

Five Things Physicians and Patients Should Question

1 Don't perform routine cancer screening for dialysis patients with limited life expectancies without signs or symptoms.

Due to high mortality among end-stage renal disease (ESRD) patients, routine cancer screening—including mammography, colonoscopy, prostate-specific antigen (PSA) and Pap smears—in dialysis patients with limited life expectancy, such as those who are not transplant candidates, is not cost effective and does not improve survival. False-positive tests can cause harm: unnecessary procedures, overtreatment, misdiagnosis and increased stress. An individualized approach to cancer screening incorporating patients' cancer risk factors, expected survival and transplant status is required.

2 Don't administer erythropoiesis-stimulating agents (ESAs) to chronic kidney disease (CKD) patients with hemoglobin levels greater than or equal to 10 g/dL without symptoms of anemia.

Administering ESAs to CKD patients with the goal of normalizing hemoglobin levels has no demonstrated survival or cardiovascular disease benefit, and may be harmful in comparison to a treatment regimen that delays ESA administration or sets relatively conservative targets (9–11 g/dL). ESAs should be prescribed to maintain hemoglobin at the lowest level that both minimizes transfusions and best meets individual patient needs.

3 Avoid nonsteroidal anti-inflammatory drugs (NSAIDs) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.

The use of NSAIDs, including cyclo-oxygenase type 2 (COX-2) inhibitors, for the pharmacological treatment of musculoskeletal pain can elevate blood pressure, make antihypertensive drugs less effective, cause fluid retention and worsen kidney function in these individuals. Other agents such as acetaminophen, tramadol or short-term use of narcotic analgesics may be safer than and as effective as NSAIDs.

4 Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.

Venous preservation is critical for stage III–V CKD patients. Arteriovenous fistulas (AVF) are the best hemodialysis access, with fewer complications and lower patient mortality, versus grafts or catheters. Excessive venous puncture damages veins, destroying potential AVF sites. PICC lines and subclavian vein puncture can cause venous thrombosis and central vein stenosis. Early nephrology consultation increases AVF use at hemodialysis initiation and may avoid unnecessary PICC lines or central/peripheral vein puncture.

5 Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their physicians.

The decision to initiate chronic dialysis should be part of an individualized, shared decision-making process between patients, their families, and their physicians. This process includes eliciting individual patient goals and preferences and providing information on prognosis and expected benefits and harms of dialysis within the context of these goals and preferences. Limited observational data suggest that survival may not differ substantially for older adults with a high burden of comorbidity who initiate chronic dialysis versus those managed conservatively.

How This List Was Created

The American Society of Nephrology (ASN) maintains a Quality and Patient Safety (QPS) Task Force that advances ASN's commitment to providing high-quality care to patients and to raising awareness of patient safety issues for all professionals administering care to kidney patients. Each of ASN's 10 advisory groups contributes expertise to the task force to ensure it addresses all areas of nephrology practice, and the society's president, public policy board and council also provide insights. The QPS task force centered its focus on five items most likely to positively impact and influence optimal patient care. The final list of five items was unanimously approved by the ASN public policy board and council. ASN's disclosure and conflict of interest policy can be found at www.asn-online.org.

Sources

- 1 U.S. Renal Data System, American Society of Nephrology, American Society of Transplantation, *Archives of Internal Medicine*, *Seminars in Dialysis*.
- 2 U.S. Food and Drug Administration, *The New England Journal of Medicine* (multiple publications).
- 3 National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) *Clinical Practice Guidelines for Chronic Kidney Disease; Chronic Kidney Disease in Adults: UK Guidelines for Identification, Management and Referral*; American Heart Association; *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*; *Scottish Intercollegiate Guidelines Network on Management of Chronic Heart Failure*.
- 4 *Fistula First Breakthrough Initiative – National Coalition Recommendation for the Minimal Use of PICC Lines*, American Society of Diagnostic and interventional Nephrology: *Guidelines for Venous Access in Patients with Chronic Kidney Disease*, *Seminars in Dialysis*, National Kidney Foundation *Clinical Practice Guidelines for Vascular Access*, *The Renal Network, Inc. PICC Line Resource Toolkit*, *Clinical and Experimental Nephrology*.
- 5 Renal Physicians' Association End-of-Life Care Guidelines, *Pediatric Nephrology*, *Clinical Journal of the American Society of Nephrology*, *Journal of Pediatrics*, *Nephrology Dialysis Transplantation*, *Archives of Internal Medicine*, *Nephrology Dialysis and Transplant*, *New England Journal of Medicine*, *Palliative Medicine*.

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.

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About the American Society of Nephrology:

The American Society of Nephrology (ASN) represents nearly 14,000 professionals committed to curing kidney disease. The *Choosing Wisely* campaign reflects ASN's commitment to the highest quality care for the millions of kidney patients worldwide. ASN provides the most highly regarded education in kidney medicine, supports key kidney research, and advocates daily for policies that improve patients' lives and equip professionals to help those with kidney disease achieve the highest quality of life.



For more information or questions, please visit www.asn-online.org.

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