The Impact of "Choosing Wisely Campaign" on the Care of Pediatric Patients

Fataneh (Fae) Majlessipour, M.D.
Director, Pediatric Hematology-Oncology
Department of Pediatrics
Cedars-Sinai Medical Center
Associate Clinical Professor of Pediatrics
David Geffen School of Medicine at UCLA

Since its launch in April 2012, the Choosing Wisely Campaign has come a long way. Initially, a project of the American Board of Internal Medicine (ABIM) Foundation, to "*encourage physician-patient conversations about overuse and misuse of tests and procedures to help make smart choices*", this campaign now has gathered the support of more than 60 medical specialty societies. A list of more than 250 tests and procedures that physicians and patients should discuss before ordering has been generated. Moreover, Consumer Reports and other Non-Profit consumer advocacy groups have joined the campaign and have created consumer educational materials (i.e., brochures and videos), to spread information and to help patients and their families in discussing appropriate and necessary treatment with their providers and avoiding unnecessary tests and procedures.

As Part of the Choosing Wisely Campaign, the American Academy of Pediatrics (AAP) has released the list of 10 commonly used tests and treatments to question (February 21, 2013 and March 13, 2014). To review the list, go to: http://www.aap.org. I also recommend that you review the lists from all other medical organizations at http://www.choosingwisely.org as many of them have specific recommendations directly affecting our pediatric patients.

One of the medical organizations committed to the "Choosing Wisely" campaign is the American Society of Hematology (ASH), the world's largest professional society, focused on benign and malignant hematological conditions. In December 2013, the ASH task force-comprised of pediatric hematologists and oncologists among other experts in the field created its first 5-item list based on the following five principles: (1) harm avoidance; (2) evidence; (3) cost-effectiveness; (4) frequency and (5) purview of the hematologist. In December 2014 a second 5-item list was generated using the same principles in addition to the principle of "impact", with prioritizing of the list based on the likelihood of leading to greater positive changes.

Eight out of 10 items on the ASH sponsored -list would directly impact how we care for children and adolescents with mostly benign hematologic diseases such as Sickle Cell Anemia (SS) and other anemias, Immune Thrombocytopenic Purpura (ITP), Heparin-Induced Thrombocytopenia (HIT), Thromboembolic disorders and management of anticoagulation therapy. Since pediatricians and pediatric hospitalists may come across patients in their practice with similar conditions as the ones covered by this list and since they may have to counsel and advise their

patients and their families, I feel compelled to present this list here in its entirety for your information and review:

1. Do not transfuse more than the minimum number of red blood cell (RBC) units necessary to relieve symptoms of anemia or to return a patient to a safe hemoglobin range (i.e., 7 to 8 g/dL in a stable, non-cardiac, in-patient). **(pediatric and adult population)**
2. Don't test for thrombophilia in adult patients with venous thromboembolism (VTE) occurring in the setting of major transient risk factors (surgery, trauma or prolonged immobility). **(pediatric and adult population)**
3. Don't use inferior vena cava (IVC) filters routinely in patients with acute venous thromboembolism (VTE). **(pediatric and adult population)**
4. Don't administer plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists (i.e. outside of the setting of major bleeding, intracranial hemorrhage or anticipated emergent surgery). **(pediatric and adult population)**
5. Limit surveillance computed tomography (CT) scans in asymptomatic patients following curative-intent treatment for aggressive lymphoma. **(pediatric and adult population)**
6. Don't treat with an anticoagulant for more than three months in a patient with a first venous thromboembolism occurring in the setting of a major transient risk factor. **(adult and possibly pediatric population)**
7. Don't routinely transfuse patients with sickle cell disease for chronic anemia or uncomplicated pain crisis without an appropriate clinical indication. **(pediatric and adult population)**
8. Don't perform baseline or routine surveillance computed tomography (CT) scans in patients with asymptomatic, early stage chronic lymphocytic leukemia. **(adult population)**
9. Don't test or treat for suspected heparin-induced thrombocytopenia (HIT) in patients with a low pre-test probability of HIT. **(pediatric and adult population)**
10. Don't treat patients with immune thrombocytopenic purpura in the absence of bleeding or a very low platelet count. **(pediatric and adult population)**

Please go to http://www.ash.org or email me at majlessipour@cshs.org for more detail information on each item.

I would emphasize that these recommendations were developed to instigate conversations between patients and physicians and are not meant to replace a clinician's expertise or to be utilized for insurance authorization purposes. Finally, Medicine is evolving constantly and as new information emerges it is possible that in the future we will need to revise and modify any of these recommendations.

References:

- Choosing Wisely Campaign Website, http://www.choosingwisely.org

- American Academy of Pediatrics Website. http://www.aap.org

- American Society of Hematology Education Program, 55th ASH annual Meeting, New Orleans, Louisiana, December 7-10, 2013 (9-14)

- American Society of Hematology Education Program, 56th ASH annual Meeting, San Francisco, California, December 6-9, 2014 (599-603)

- ASH clinical News Newsletter, December 2014 (page 56)