American College of Radiology ACR Appropriateness Criteria®

Screening for Abdominal Aortic Aneurysm

Variant 1: Adult. Abdominal aortic aneurysm screening. Asymptomatic, with or without a family history of AAA or history of smoking.

Procedure	Appropria	ateness								F	inal '	Tabu	latio	ns		
	Catego	ory	SOE	Adults RR	L Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US aorta abdomen	Usual appropr	ly riate	Moderate	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	5	9
		References			Study Quality											
			29 (25446298)													
			32 (21915236)			4										
			23 (27871502)													
			33 (23403222)			4										
			35 (21861264)													
			13 (28193267)			2										
			28 (31821437)			4										
		30 (21439859)				3										
			25 (24262320)			3										
			31 (33308596)			4										
			27 (24957320)													
		24 (34370826)														
			34 (25593624)		3											
	_	26 (36334952)			4											
US duplex Doppler aorta abdomen	May l appropr	be riate	Limited	O 0 mSv	O 0 mSv [ped]	6	6	0	0	0	1	6	7	2	1	0
		References			Stı	dy Quality		•						_		

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		39 (27436173)		4											
		37 (26391962)		3											
		38 (31204220)		3											
		17 (33609372)		4											
		36 (32611427)		3											
CT abdomen and pelvis without IV contrast	May be appropriate (Disagreement)	Expert Opinion	999 1-10 mSv	���� 3- 10 mSv [ped]	5	5	1	1	5	1	6	1	2	0	0
		References		Study Quality											
		13 (28193267)		2											
		16 (36246457)		2											
CT abdomen and pelvis with IV contrast	Usually not appropriate	Moderate	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	2	5	9	1	0	0	0	0	0
		References		Stud											
		14 (28216357)		4											
		13 (28193267)		2											
		15 (19581643)		4											
CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Moderate	୫୫୫୫ 10-30 mSv	����� 10-30 mSv [ped]	3	3	3	5	8	1	0	0	0	0	0
		References		Study Quality											
		13 (28193267)		2											
CTA abdomen and pelvis with IV contrast	Usually not appropriate	Moderate	≎≎≎≎ 10-30 mSv		3	3	2	4	6	5	0	0	0	0	0
		References		Study Quality											
		12 (26840606)		4 4 4 2 4											
		18 (26715680)													
		6 (29268916)													
		13 (28193267)													
		17 (33609372)													

MRA abdomen and pelvis without IV contrast	Usually not appropriate		Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	3	4	8	2	0	0	0	0	0
MRA abdomen and pelvis without and with IV contrast	Usually not appropriate		Strong	O 0 mSv	O 0 mSv [ped]	3	3	4	4	6	3	0	0	0	0	0
			References Study Quality													
	21 (23392427)				1											
		22 (31660983)			2											
MRA abdomen and pelvis with IV contrast	Usually approp		Strong	O 0 mSv	O 0 mSv [ped]	3	3	4	4	5	4	0	0	0	0	0
		References			Study											
			20 (27131923)		1											
		13 (28193267)			2											
MRI abdomen and pelvis with IV contrast	Usually approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	3	4	4	1	2	1	0	0	0
CTA abdomen and pelvis without and with IV contrast	Usually approp		Moderate	���� 10-30 mSv)	3	3	5	3	8	1	0	0	0	0	0
		References			Study											
		12 (26840606)			-											
		13 (28193267)			2											
		19 (31200051)			3											
Aortography abdomen and pelvis	Usually approp		Limited	���� 10-30 mSv)	2	2	6	4	4	1	0	0	0	0	0
		References			Study Quality				•	•	•	•				
			12 (26840606)		4											
MRI abdomen and pelvis without IV contrast		ually not Expert propriate Consensus		O 0 mSv	O 0 mSv [ped]	2	2	5	4	2	1	3	0	0	0	0
MRI abdomen and pelvis without and with IV contrast	Usually not Expert Consensus		O 0 mSv	O 0 mSv [ped]	2	2	5	4	2	1	2	1	0	0	0	
Radiography abdomen and pelvis	Usually not appropriate		Expert Consensus	��� 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	10	3	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.