlebotomy is highly associated with changes in hemoglobin and hematocrit levels for patients and can contribute to anemia. This anemia, in turn, may have significant consequences, especially for patients with cardiorespiratory diseases. Additionally, reducing the frequency of daily unnecessary phlebotomy can result in significant cost savings for hospitals. *Source: Society for Hospital Medicine – Adult Hospital Medicine (SHM). Wording reflects that of the Adult Hospital Medicine recommendation; other societies have similar recommendations.*

AABB

Don't transfuse red blood cells for iron deficiency without hemodynamic instability.

Blood transfusion has become a routine medical response despite cheaper and safer alternatives in some settings. Pre-operative patients with iron deficiency and patients with chronic iron deficiency without hemodynamic instability (even with low hemoglobin levels) should be given oral and/or intravenous iron. *Source: American Association of Blood Banks (AABB).*

ASCO

Avoid using positron emission tomography (PET) or PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer unless there is high-level evidence that such imaging will change the outcome.

PET and PET-CT are used to diagnose, stage and monitor how well treatment is working. Available evidence from clinical studies suggests that using these tests to monitor for recurrence does not improve outcomes and therefore generally is not recommended for this purpose. False positive tests can lead to unnecessary and invasive procedures, overtreatment, unnecessary radiation exposure and incorrect diagnoses. Until high level evidence demonstrates that routine surveillance with PET or PET-CT scans helps prolong life or promote well-being after treatment for a specific type of cancer, this practice should not be done. *Source: American Society of Clinical Oncology (ASCO).*

The Purpose of This List

Starting in early 2015, the ASH Choosing Wisely Task Force launched a review of all existing Choosing Wisely items to identify recommendations published by other professional societies that are highly relevant and important to the practice of hematology. Using a carefully administered methodology, items were scored for relevance and importance over a series of iterations, resulting in a list of items that were deemed to be especially useful to hematologists. The items in this list represent the top five highest-scoring items. The full list of items is available on the ASH website at www.hematology.org/choosingwisely.

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- AABB** AABB. Guidelines for patient blood management and blood utilization. Bethesda (MD): AABB; 2011. 52 p.
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How this List Was Created (Non-ASH Recommendations)

A two-phase process was developed to identify and rank non-ASH Choosing Wisely recommendations of relevance to hematologists. First, the ASH Choosing Wisely Task Force independently scored all published ABIM Foundation Choosing Wisely recommendations on the MORE reliability scale, a validated seven-point Likert scale used to assess medical relevance. Modified group technique was used to identify the top 50 unique non-ASH Choosing Wisely recommendations with regard to relevance. Overlapping recommendations from different societies were grouped together as one recommendation. Taking into consideration the core values of harm, cost, strength of evidence, frequency, relevance, and impact, the ASH Choosing Wisely Task Force was asked to score each of the remaining 50 Choosing Wisely recommendations between 1 and 10 for prioritization for inclusion on ASH's top 10 list of non-ASH Choosing Wisely recommendations. Harm avoidance was established as the campaign's preeminent guiding principle. Modified group technique was used to select the top 10 non-ASH Choosing Wisely recommendations of relevance and importance to hematologists and their patients, with the top five highest-ranked items presented in this list.

ASH's disclosure and conflict of interest policy can be found at www.hematology.org.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

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For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.