Pathologists' Posts

By Dr. Suzanne Ledet

When I first heard about the CHOOSING WISELY campaign, I imagined my sixteen year old self, sitting with my parents at the kitchen table, listening to a lecture about "making good choices". When I snapped back to reality and read a little further, I learned that CHOOSING WISELY is an initiative of the American Board of Internal Medicine Foundation. Since 2012, they have partnered with over 70 specialty medical societies, including the American Society for Clinical Pathology (ASCP). The purpose of the campaign is to promote conversations between medical providers and patients to ensure care that is evidenced-based, not duplicative of tests or procedures already performed, free from harm, and truly necessary. In response to this challenge, the ASCP assembled a panel of subject matter and test utilization experts across the fields of pathology and laboratory medicine who developed the list below. The tests targeted in the ASCP's recommendations were selected because they are frequently performed, there is evidence that the test offers no benefit or is harmful, and the use of the test is costly and does not provide higher quality care. This list is not exhaustive, but if implemented, these recommendations would result in more effective use of our laboratory resources and personnel.

CHOOSING WISELY Testing Recommendations

1. **Don't order an erythrocyte sedimentation rate (ESR) to look for inflammation in patients with undiagnosed conditions.** CRP is a more sensitive and specific reflection of the acute phase of inflammation than is the ESR.

2. **Don't test vitamin K levels unless the patient has an abnormal international normalized ratio (INR) and does not respond to vitamin K therapy.** Vitamin K deficiency is very rare, but when it does occur, a prolonged prothrombin time (PT) and elevated INR will result. A diagnosis is typically made by observing the PT correction following administration of vitamin K, plus the presence of clinical risk factors for vitamin K deficiency.

3. **Don't prescribe testosterone therapy unless there's laboratory evidence of testosterone deficiency.** Current clinical guidelines recommend making a diagnosis of androgen deficiency only in men with consistent symptoms and signs coupled with unequivocally low serum testosterone levels. Serum testosterone should only be ordered on patients exhibiting signs and symptoms of androgen deficiency.

4. **Don't test for myoglobin or CK-MB in the diagnosis of acute myocardial infarction (AMI).** Unlike CK-MB and myoglobin, the release of troponin I or T is specific to cardiac injury. Single-point troponin measurements equate to infarct size for the determination of the AMI severity. Accordingly, there is much support for relying solely on troponin and discontinuing the use of CK-MB and other markers.

5. **Don't order multiple tests in the initial evaluation of a patient with suspected non-neoplastic thyroid disease. Order thyroid-stimulating hormone (TSH), and if abnormal, follow up with additional evaluation or treatment depending on the findings.** The TSH test can detect subclinical thyroid disease in patients without symptoms of thyroid dysfunction. A TSH value within the reference interval excludes the majority of cases of primary overt thyroid disease. If the TSH is abnormal, confirm the diagnosis with free thyroxine (T4).