# American College of Radiology ACR Appropriateness Criteria®

## Staging and Follow-up of Pancreatic Neuroendocrine Tumors

Variant 1: Adult. Local staging of pancreatic neuroendocrine tumor.

	Appropri	ateness	go <del>n</del>		n . n=-	-				F	inal	Tabu	latio	ns		
Procedure	Categ	gory	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usua approp		Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	0	1	0	0	2	1	4	6
			References		Study	y Quality										
			22 (33064623)			4										
			21 (25048189)			4										
			18 (23436873)			4										
			19 (29140113)			4										
			20 (34647178)			4										
			17 (28355596)			4										
			10 (33978449)			4										
			2 (29594467)			4										
			9 (30376977)			4										
			6 (22915400)			4										
CT abdomen and pelvis without and with IV contrast	Usua approp	illy oriate	Expert Consensus	���� 10-30 mSv	0 \$€\$\$\$ 10-30 mSv [ped]	7	7	1	0	0	0	1	5	6	1	0
DOTATATE PET/CT skull base to mid-thigh	Usua approp		Limited	��� 1-10 mSv		7	7	1	0	0	0	2	4	5	1	1
			References		Study	y Quality										
			26 (20395323)			4										

		25 (31856076)			4										
		1 (36737523)			4										
		17 (28355596)			4										
		23 (26742109)			4										
		24 (29025982)			4										
US abdomen endoscopic	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	6	6	1	0	0	0	2	9	2	0	0
		References		Study	y Quality										
		7 (34175209)			4										
		9 (30376977)			4										
MRI abdomen without and with IV contrast	May be appropriate (Disagreemer	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	3	2	1	0	0	1	5	1	1
		References		Study	y Quality										
		9 (30376977)			4										
		27 (28092495)			4										
		31 (26850565)			4										
		18 (23436873)			4										
		5 (32346794)			4										
		28 (28619284)			4										
		33 (26280127)			4										
		19 (29140113)			4										
		10 (33978449)			4										
		20 (34647178)			4										
		29 (23728305)			2										
		32 (30182253)			3										
		21 (25048189)			4										
MRI abdomen without and with IV contrast with MRCP	May be appropriate (Disagreemer	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	1	1	1	0	0	0	2	5	4
		References		Study	y Quality										
		33 (26280127)			4										

32 (30182253)	3
31 (26850565)	4
30 (26022520)	4
29 (23728305)	2
28 (28619284)	4
18 (23436873)	4
27 (28092495)	4
19 (29140113)	4
10 (33978449)	4
20 (34647178)	4
13 (28480609)	2
9 (30376977)	4
21 (25048189)	4
5 (32346794)	4
6 (22915400)	4

FDG-PET/CT skull base to mid-thigh	May be appropriate	Expert Consensus	���� 10-30 mSv	���� 3- 10 mSv [ped]	5	5	2	1	2	1	8	0	0	0	0
MRI abdomen without IV contrast with MRCP	May be appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	1	1	1	5	4	2	0	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	1	4	5	2	0	2	0	0	0
MRI abdomen without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	4	1	3	4	1	1	0	0	0

Variant 2: Adult. Staging of pancreatic neuroendocrine tumor. Evaluation for metastatic disease.

ъ	Appropriateness	COF	A L L DDI	D 1 DD1	D 4	3.5 31			F	inal '	Гabu	lation	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usually appropriate	Limited	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv	8	8	1	0	0	0	0	0	3	8	2

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	inal '				8	9
				[ped]											
		References		Study	Quality										
		17 (28355596)			4							Tabulations   5 6 7 8   0 0 3 5   2 3 3 0   1 0 6 5			
		34 (20010089)			4										
DOTATATE PET/CT skull base to mid-thigh	Usually appropriate	Limited	≎≎≎ 1-10 mSv		8	8	0	0	0	0	0	0	3	5	6
		References		Study	Quality										
		26 (20395323)			4										
		25 (31856076)			4										
		1 (36737523)			4										
		17 (28355596)			4										
		23 (26742109)			4										
		24 (29025982)			4										
CT chest abdomen pelvis with IV contrast	Usually appropriate	Limited	���� 10-30 mSv	���� 3- 10 mSv [ped]	7	7	0	0	1	1	2	3	3	0	4
		References		Study	Quality										
		35 (-3197520)			4										
		25 (31856076)			4										
		1 (36737523)			4										
		8 (32675783)			4										
		17 (28355596)			4										
		23 (26742109)			4										
MRI abdomen and pelvis without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	1	1	1	0	6	5	0
		References		Study	Quality										
		39 (35550803)			4										
		38 (29470627)			4										

		36 (23533288)			2										
		25 (31856076)			4										
		34 (20010089)			4										
		37 (28902795)			4										
		9 (30376977)			4										
		1 (36737523)			4										
CT abdomen and pelvis without and with IV contrast	May be appropriate	Expert Consensus	���� 10-3 mSv	30	6	6	1	0	0	0	4	6	3	0	0
CT chest abdomen pelvis without and with IV contrast	May be appropriate	Limited	���� 10-3 mSv	30	5	5	1	0	0	1	8	2	1	1	0
		References		Stuc	ly Quality										
		35 (-3197520)			4										
		25 (31856076)			4										
		1 (36737523)			4										
		8 (32675783)			4										
		17 (28355596)			4										
		23 (26742109)			4					ı					
MRI abdomen and pelvis without IV contrast	May be appropriate	Strong	O 0 mSv	O 0 mSv [ped]	5	5	1	1	1	2	7	1	1	0	0
		References		Stuc	ly Quality										
		36 (23533288)			2										
		40 (27345612)			2										
		41 (21474918)			4			_							
FDG-PET/CT skull base to mid- thigh	May be appropriate	Expert Consensus	���� 10-3 mSv	30	5	5	0	1	0	0	13	0	0	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	00000	3	3	4	1	6	1	1	1	0	0	0

CT chest abdomen pelvis without IV contrast	Usually not appropriate	Expert Consensus	���⊕ 10-30 mSv	���� 3- 10 mSv [ped]	3	3	2	3	9	0	0	0	0	0	0
US abdomen endoscopic	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	6	4	2	1	1	0	0	0	0

## Variant 3: Adult. Pancreatic neuroendocrine tumor. Imaging after surgical resection, no suspected or known recurrence. Surveillance.

ъ.	Appropri	iateness	COF	4.1.4. DD		D I DDI	D (1	3.6.11			F	inal	Tabu	latio	ns		
Procedure	Categ		SOE	Adults RR	KL .	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usua approp		Limited	��� 1-1 mSv	0	���� 3- 10 mSv [ped]	8	8	0	0	1	0	0	0	4	4	5
			References			Study	Quality										
			9 (30376977)				4										
			35 (-3197520)				4			_	_						
CT chest abdomen pelvis with IV contrast	Usua approp		Limited	<b>≎≎≎≎</b> 10- mSv	30	���� 3- 10 mSv [ped]	7	7	1	0	0	0	0	3	9	1	0
			References			Study	Quality										
			35 (-3197520)				4										
CT abdomen and pelvis without and with IV contrast	May approp (Disagre	riate	Expert Opinion	<b>≎≎≎≎</b> 10- mSv	30	<b>≎≎≎≎≎</b> 10-30 mSv [ped]	5	5	1	1	0	0	2	8	1	1	0
CT chest abdomen pelvis without and with IV contrast	May approp		Limited	���� 10- mSv	30	����� 10-30 mSv [ped]	5	5	1	0	3	1	6	3	0	0	0
			References			Study	Quality										
,			35 (-3197520)				4										
MRI abdomen and pelvis without and with IV contrast	May approp (Disagre	riate	Expert Opinion	O 0 mSv	/	O 0 mSv [ped]	5	5	2	0	0	0	0	0	8	4	0
			References			Study	Quality										

		1 (36737523)			4										
		9 (30376977)			4										
		43 (23192781)			4										
DOTATATE PET/CT skull base to mid-thigh	May approp	Limited	<b>≎≎≎</b> 1-10 mSv		5	5	2	0	0	2	8	1	1	0	0
		References		Study	/ Quality										
		17 (28355596)			4										
		23 (26742109)			4										
		24 (29025982)			4										
		25 (31856076)			4										
		35 (-3197520)			4										
		42 (34985313)			4										
		1 (36737523)			4		-								
MRI abdomen and pelvis without IV contrast	May approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	2	0	0	7	5	0	0	0	0
CT abdomen and pelvis without IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	3	3	3	3	1	1	0	0	0
CT chest abdomen pelvis without IV contrast	Usuall approp	Expert Consensus	���� 10-30 mSv	9999 3- 10 mSv [ped]	3	3	2	5	2	3	0	2	0	0	0
FDG-PET/CT skull base to mid-thigh	Usuall approp	Expert Consensus	���� 10-30 mSv	99993- 10 mSv [ped]	3	3	5	2	4	3	0	0	0	0	0
US abdomen endoscopic	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	6	5	2	0	1	0	0	0	0

Variant 4: Adult. Pancreatic neuroendocrine tumor. Follow-up imaging after treatment. Liver dominant disease.

Day on Laws	Appropriateness	COF	A J14- DDI	D. J. DDI	D - 43	M - 32			F	inal '	Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis without	Usually	Limited	���� 10-30	***	8	8	1	0	0	1	0	2	2	6	2

	Appropri	ateness	GOT		D 1 DD7	- ·	3.5.11			F	inal '	Tabu	latio	ns		
Procedure	Catego	ory	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
and with IV contrast	appropi	riate		mSv	10-30 mSv [ped]											
			References		Study	Quality										
			17 (28355596)			4										
			34 (20010089)			4										
			36 (23533288)			2										
MRI abdomen and pelvis without and with IV contrast	Usual appropi		Strong	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	2	3	4	5
			References		Study	Quality										
			40 (27345612)			2										
			39 (35550803)			4										
			36 (23533288)			2										
			25 (31856076)			4										
			37 (28902795)			4										
			38 (29470627)			4										
			9 (30376977)			4										
			1 (36737523)			4										
CT chest abdomen pelvis with IV contrast	Usual appropi		Limited	���� 10-30 mSv	���� 3- 10 mSv [ped]	7	7	1	0	0	0	1	2	9	1	0
			References		Study	Quality										
			35 (-3197520)			4										
			17 (28355596)			4										
CT chest abdomen pelvis without and with IV contrast	Usual appropi	lly riate	Limited	���� 10-30 mSv	❤️❤️❤️❤ 10-30 mSv [ped]	7	7	1	0	0	0	2	2	7	2	0
			References		Study	/ Quality										
			35 (-3197520)			4										
			17 (28355596)			4										

CT abdomen and pelvis with IV contrast	May be appropriate (Disagreement)	Expert Opinion	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	2	0	0	0	1	1	2	6	2
		References		Study	y Quality										
		17 (28355596)			4										
		34 (20010089)			4										
		36 (23533288)			2										
MRI abdomen and pelvis without IV contrast	May be appropriate (Disagreement)	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	1	1	1	0	4	6	1	0	0
		References		Study	y Quality										
		36 (23533288)			2										
		40 (27345612)			2										
		41 (21474918)			4										
MRI abdomen without IV contrast with MRCP	May be appropriate (Disagreement)	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	2	0	1	1	4	5	1	0	0
		References		Study	y Quality										
		36 (23533288)			2										
		40 (27345612)			2										
		41 (21474918)			4										
MRI abdomen without and with IV contrast with MRCP	May be appropriate (Disagreement)	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	1	1	1	1	0	0	6	3	1
		References		Study	y Quality										
		40 (27345612)			2										
		39 (35550803)			4										
		36 (23533288)			2										
		25 (31856076)			4										
		37 (28902795)			4										
		38 (29470627)			4										
		9 (30376977)			4										
		1 (36737523)			4										

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DOTATATE PET/CT skull base to mid-thigh	May approp (Disagree	riate	Expert Opinion	<b>≎≎≎</b> 1-10 mSv		5	5	2	0	0	1	2	7	2	0	0
			References		Study	Quality										
			42 (34985313)			4										
			35 (-3197520)			4										
			17 (28355596)			4										
			23 (26742109)			4										
			24 (29025982)			4										
			25 (31856076)			4										
			1 (36737523)		4			_								
CT abdomen and pelvis without IV contrast	Usually approp		Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	3	3	2	2	10	0	0	0	0	0	0
FDG-PET/CT skull base to mid-thigh	Usually approp		Expert Consensus	��� 10-30 mSv	≎≎≎≎ 3- 10 mSv [ped]	3	3	2	1	5	5	1	0	0	0	0
CT chest abdomen pelvis without IV contrast	Usually approp				���� 3- 10 mSv [ped]	2	2	2	10	1	1	0	0	0	0	0
US abdomen endoscopic	Usually approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	10	3	0	0	1	0	0	0	0

Variant 5: Adult. Pancreatic neuroendocrine tumor. Follow-up imaging after treatment. Non-liver dominant disease.

D 1	Appropri	iateness	COF	4 1 14 DDI	D I DDI	D (1	3.7.11			F	inal '	Tabu	latio	ns		
Procedure	Categ		SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usua approp		Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	8	8	1	0	0	0	0	0	3	8	2
CT chest abdomen pelvis with IV contrast	Usua approp	.*	Limited	���⊕ 10-30 mSv	0	8	8	1	0	0	1	2	1	2	4	3
			References		Study	Quality			•	•						

			35 (-3197520)			4										
MRI abdomen and pelvis without and with IV contrast	Usua approp		Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	1	0	0	1	2	7	3	0
			References		Stud	ly Quality										
			43 (23192781)			4										
DOTATATE PET/CT skull base to mid-thigh	Usua approp		Limited	��� 1-10 mSv		7	7	0	1	0	1	1	3	3	3	2
			References		Stud	ly Quality										
			24 (29025982)			4										
			8 (32675783)			4										
			1 (36737523)			4										
CT abdomen and pelvis without and with IV contrast	May approp		Expert Consensus	���⊕ 10-3 mSv	⊕⊕⊕⊕⊕ 0 10-30 mSv [ped]	6	6	1	0	0	0	3	9	1	0	0
CT chest abdomen pelvis without and with IV contrast	May approp		Limited	���� 10-3 mSv	₩₩₩₩ 10-30 mSv [ped]	6	6	0	1	0	1	3	7	2	0	0
			References		Stud	ly Quality										
			35 (-3197520)			4										
MRI abdomen and pelvis without IV contrast	May approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	5	5	0	1	0	2	10	1	0	0	0
MRI abdomen without IV contrast with MRCP	May approp		Strong	O 0 mSv	O 0 mSv [ped]	5	5	0	1	2	3	7	1	0	0	0
			References		Stud	ly Quality										
			36 (23533288)			2										
			40 (27345612)			2										
MRI abdomen without and with IV contrast with MRCP	May approp (Disagre	riate	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	0	1	2	0	7	1	3	0	0
			References		Stud	ly Quality										
		43 (23192781) 4														

FDG-PET/CT skull base to mid-thigh	May approp	Limited	���� 10-30 mSv	9999 3- 10 mSv [ped]	4	4	1	3	2	4	2	1	0	1	0
		References		Study	Quality										
		42 (34985313)			4										
CT abdomen and pelvis without IV contrast	Usuall approp	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	3	3	1	4	9	0	0	0	0	0	0
CT chest abdomen pelvis without IV contrast	Usuall approp	Expert Consensus	���� 10-30 mSv	9	3	3	2	4	8	0	0	0	0	0	0
US abdomen endoscopic	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	10	1	1	0	1	1	0	0	0

#### Variant 6: Adult. Pancreatic neuroendocrine tumor. Follow-up imaging of untreated disease.

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 4*	3.7.19			F	inal '	Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usually appropriate	Strong	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	0	0	1	0	1	1	5	6

References	Study Quality	
32 (30182253)	3	
31 (26850565)	4	
30 (26022520)	4	
20 (34647178)	4	
29 (23728305)	2	
21 (25048189)	4	
18 (23436873)	4	
5 (32346794)	4	
10 (33978449)	4	
2 (29594467)	4	
13 (28480609)	2	

		9 (30376977)		0 mSv											
MRI abdomen without and with IV contrast with MRCP	Usually appropriate	Strong	O 0 mSv		8	8	1	0	0	1	0	2	3	3	4
		References		Study	y Quality										
		38 (29470627)			4										
		32 (30182253)			3										
		31 (26850565)			4										
		27 (28092495)			4										
		29 (23728305)			2										
		21 (25048189)			4										
		5 (32346794)			4										
		19 (29140113)			4										
		10 (33978449)			4										
		20 (34647178)			4										
		13 (28480609)			2										
		9 (30376977)			4	1		1		1	1		ı		
CT abdomen and pelvis without and with IV contrast	Usually appropriate	Limited	���� 10-30 mSv	●●●●● 10-30 mSv [ped]	7	7	0	0	1	1	3	1	3	4	1
		References		Study	y Quality										
		2 (29594467)			4										
		9 (30376977)			4										
		18 (23436873)			4										
MRI abdomen and pelvis without and with IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	1	1	1	7	2	2
		References		Study	y Quality										
		38 (29470627)			4										
		33 (26280127)			4										
		31 (26850565)													
		27 (28092495)			4										
		29 (23728305)			2										

		32 (30182253) 5 (32346794)					3										
			5 (32346794)				4										
			19 (29140113)				4										
			10 (33978449)				4										
			20 (34647178)				4										
			13 (28480609)				2										
			9 (30376977)				4										
			21 (25048189)				4										
MRI abdomen without IV contrast with MRCP	May approp		Expert Consensus	O 0 mSv	/	O 0 mSv [ped]	5	5	1	1	1	4	6	1	0	0	0
DOTATATE PET/CT skull base to mid-thigh	May approp (Disagre	riate	Expert Opinion		5	5	1	2	0	1	7	2	1	0	0		
			References			Study	Quality										
			1 (36737523)		4				_								
MRI abdomen and pelvis without IV contrast	May approp		Expert Consensus	O 0 mS\	/	O 0 mSv [ped]	4	4	0	1	0	8	5	0	0	0	0
CT abdomen and pelvis without IV contrast	Usuall approp	y not oriate	Expert Consensus	��� 1-1 mSv	0	���� 3- 10 mSv [ped]	3	3	1	4	8	0	1	0	0	0	0
FDG-PET/CT skull base to mid-thigh	Usuall approp				���� 3- 10 mSv [ped]	2	2	5	3	3	2	1	0	0	0	0	
US abdomen endoscopic	Usuall approp		Limited	O 0 mSv	/	O 0 mSv [ped]	2	2	3	5	1	0	3	1	1	0	0
			References			Study Quality											
			9 (30376977)				4										

#### **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.