The Choosing Wisely campaign marks an important turning point in U.S. medicine. It is a landmark effort to spur physicians to look introspectively at how medical procedures and tests are used, and identify those that can be used more appropriately and effectively to improve patient care. The Choosing Wisely campaign dovetails perfectly with ASCP’s efforts to encourage pathologists, residents, and laboratory professionals to become more patient focused.

ASCP joined this campaign in April 2012 and announced its initial five tests for appropriate utilization on Feb. 21, 2013. The Society is working closely with the American Board of Internal Medicine (ABIM) Foundation and its Choosing Wisely campaign, along with 37 other medical societies, to address the needs of patients through better access and use of medical laboratory tests. Examples of inappropriate and over-utilized tests are pervasive throughout both anatomic and clinical pathology and laboratory medicine.

"The American Society for Clinical Pathology (ASCP) joined the Choosing Wisely campaign because it is our responsibility to ensure evidence-based practices in the medical laboratory," says Dr. E. Blair Holladay, ASCP Executive Vice President. "Measuring outcomes is essential in the fast-approaching evolution of health care and is underscored by the axiom ‘right test, right patient, right time, at the right cost.’

"The use of the low-risk human papillomavirus testing (HPV) for cervical cancer, which is proven to have no relationship to the development of cervical cancer, and the practice of unnecessary preoperative testing panels unrelated to the corresponding surgery are instances of inappropriate test utilization for patients."

No. 1: Patients’ Health

This is a monumental time for patients to get firsthand knowledge of the types of tests—and their ramifications—so they can make informed choices for the first time in the history of medical care. Moreover, in the impending age of genomic testing, it will be increasingly important for pathologists and laboratory scientists to consult with the clinicians on appropriate test utilization. It is estimated that as many as 5,000 new genomic lab tests will be available to add to the menu portfolio from which clinicians choose in the next five to 10 years. These new tests double the number of current choices.

In addition, patients often want to have all available genetic tests at their disposal, even though they may not appreciate the harmful consequences of inappropriate testing. A balanced discussion and recommendations are absolutely required.

For pathologists and laboratory professionals, diagnostic tests are one of the crucial links to patients. While the analytic quality of a test is important, there must also be
a medical reason to justify why a particular test is being ordered and how the results will contribute to effectively guiding patient management. Why is this test necessary for this patient? Are there equal or better alternatives to consider? In these cases, pathologists and laboratory professionals can step forward and help clinicians become better stewards of medical laboratory resources.

**No. 2: Consultants to Clinicians and Patients**

As these laboratory test recommendations are unveiled, the next step is for pathologists and laboratory professionals to educate clinicians and patients about when patients need these five medical laboratory tests and when they do not. Most are needed in select situations; others on the list are never needed. Additionally, laboratory tests are usually so reliable that physicians and patients do not realize they have limitations. By becoming consultants to clinicians and patients, pathologists and laboratory professionals can improve the diagnostic value of laboratory tests while preventing the misuse of resources.

**No. 3: Laying the Foundation for Change**

Development of the ASCP list of five initial tests that physicians and patients should question was spearheaded by the Society’s Institute Advisory Committee. The review panel examined hundreds of options based on both the practice of pathology and evidence available through an extensive review of the literature. These initial five recommendations, if instituted, would result in higher quality care, lower costs, and more effective use of the medical laboratory’s resources and personnel. Given the breadth of our practice, this is just an initial list. There are many other services that could be more appropriately used with the input of pathologists and laboratory professionals.

Participation in the Choosing Wisely campaign is critical for physicians and their medical specialty societies to help facilitate use of the most appropriate tests and treatments for individual patients. Up to 30 percent of medical care in the United States is duplicative or not appropriate. These services add no value and, in some cases, result in harm. That is why the ASCP decided to participate in Choosing Wisely and add the voice of pathologists and laboratory professionals to the conversations to improve patient care while reducing costs.

Dr. Hilborne served as the 2011–2012 chair of the ASCP Institute Advisory Committee and spearheaded the process of determining and then defining these five tests physicians and patients should question. Additionally, he is a former ASCP President. Dr. Hilborne is Professor of Pathology and Laboratory Medicine at the David Geffen School of Medicine at the University of California at Los Angeles; Global Health Researcher, RAND Corporation in Santa Monica, Calif.; and Medical Director of Quest Diagnostics, West Hills, Calif.

### ASCP Initial Five Tests

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<tr>
<th>Recommendation</th>
<th>Description</th>
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<tr>
<td>1.</td>
<td>Do not perform population based screening for 25-OH-Vitamin D deficiency. Vitamin D deficiency is common in many populations, particularly in patients at higher latitudes, during winter months and in those with limited sun exposure. Over-the-counter Vitamin D supplements and increased summer sun exposure are sufficient for most otherwise healthy patients. Laboratory testing is appropriate in higher-risk patients (e.g., those with osteoporosis, chronic kidney disease, malabsorption, some infections, obesity) when results will be used to institute more aggressive therapy.</td>
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<td>2.</td>
<td>Do not perform low risk HPV testing. National guidelines provide for high-risk HPV testing in patients with certain abnormal Pap smears and in other select clinical indications. The presence of high-risk HPV leads to more frequent examination or more aggressive investigation (e.g., colposcopy and biopsy). There is no medical indication for low-risk HPV testing because the infection is not associated with disease progression and there is no treatment or therapy change indicated when low-risk HPV is identified.</td>
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<td>3.</td>
<td>Avoid routine preoperative testing for low risk surgeries without a clinical indication. Most preoperative tests performed on elective surgical patients are normal. Findings influence management in fewer than 3 percent of patients tested. In almost all cases, no adverse outcomes are observed when clinically stable patients undergo elective surgery, irrespective of whether an abnormal test is identified. Preoperative testing is appropriate in symptomatic patients and those with risk factors for which diagnostic testing can provide clarification of patient surgical risk.</td>
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<td>4.</td>
<td>Only order Methylated Septin 9 (SEPT9) on patients for whom conventional diagnostics are not possible. Methylated Septin 9 (SEPT9) is a plasma test to screen patients for colorectal cancer. Its sensitivity and specificity are similar to commonly ordered stool guaiac or fecal immune tests. It offers an advantage over no testing in patients who refuse these tests or who, despite aggressive counseling, decline to have recommended colonoscopy. The test should not be considered as an alternative to standard diagnostic procedures when those procedures are possible.</td>
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<td>5.</td>
<td>Do not use bleeding time test to guide patient care. The bleeding time test is an older assay that has been replaced by alternative coagulation tests. The relationship between the bleeding time test and the risk of a patient’s actually bleeding has not been established. Further, the test leaves a scar on the forearm. There are other reliable tests of coagulation available to evaluate the risks of bleeding in appropriate patient populations.</td>
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References


