American College of Radiology ACR Appropriateness Criteria®

Staging and Follow-up of Ovarian Cancer

Variant 1: Adult. Ovarian cancer. Pretreatment staging.

	Appropri	iateness	G0-								F	inal	Tabu	latio	ns		
Procedure	Categ	gory	SOE	Adults RR	L Peds	RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT abdomen and pelvis with IV contrast	Usua approp		Strong	≎≎≎ 1-10 mSv	′ 10 r	00 3- mSv ed]	9	9	0	0	0	0	0	0	1	3	7
			References			Study	Quality										
			16 (23994535)				2										
			6 (20858663)				3										
			15 (1947112)				3										
			17 (12794595)				2										
			18 (18704437)				3										
			19 (17233859)				3										
			21 (20981128)				4										
			20 (19098191)				3										
			14 (7480729)				3										
			13 (25783507)				2										
			2 (-3198224)				4			•	•						
CT chest with IV contrast	Usua approp		Limited	��� 1-10 mSv	′ 10 r	∂ ⊛ 3- mSv ed]	9	9	0	0	0	0	0	1	2	2	6
			References			Study	Quality										
			22 (21193598)				2										

CT chest without IV contrast	May approp	Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	6	6	0	0	1	2	2	5	1	0	0
MRI abdomen and pelvis without and with IV contrast	May approp	Moderate	O 0 mSv	/	O 0 mSv [ped]	6	6	0	0	1	1	2	4	2	1	0
		References			Study	Quality										
		30 (22302265)				3										
		31 (10831697)				1										
		28 (17157627)				4										
		29 (14730048)				4										
FDG-PET/CT skull base to mid-thigh	May approp	Limited	���� 10- mSv	30	���� 3- 10 mSv [ped]	6	6	0	0	1	0	1	4	3	2	0
		References			Study	Quality										
		23 (38523146)			Not A	Assessed										
FDG-PET/MRI skull base to mid-thigh	May approp	Limited	��� 1-10 mSv	0		6	6	0	0	0	0	6	4	2	0	0
		References			Study	Quality										
		27 (37410624)				4										
		25 (33006685)				3										
CT abdomen and pelvis without IV contrast	May approp	Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	5	5	0	0	2	1	4	4	0	0	0
MRI abdomen and pelvis without IV contrast	May approp	Expert Consensus	O 0 mSv	′	O 0 mSv [ped]	4	4	0	0	2	4	3	1	0	1	0
CT abdomen and pelvis without and with IV contrast	Usually approp	Expert Consensus	���� 10- mSv	30	≎≎≎≎≎ 10-30 mSv [ped]	2	2	7	2	0	1	1	0	0	1	0
CT chest without and with IV contrast	Usually approp	Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	2	2	7	2	1	1	1	0	0	0	0
US abdomen and pelvis transabdominal	Usually approp	Limited	O 0 mSv	′	O 0 mSv [ped]	2	2	5	2	3	0	0	0	0	0	1

		References			Study	Quality										
		2 (-3198224)				4										
		32 (38042117)				3										
		32 (38042117) 33 (30630889)				3			_							
US pelvis transvaginal	Usuall approp	Limited	O 0 mSv	,	O 0 mSv [ped]	2	2	7	3	1	0	0	0	0	0	1
		References			Study	Quality										
		34 (9623473)				4										

Variant 2: Adult. Ovarian cancer. Posttreatment response evaluation.

D 1	Appropri	ateness	COE	A J14- DD1	_	D. J. DDI	D - 43	N# - 12			F	inal '	Гabu	latio	ns		
Procedure	Categ		SOE	Adults RR	L	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	0	���� 3- 10 mSv [ped]	9	9	0	0	0	0	1	0	0	3	7
			References			Study	Quality										
			2 (-3198224)				4										
			35 (20839002)				4										
CT chest with IV contrast	Usua approp		Limited				9	0	0	0	0	1	1	1	2	6	
			l [ped]														
			2 (-3198224)				4										
FDG-PET/CT skull base to mid-thigh	Usua approp		Limited	���� 10-3 mSv	30	���� 3- 10 mSv [ped]	7	7	0	0	0	1	2	2	4	2	0
			References			Study	Quality										
			2 (-3198224)				4										
MRI abdomen and pelvis without and with IV contrast	May approp		Limited	O 0 mSv	,	O 0 mSv [ped]	6	6	0	0	1	0	2	4	3	1	0
			References			Study	Quality		_								

		2 (-3198224)			4										
		37 (19179092)			4										
		38 (28372871)			4										
FDG-PET/MRI skull base to mid-thigh	May be appropriate	Limited	��� 1-10 mSv		6	6	0	0	0	0	4	6	2	0	0
		References		Study	y Quality										
		27 (37410624)			4										
		36 (27593247)			4										
CT chest without IV contrast	May be appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	0	0	1	2	4	3	1	0	0
CT abdomen and pelvis without IV contrast	May be appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	4	4	0	0	3	3	2	2	1	0	0
MRI abdomen and pelvis without IV contrast	May be appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	0	0	3	4	3	1	0	0	0
CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	���� 10-30 mSv	⊕⊕⊕⊕⊕ 10-30 mSv [ped]	1	1	7	2	1	1	1	0	0	0	0
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv		1	1	7	2	1	1	1	0	0	0	0
US abdomen and pelvis transabdominal	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	6	3	1	0	0	0	1	0	0
US pelvis transvaginal	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	6	2	2	0	0	0	1	0	0

Variant 3: Adult. Ovarian cancer. Posttreatment routine surveillance. Asymptomatic patient, no suspected recurrence.

Day of James	Appropriateness	SOF	A 414- DDI	D. J. DDI	D - 41	M. 32			F	inal '	Tabu	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	May be	Limited	��� 1-10	∞∞∞ 3-	6	6	0	0	0	0	3	3	1	2	2

Procedure	Appropri		SOE	Adults RRL	Peds RRL	Rating	Median					Tabu				
Troccuure	Categ	gory	SOL	riudits ICIL	T cus ICIE	Ruting	Wiculan	1	2	3	4	5	6	7	8	9
contrast	approp	oriate		mSv	10 mSv [ped]											
			References		Study	Quality										
			4 (19407561)			4										
			38 (28372871)			4										
			40 (20153027)			4										
CT chest with IV contrast	May approp		Limited	��� 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	6	6	0	0	0	0	5	2	1	1	2
			References		Study	Quality		•								
			2 (-3198224)			4										
MRI abdomen and pelvis without and with IV contrast	May approp		Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	1	8	2	1	0	0
			References		Study	Quality					,					
			2 (-3198224)			4										
FDG-PET/CT skull base to mid-thigh	May approp		Limited	���� 10-30 mSv	���� 3- 10 mSv [ped]	5	5	0	1	0	3	3	1	2	1	0
			References		Study	Quality		•	•							
			2 (-3198224)			4										
CT abdomen and pelvis without IV contrast	May approp		Expert Consensus	��� 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	4	4	0	1	3	2	4	1	0	0	0
CT chest without IV contrast	May approp		Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	4	4	0	1	4	3	2	1	0	0	0
			References		Study	Quality		•				•				
			2 (-3198224)			4										
MRI abdomen and pelvis without IV contrast	May approp		Limited	O 0 mSv	O 0 mSv [ped]	4	4	0	0	0	7	3	1	1	0	0
			References		Study	Quality										

		2 (-3198224)			4										
FDG-PET/MRI skull base to mid-thigh	May approp	Expert Consensus	發發 1-10 mSv		4	4	1	2	2	3	2	0	0	1	0
CT abdomen and pelvis without and with IV contrast	Usuall approp	Expert Consensus	୫୫୫୫ 10-30 mSv	≎≎≎≎≎ 10-30 mSv [ped]	1	1	9	0	1	1	1	0	0	0	0
CT chest without and with IV contrast	Usuall approp	Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	1	1	9	0	0	1	2	0	0	0	0
US abdomen and pelvis transabdominal	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	7	1	1	1	0	0	1	0	0
US pelvis transvaginal	Usuall approp	Limited	O 0 mSv	O 0 mSv [ped]	1	1	7	1	0	0	2	0	1	0	0

Study Quality
4

Variant 4: Adult. Ovarian cancer. Posttreatment evaluation. Suspected or known recurrence.

References

2 (-3198224)

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 4	3.6.11			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	Limited	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	9	9	0	0	0	0	0	0	0	1	9
		References		Study	Quality										
		43 (26745811)			3										
		42 (7676985)			3										
		41 (18418592)			3										
		40 (20153027)			4										
		38 (28372871)			4										
CT chest with IV contrast	Usually appropriate	Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	9	9	0	0	0	0	1	0	2	1	7

FDG-PET/CT skull base to mid-thigh	Usua approp	Moderate	���� 10-3 mSv	30	8	8	0	0	0	0	0	3	2	3	3
		References		Stud	y Quality						•	•		•	
		2 (-3198224)			4										
		44 (36419900)		(Good										
		45 (21752752)			4										
MRI abdomen and pelvis without and with IV contrast	May approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	6	6	0	0	0	1	3	2	3	1	1
FDG-PET/MRI skull base to mid-thigh	May approp	Limited	��� 1-10 mSv)	6	6	0	0	0	0	3	7	2	0	0
		References		Stud	y Quality										
		27 (37410624)			4										
CT abdomen and pelvis without IV contrast	May approp	Expert Consensus	��� 1-10 mSv	0	5	5	0	0	1	2	4	3	1	0	0
CT chest without IV contrast	May approp	Expert Consensus	��� 1-10 mSv	0	5	5	0	0	1	1	4	4	1	0	0
MRI abdomen and pelvis without IV contrast	May approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	0	0	1	6	2	1	0	0	1
CT abdomen and pelvis without and with IV contrast	Usuall approp	Expert Consensus	ଡଡ଼ଡଡ଼ 10-3 mSv	30 10-30 mSv [ped]	1	1	9	1	0	1	1	0	0	0	0
CT chest without and with IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	0	1	1	9	1	0	1	1	0	0	0	0
US abdomen and pelvis transabdominal	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	7	1	1	1	0	0	0	1	0
US pelvis transvaginal	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	10	0	1	1	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.