American College of Radiology
ACR Appropriateness Criteria®

Radiologic Management of Iliofemoral Venous Thrombosis

Variant 1:  First episode of iliofemoral DVT. Symptoms present for <14 days, otherwise healthy.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation alone</td>
<td>May be appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
<td>n/a</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Catheter directed thrombolysis (CDT)</td>
<td>Usually appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>8</td>
<td>n/a</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Surgical thrombectomy</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>n/a</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
</tbody>
</table>

Variant 2:  Iliofemoral DVT and symptoms 10 days. Computed tomography scan demonstrates potential for May-Thurner syndrome.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation alone</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>n/a</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Catheter directed thrombolysis (CDT) with evaluation and potential stent placement</td>
<td>Usually appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>8</td>
<td>n/a</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Surgical thrombectomy and repair of iliac vein</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>n/a</td>
<td></td>
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</tr>
</tbody>
</table>

Variant 3:  Iliofemoral DVT and limb-threatening ischemia (phlegmasia cerulea dolens).
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation alone</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Catheter directed thrombolysis (CDT)</td>
<td>Usually appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>8</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Surgical thrombectomy</td>
<td>May be appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>6</td>
<td>n/a</td>
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</tr>
</tbody>
</table>

**Variant 4: Iliofemoral DVT with minimal symptoms. DVT diagnosed one week ago.**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation alone</td>
<td>Usually appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>7</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Catheter directed thrombolysis (CDT)</td>
<td>Usually appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>7</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Surgical thrombectomy</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Systemic thrombolysis</td>
<td>Usually not appropriate</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>n/a</td>
<td>0</td>
<td>0 0 0 0 0 0 0 0 0</td>
</tr>
</tbody>
</table>
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.