Table 1. List of *Choosing Wisely®* recommendations corresponding to an Anthem measure: *Choosing Wisely®* recommendations (by specialty society, as of May, 2014) listed where corresponding Anthem measures have been constructed to identify individuals who might benefit from discussion regarding unnecessary care (n = 202), and (if applicable), measures identifying clinical scenarios represented by the recommendation (n = 145). Note: total count of *Choosing Wisely®* recommendations = 305 (only recommendations that are operationalized are presented in Table 1).

<table>
<thead>
<tr>
<th>Specialty Society</th>
<th>Recommendation (n = 202)</th>
<th>Measure identifying clinical scenario represented by recommendation (yes = 145)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMDA - Dedicated to Long Term Care Medicine</td>
<td>Don’t insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.</td>
<td>Yes</td>
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<td></td>
<td>Don’t use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.</td>
<td>No</td>
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<td>Don’t obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.</td>
<td>Yes</td>
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<td>Don’t prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior.</td>
<td>Yes</td>
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<td>Don’t routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.</td>
<td>Yes</td>
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<tr>
<td>American Academy of Allergy, Asthma &amp; Immunology</td>
<td>Don’t perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.</td>
<td>Yes</td>
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<td>Don’t order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.</td>
<td>Yes</td>
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<td>Don’t routinely do diagnostic testing in patients with chronic urticaria.</td>
<td>Yes</td>
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<td>Don’t diagnose or manage asthma without spirometry.</td>
<td>Yes</td>
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<td>Don’t perform food IgE testing without a history consistent with potential IgE-mediated food allergy.</td>
<td>Yes</td>
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<td>Don’t routinely order low- or iso-osmolar radiocontrast media or pretreat with corticosteroids and antihistamines for patients with a history of seafood allergy, who require radiocontrast media.</td>
<td>Yes</td>
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<td>Don’t routinely avoid influenza vaccination in egg-allergic patients.</td>
<td>Yes</td>
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<td>Don’t overuse non-beta lactam antibiotics in patients with a history of penicillin allergy, without an appropriate evaluation.</td>
<td>Yes</td>
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<td>American Academy of Dermatology</td>
<td>Don’t prescribe oral antifungal therapy for suspected nail fungus without confirmation of fungal infection.</td>
<td>Yes</td>
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<td>Don’t perform sentinel lymph node biopsy or other diagnostic tests for the evaluation of early, thin melanoma because they do not improve survival.</td>
<td>No</td>
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<td>Don’t treat uncomplicated, non-melanoma skin cancer less than one centimeter in size on the trunk and extremities with Mohs micrographic surgery.</td>
<td>No</td>
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<td>Don’t use oral antibiotics for treatment of atopic dermatitis unless there is clinical evidence of infection.</td>
<td>Yes</td>
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<td>Don’t routinely use topical antibiotics on a surgical wound.</td>
<td>No</td>
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<tr>
<td>American Academy of Family Physicians</td>
<td>Don’t do imaging for low back pain within the first six weeks, unless red flags are present.</td>
<td>Yes</td>
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<td>Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.</td>
<td>Yes</td>
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<td>Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.</td>
<td>Yes</td>
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<td>Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.</td>
<td>Yes</td>
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<td>Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.</td>
<td>Yes</td>
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<td>Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.</td>
<td>No</td>
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<td></td>
<td>Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.</td>
<td>No</td>
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<td>Don’t screen for carotid artery stenosis (CAS) in asymptomatic adult patients.</td>
<td>Yes</td>
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<td>Don’t screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.</td>
<td>Yes</td>
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<td>Don’t screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.</td>
<td>Yes</td>
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<td>Don’t prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable.</td>
<td>Yes</td>
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<td>Don’t routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.</td>
<td>Yes</td>
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<td>Don’t screen adolescents for scoliosis.</td>
<td>No</td>
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<td>Don’t require a pelvic exam or other physical exam to prescribe oral contraceptive medications.</td>
<td>No</td>
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<tr>
<td>American Academy of Hospice and Palliative Medicine</td>
<td>Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral assisted feeding.</td>
<td>Yes</td>
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<td>Don’t leave an implantable cardioverter-defibrillator (ICD) activated when it is inconsistent with the patient/family goals of care.</td>
<td>No</td>
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<td>Don’t recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.</td>
<td>No</td>
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<tr>
<td>American Academy of Neurology</td>
<td>Don’t perform electroencephalography (EEG) for headaches.</td>
<td>Yes</td>
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<td>Don’t use opioid or butalbital treatment for migraine except as a last resort.</td>
<td>No</td>
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<td>Don’t prescribe interferon-beta or glatiramer acetate to patients with disability from progressive, non-relapsing forms of multiple sclerosis.</td>
<td>No</td>
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<td>Don’t recommend CEA for asymptomatic carotid stenosis unless the complication rate is low (&lt;3%).</td>
<td>No</td>
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<td>American Academy of Ophthalmology</td>
<td>Don’t perform preoperative medical tests for eye surgery unless there are specific medical indications.</td>
<td>No</td>
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<td>Don’t place punctal plugs for mild dry eye before trying other medical treatments.</td>
<td>No</td>
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<tr>
<td>American Academy of Orthopaedic Surgeons</td>
<td>Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.</td>
<td>Yes</td>
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<tr>
<td><strong>American Academy of Otolaryngology — Head and Neck Surgery Foundation</strong></td>
<td>Don’t use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.</td>
<td>No</td>
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<td>Don’t use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.</td>
<td>No</td>
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<td>Don’t use post-operative splinting of the wrist after carpal tunnel release for long-term relief.</td>
<td>Yes</td>
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<td><strong>American Academy of Pediatrics</strong></td>
<td>Don’t prescribe oral antibiotics for uncomplicated acute tympanostomy tube otitis.</td>
<td>Yes</td>
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<td>Don’t prescribe oral antibiotics for uncomplicated acute external otitis.</td>
<td>Yes</td>
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<td>Don’t routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.</td>
<td>Yes</td>
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<td>Don’t obtain computed tomography (CT) or magnetic resonance imaging (MRI) in patients with a primary complaint of hoarseness prior to examining the larynx.</td>
<td>No</td>
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<td><strong>American Association for Pediatric Ophthalmology and Strabismus</strong></td>
<td>Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).</td>
<td>Yes</td>
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<td>Cough and cold medicines should not be prescribed or recommended for respiratory illnesses in children under four years of age.</td>
<td>No</td>
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<td>Don’t perform screening panels for food allergies without previous consideration of medical history.</td>
<td>Yes</td>
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<td>Avoid using acid blockers and motility agents such as metoclopramide (generic) for physiologic gastroesophageal reflux (GER) that is effortless, painless and not affecting growth. Do not use medication in the so-called “happy-spitter.”</td>
<td>Yes</td>
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<td>Avoid the use of surveillance cultures for the screening and treatment of asymptomatic bacteruria.</td>
<td>Yes</td>
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<td></td>
<td>Infant home apnea monitors should not be routinely used to prevent sudden infant death syndrome (SIDS).</td>
<td>Yes</td>
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<td><strong>American Association for the Study of Liver Diseases</strong></td>
<td>Don’t put asymptomatic children in weak reading glasses.</td>
<td>No</td>
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<td>Annual comprehensive eye exams are unnecessary for children who pass routine vision screening assessments.</td>
<td>Yes</td>
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<td>Don’t recommend vision therapy for patients with dyslexia.</td>
<td>No</td>
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<td>Don’t routinely order imaging for all patients with double vision.</td>
<td>Yes</td>
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<td></td>
<td>Don’t order retinal imaging tests for children without symptoms or signs of eye disease.</td>
<td>Yes</td>
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<tr>
<td><strong>American College of Cardiology</strong></td>
<td>Don’t perform surveillance esophagogastroduodenoscopy (EGD) in patients with compensated cirrhosis and small varices without red signs treated with non-selective beta blockers for preventing a first variceal bleed.</td>
<td>Yes</td>
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<td>Don’t continue treatment for hepatic encephalopathy indefinitely after an initial episode with an identifiable precipitant.</td>
<td>Yes</td>
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<td>Don’t repeat hepatitis C viral load testing outside of antiviral therapy.</td>
<td>Yes</td>
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<td>Institution</td>
<td>Recommendation</td>
<td>Status</td>
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<tr>
<td>American College of Chest Physicians and American Thoracic Society</td>
<td>Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.</td>
<td>Yes</td>
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<td>Don’t perform computed tomography (CT) surveillance for evaluation of indeterminate pulmonary nodules at more frequent intervals or for a longer period of time than recommended by established guidelines.</td>
<td>No</td>
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<td>Don’t routinely offer pharmacologic treatment with advanced vasoactive agents approved only for the management of pulmonary arterial hypertension to patients with pulmonary hypertension resulting from left heart disease or hypoxemic lung diseases (Groups II or III pulmonary hypertension).</td>
<td>Yes</td>
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<td>For patients recently discharged on supplemental home oxygen following hospitalization for an acute illness, don’t renew the prescription without assessing the patient for ongoing hypoxemia.</td>
<td>No</td>
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<td>Don’t perform CT screening for lung cancer among patients at low risk for lung cancer.</td>
<td>Yes</td>
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<tr>
<td>American College of Medical Toxicology and The American Academy of Clinical Toxicology</td>
<td>Don’t remove mercury-containing dental amalgams.</td>
<td>No</td>
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<tr>
<td>The American College of Obstetricians and Gynecologists</td>
<td>Don’t schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks 0 days gestational age.</td>
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<td>Don’t schedule elective, non-medically indicated inductions of labor between 39 weeks 0 days and 41 weeks 0 days unless the cervix is deemed favorable.</td>
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<td>Don’t perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.</td>
<td>Yes</td>
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<td>Don’t treat patients who have mild dysplasia of less than two years in duration.</td>
<td>No</td>
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<td>Don’t screen for ovarian cancer in asymptomatic women at average risk.</td>
<td>Yes</td>
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<tr>
<td>American College of Occupational and Environmental Medicine</td>
<td>Don’t initially obtain X-rays for injured workers with acute non-specific low back pain.</td>
<td>Yes</td>
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<td></td>
<td>Don’t routinely order X-ray for diagnosis of plantar fasciitis/heel pain in employees who stand or walk at work.</td>
<td>Yes</td>
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<tr>
<td>American College of Physicians</td>
<td>Don’t obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.</td>
<td>Yes</td>
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<td></td>
<td>Don’t obtain imaging studies in patients with non-specific low back pain.</td>
<td>Yes</td>
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<td>Don’t obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology.</td>
<td>Yes</td>
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<tr>
<td>American College of Radiology</td>
<td>Don’t do imaging for uncomplicated headache.</td>
<td>Yes</td>
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<td></td>
<td>Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.</td>
<td>Yes</td>
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<td>Don’t recommend follow-up imaging for clinically inconsequential adnexal cysts.</td>
<td>No</td>
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<tr>
<td>American College of Rheumatology</td>
<td>Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.</td>
<td>Yes</td>
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<td>Don’t prescribe biologics for rheumatoid arthritis before a trial of methotrexate (or other conventional non-biologic DMARDs).</td>
<td>Yes</td>
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<td>Don’t routinely repeat DXA scans more often than once every two years.</td>
<td>Yes</td>
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<tr>
<td>American College of Rheumatology – Pediatric Rheumatology</td>
<td>Don’t routinely perform surveillance joint radiographs to monitor juvenile idiopathic arthritis (JIA) disease activity.</td>
<td>No</td>
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<td>Don’t perform methotrexate toxicity labs more often than every 12 weeks on stable doses.</td>
<td>Yes</td>
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<td>Medical Society</td>
<td>Recommendation</td>
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<tr>
<td><strong>American College of Surgeons</strong></td>
<td>Don’t repeat a confirmed positive ANA in patients with established JIA or systemic lupus erythematosus (SLE). Yes</td>
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<td>Don’t perform axillary lymph node dissection for clinical stages I and II breast cancer with clinically negative lymph nodes without attempting sentinel node biopsy. No</td>
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<td>Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia. Yes</td>
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<td></td>
<td>Avoid admission or preoperative chest X-rays for ambulatory patients with unremarkable history and physical exam. Yes</td>
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<tr>
<td><strong>American Gastroenterological Association</strong></td>
<td>For pharmacological treatment of patients with gastroesophageal reflux disease (GERD), long-term acid suppression therapy (proton pump inhibitors or histamine2 receptor antagonists) should be titrated to the lowest effective dose needed to achieve therapeutic goals. No</td>
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<td>Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals. No</td>
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<tr>
<td><strong>American Geriatrics Society</strong></td>
<td>Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding. Yes</td>
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<td></td>
<td>Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia. Yes</td>
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<td></td>
<td>Avoid using medications to achieve hemoglobin A1c &lt;7.5% in most adults age 65 and older; moderate control is generally better. Yes</td>
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<td>Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium. Yes</td>
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<td>Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present. Yes</td>
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<td>Don’t prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects. Yes</td>
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<td>Don’t recommend screening for breast or colorectal cancer, nor prostate cancer (with the PSA test) without considering life expectancy and the risks of testing, overdiagnosis and overtreatment. Yes</td>
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<td>Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, provide feeding assistance and clarify patient goals and expectations. No</td>
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<td>Don’t prescribe a medication without conducting a drug regimen review. No</td>
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<td><strong>American Headache Society</strong></td>
<td>Don’t perform neuroimaging studies in patients with stable headaches that meet criteria for migraine. No</td>
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<td>Don’t recommend surgical deactivation of migraine trigger points outside of a clinical trial. Yes</td>
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<td>Don’t prescribe opioid or butalbital-containing medications as first-line treatment for recurrent headache disorders. No</td>
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<td>Don’t recommend prolonged or frequent use of over-the-counter (OTC) pain medications for headache. No</td>
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<td><strong>American Medical Society for Sports Medicine</strong></td>
<td>Avoid ordering an abdominal ultrasound examination routinely in athletes with infectious mononucleosis. Yes</td>
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<tr>
<td><strong>American Psychiatric Association</strong></td>
<td>Avoid ordering a knee MRI for a patient with anterior knee pain without mechanical symptoms or effusion unless the patient has not improved following completion of an appropriate functional rehabilitation program.</td>
<td>Yes</td>
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<td></td>
<td>Avoid recommending knee arthroscopy as initial management for patients with degenerative meniscal tears and no mechanical symptoms.</td>
<td>Yes</td>
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<td>Don’t prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.</td>
<td>No</td>
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<td>Don’t routinely prescribe two or more antipsychotic medications concurrently.</td>
<td>Yes</td>
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<td></td>
<td>Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.</td>
<td>Yes</td>
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<td>Don’t routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.</td>
<td>Yes</td>
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<td></td>
<td>Don’t routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.</td>
<td>Yes</td>
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<tr>
<td><strong>American Society for Clinical Pathology</strong></td>
<td>Don’t perform population based screening for 25-OH-Vitamin D deficiency.</td>
<td>Yes</td>
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<td>Don’t perform low risk HPV testing.</td>
<td>Yes</td>
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<tr>
<td><strong>American Society of Plastic Surgeons</strong></td>
<td>Avoid performing routine and follow-up mammograms of reconstructed breasts after mastectomies.</td>
<td>Yes</td>
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<td><strong>American Society for Radiation Oncology</strong></td>
<td>Don’t initiate management of low-risk prostate cancer without discussing active surveillance.</td>
<td>No</td>
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<tr>
<td><strong>American Society for Reproductive Medicine</strong></td>
<td>Don’t perform routine diagnostic laparoscopy for the evaluation of unexplained infertility.</td>
<td>Yes</td>
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<td>Don’t perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple.</td>
<td>Yes</td>
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<td>Don’t perform a postcoital test (PCT) for the evaluation of infertility.</td>
<td>Yes</td>
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<td>Don’t routinely order thrombophilia testing on patients undergoing a routine infertility evaluation.</td>
<td>Yes</td>
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<td>Don’t perform immunological testing as part of the routine infertility evaluation.</td>
<td>Yes</td>
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<tr>
<td><strong>American Society of Anesthesiologists</strong></td>
<td>Don’t prescribe opioid analgesics as first-line therapy to treat chronic non-cancer pain.</td>
<td>Yes</td>
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<td>Don’t prescribe opioid analgesics as long-term therapy to treat chronic non-cancer pain until the risks are considered and discussed with the patient.</td>
<td>No</td>
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<td>Avoid imaging studies (MRI, CT or X-rays) for acute low back pain without specific indications.</td>
<td>Yes</td>
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<td>Avoid irreversible interventions for non-cancer pain that carry significant costs and/or risks.</td>
<td>Yes</td>
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<tr>
<td><strong>American Society of Clinical Oncology</strong></td>
<td>Don’t perform PET, CT, and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.</td>
<td>No</td>
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<tr>
<td></td>
<td>Don’t perform PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.</td>
<td>No</td>
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<td>Don’t perform surveillance testing (biomarkers) or imaging (PET, CT, and radionuclide bone scans) for asymptomatic individuals who have been treated for breast cancer with curative intent.</td>
<td>Yes</td>
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<td>Don’t give patients starting on a chemotherapy regimen that has a low or moderate risk of causing nausea and vomiting antiemetic drugs intended for use with a regimen that has a high risk of causing nausea and vomiting.</td>
<td>Yes</td>
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<td>Don’t use combination chemotherapy (multiple drugs) instead of chemotherapy with one drug when treating an individual for metastatic breast cancer unless the patient needs a rapid response to relieve tumor-related symptoms.</td>
<td>No</td>
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</tr>
<tr>
<td>Avoid using PET or PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer unless there is high-level evidence that such imaging will change the outcome.</td>
<td>Yes</td>
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<tr>
<td>Don’t perform PSA testing for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than 10 years.</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

| American Society of Echocardiography |
| Don’t order follow-up or serial echocardiograms for surveillance after a finding of trace valvular regurgitation on an initial echocardiogram. | Yes |
| Don’t repeat echocardiograms in stable, asymptomatic patients with a murmur/click, where a previous exam revealed no significant pathology. | Yes |
| Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease. | Yes |
| Avoid using stress echocardiograms on asymptomatic patients who meet “low risk” scoring criteria for coronary disease. | Yes |

| American Society of Hematology |
| Limit surveillance computed tomography (CT) scans in asymptomatic patients following curative-intent treatment for aggressive lymphoma. | Yes |

| American Society of Nephrology |
| Don’t perform routine cancer screening for dialysis patients with limited life expectancies without signs or symptoms. | Yes |
| 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. | Yes |
| Avoid nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes. | Yes |
| Don’t place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | Yes |
| Don’t initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their physicians. | No |

| American Society of Nuclear Cardiology |
| Don’t perform stress cardiac imaging or coronary angiography in patients without cardiac symptoms unless high-risk markers are present. | Yes |
| Don’t perform radionuclide imaging as part of routine follow-up in asymptomatic patients. | Yes |
| Don’t perform cardiac imaging as a pre-operative assessment in patients scheduled to undergo low- or intermediate-risk non-cardiac surgery. | Yes |

<p>| American Urological Association |
| A routine bone scan is unnecessary in men with low-risk prostate cancer. | No |
| Don’t prescribe testosterone to men with erectile dysfunction who have normal testosterone levels. | Yes |
| Don’t order creatinine or upper-tract imaging for patients with benign prostatic hyperplasia (BPH). | No |
| Don’t perform ultrasound on boys with cryptorchidism. | Yes |</p>
<table>
<thead>
<tr>
<th>Commission on Cancer</th>
<th>Don’t perform surgery to remove a breast lump for suspicious findings unless needle biopsy cannot be done.</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Don’t initiate surveillance testing after cancer treatment without providing the patient a survivorship care plan.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Don’t use surgery as the initial treatment without considering pre-surgical (neoadjuvant) systemic and/or radiation for cancer types and stage where it is effective at improving local cancer control, quality or life or survival.</td>
<td>No</td>
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<tr>
<td></td>
<td>Don’t initiate cancer treatment without defining the extent of the cancer (through clinical staging) and discussing with the patient the intent of treatment</td>
<td>No</td>
</tr>
<tr>
<td>The Endocrine Society and American Association of Clinical Endocrinologists</td>
<td>Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.</td>
<td>Yes</td>
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<td></td>
<td>Don’t routinely measure 1,25-dihydroxyvitamin D unless the patient has hypercalcemia or decreased kidney function.</td>
<td>Yes</td>
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<td></td>
<td>Don’t order a total or free T3 level when assessing levothyroxine (T4) dose in hypothyroid patients.</td>
<td>Yes</td>
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<td></td>
<td>Don’t prescribe testosterone therapy unless there is biochemical evidence of testosterone deficiency.</td>
<td>Yes</td>
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<tr>
<td>Heart Rhythm Society</td>
<td>Don’t implant pacemakers for asymptomatic sinus bradycardia in the absence of other indications for pacing.</td>
<td>Yes</td>
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<td></td>
<td>Don’t implant an ICD for the primary prevention of sudden cardiac death in patients unlikely to survive at least one year due to non-cardiac comorbidity.</td>
<td>No</td>
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<tr>
<td></td>
<td>Don’t use Vaughan-Williams Class Ic antiarrhythmic drugs as a first-line agent for the maintenance of sinus rhythm in patients with ischemic heart disease who have experienced prior myocardial infarction.</td>
<td>Yes</td>
</tr>
<tr>
<td>North American Spine Society</td>
<td>Don’t recommend advanced imaging (e.g., MRI) of the spine within the first six weeks in patients with non-specific acute low back pain in the absence of red flags.</td>
<td>Yes</td>
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<td></td>
<td>Don’t perform elective spinal injections without imaging guidance, unless contraindicated.</td>
<td>Yes</td>
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<td></td>
<td>Don’t use electromyography (EMG) and nerve conduction studies (NCS) to determine the cause of axial lumbar, thoracic or cervical spine pain.</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Don’t recommend bed rest for more than 48 hours when treating low back pain.</td>
<td>No</td>
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<tr>
<td>Society for Cardiovascular Angiography and Interventions</td>
<td>Avoid performing routine stress testing after percutaneous coronary intervention (PCI) without specific clinical indications.</td>
<td>Yes</td>
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<td></td>
<td>Avoid coronary angiography in post-coronary artery bypass graft (CABG) and post-PCI patients who are asymptomatic, or who have normal or mildly abnormal stress tests and stable symptoms not limiting quality of life.</td>
<td>Yes</td>
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<td></td>
<td>Avoid coronary angiography for risk assessment in patients with stable ischemic heart disease (SIHD) who are unwilling to undergo revascularization or who are not candidates for revascularization based on comorbidities or individual preferences.</td>
<td>No</td>
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<td></td>
<td>Avoid coronary angiography to assess risk in asymptomatic patients with no evidence of ischemia or other abnormalities on adequate non-invasive testing.</td>
<td>Yes</td>
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<tr>
<td>Society for Cardiovascular Magnetic Resonance</td>
<td>Don’t perform stress CMR as a pre-operative assessment in patients scheduled to undergo low-risk, non-cardiac surgery.</td>
<td>Yes</td>
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<td></td>
<td>Don’t perform coronary CMR in symptomatic patients with a history of coronary stents.</td>
<td>Yes</td>
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<tr>
<td>Society for Maternal-Fetal Medicine</td>
<td>Don’t perform coronary CMR in the initial evaluation of asymptomatic patients.</td>
<td>Yes</td>
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<tr>
<td>Society for Vascular Medicine</td>
<td>Don’t use progestogens for preterm birth prevention in uncomplicated multifetal gestations.</td>
<td>No</td>
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<tr>
<td>Society for Vascular Medicine</td>
<td>Don’t reinage DVT in the absence of a clinical change.</td>
<td>No</td>
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<tr>
<td>Society of Cardiovascular Computed Tomography</td>
<td>Avoid cardiovascular testing for patients undergoing low-risk surgery.</td>
<td>Yes</td>
</tr>
<tr>
<td>Society of Cardiovascular Computed Tomography</td>
<td>Refrain from percutaneous or surgical revascularization of peripheral artery stenosis in patients without claudication or critical limb ischemia.</td>
<td>Yes</td>
</tr>
<tr>
<td>Society of Cardiovascular Computed Tomography</td>
<td>Don’t screen for renal artery stenosis in patients without resistant hypertension and with normal renal function, even if known atherosclerosis is present.</td>
<td>Yes</td>
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<tr>
<td>Society of General Internal Medicine</td>
<td>Don’t use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).</td>
<td>Yes</td>
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<tr>
<td>Society of General Internal Medicine</td>
<td>Don’t order coronary artery calcium scoring for preoperative evaluation for any surgery, irrespective of patient risk.</td>
<td>Yes</td>
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<tr>
<td>Society of General Internal Medicine</td>
<td>Don’t routinely order coronary computed tomography angiography for screening asymptomatic individuals</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t perform routine general health checks for asymptomatic adults.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t perform routine pre-operative testing before low-risk surgical procedures.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t recommend cancer screening in adults with life expectancy of less than 10 years.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t screen low risk women with CA-125 or ultrasound for ovarian cancer.</td>
<td>Yes</td>
</tr>
<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t perform Pap tests for surveillance of women with a history of endometrial cancer.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t perform colposcopy in patients treated for cervical cancer with Pap tests of low-grade squamous intraepithelial lesion (LGSIL) or less.</td>
<td>No</td>
</tr>
<tr>
<td>Society of Gynecologic Oncology</td>
<td>Avoid routine imaging for cancer surveillance in women with gynecologic cancer, specifically ovarian, endometrial, cervical, vulvar and vaginal cancer.</td>
<td>Yes</td>
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<tr>
<td>Society of Gynecologic Oncology</td>
<td>Don’t delay basic level palliative care for women with advanced or relapsed gynecologic cancer, and when appropriate, refer to specialty level palliative medicine.</td>
<td>No</td>
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<tr>
<td>Society of Hospital Medicine – Pediatric Hospital Medicine</td>
<td>Don’t order chest radiographs in children with uncomplicated asthma or bronchiolitis.</td>
<td>Yes</td>
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<tr>
<td>Society of Hospital Medicine – Pediatric Hospital Medicine</td>
<td>Don’t routinely use bronchodilators in children with bronchiolitis.</td>
<td>Yes</td>
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<tr>
<td>Society of Hospital Medicine – Pediatric Hospital Medicine</td>
<td>Don’t use systemic corticosteroids in children under 2 years of age with an uncomplicated lower respiratory tract infection.</td>
<td>Yes</td>
</tr>
<tr>
<td>Society of Hospital Medicine – Pediatric Hospital Medicine</td>
<td>Don’t treat gastroesophageal reflux in infants routinely with acid suppression therapy.</td>
<td>Yes</td>
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<tr>
<td>Society of Nuclear Medicine and Molecular Imaging</td>
<td>Don’t use PET/CT for cancer screening in healthy individuals.</td>
<td>Yes</td>
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<tr>
<td>Society of Nuclear Medicine and Molecular Imaging</td>
<td>Don’t perform routine annual stress testing after coronary artery revascularization.</td>
<td>Yes</td>
</tr>
<tr>
<td>Society of Nuclear Medicine and Molecular Imaging</td>
<td>Don’t use PET imaging in the evaluation of patients with dementia unless the patient has been assessed by a specialist in this field.</td>
<td>Yes</td>
</tr>
<tr>
<td>The Society of Thoracic Surgeons</td>
<td>Patients who have no cardiac history and good functional status do not require preoperative stress testing prior to non-cardiac thoracic surgery.</td>
<td>Yes</td>
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