1. Do not perform surveillance urine cultures or treat bacteriuria in elderly patients in the absence of symptoms or signs of infection

Asymptomatic bacteriuria is a common finding in all ages and in association with other comorbidities. Treatment of asymptomatic bacteriuria is recommended in pregnancy but not in other clinical situations. Prophylaxis against development of symptoms prior to simple cystoscopy and prosthetic joint replacement is not recommended. Extensive guidelines from the Infectious Diseases Society of America (IDSA) are available for this condition and asymptomatic bacteriuria in catheterised patients. The use of chemical screening strips in asymptomatic patients may lead to unnecessary urine cultures when positive results are obtained. Increasing antibiotic resistance in urinary pathogens may be a consequence of unnecessary treatment.

2. Do not perform PSA testing for prostate cancer screening in men with no symptoms and whose life expectancy is less than 7 years

Prostate cancer causes significant mortality and morbidity and all patients with concerns about their risks of having the disease and/or their prognosis if diagnosed, including the role of prostate specific antigen (PSA) testing, should discuss these with their doctor. Since any mortality benefit from early diagnosis of prostate cancer due to PSA testing is not seen within less than 6–7 years from testing, PSA testing is not recommended for men who are unlikely to live another 7 years.

3. Do not perform population based screening for Vitamin D deficiency

The quality of the evidence for the health benefits of an adequate vitamin D status is highly variable. As the main source of vitamin D is UVB sunlight exposure, vitamin D status as assessed by the measurement of 25 hydroxyvitamin D (25OH-D) is correlated with time spent outdoors, exercise and other aspects of a healthy lifestyle including body weight. Vitamin D insufficiency is associated with low levels of exercise, obesity and/or reduced sun light exposure, such as occur more commonly in the elderly, the overweight, the frail and unwell or institutionalised and where there are occupational, racial or cultural reasons. In individuals at risk of vitamin D deficiency, measurement of 25OH-D is an appropriate, case-finding strategy. Routine screening of healthy infants, children and adults (including pregnant women) for vitamin D deficiency is currently not recommended.
Restrict the use of serum tumour marker tests to the monitoring of a cancer known to produce these markers or where there is a strong known underlying predisposition or suspicion

The measurement of levels of certain tumour biomarkers is known to be helpful in monitoring the progress of specific cancers in response to treatment or in detecting changes in cancer activity or secondary or recurring cancer. In some circumstances they are helpful adjuncts in detecting specific cancers, where there is a strong known underlying predisposition or suspicion, such as in detecting liver cancer in patients with chronic hepatitis C and cirrhosis. However, the testing for a broad range of biomarkers in patients with non-specific symptoms in the hope of finding an undetected cancer is not supported by the evidence from numerous systematic reviews. Tumour markers generally should not be used in the initial diagnostic pathway and are rarely diagnostic due to low sensitivity and specificity.

Do not routinely test and treat hyperlipidemia in those with a limited life expectancy

Measurement of lipid levels is part of absolute risk assessment for the prevention of cardiovascular disease. Age is a predominant risk factor in the elderly, so absolute risk calculators accommodate this by fixing 75 years as the maximum age that can be included in the calculation. Clinicians need to consider whether or not the assessment and treatment of risk factors beyond this age in the very elderly is likely to yield clinical benefit within the patient’s remaining life expectancy. On rare occasions lipid testing may provide relevant information in other life threatening diseases, such as pancreatitis, but in most critical illnesses lipid measurement for prevention of chronic disease will no longer be a priority.
SUPPORTING EVIDENCE


HOW THIS LIST WAS MADE

A list of ten items was compiled after reviewing international literature associated with the Choosing Wisely campaign in Northern America. The College's advisory committees were canvassed for further relevant evidence based literature and their expert opinions were sought. The ten items were then adopted as a College Position Statement titled 'Inappropriate Pathology Requesting'. This list was then sent to RCPA Fellows and Trainees based in Australia to rank the top five tests to include in the Australian Choosing Wisely initiative. The five items selected were approved by both the RCPA's Board of Professional Practice and Quality and the RCPA Board of Directors.

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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, societies and associations and is facilitated by NPS MedicineWise.

About The Royal College of Pathologists of Australasia
The RCPA is the leading organisation representing pathologists and senior laboratory scientists in Australasia. Its mission is to train and support pathologists and to improve the use of pathology testing to achieve better healthcare.

About NPS MedicineWise
Independent, not-for-profit and evidence based, NPS MedicineWise enables better decisions about medicines and medical tests. Visit www.nps.org.au