American College of Radiology ACR Appropriateness Criteria®

Preprocedural Planning for Transcatheter Aortic Valve Replacement

Variant 1: Preintervention planning for transcatheter aortic valve replacement: assessment of aortic root. Initial imaging.

	Appropriaten	less and							Final Tabulat						
Procedure	Category	SOE	Adults RRI	L Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT heart function and morphology with IV contrast	Usually appropriate	Strong	≎≎≎≎ 10-3 mSv	30	9	9	0	0	0	0	0	1	0	1	14
		References		Study	Quality										
		44 (34658340)			2										
		43 (26164109)			2										
		42 (32306158)			3										
		41 (25147034)			3										
		40 (30017282)			3										
		24 (23954337)			3										
		22 (24947721)			3										
		15 (23684679)			2										
		39 (26239964)			4										
MRI heart function and morphology without IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	1	2	4	8	2	0
		References		Study	Quality										
		52 (32536342)		(Good										
		51 (28570260)			1										
		50 (26395021)			1										
		49 (32318849)			1										
		48 (29736853)			1										

MRI heart function and morphology without and with IV contrast	Usua approp	lly riate	Strong	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	1	3	2	3	6	1
			References		Stud	ly Quality		•								
			52 (32536342)			Good										
			51 (28570260)			1										
			50 (26395021)			1										
			49 (32318849)			1										
			48 (29736853)			1										
US echocardiography transesophageal	Usua approp		Strong	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	5	1	10	1	0
			References		Stud	ly Quality		•					•			
	İ		53 (29625649)			2										
	Ì		54 (26320167)			2										
	İ		55 (31549579)			Good										
MRA chest with IV contrast	May approp		Limited	O 0 mSv	O 0 mSv [ped]	6	6	0	0	0	3	5	9	0	0	0
			References		Stud	ly Quality										
	İ		45 (31489471)			4										
CTA chest with IV contrast	May approp		Expert Consensus	��� 1-1(mSv	0	5	5	0	1	1	2	10	2	0	0	1
CTA coronary arteries with IV contrast	May approp		Expert Consensus	��� 1-10 mSv	0	5	5	0	0	0	0	10	5	1	0	1
MRA chest without and with IV contrast	May approp		Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	3	10	4	0	0	0
			References		Stud	ly Quality										
			46 (26219296)			1										
			47 (26911969)			4	_									
CT chest with IV contrast	Usually approp		Expert Consensus	��� 1-10 mSv	0	2	2	7	4	2	0	1	1	1	0	0

CT chest without IV contrast	Usually not appropriate		Moderate	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	8	1	2	3	1	1	0	0	0
			References		Study		_									
			38 (26784328)													
CT chest without and with IV contrast	Usuall approp		Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	3	3	0	1	1	0	1	0
MRA coronary arteries without IV contrast	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	8	5	3	0	0	0	0	0	1
MRA coronary arteries without and with IV contrast	Usuall approp	•	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	8	4	4	0	0	1	0	0	0
US echocardiography transthoracic resting	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	6	4	2	1	2	1	1	0	0
Aortography chest	Usuall approp		Expert Consensus	��� 1-10 mSv		1	1	14	3	0	0	0	0	0	0	0

Variant 2: Preintervention planning for transcatheter aortic valve replacement: assessment of supravalvular aorta and vascular access. Initial imaging.

D 1	Appropriate	eness	4.1.1. DD	. D. I. DDI	Pating	Modian	Final Tabulati					latio	itions			
Procedure	Category		Adults RR	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9	
CTA chest abdomen pelvis with IV contrast	Usually appropria		����� 30 100 mSv		9	9	0	0	0	0	0	0	0	2	14	
		References	s	Study	Quality											
		23 (2555249	90)		3											
		60 (2913061	2)		3											
		59 (3343259	99)		3											
		58 (2806381	(0)	4			_									
CTA abdomen and pelvis with IV contrast	Usually appropria	Lannea	≎≎≎≎ 10-3 mSv	60	8	8	0	0	0	0	0	1	5	8	3	
		References	s	Study	Quality											

			57 (31732445)				3										
CTA chest with IV contrast	Usua approp		Limited	��� 1-1(mSv		\$	8	8	0	0	0	0	0	0	8	5	4
			References			Study	Quality										
			60 (29130612)														
			61 (29100645)														
			49 (32318849)				1										
MRA abdomen and pelvis without and with IV contrast	May approp		Limited	O 0 mSv	,	O 0 mSv [ped]	6	6	0	0	0	1	4	8	3	1	0
			References			Study	Quality										
			48 (29736853)				1										
MRA chest without and with IV contrast	May approp		Expert Consensus	O 0 mSv	,	O 0 mSv [ped]	6	6	0	0	0	0	6	8	3	0	0
MRA chest abdomen pelvis with IV contrast	May approp					O 0 mSv [ped]	6	6	0	0	0	0	6	8	1	2	0
MRA abdomen and pelvis without IV contrast	May approp		Strong	O 0 mSv	,	O 0 mSv [ped]	5	5	0	0	0	2	9	4	2	0	0
			References			Study	Quality										
			49 (32318849)				1										
			62 (28549023)				1										
US intravascular aorta and iliofemoral system	May approp (Disagree	riate	Expert Opinion	O 0 mSv	,	O 0 mSv [ped]	5	5	0	3	2	3	6	3	0	0	0
			References			Study	Quality										
			63 (27922808)				1										
CT abdomen and pelvis with IV contrast	Usually approp		Expert Consensus	≎≎≎ 1-1(mSv		\$	3	3	5	1	3	3	2	1	0	1	0
CT abdomen and pelvis without IV contrast	Usually approp		Limited	��� 1-1(mSv		\$	3	3	4	3	3	5	0	1	0	0	0
			References			Study	Quality										

		23 (25552490)													
CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	୫୫୫୫ 10-3 mSv	0	3	3	7	0	2	3	3	0	0	1	0
CT chest with IV contrast	Usually not appropriate	Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	7	1	1	3	4	0	0	0	0
CT chest without IV contrast	Usually not appropriate	Limited	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	6	2	3	4	0	1	0	0	0
		References		Study	Quality										
		56 (23195040)			3										
CT chest abdomen pelvis without IV contrast	Usually not appropriate	Expert Consensus	���� 10-3 mSv	0	3	3	3	2	4	3	2	1	1	0	0
US duplex Doppler chest abdomen pelvis	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	6	2	4	2	1	1	0	0	0
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	2	0	2	3	1	0	1	0
CT chest abdomen pelvis with IV contrast	Usually not appropriate	Expert Consensus	���� 10-3 mSv	0	2	2	7	3	3	2	1	0	1	0	0
CT chest abdomen pelvis without and with IV contrast	Usually not appropriate	Moderate	���� 10-3 mSv	⊕⊕⊕⊕⊕ 0 10-30 mSv [ped]	2	2	7	4	3	1	1	0	1	0	0
		References		Study	Quality										
		38 (26784328)	328) 2												
CT heart function and morphology with IV contrast	Usually not appropriate	Expert Consensus	���� 10-3 mSv	0	2	2	8	2	6	0	0	1	0	0	0
US echocardiography transthoracic resting	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	2	0	0	0	0	0	0	0

US echocardiography transesophageal	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	9	0	5	0	0	0	0	2	0
Aortography chest abdomen pelvis	Usually not appropriate	Expert Consensus	���� 10-30 mSv		1	1	11	3	2	0	1	0	0	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.