Choosing Wisely®

*An initiative of the ABIM Foundation*

ACPM

American College of Preventive Medicine

physicians dedicated to prevention

# Five Things Physicians and Patients Should Question

## 1 Don't take a multi-vitamin, vitamin E or beta carotene to prevent cardiovascular disease or cancer.

Vitamin supplementation is a multi-billion dollar industry ($28.1 billion in 2010) in the United States, much of which is taken with the intention to prevent cardiovascular disease or cancer. However, there is insufficient evidence to demonstrate benefit from multivitamin supplementation to prevent cardiovascular disease or cancer. Adequate evidence demonstrates that supplementation with vitamin E and beta carotene in healthy populations specifically have no benefit on cardiovascular disease or cancer. Beta carotene is also associated with increased risks of lung cancer in smokers and people who have been exposed to asbestos.

## 2 Don't routinely perform PSA-based screening for prostate cancer.

More than 1,000 symptom-free men need to be screened for prostate cancer in order to save one additional life. As a result, increased harms and medical costs due to widespread screening of asymptomatic men are believed to outweigh the benefits of routine screening. There is a high likelihood of having a false positive result leading to worry, decreased quality of life and unnecessary biopsies when many of these elevated PSAs are caused by enlarged prostates and infection instead of cancer. This recommendation pertains to the routine screening of most men. In rare circumstances, such as a strong family history of prostate and related cancers, screening may be appropriate.

## 3 Don't use whole-body scans for early tumor detection in asymptomatic patients.

Whole-body scanning with a variety of techniques (MRI, SPECT, PET, CT) is marketed by some to screen for a wide range of undiagnosed cancers. However, there is no data suggesting that these imaging studies will improve survival or improve the likelihood of finding a tumor (estimated tumor detection is less than 2% in asymptomatic patients screened). Whole-body scanning has a risk of false positive findings that can result in unnecessary testing and procedures with additional risks; including considerable exposure to radiation with PET and CT, a very small increase in the possibility of developing cancer later in life, and accruing additional medical costs as a result of these procedures. Whole-body scanning is not recommended by medical professional societies for individuals without symptoms, nor is it a routinely practiced screening procedure in healthy populations.

## 4 Don't use expensive medications when an equally effective and lower-cost medication is available.

On average, the cost of a generic drug is 80–85% lower than the name-brand product, although generic drugs are required to have the same active ingredients, strength and similar effectiveness as brand-name drugs. Studies estimate that for every 10% increase in the use of generic cholesterol drugs, Medicare costs could be reduced by $1 billion annually.

## 5 Don't perform screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease.

Health care professionals should not perform cervical cancer screening in women who have had a hysterectomy that removed their cervix and do not have a history of high-grade precancerous lesions or cervical cancer. Screening provides no benefits to these patients and may subject them to potential risks from false-positive results; including physical (e.g., vaginal bleeding from biopsies) or psychological (e.g., anxiety).

In addition, cervical cancer screening should not be performed on women over the age of 65 that are at low risk for cervical cancer and have had negative results from prior screenings. Health care professionals should make this decision on a case-by-case basis, but once a patient stops receiving screenings, in general, they should not re-start screenings. Screening for women in this population provides little to no benefit as the incidence and prevalence of cervical disease declines for women starting at age 40–50 years.



February 25, 2015

## How this List was Created

The American College of Preventive Medicine (ACPM) Prevention Practice Committee (PPC), responsible for practice guidelines and statements from the College, created a *Choosing Wisely* task force to lead the development of these recommendations. Task force members consist of select PPC members and additional ACPM members solicited through ACPM's bi-weekly e-newsletter, *Headlines*. Each task force member individually developed 2-3 recommendations and the top ten were selected using an electronic survey by the entire task force. Subsequently, the ten recommendations were prioritized by the task force and rationales with references were produced. These recommendations were presented to the entire PPC for consideration and prioritization of the top five. The top recommendations were selected and rationales revised and presented to the ACPM Board of Regents for final approval.

ACPM's disclosure and COI procedures can be found at www.acpm.org.

## Sources


1

Nutrition Business Journal. NBJ's supplement business report: an analysis of markets, trends, competition and strategy in the U.S. dietary supplement industry. New York (NY): 2011.

Moyer; U.S Preventive Services Task Force. Vitamin, mineral, and multivitamin supplements for the primary prevention of cardiovascular disease and cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2014 Apr 15;160(8):558-64.

2

Lim LS, Sherin K; ACPM Prevention Practice Committee. Screening for prostate cancer in U.S. men ACPM position statement on preventive practice. Am J Prev Med. 2008 Feb;34(2):164-70.

Moyer; U.S Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Jul 17;157(2):120-34.

Qaseem A, Barry MJ, Denberg TD, Owens DK, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Screening for prostate cancer: a guidance statement from the Clinical Guidelines Committee of the American College of Physicians. Ann Intern Med. 2013 May 21;158(10):761-9.

3

Ladd SC. Whole-body MRI as a screening tool? Eur J Radiol. 2009 Jun;70(3):452-62.

Schmidt G, Dinter D, Reiser MF, Schoenberg SO. The uses and limitations of whole-body magnetic resonance imaging. Dtsch Arztebl Int. 2010 Jun;107(22):383-9.

Full-Body CT Scans – What You Need to Know, Radiation-Emitting Products. U.S. Department of Health and Human Services [Internet]. Silver Sprin (MD): U.S. Food and Drug Administration; 2010 [updated 2010 Apr 6; cited 2014 Dec 5]. Available from: http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm115340.htm

4

Hoadley JF, Merrell K, Hargrave E, Summer L. In Medicare Part D plans, low or zero copays and other features to encourage the use of generic statins work, could save billions. Health Affairs (Millwood). 2012 Oct;31(10):2266-75.

Mohler, PJ. New drugs: how to decide which ones to prescribe. Fam Pract Manag. 2006 Jun;13(6):33-5

Shrank WH, Hoang T, Ettner SL, Glassman PA, Nair K, DeLapp D, Dirstine J, Avorn J, Asch SM. The implications of choice: prescribing generic or preferred pharmaceuticals improves medication adherence for chronic conditions. Arch Intern Med. 2006 Feb 13;166(3):332-7.

Facts about generic drugs [Internet]. Silver Spring (MD): U.S. Food and Drug Administration; 2012 [updated 2012 Sep 19; cited 2014 Dec 5]. Available from: http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm.

5

Moyer; U.S. Preventive Services Task Force. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Jun 19;156(12):880-91, W312.

Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; ACS-ASCCP-ASCP Cervical Cancer Guideline Committee. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. CA Cancer J Clin. 2012 May-Jun;62(3):147-72.


*About the ABIM Foundation*

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

*About the American College of Preventive Medicine*

Founded in 1954, the American College of Preventive Medicine (ACPM) is a professional, medical society of more than 2,700 members employed in research, academia, government, clinical settings and other entities worldwide. As the leader for the specialty of preventive medicine and physicians dedicated to prevention, ACPM provides a dynamic forum for the exchange of knowledge, and offers high-quality educational programs for continuing medical education and maintenance of certification information and resources for ongoing professional development and networking opportunities.

For more information, please visit us at: www.acpm.org.

**For more information or to see other lists of Five Things Providers and Patients Should Question, visit www.choosingwisely.org.**