## Liver Lesion — Initial Characterization

**Variant 1:** Indeterminate, greater than 1 cm liver lesion on initial imaging with US. Normal liver. No suspicion or evidence of extrahepatic malignancy or underlying liver disease.

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- 11 (24270109)
- 12 (18580333)
- 14 (19673015)
- 15 (21597893)
- 16 (22194486)
- 18 (25971695)
- 19 (20578020)
- 9 (19542399)
- 10 (23776623)
- 11 (24270109)
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FDG-PET/CT skull base to mid-thigh

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Variant 2: Indeterminate, greater than 1 cm liver lesion on initial imaging with CT (noncontrast or single-phase) or noncontrast MRI. Normal liver. No suspicion or evidence of extrahepatic malignancy or underlying liver disease.

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- 9 (19542399)
- 10 (23776623)
- 12 (18580333)

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FDG-PET/CT skull base to mid-thigh

- Usually not appropriate
- Expert Consensus
- ☢☢☢☢ 10-30 mSv
- ☢☢☢☢☢ 10-30 mSv [ped]

DOTATATE PET/CT skull base to mid-thigh

- Usually not appropriate
- Expert Consensus
- ☢☢☢☢ 10-30 mSv

RBC scan abdomen and pelvis

- Usually not appropriate
- Expert Consensus
- ☢☢☢ 1-10 mSv

### Variant 3:

Indeterminate, greater than 1 cm liver lesion on initial imaging with US. Known history of an extrahepatic malignancy.

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**Variant 4:** Indeterminate, greater than 1 cm liver lesion on initial imaging with CT (noncontrast or single-phase) or noncontrast MRI. Known history of an extrahepatic malignancy.

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**Variant 5:** Incidental liver lesion, greater than 1 cm on US, noncontrast or single-phase CT, or noncontrast MRI. Known chronic liver disease.

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**Variant 6:** Indeterminate, less than 1 cm liver lesion on initial imaging with US. Known history of an extrahepatic malignancy.
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Variant 7: Indeterminate, less than 1 cm liver lesion on initial imaging with CT (noncontrast or single-phase) or noncontrast MRI. Known history of an extrahepatic malignancy.
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Liver spleen scan
Usually not appropriate
Expert Consensus
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RBC scan abdomen and pelvis
Usually not appropriate
Expert Consensus
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Variant 8: Incidental liver lesion, less than 1 cm on US, noncontrast or single-phase CT, or noncontrast MRI. Known chronic liver disease.

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<th>Strong</th>
<th>☢☢☢☢ 10-30 mSv</th>
<th>☢☢☢☢ 10-30 mSv [ped]</th>
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| Liver spleen scan       | Usually not appropriate | Expert Consensus | ☢☢☢ 1-10 mSv | 1 | 1 | 10 | 4 | 2 | 0 | 0 | 1 | 0 | 0 | 0 |
| Octreotide scan with SPECT or SPECT/CT chest and abdomen | Usually not appropriate | Expert Consensus | ☢☢☢☢ 10-30 mSv | 1 | 1 | 11 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| FDG-PET/CT skull base to mid-thigh | Usually not appropriate | Expert Consensus | ☢☢☢☢ 10-30 mSv | 1 | 1 | 9 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| DOTATATE PET/CT skull base to mid-thigh | Usually not appropriate | Expert Consensus | ☢☢☢ 10-30 mSv [ped] | 1 | 1 | 10 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| RBC scan abdomen and pelvis | Usually not appropriate | Expert Consensus | ☢☢☢ 1-10 mSv | 1 | 1 | 10 | 4 | 3 | 0 | 0 | 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](http://www.acr.org/ac).