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Cite as: *Can Urol Assoc J* 2014;8(7-8):223-4.
<http://dx.doi.org/10.5489/cuaj.2350>
Published online August 11, 2014.

Many CUAJ readers will be well aware of the Choosing Wisely Canada campaign¹ launched this spring, either from association communications or promotion within their own local institutions. The campaign was launched in April 2014 and includes lists from 9 national medical organizations that represent tests or procedures that patients do not need in all circumstances. The campaign is modelled from the unprecedented effort of the US-based initiative of *Choosing Wisely* initiated by the American Board of Internal Medicine Foundation;² this American campaign originally included a list of 45 tests from 9 medical organizations and, to date, include more than 200 discouraged tests and procedures from more than 50 medical specialty societies. The lists represent an effort to help promote best practices and avoid unnecessary and potentially harmful interventions, and were first conceptualized to encourage doctors and patients to initiate a conversation around the overuse of some medical testing.

Although much of the focus is on primary care, Choosing Wisely statements from the American Urological Association (AUA) in 2012 include 5 urology-specific issues:

1. A routine bone scan is unnecessary in men with low-risk prostate cancer.
2. Don't prescribe testosterone to men with erectile dysfunction who have normal testosterone levels.
3. Don't order creatinine or upper-tract imaging for patients with benign prostatic hyperplasia.
4. Don't treat an elevated prostate-specific antigen (PSA) with antibiotics for patients not experiencing other symptoms.
5. Don't perform ultrasound on boys with cryptorchidism.

However, there are several others from different organizations that are worth examining, including the use of antibiotics in the elderly from the American Geriatrics Society, as well as use of voiding cystourethrogram in the first febrile urinary tract infection from the American Academy of Family Physicians (AAFP). Perhaps somewhat more controversially for urologists, both the American Society of Radiation Oncology and AAFP have chosen statements around PSA screening on their lists.

Not surprisingly, there has been some criticism of this endeavour. Most over-testing is a result of defensive medicine to avoid litigation and, as one healthcare blogger put it (we paraphrase here), we should start to practice "Choosing Wisely" when lawyers start to practice "Suing Wisely." Others have lamented that the lists, despite a noble goal of decreasing costs and potential harm, are too simplistic and without sufficient context and could therefore result in barriers to coverage or payment for services. In our opinion, neither of these concerns should hinder an enthusiastic adoption in our Canadian context.

One challenge with any campaign such as this one is with its messaging. It requires buy-in from many healthcare organizations, associations and advocacy groups to reach the practitioner and the public. Choosing Wisely has done an admirable job. In Canada alone, there are more than 30 organizations already engaged in the process. They have clear and straight-forward material speaking to both clinicians and patients. They have also teamed up with Consumer Reports to provide brochures for consumers to help engage in these important conversations. However, it is unlikely that these efforts will lead to a significant number of patients approaching their urologists questioning the tests that were ordered in the midst of an often complex, and very personal, medical interaction. The Choosing Wisely Canada campaign does though provide another opportunity for associations to reach out and engage members to reflect on the issues of over-testing and reinforce some best practices more fully detailed in specialty guidelines. The CUA guidelines, including the updated "Sports and the Solitary Kidney" in this issue of the *CUAJ*,³ provide urologists with thoughtful, practical recommendations at the same time

as being good stewards of limited resources.⁴ The frank and forthright messages of the Choosing Wisely Canada campaign offer an excellent opportunity to capitalize on these recommendations.

The CUA, spearheaded by the Guidelines Committee, has joined as a partner on the second wave of Choosing Wisely Canada to launch in October 2014. We have an opportunity to advance this conversation to make smart and effective choices, ensuring our ability to maintain high-quality urological care in Canada. The AUA offerings are an excellent start, but some may not be as relevant for the Canadian audience. We would like to hear your voice on the concept and the specific list of interventions. Send your feedback and suggestions to corporate.office@cua.org.

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