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# CHOOSING WISELY

## Une autre manière de diffuser les bonnes pratiques en transfusion sanguine

[efs.sante.fr](http://efs.sante.fr)

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Jean-Yves Py  
EFS Centre-Pays de la Loire

SFVTT SAINT-MALO 21/11/18



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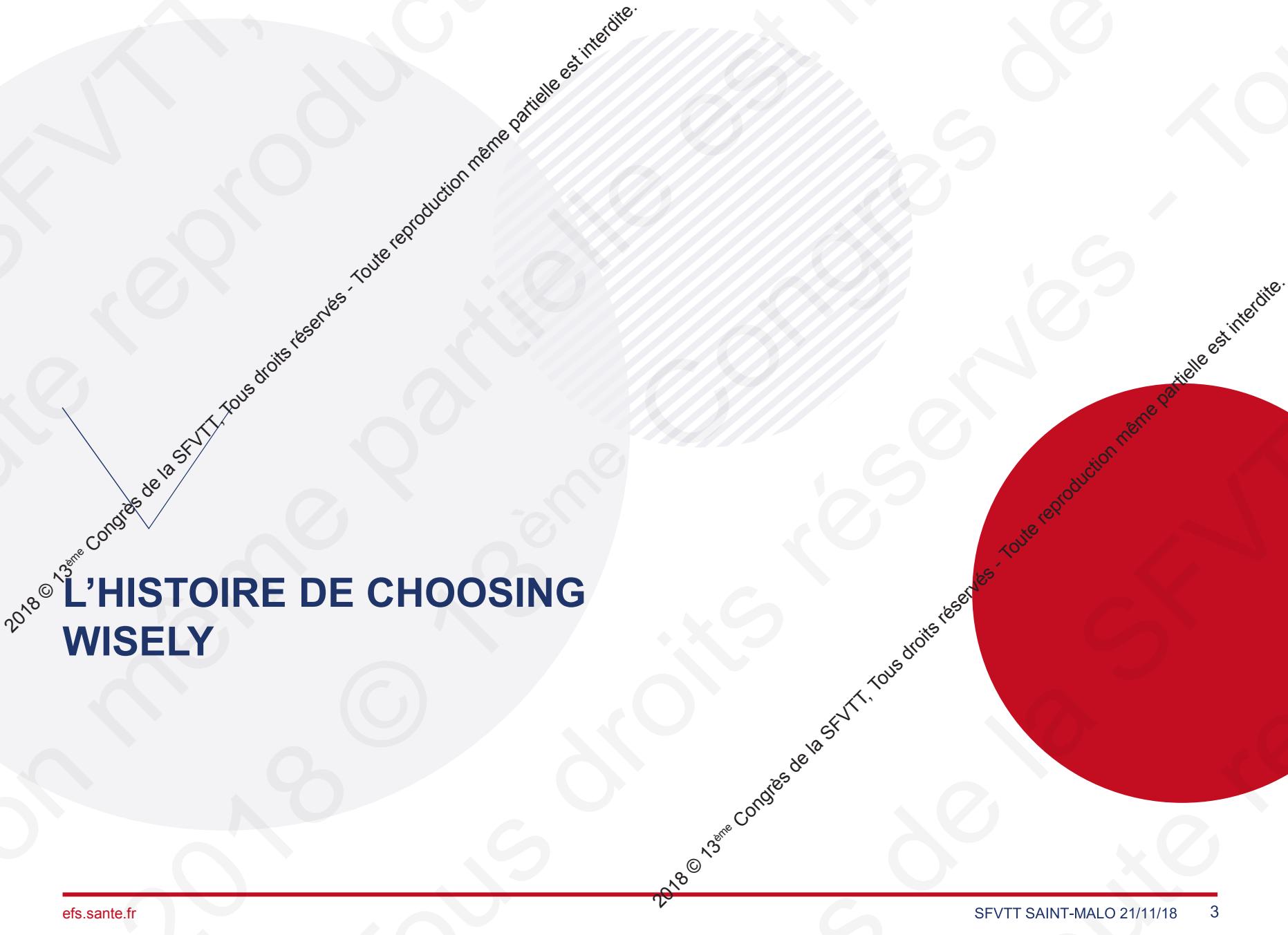
**COMMENT FAIRE DU CHOOSING WISELY ?**

**CHOOSING WISELY ET LA TRANSFUSION SANGUINE**

**QUEL AVENIR POUR CHOOSING WISELY ?**

Pas de conflit d'intérêt pour cette présentation

# L'HISTOIRE DE CHOOSING WISELY



# L'HISTOIRE DE CHOOSING WISELY

Pourquoi ?

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Reco arguments

Reco synthèse

Expérience

DUTS

Fac

Spécialiste en transfusion

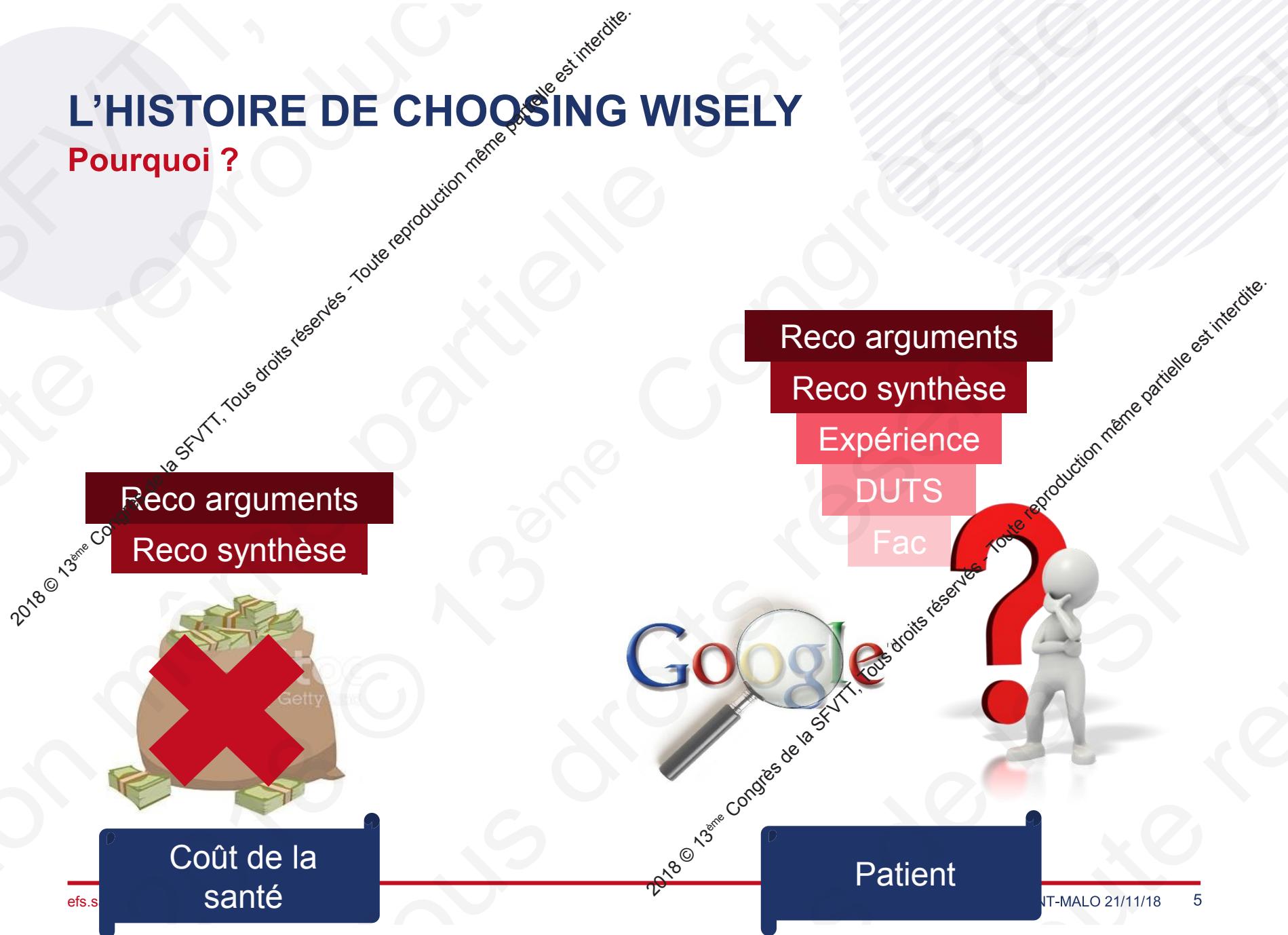
Médecin généraliste



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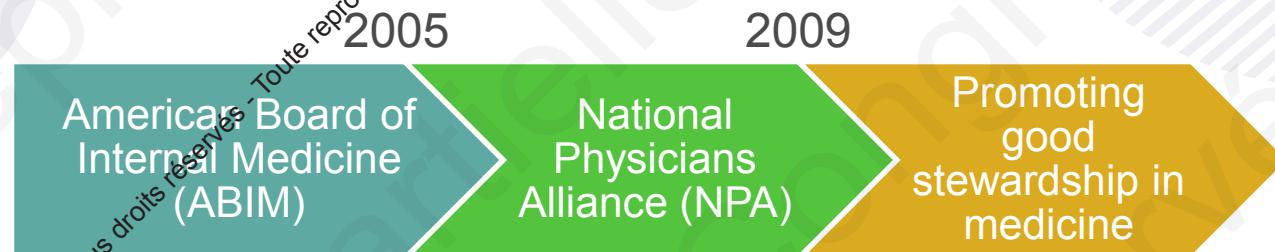
# L'HISTOIRE DE CHOOSING WISELY

Pourquoi ?

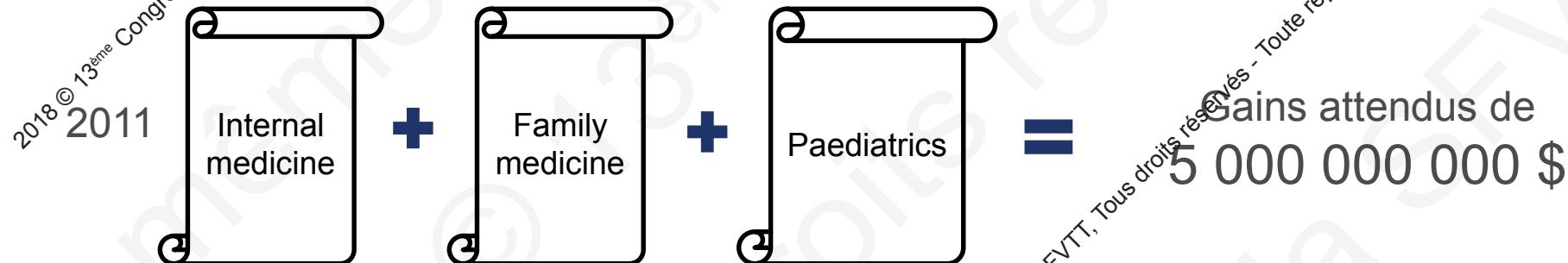


# L'HISTOIRE DE CHOOSING WISELY

## La contre-attaque



Medicine's Ethical Responsibility for Health Care Reform — The Top Five List  
Howard Brody, M.D., Ph.D. NEJM 2010 362;283-5



ABIM Foundation's Choosing Wisely Campaign™

# L'HISTOIRE DE CHOOSING WISELY

## L'invasion



An initiative of the ABIM Foundation

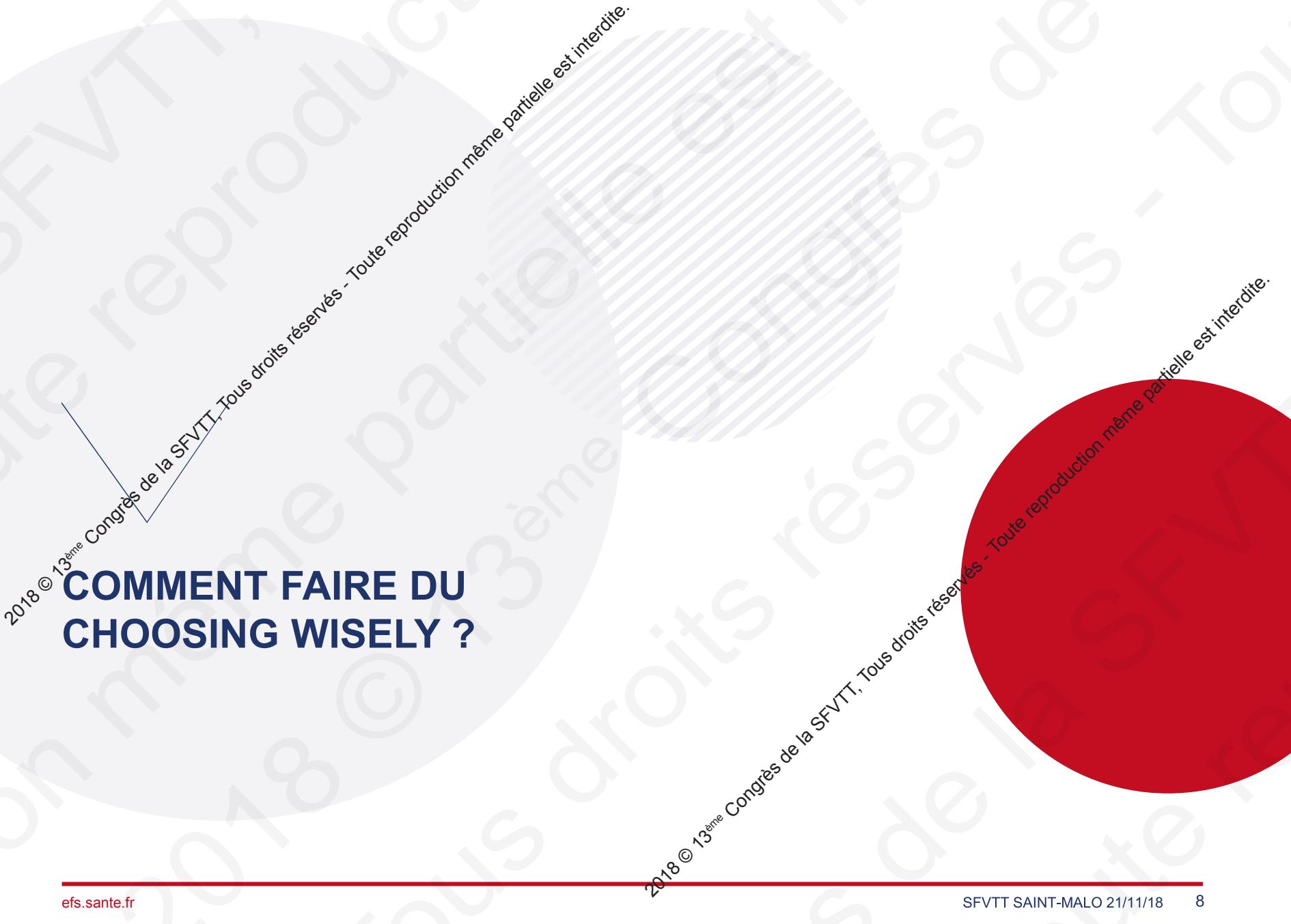
→ Aux USA <http://www.choosingwisely.org/clinician-lists/>

- 587 items
- 88 sociétés savantes

## 'Choosing Wisely': a growing international campaign

- Au-delà des USA, une campagne lancée en Australie, au Canada, au Danemark, en Angleterre, en Allemagne, en Italie, au Japon, en Hollande, en Nouvelle-Zélande, en Suisse, au Pays de Galle, ...

# COMMENT FAIRE DU CHOOSING WISELY ?



# COMMENT FAIRE DU CHOOSING WISELY ?

Qui ?

Initiative d'une  
société  
savante

- Toute reproduction même partielle est interdite.
- Eviter les conflits d'intérêt
- Penser « intérêts du patient » avant « objectifs financiers »

Création d'un  
groupe de  
travail

- Concernés par la démarche et volontaires
- Aidés par les relais locaux de l'organisation « Choosing Wisely »

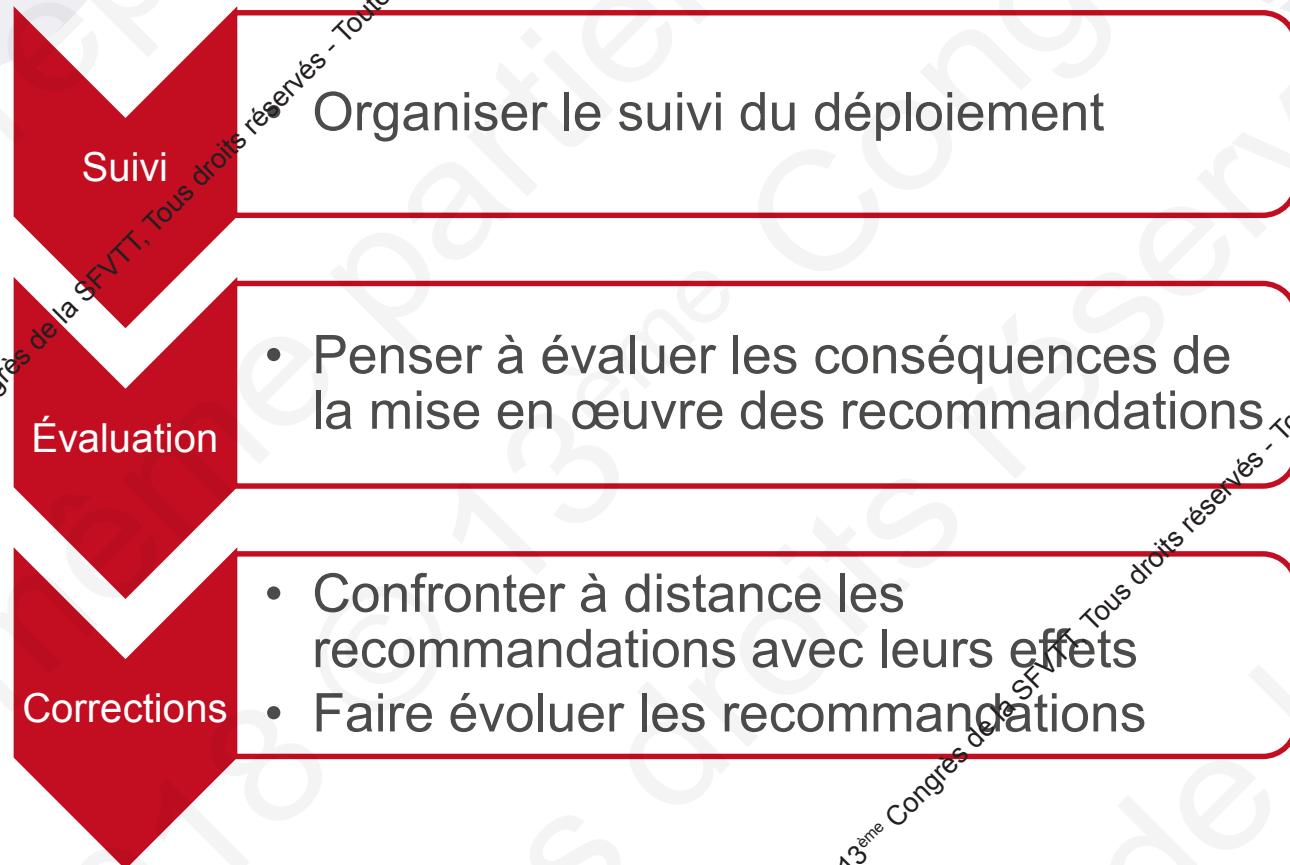
# COMMENT FAIRE DU CHOOSING WISELY ?

## Comment ?

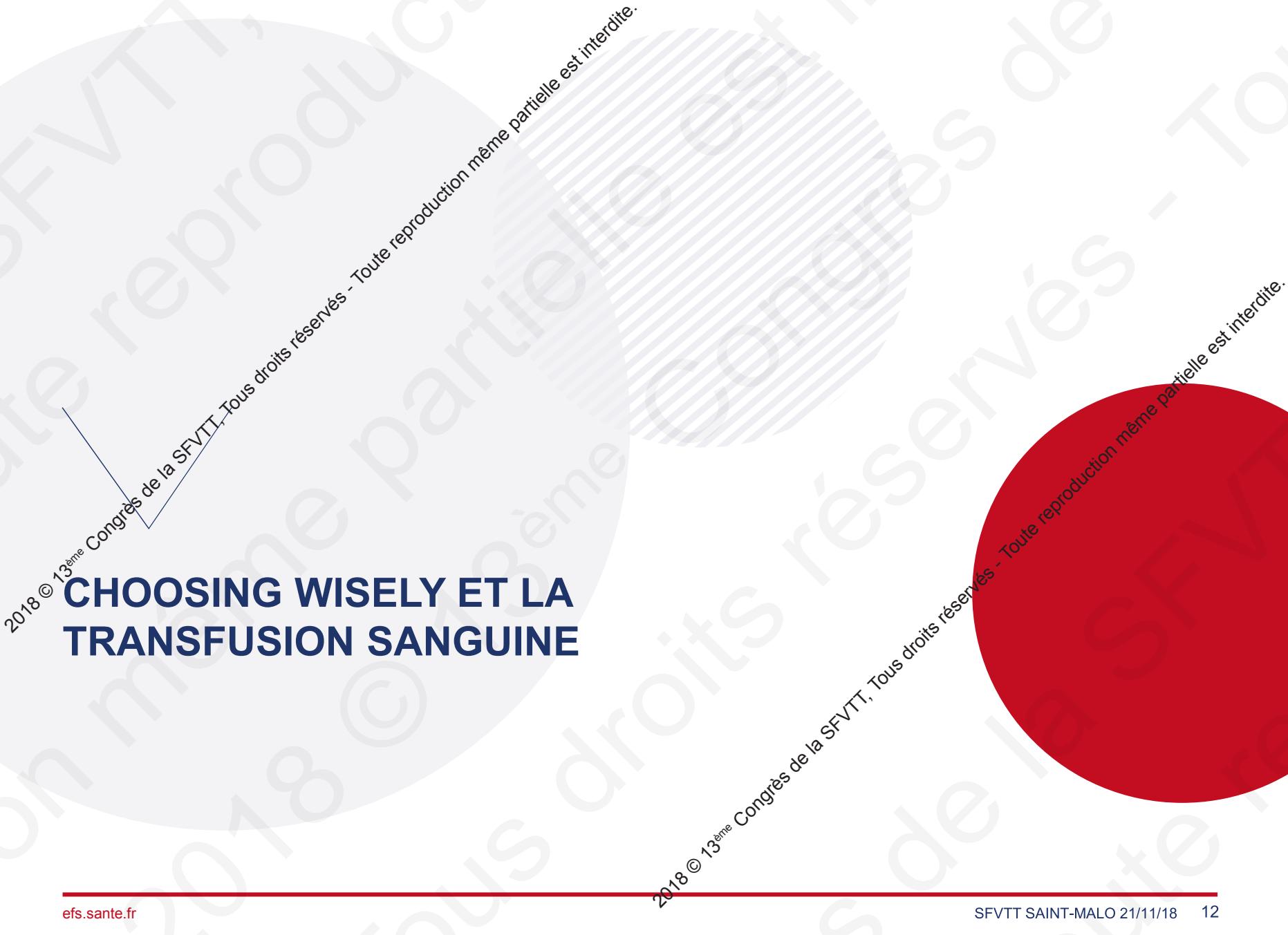


# COMMENT FAIRE DU CHOOSING WISELY ?

Et après ?



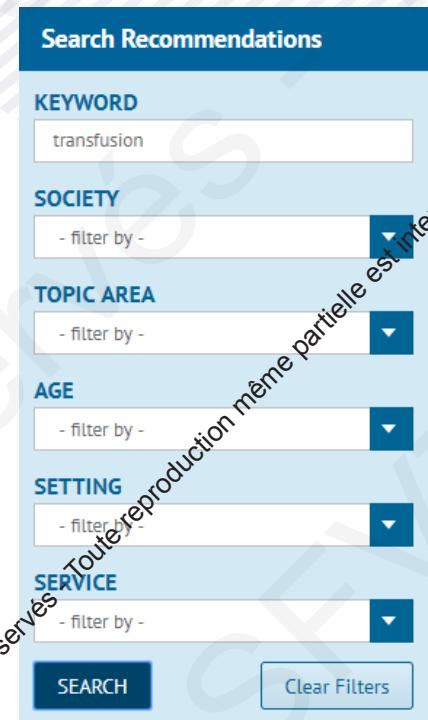
# **CHOOSING WISELY ET LA TRANSFUSION SANGUINE**



# CHOOSING WISELY ET LA TRANSFUSION SANGUINE

## Une discipline transversale

- Exemple sélection dans box US
  - Mot-clef « transfusion »
  - 23 items
  - 13 items au sein de listes diverses
    - Anesthésie, Réanimation, Hématologie, Gynéco-obstétrique, ...
  - 2 listes complètes
    - American Association of Blood Banks
    - Society for the Advancement of Blood Management



# CHOOSING WISELY ET LA TRANSFUSION SANGUINE

## Place aux initiateurs



An initiative of the ABIM Foundation



### Five Things Physicians and Patients Should Question

#### 1 Don't transfuse more units of blood than absolutely necessary.

Each unit of blood carries risks. A restrictive threshold (7.0-8.0g/dL) should be used for the vast majority of hospitalized, stable patients without evidence of inadequate tissue oxygenation (evidence supports a threshold of 8.0g/dL in patients with pre-existing cardiovascular disease). Transfusion decisions should be influenced by symptoms and hemoglobin concentration. Single unit red cell transfusions should be the standard for non-bleeding, hospitalized patients. Additional units should only be prescribed after re-assessment of the patient and their hemoglobin value.

#### 2 Don't transfuse red blood cells for iron deficiency without hemodynamic instability.

Blood transfusion has become a routine medical response despite cheaper and safer alternatives in some settings. Pre-operative patients with iron deficiency and patients with chronic iron deficiency without hemodynamic instability (even with low hemoglobin levels) should be given oral and/or intravenous iron.

#### 3 Don't routinely use blood products to reverse warfarin.

Patients requiring reversal of warfarin can often be reversed with vitamin K alone. Prothrombin complex concentrates or plasma should only be used for patients with serious bleeding or requiring emergency surgery.

#### 4 Don't perform serial blood counts on clinically stable patients.

Transfusion of red blood cells or platelets should be based on the first laboratory value of the day unless the patient is bleeding or otherwise unstable. Multiple blood draws to recheck whether a patient's parameter has fallen below the transfusion threshold (or unnecessary blood draws for other laboratory tests) can lead to excessive phlebotomy and unnecessary transfusions.

#### 5 Don't transfuse O negative blood except to O negative patients and in emergencies for women of child bearing potential with unknown blood group.

O negative blood units are in chronic short supply due in part to overutilization for patients who are not O negative. O negative red blood cells should be restricted to: (1) O negative patients; or (2) women of childbearing potential with unknown blood group who require emergency transfusion before blood group testing can be performed.

#### How This List Was Created

Recommendations were drafted by a work group led by AABB Director Jeannie Callum, MD. Ten draft statements were edited by the AABB Clinical Transfusion Medicine Committee, chaired by Aaron Tobian, MD. In order to identify the top five statements, a random sampling of AABB physician members working in the field of transfusion medicine in hospitals, as well as all members of AABB's Clinical Transfusion Medicine Committee, were asked to rate the 10 draft statements. On a Likert scale, participants were asked to "indicate the importance of including each of the following transfusion-related statements in the *Choosing Wisely* campaign promoting the appropriate use of health care resources." The final top five statements were approved by the AABB Board of Directors.

AABB's disclosure and conflict of interest policy can be found at [www.aabb.org](http://www.aabb.org).

#### Sources

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- 2 AABB. Guidelines for patient blood management and blood utilization. Bethesda (MD): AABB; 2011. 52 p.
- 3 Lin DM, Lin ES, Tran MH. Efficacy and safety of erythropoietin and intravenous iron in perioperative blood management: a systematic review. *Transfus Med Rev*. 2013 Oct;27(4):221-32.
- 4 Friedman AJ, Chen Z, Ford P, Johnson CA, Lopez AM, Shander A, Waters JH, van Wyck D. Iron deficiency anemia in women across the life span. *J Womens Health (Larchmt)*. 2012 Dec;21(12):1282-9.
- 5 Holbrook A, Schilman S, Witt DM, Vandvik PO, Fish J, Kovacs MJ, Svensson PJ, Veenstra DL, Crowther M, Guyatt GH; American College of Chest Physicians. Evidence-based management of anticoagulant therapy: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest*. 2012 Feb;141(2 Suppl):e152S-84S.
- 6 Napolitano LM, Kurek S, Luchette FA, Corwin HL, Barie PS, Tisherman SA, Hebert PC, Anderson GL, Bard MR, Bromberg W, Chiu WC, Cipolle MD, Clancy KD, Diebel L, Hoff WS, Hughes KM, Munshi I, Naydich D, Sandhu R, Yelon JA; American College of Critical Care Medicine of the Society of Critical Care Medicine; Eastern Association for the Surgery of Trauma Practice Management Workgroup. Clinical practice guideline: red blood cell transfusion in adult trauma and critical care. *Crit Care Med*. 2009 Dec;37(12):3124-57.
- 7 The Chief Medical Officer's National Blood Transfusion Committee (UK). The appropriate use of group O RhD negative red cells. Manchester (UK): National Health Service; 2008. 4 p.

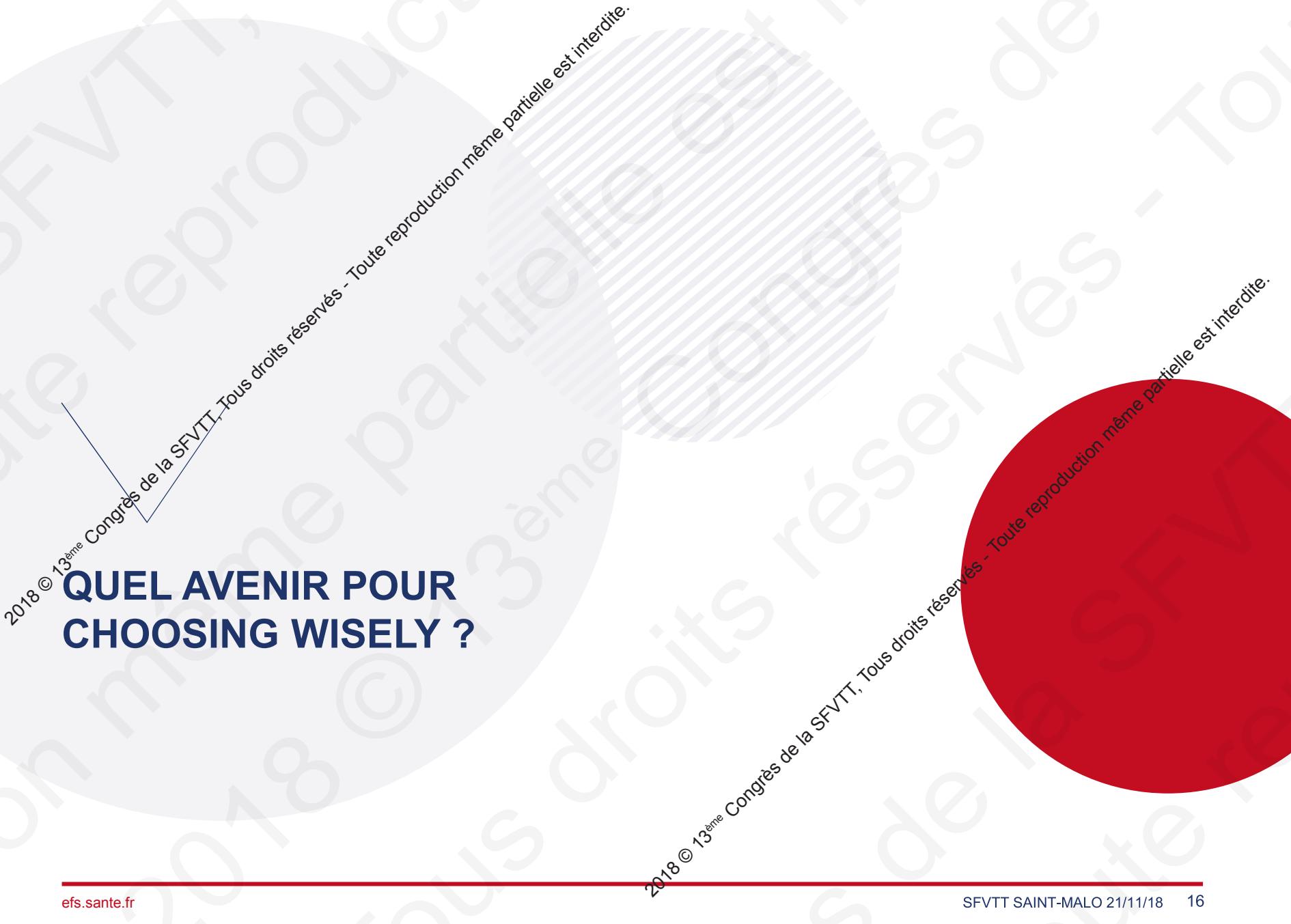
# CHOOSING WISELY ET LA TRANSFUSION SANGUINE

## Comparaison

American Association of Blood Banks 2014 [11]	Don't transfuse more units of blood than absolutely necessary.	Don't transfuse red blood cells for iron deficiency without hemodynamic instability.	Don't routinely use blood products to reverse warfarin.	Don't perform serial blood counts on clinically stable patients.	Don't transfuse O negative blood except to O negative patients and in emergencies for women of child bearing potential with unknown blood group.
British Blood Transfusion Society 2015 [37]	Do not transfuse more units of blood than absolutely necessary.	Do not transfuse red blood cells for iron deficiency without haemodynamic instability.	Do not transfuse O RhD negative blood except to O RhD negative patients and in emergencies for women of child bearing potential with unknown blood group.	Do not routinely transfuse platelets for patients with chemotherapy-induced thrombocytopenia if the platelet count is $>10 \times 10^9 \text{ L}^{-1}$ in the absence of bleeding.	Do not transfuse a patient without informing the patient about the risks and benefits of transfusion.
Canadian Society for Transfusion Medicine 2017 [39]	Don't transfuse blood if other non-transfusion therapies or observation would be just as effective.	Don't transfuse more than one red cell unit at a time when transfusion is required in stable, non-bleeding patients.	Don't transfuse plasma to correct a mildly elevated ( $<1.8$ ) international normalized ratio (INR) or activated partial thromboplastin time (aPTT) before a procedure.	Don't routinely transfuse platelets for patients with chemotherapy-induced thrombocytopenia if the platelet count is greater than $10 \times 10^9 \text{ L}^{-1}$ in the absence of bleeding.	Don't routinely use plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists.
Society for the Advancement of Blood Management 2018 [38]	Don't use immunoglobulin therapy for recurrent infections unless impaired antibody responses to vaccines are demonstrated.	Don't order unnecessary pre-transfusion testing (type and screen) for all pre-operative patients.	Don't routinely order perioperative autologous and directed blood collection.	Don't transfuse O negative blood except to O negative patients and in emergencies for female patients of child-bearing potential of unknown blood group.	Don't transfuse group AB plasma to non-group AB patients unless in emergency situations where the ABO group is unknown.

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# QUEL AVENIR POUR CHOOSING WISELY ?



# QUEL AVENIR POUR CHOOSING WISELY ?

Worldwide

→ Ça va sans doute continuer



## Choosing Wisely Campaigns A Work in Progress

→ Sur PubMed :

- Pas encore de classement MeSH pour « choosing wisely »
- Mais si vous tapez « choosing wisely », 623 références
- 13 références pour choosing wisely AND blood transfusion

W Levinson, K Borchardt,  
and D Wolfson  
JAMA 2018 319;1975-6



# QUEL AVENIR POUR CHOOSING WISELY ?

En France

→ Ça a commencé, plutôt doucement



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## M Sciences

SCIENCES Vidéos Archéologie Astronomie Biologie Cerveau Géophysique Les défis de la

### Prescrire moins pour soigner mieux, le nouveau défi de la médecine

Née aux Etats-Unis en 2012, l'initiative « Choosing Wisely », qui pousse les professionnels de santé à diminuer les prescriptions médicales, s'étend dans une vingtaine de pays, dont la France. Une philosophie pour lutter contre l'hypermédicalisation, tout en soignant mieux.

LE MONDE | 01.11.2017 à 14h00 |

Par Sandrine Cabut



### COMMUNIQUÉS DE PRESSE

#### La FHF signe la charte d'engagement, en France, dans la campagne Choosing Wisely®/ Choisir avec soin en faveur de la pertinence des soins

La FHF signe la charte d'engagement, en France, dans la campagne Choosing Wisely®/ Choisir avec soin en faveur de la pertinence des soins et dévoile son logo. De plus, elle souhaite formaliser un partenariat avec la FSM autour de la campagne Choisir avec soin. Par ailleurs, la FHF a ciblé 3 thématiques pour lesquelles elle souhaite mener à bien des travaux sur la pertinence à l'échelle des groupements hospitaliers du territoire.

La FHF portera pour la France le pilotage de la campagne Choisir avec soin (Choosing Wisely®) dont le principe est d'identifier par spécialité, des prescriptions pour lesquelles la balance bénéfice/risque doit être évaluée avec soin et le risque de non pertinence est réel.

Prescrire avec soin,  
déclinaison nantaise  
du programme 'Choosing Wisely'



Présentation du concept et de la campagne menée au CHU de Nantes

May 13<sup>e</sup> LAPOSTOLLE – Directrice de la communication / CHU de Nantes  
Olivier DURAND – Interne de Santé publique / CHU de Nantes

<https://www.pays-de-la-loire.ars.sante.fr/system/files/2017-06/Pertinence-1erJuin2017-Atelier3-MLAPOSTOLLE-DDURAND.pdf>

# Merci

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