American College of Radiology ACR Appropriateness Criteria®

Staging of Pancreatic Ductal Adenocarcinoma

Variant 1: Pancreatic ductal adenocarcinoma. Initial staging pretreatment.

Duo anduun	Appropriateness	COL	A L L DDY	D I DDY	D (1	37.11	Final Tabulations											
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9			
CT abdomen with IV contrast	Usually appropriate			���� 3- 10 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0			
		References	Study															
		29 (22954001)																
		33 (22687378)																
		34 (18726967)																
		36 (21693662)																
		35 (14527907)			3													
		38 (24272022)			M													
		37 (20635101)			3			,		ı								
MRI abdomen without and with IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0			
		References		Study														
		11 (21436084)			2													
		33 (22687378)			M													
		36 (21693662)			2													
		40 (21929674)		.														
MRI abdomen without IV contrast	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0			
		References		Study	Quality													

		11 (21436084)			2											
		33 (22687378)		M												
		40 (21929674)				4					1					
US abdomen endoscopic	May be appropriate	Limited	O 0 mSv	,	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
		References														
		41 (24018593)														
		42 (12115306))													
FDG-PET/CT skull base to mid-thigh	May be appropriate	Limited	���� 10-3 mSv	30	���� 3- 10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
		References			Study Quality											
		48 (22510123) 44 (24721105) 47 (23496023)				3										
						3										
						4										
		49 (23922481))			M										
		46 (22699202))													
		43 (20492008))													
		45 (24928186))													
CT abdomen without IV contrast	Usually not appropriate	Strong	ଡଡ଼ଡ 1-10 mSv	0	��� 3- 10 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
		References		Study Quality												
		29 (22954001))			4										
		33 (22687378))			M										
		34 (18726967) 36 (21693662)				3										
					2											
		35 (14527907)			3											
		38 (24272022)			M											
		37 (20635101))			3										

CT abdomen without and with IV contrast	Usually approp	y not riate	Strong \$\phi \Phi \text{\Phi \text{\text{\Phi \text{\Phi \te		-30	����� 10-30 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
			References			Study											
						4											
			33 (22687378)				M										
			34 (18726967)			3											
			36 (21693662)				2										
			35 (14527907)				3										
			38 (24272022)				M										
		29 (22954001) 33 (22687378) 34 (18726967) 36 (21693662) 35 (14527907) 38 (24272022) 37 (20635101) not Expert					3										
US abdomen transabdominal	Usually approp	y not riate		O 0 mSv	/	O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0

Variant 2: Pancreatic ductal adenocarcinoma. Follow-up post-neoadjuvant therapy. Evaluate resectability for borderline resectable tumor.

Describer.	Appropriateness	COT	4 1 1/ BBI	D 1 DD1	D 41	3.5.11	Final Tabulations										
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9		
CT abdomen with IV contrast	Usually appropriate	Strong ⊕⊕⊕ 1-10 mSv		���� 3- 10 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0		
		References		Study	Quality												
		52 (25599322)			2												
		51 (21768431)			3												
		50 (23287712)				_											
MRI abdomen without and with IV contrast	Usually appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0		
MRI abdomen without IV contrast	May be appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0		

FDG-PET/CT skull base to mid-thigh	May approp	Expert Consensus mSv		���� 3- 10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0	
CT abdomen without IV contrast	Usually approp	Strong Strong mSv		0	���� 3- 10 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
		References			Study Quality											
		52 (25599322)														
		51 (21768431)				3										
		50 (23287712)				2										
CT abdomen without and with IV contrast	Usually approp	Strong \$\$\phi \phi \phi \phi \phi \phi \phi \phi		\$\$\$\$\$ 10-30 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0	
		References			Study											
		52 (25599322)			2											
		51 (21768431)				3										
		50 (23287712)			2											
US abdomen endoscopic	Usually approp	Expert Consensus	O 0 mSv		O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
US abdomen transabdominal	Usually approp	Expert Consensus	O 0 mSv		O 0 mSv [ped]	3	n/a	0	0	0	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.