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HSANZ
Haematology Society of Australia and New Zealand

5 THINGS
CLINICIANS AND CONSUMERS SHOULD QUESTION

Developed by the Haematology Society of Australia and New Zealand

1

Do not conduct thrombophilia testing in adult patients under the age of 50 years unless the first episode of venous thromboembolism (VTE):

a. Occurs in the absence of major transient risk factors (surgery, trauma, immobility), or

b. Occurs in the absence of oestrogen-provocation or

c. Occurs at an unusual site

Thrombophilia testing is costly and can result in harm to patients if the duration of anticoagulation is inappropriately prolonged or if patients are incorrectly labelled as thrombophilic. Thrombophilia testing does not change the management of VTEs occurring in the setting of major transient VTE risk factors.

2

Limit surveillance computed tomography (CT) scans in asymptomatic patients with confirmed complete remission following curative intent treatment for aggressive lymphoma – except for patients on a clinical trial

CT surveillance in asymptomatic patients in remission from aggressive lymphoma may be harmful through a small but cumulative risk of radiation-induced malignancy. It is also costly and has not been demonstrated to improve survival. Therefore the anticipated benefits of post-treatment CT scans should be weighed against the potential harm of radiation exposure. Due to a decreasing probability of relapse with the passage of time and a lack of proven benefit, CT scans in asymptomatic patients more than 2 years beyond the completion of treatment are rarely advisable.

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3 Do not extend anticoagulation beyond 3 months for a patient with a non-extensive, index venous thromboembolic event (VTE), which occurred in the presence of a major, transient risk factor

Anticoagulation is potentially harmful and costly. Patients with a first VTE triggered by a major, transient risk factor are at low risk for recurrence once the risk factor has resolved and an adequate treatment regimen with anticoagulation has been completed. Evidence-based and consensus guidelines recommend three months of anticoagulation over shorter or longer periods of anticoagulation in patients with VTE in the setting of a reversible provoking factor.

4 Do not perform baseline or routine surveillance CT scans or bone marrow biopsy in patients with asymptomatic early stage chronic lymphocytic leukaemia (CLL)

In patients with asymptomatic, early-stage CLL, baseline and routine surveillance CT scans do not improve survival and are not necessary to stage or prognosticate patients. CT scans expose patients to small doses of radiation, and can detect incidental findings that are not clinically relevant but lead to further investigations and are costly. For asymptomatic patients with early-stage CLL, clinical staging and blood monitoring is recommended over CT scans.

5 Do not treat patients with immune thrombocytopenic purpura (ITP) in the absence of bleeding or a platelet count <30,000/L without risk factors for bleeding

Treatment for ITP should be aimed at treating and preventing bleeding episodes and improving quality of life. Unnecessary treatment exposes patients to potentially serious treatment side effects and can be costly, with little expectation of clinical benefit. Unless they are preparing for surgery or an invasive procedure, or have a significant additional risk factor for bleeding, ITP treatment is rarely indicated in adult patients with platelet counts greater than 30,000/L. In patients preparing for surgery or other invasive procedures, short-term treatment may be indicated to increase the platelet count prior to the planned intervention and during the immediate post-operative period.

SUPPORTING EVIDENCE

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HOW THIS LIST WAS MADE

The Haematology Society of Australia and New Zealand (HSANZ) council, which includes 9 state representatives, convened to form the working group to produce a 'top 5' list for haematology.

Drawing on the list produced by the American and Canadian Societies of Haematology, the working group compiled a list of 5 clinical practices in haematology which may be overused, inappropriate or of limited effectiveness in a given clinical context.

This list was then sent out to all HSANZ members seeking feedback on whether these items fully captured the concerns of clinicians in an Australasian haematology medicine context and, if not, whether any items should be omitted and/or new items added.

The criteria used to rate the practices were strength of evidence, significance in haematology and whether haematologists could make a difference in influencing the incidence of the practice in question.

Feedback on the items and the recommendations was received from 11 institutional haematology departments (following intradepartmental consultation) as well as an additional 10 individuals.

Based on these responses, the top 5 items were selected and finalised.

Last reviewed: March 2016

About Choosing Wisely Australia

Choosing Wisely Australia® is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm. This initiative is being led by Australia's medical colleges and societies and is facilitated by NPS MedicineWise.

About the Haematology Society of Australia and New Zealand

Founded in 1998, The Haematology Society of Australia and New Zealand (HSANZ) seeks to promote, foster, develop and assist the study and application of information concerning haematology, and to promote improved standards, interest and research in all aspects of haematology.

About NPS MedicineWise

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