## Abdominal Aortic Aneurysm Follow-up (Without Repair)

**Variant 1:** Asymptomatic abdominal aortic aneurysm surveillance (without repair).

<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>US duplex Doppler aorta abdomen</td>
<td>Usually appropriate</td>
<td>Strong</td>
<td>O 0 mSv</td>
<td>O 0 mSv [ped]</td>
<td>9</td>
<td>9</td>
<td>0 0 0 0 0 0 1 2 10</td>
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</tbody>
</table>

### References

<table>
<thead>
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### Study Quality

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<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTA abdomen and pelvis with IV contrast</td>
<td>Usually appropriate</td>
<td>Limited</td>
<td>💣💣💣💣💣 30-100 mSv</td>
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### References

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<tr>
<td>Procedure</td>
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<td>--------------------------------------------------------</td>
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<tr>
<td><strong>MRA abdomen and pelvis with IV contrast</strong></td>
</tr>
<tr>
<td><strong>CT abdomen and pelvis with IV contrast</strong></td>
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<tr>
<td><strong>CT abdomen and pelvis without IV contrast</strong></td>
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<tr>
<td><strong>MRA abdomen and pelvis without IV contrast</strong></td>
</tr>
<tr>
<td><strong>MRA abdomen and pelvis without and with IV contrast</strong></td>
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<tr>
<td><strong>CT abdomen and pelvis without and with IV contrast</strong></td>
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<tr>
<td>References</td>
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<tr>
<td>13 (28216357)</td>
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<td>11 (26072194)</td>
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<td>9 (23508616)</td>
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</table>

MRI abdomen and pelvis without IV contrast
- **May be appropriate (Disagreement)**
- **Expert Opinion**
  - O 0 mSv
  - O 0 mSv [ped]
- **Consensus**
  - 5
  - 5
  - 0
  - 0
  - 4
  - 1
  - 3
  - 3
  - 1
  - 1
  - 0

MRI abdomen and pelvis without and with IV contrast
- **May be appropriate**
- **Expert Opinion**
  - O 0 mSv
  - O 0 mSv [ped]
- **Consensus**
  - 5
  - 5
  - 0
  - 0
  - 4
  - 2
  - 3
  - 4
  - 0
  - 0
  - 0

MRI abdomen and pelvis with IV contrast
- **May be appropriate**
- **Expert Opinion**
  - O 0 mSv
  - O 0 mSv [ped]
- **Consensus**
  - 5
  - 5
  - 0
  - 0
  - 3
  - 2
  - 5
  - 3
  - 0
  - 0
  - 0

Aortography abdomen
- **Usually not appropriate**
- **Expert Opinion**
  - ☢☢☢ 1-10 mSv
- **Consensus**
  - 2
  - 2
  - 6
  - 3
  - 2
  - 0
  - 0
  - 1
  - 0
  - 1
  - 0

Radiography chest abdomen pelvis
- **Usually not appropriate**
- **Expert Opinion**
  - ☢☢☢ 1-10 mSv
- **Consensus**
  - 1
  - 1
  - 7
  - 5
  - 1
  - 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).