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GESA
Gastroenterological Society of Australia

TOP-FIVE
RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Gastroenterological Society of Australia (GESA) sets, promotes and continuously improves the standards of practice, training and research in gastroenterology and hepatology in Australia.

The membership includes Fellows and members of the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons interested in the study of gastroenterology. It also extends to medical graduates, trainees, pathologists, radiologists, scientists, allied health professionals, dietitians, and others interested in the science, study or practice of gastroenterology.

1. Do not repeat colonoscopies more often than recommended by the National Health and Medical Research Council (NHMRC) endorsed guidelines
2. Do not undertake faecal occult blood testing in patients who report rectal bleeding, or require investigation for iron deficiency or gastrointestinal symptoms
3. Do not continue prescribing long term proton pump inhibitor (PPI) medication to patients without attempting to reduce the medication down to the lowest effective dose or cease the therapy altogether
4. Do not undertake genetic testing for coeliac genes as a screening test for coeliac disease
5. Do not perform a follow-up endoscopy less than three years after two consecutive findings of no dysplasia from endoscopies with appropriate four quadrant biopsies for patients diagnosed with Barrett's Oesophagus

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1 Do not repeat colonoscopies more often than recommended by the National Health and Medical Research Council (NHMRC) endorsed guidelines

Colonoscopy, with or without polypectomy, is an invasive procedure with a small but not insignificant risk of complications, including perforation or major haemorrhage post-polypectomy, depending on size of lesion. Surveillance colonoscopies place a significant burden on endoscopy services. Consequently, surveillance colonoscopy should be targeted at those who are most likely to benefit and at the minimum frequency required to provide adequate protection against the development of cancer.

Cancer Council Australia guidelines, endorsed by NHMRC, state that if one to two adenomas less than one cm in diameter are removed via a high quality colonoscopy, a follow up interval of five years is recommended. For larger adenomas, three or more adenomas or adenomas containing villous features or high grade dysplasia, which are removed via a high quality colonoscopy, the recommended follow-up period is three years.

2 Do not undertake faecal occult blood testing in patients who report rectal bleeding, or require investigation for iron deficiency or gastrointestinal symptoms

The faecal occult blood test (FOBT) was developed for use in the outpatient setting for colorectal cancer screening in asymptomatic patients with average risk of colorectal carcinoma.

Studies suggest that it has limited positive impact for hospitalised patients who report rectal bleeding or require investigation for iron deficiency or gastrointestinal symptoms, as it is unlikely to change patient management and may in fact delay investigations while waiting for the results of the test.

Inappropriate use of the FOBT may lead to unnecessary additional investigations (e.g. colonoscopy), which also carries risks and may limit the availability of such investigations for more appropriate indications.

3 Do not continue prescribing long term proton pump inhibitor (PPI) medication to patients without attempting to reduce the medication down to the lowest effective dose or cease the therapy altogether

While proton pump inhibitors (PPIs) are effective drugs for the treatment of gastroesophageal reflux disease (GERD), their use has been linked to increased risk of fractures, pneumonia, enteric infections, vitamin and mineral deficiencies, and acute interstitial nephritis, particularly among older people who make up the largest proportion of PPI users.

While there is insufficient evidence to establish causation, these reports deserve consideration when prescribing long term PPI use. This is especially because some patients may be able to stop PPI use immediately after the initial course of therapy without experiencing symptoms. Even though GERD is often a chronic condition, over time the disease may not require acid suppression and it is important that patients do not take drugs that are no longer necessary.

4 Do not undertake genetic testing for coeliac genes as a screening test for coeliac disease

The value of testing for coeliac genes is primarily as a negative test – if the gene test is negative then coeliac disease may be excluded. However as a coeliac gene can be found in approximately one third of the population, a positive result does not make coeliac disease a certainty.

Serological testing, in a patient consuming an appropriate amount of gluten, is the appropriate first line screening test for coeliac disease. A small bowel biopsy is then required if serology is positive.

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Do not perform a follow-up endoscopy less than three years after two consecutive findings of no dysplasia from endoscopies with appropriate four quadrant biopsies for patients diagnosed with Barrett's Oesophagus

Barrett's Oesophagus (or Barrett's mucosa) is the term given to a change which occurs in the lining of the lower oesophagus. It occurs in a small proportion of patients with longstanding gastro-oesophageal reflux. The condition requires surveillance because of an increased risk of oesophageal adenocarcinoma (EAC). This usually develops slowly over a period of some years and can be predicted by the finding of pre-cancerous changes (dysplasia) on biopsies.

However, systematic surveillance of Barrett's Oesophagus patients has not been shown to be cost-effective, and no randomised controlled trials have been conducted to compare surveillance with the natural history of Barrett's Oesophagus. According to currently-accepted guidelines, it is appropriate and safe to examine the oesophagus and check for dysplasia every three years, as cellular changes occur very slowly.

For the list of references supporting these recommendations and further information on the development process,
see **evolve.edu.au/published-lists/gastroenterological-society-of-australia/**
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WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices are developed through a rigorous, peer-reviewed process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.