American College of Radiology
ACR Appropriateness Criteria®

Hemoptysis

Variant 1: Hemoptysis 30 cc OR 2 risk factors (>40 years old and >30 pack-year history).

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
X-ray chest	Usually appropriate		☢ <0.1 mSv	☢ <0.03 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
CTA chest with IV contrast	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
CT chest without IV contrast	May be appropriate		☢☢☢ 1-10 mSv	☢☢☢☢ 3-10 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
Arteriography bronchial with or without embolization	May be appropriate		Varies		5	n/a	0	0	0	0	0	0	0	0	0
Arteriography pulmonary	Usually not appropriate		☢☢☢☢ 10-30 mSv		2	n/a	0	0	0	0	0	0	0	0	0

Variant 2: Persistent/recurrent hemoptysis (<30 cc) and one risk factor (>40 years old, >30 pack-year history).

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
X-ray chest	Usually appropriate		☢ <0.1 mSv	☢ <0.03 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0

CTA chest with IV contrast	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
CT chest without IV contrast	May be appropriate		☢☢☢ 1-10 mSv	☢☢☢☢ 3-10 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
Arteriography pulmonary	Usually not appropriate		☢☢☢☢ 10-30 mSv		2	n/a	0	0	0	0	0	0	0	0	0

Variant 3: Massive hemoptysis without cardiopulmonary compromise.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
X-ray chest	Usually appropriate		☢ <0.1 mSv	☢ <0.03 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
Arteriography bronchial with or without embolization	Usually appropriate		Varies		8	n/a	0	0	0	0	0	0	0	0	0
CTA chest with IV contrast	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
CT chest without IV contrast	May be appropriate		☢☢☢ 1-10 mSv	☢☢☢☢ 3-10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
Arteriography pulmonary	May be appropriate		☢☢☢☢ 10-30 mSv		5	n/a	0	0	0	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.**