American College of Radiology ACR Appropriateness Criteria®

Nonatherosclerotic Peripheral Arterial Disease

Variant 1: Suspected popliteal entrapment syndrome. Initial imaging.

ъ	Appropriate	eness	A L L DDI	D I DDI	D 4	N. 11			F	inal '	Гаbи	latio	ns		
Procedure	Categor	y SOE	Adults RRI	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRA lower extremity without and with IV contrast	Usually appropria		O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	3	3	2	5
		References		Study	Quality										
		6 (18553287)			4										
		7 (19084742)			4										
		15 (20585781)			4										
		16 (23352364)			4										
		8 (18971035)			2			ı		I		ı			
US duplex Doppler lower extremity	Usually appropria		O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	2	1	3	3	4
		References		Study	Quality										
		5 (16176228)			4										
		7 (19084742)			4										
		16 (23352364)			4										
		8 (18971035)			2										
		17 (21944915)			2										
		18 (22123206)		ı	2										
CTA lower extremity with IV contrast	Usually appropria		��� 1-10 mSv	ଡ଼େଡ଼ଡ଼ 3- 10 mSv [ped]	7	7	0	0	0	0	0	1	6	5	1
		References		Study	Quality										

			5 (16176228)				4										
			15 (20585781)				4										
			17 (21944915)				2										
			19 (22109333)				4										
MRA lower extremity without IV contrast	May approp	be oriate	Limited	O 0 mSv	,	O 0 mSv [ped]	6	6	0	0	0	2	5	7	1	0	0
			References			Study	/ Quality										
			6 (18553287)				4										
			7 (19084742)				4										
			15 (20585781)				4										
			16 (23352364)				4										
Arteriography lower extremity	May approp	be oriate	Limited	�� 0.1-1m	ıSv	��� 0.3- 3 mSv [ped]	5	5	0	0	0	0	8	7	0	0	0
			References			Study	Quality										
			5 (16176228)				4										
			6 (18553287)				4										
			7 (19084742)				4										
			15 (20585781)				4										
			16 (23352364)				4										
US intravascular lower extremity	Usuall approp	y not oriate	Limited	O 0 mSv	,	O 0 mSv [ped]	3	3	0	2	13	0	0	0	0	0	0
			References			Study	Quality										
			16 (23352364)				4										

Variant 2: Suspected external iliac artery endofibrosis. Initial imaging.

D 1	Appropriateness	GOT.	A L L DDY	D I DDI	D (1	3.5 31			F	inal [Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US duplex Doppler lower extremity	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	9	9	0	0	1	0	0	1	0	4	7

		References		Study	y Quality										
		21 (23988540)	ı		4										
		22 (23541546)			4										
		20 (27209899)			4										
MRA lower extremity without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	2	0	8	3
		References		Study	y Quality										
		21 (23988540)			4										
CTA lower extremity with IV contrast	Usually appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	7	7	0	0	1	0	1	4	2	3	2
		References		Study	y Quality										
		21 (23988540)			4										
MRA lower extremity without IV contrast	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	2	5	2	3	1	0
		References		Study	y Quality		•								
		21 (23988540)			4										
Arteriography lower extremity	May be appropriate	Limited	�� 0.1-1m§	ॐ ॐ ॐ 0.3- Sv 3 mSv [ped]	4	4	0	0	0	8	2	5	0	0	0
		References		Study	y Quality										
		1 (24758669)			4										
		33 (22186674)			4										
		32 (24955926)			4										
US intravascular lower extremity	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	4	5	1	0	2	0	1	0	0

Variant 3: Suspected or known lower-extremity inflammatory vasculitides. Initial imaging.

ъ .	Appropriateness	COF	A L L DDI	D I DDI	D (1	3.6 11			Fina	l Tab	ulatio	ons		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1 2	2 3	4	5	6	7	8	9

D 1	Appropri	iateness	COL	4.1.14 DDI	D I DDI	D 41	3.6.19			F	inal '	Tabu	latio	ıs		
Procedure	Categ		SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Arteriography lower extremity	Usua approp		Limited	�� 0.1-1mS\		8	8	0	1	0	0	1	0	4	1	6
			References		Study	Quality										
			2 (22784658)			4										
CTA lower extremity with IV contrast	Usua approp		Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	7	7	0	0	0	0	1	1	6	3	2
			References		Study	Quality										
			2 (22784658)			4										
			34 (21724101)			4										
MRA lower extremity without and with IV contrast	Usua approp		Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	0	6	3	4	0
			References		Study	Quality										
			2 (22784658)			4										
MRA lower extremity without IV contrast	May approp		Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	1	1	10	3	0	0	0
			References		Study	Quality		•					•			
			2 (22784658)		_	4										
US duplex Doppler lower extremity	May approp		Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	1	1	7	3	0	3	0
			References		Study	Quality										
			35 (27013404)			4										
US intravascular lower extremity	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	4	6	1	1	1	0	0	0	0

Variant 4: Suspected or known dissection or connective tissue lower-extremity vascular diseases. Initial imaging.

	Appropriatene	88							I	inal	Tabu	latio	ns		
Procedure	Category	SOE SOE	Adults RRI	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CTA lower extremity with IV contrast	Usually appropriate	Limited	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	9	9	0	0	0	0	0	0	0	2	11
		References		Stud	y Quality										
		1 (24758669)			4										
		3 (21785848)			4										
		4 (17715121)			4										
MRA lower extremity without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	1	0	4	7	1
		References		Stud	y Quality										
		1 (24758669)			4										
		2 (22784658)			4										
		3 (21785848)			4										
		6 (18553287)			4					_					
MRA lower extremity without IV contrast	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	6	6	0	0	1	0	4	5	3	0	0
		References		Study	y Quality										
		1 (24758669)			4										
		2 (22784658)			4										
		3 (21785848)			4										
		6 (18553287)			4										
Arteriography lower extremity	May be appropriate	Limited	�� 0.1-1mS	⊕⊕⊕ 0.3- Sv 3 mSv [ped]	4	4	1	3	2	2	4	1	0	0	0
		References		Stud	y Quality										
		1 (24758669)			4										
		4 (17715121)			4										
US duplex Doppler lower extremity	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	0	0	9	1	4	1	0	0	0

US intravascular lower extremity	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	4	4	4	1	0	0	0	0	0	
----------------------------------	-------------------------	---------------------	---------	------------------	---	---	---	---	---	---	---	---	---	---	---	--

Variant 5: Suspected or known other noninflammatory lower-extremity vascular diseases (such as fibromuscular dysplasia, segmental arterial mediolysis). Initial imaging.

	Appropriateness	207							F	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CTA lower extremity with IV contrast	Usually appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	0	0	0	0	0	1	7	5
		References		Study	Quality										
		31 (22169114)			4										
		25 (24768236)			3										
		27 (21840227)			4										
		29 (23988553)			4										
		4 (17715121)			4										
		28 (17114538)			4										
		36 (19359118)			4										
		37 (27665159)			4										
MRA lower extremity without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	1	1	8	3
		References		Study	Quality										
		31 (22169114)			4										
		27 (21840227)			4										
Arteriography lower extremity	Usually appropriate	Strong	�� 0.1-1mS	��� 0.3- v 3 mSv [ped]	7	7	0	0	0	0	3	1	4	3	2
		References		Study	Quality										
		15 (20585781)			4										
		26 (17555581)			4										
		38 (20540921)			4										
		39 (22112553)			2										

			25 (24768236)				3										
			28 (17114538)				4										
			36 (19359118)				4										
			40 (17097843)				2										
MRA lower extremity without IV contrast	May approp	be oriate	Limited	O 0 mSv	′	O 0 mSv [ped]	6	6	0	0	0	2	2	5	4	0	0
			References			Study	Quality										
			31 (22169114)				4										
			27 (21840227)				4										
US duplex Doppler lower extremity	May approp		Limited	O 0 mSv	,	O 0 mSv [ped]	6	6	0	0	0	2	2	4	2	2	1
			References			Study	Quality										
			31 (22169114)				4										
US intravascular lower extremity	May approp	be oriate	Limited	O 0 mSv	′	O 0 mSv [ped]	5	5	0	0	2	5	8	0	0	0	0
			References			Study	Quality										
			31 (22169114)				4										
			39 (22112553)				2										
			41 (25220329)				4										

Variant 6: Lower-extremity vascular trauma. Initial imaging.

	Appropriatene	SS COE	A L L DDT	D I DDI	D 4	3.6 11			F	inal '	<u>Tabu</u>	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CTA lower extremity with IV contrast	Usually appropriate	Limited	��� 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	9	9	0	0	0	0	0	0	0	0	13

References	Study Quality
43 (22190106)	4
34 (21724101)	4
42 (22824572)	4

Arteriography lower extremity	May be appropriate		Limited �� 0.1-1m		nSv	��� 0.3- 3 mSv [ped]	6	6	0	0	0	1	1	9	3	1	0
			References 43 (22190106) 34 (21724101)			Study Quality 4 4											
			44 (21817992)		4												
			45 (-3145647)	5 (-3145647)		4											
US duplex Doppler lower extremity	May l	be riate	Limited	O 0 mS\	/	O 0 mSv [ped]	6	6	0	0	0	3	3	6	3	0	0
		References				Study Quality											
		43 (22190106)				4											
		46 (28493614)				Good											
MRA lower extremity without and with IV contrast	Usually appropr		Limited	O 0 mS\	/	O 0 mSv [ped]	3	3	1	5	2	2	1	1	1	0	0
	References			Study Quality				•	•		•						
	43 (22190106)			4													
MRA lower extremity without IV contrast	Usually appropi		Limited	O 0 mS\	/	O 0 mSv [ped]	2	2	3	5	3	2	0	0	0	0	0
		References 43 (22190106)				Study Quality											
						4											
US intravascular lower extremity	Usually appropi		Expert Consensus	O 0 mSv		O 0 mSv [ped]	2	2	6	4	1	1	1	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.