

**American College of Radiology  
ACR Appropriateness Criteria®**

**Staging and Follow-up of Vulvar Cancer**

**Variant 1: Initial staging of pretreatment vulvar cancer: Primary tumor is less than or equal to 2 cm, confined to the vulva or perineum, and with less than or equal to 1 mm stromal invasion.**

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI pelvis without and with IV contrast	Usually not appropriate	Expert Opinion	O 0 mSv	O 0 mSv [ped]	3	3	2	5	1	1	5	0	0	1	0
CT abdomen and pelvis with IV contrast	Usually not appropriate	Expert Opinion	⊕⊕⊕ 1-10 mSv	⊕⊕⊕⊕ 3-10 mSv [ped]	2	2	6	8	0	0	0	0	1	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	⊕⊕⊕ 1-10 mSv	⊕⊕⊕⊕ 3-10 mSv [ped]	2	2	7	4	2	1	0	0	0	1	0
CT chest abdomen pelvis with IV contrast	Usually not appropriate	Expert Consensus	⊕⊕⊕⊕ 10-30 mSv		2	2	7	3	2	1	0	0	1	1	0
CT chest abdomen pelvis without IV contrast	Usually not appropriate	Expert Consensus	⊕⊕⊕⊕ 10-30 mSv		2	2	7	5	1	1	0	0	0	1	0
CT pelvis with IV contrast	Usually not appropriate	Expert Opinion	⊕⊕⊕ 1-10 mSv	⊕⊕⊕⊕ 3-10 mSv [ped]	2	2	5	9	0	0	0	0	0	1	0
CT pelvis without IV contrast	Usually not appropriate	Expert Consensus	⊕⊕⊕ 1-10 mSv	⊕⊕⊕⊕ 3-10 mSv [ped]	2	2	7	3	1	1	2	0	0	1	0
MRI pelvis without IV contrast	Usually not appropriate	Expert Opinion	O 0 mSv	O 0 mSv [ped]	2	2	3	6	0	2	3	1	0	0	0
Lymphoscintigraphy pelvis	Usually not appropriate	Expert Consensus	⊕⊕ 0.1-1mSv		2	2	6	4	2	2	0	0	1	0	0





















CT abdomen and pelvis with IV contrast	May be appropriate	Limited	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	6	6	1	0	0	0	5	6	0	2	1
		References		Study Quality											
		26 (26059775)		3											
MRI pelvis without IV contrast	May be appropriate	Moderate	○ 0 mSv	○ 0 mSv [ped]	6	6	0	0	0	1	5	2	5	1	1
		References		Study Quality											
		32 (20092880)		2											
		6 (-3165329)		4											
CT abdomen and pelvis without IV contrast	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	5	5	1	4	3	0	4	1	2	0	0
CT chest abdomen pelvis without IV contrast	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗⊗ 10-30 mSv		5	5	2	4	2	0	4	1	1	1	0
CT pelvis with IV contrast	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	5	5	1	0	1	1	9	1	0	1	1
CT pelvis without IV contrast	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	5	5	2	4	2	4	1	0	1	0	1
US-guided fine needle aspiration biopsy groin	May be appropriate (Disagreement)	Expert Opinion	○ 0 mSv	○ 0 mSv [ped]	5	5	3	7	2	0	1	0	1	1	0
US duplex Doppler and US-guided fine-needle aspiration biopsy groin	May be appropriate (Disagreement)	Expert Opinion	○ 0 mSv	○ 0 mSv [ped]	5	5	0	4	0	0	5	3	1	1	1
CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	⊗⊗⊗⊗ 10-30 mSv	⊗⊗⊗⊗⊗ 10-30 mSv [ped]	2	2	4	4	5	0	0	1	1	0	0
CT chest abdomen pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	⊗⊗⊗⊗ 10-30 mSv		2	2	4	4	6	0	0	0	0	0	1

CT pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	☢☢☢☢ 10-30 mSv	☢☢☢☢ 3-10 mSv [ped]	2	2	3	9	2	0	0	0	0	1	0
Radiography chest	Usually not appropriate	Limited	☢ <0.1 mSv	☢ <0.03 mSv [ped]	2	2	7	2	3	0	2	0	0	1	0
		References		Study Quality											
		26 (26059775)		3											
US duplex Doppler groin	Usually not appropriate	Expert Consensus	0 0 mSv	0 0 mSv [ped]	2	2	5	7	2	0	0	0	0	1	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).