How Guidelines and Appropriate Use Criteria Can Support Oncologic Imaging and Pathology Test Ordering / Decision Making

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Disclosure

- I have no personal financial interests to disclose
- I serve as Chair of the Board of Chancellors for the American College of Radiology (ACR)
- National Decision Support Company is the exclusive distributor for ACR's Appropriateness Criteria through its Decision Support Mechanism, ACR Select

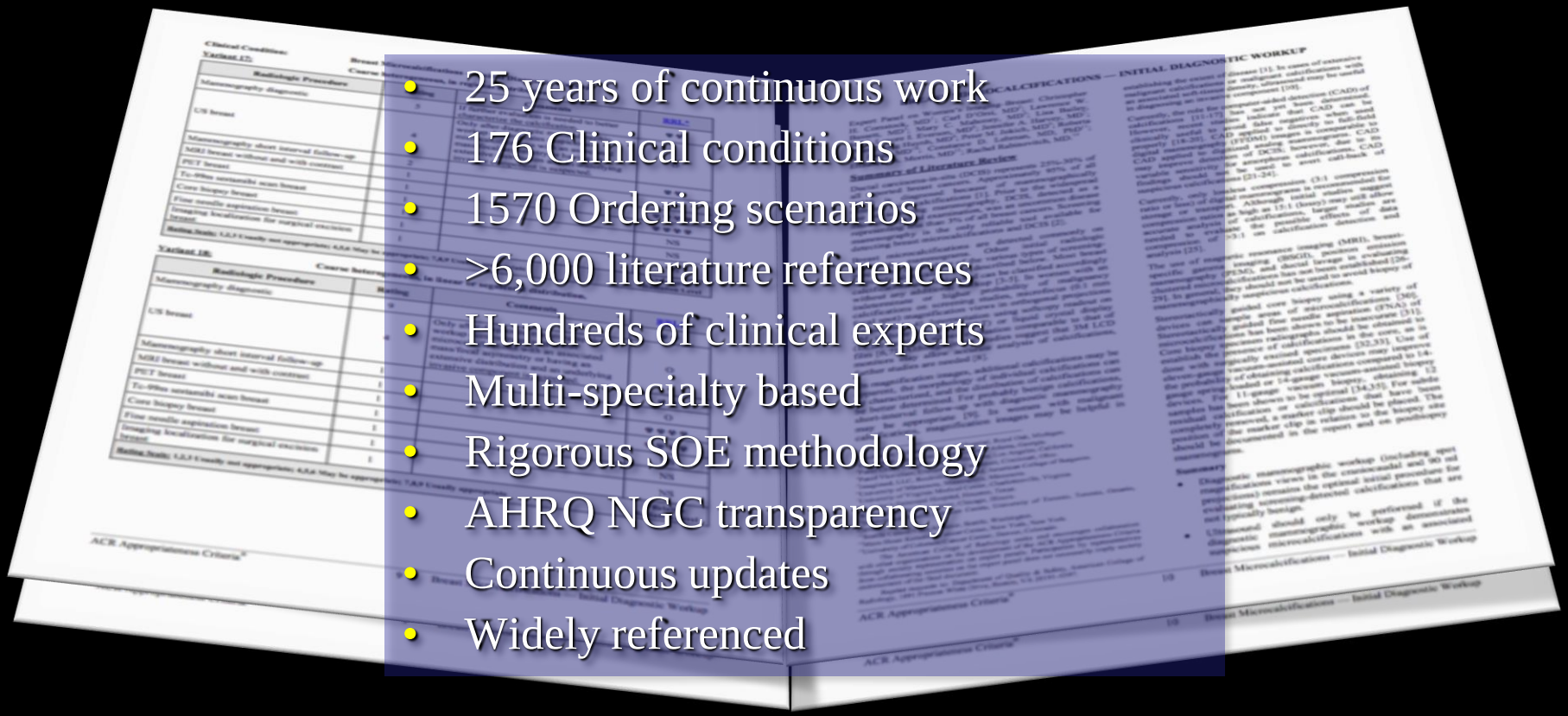
Inappropriate Imaging Examinations

Signs and Symptoms:	Abdominal Pain
History:	Clinical Question: To view appendix and ovaries if female
Comments:	Ord By: [redacted] /Ord Callback/Pager # [redacted]
Visit Pt Loc:	EDPD

Pressure for rapid throughput:

Sometimes, imaging exams are requested before anyone has seen the patient!

The ACR Appropriateness Criteria



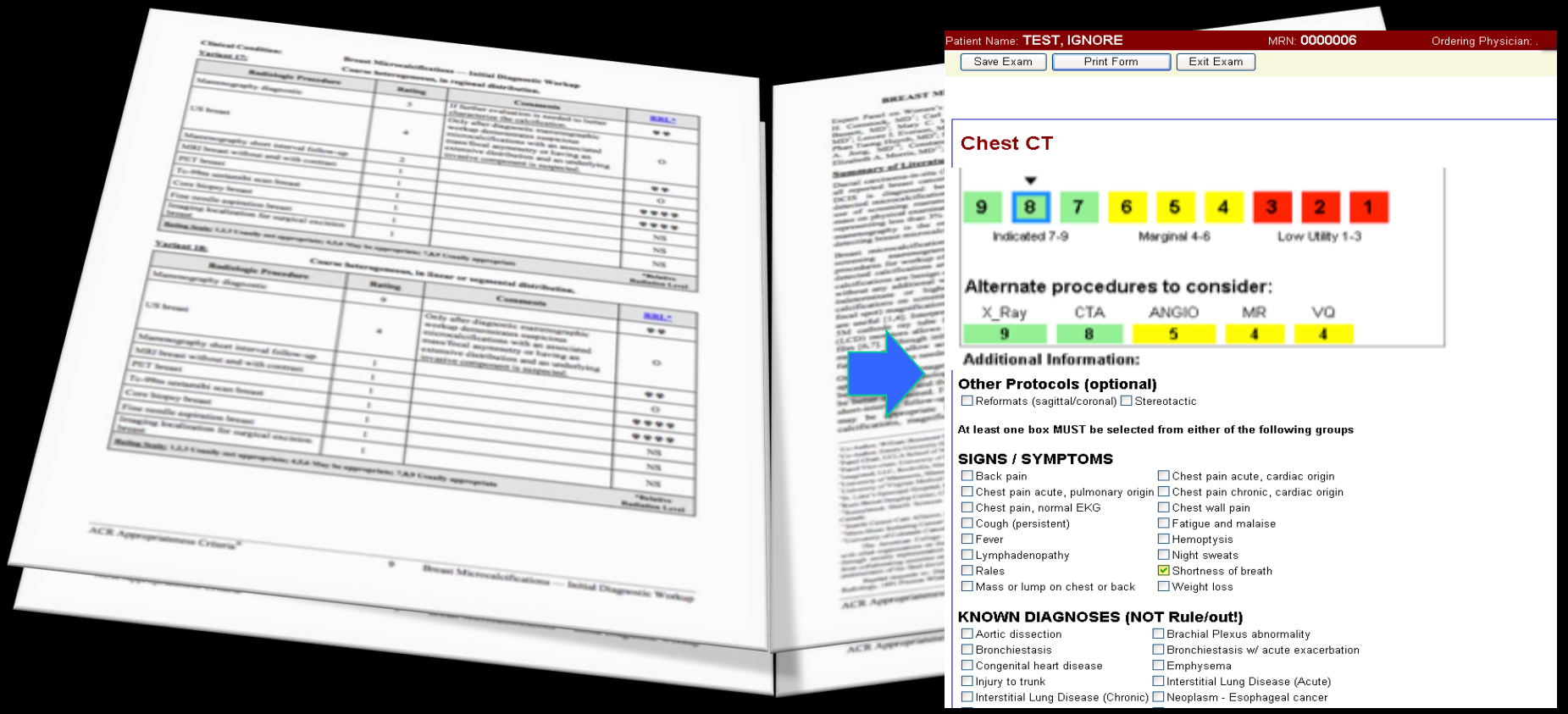
- 25 years of continuous work
- 176 Clinical conditions
- 1570 Ordering scenarios
- >6,000 literature references
- Hundreds of clinical experts
- Multi-specialty based
- Rigorous SOE methodology
- AHRQ NGC transparency
- Continuous updates
- Widely referenced

AUC Methodology

DIAGNOSTIC PROCEDURES			
Rating	***Category Name***	***Category Definition***	***Disagreement***
7, 8, or 9	Usually appropriate	The study or procedure is indicated in certain clinical settings at a favorable risk-benefit ratio for patients, as supported by published peer-reviewed scientific studies, supplemented by expert opinion.	The dispersion of the individual ratings from the panel median rating is assessed to determine if there is no disagreement. When the individual ratings are too dispersed from the panel median (disagreement), "May be appropriate" is the rating with a note that there was disagreement.
4, 5, or 6	May be appropriate	The study or procedure may be indicated in certain clinical settings, or the risk-benefit ratio for patients may be equivocal as shown in published peer-reviewed, scientific studies, supplemented by expert opinion.	
1, 2, or 3	Usually not appropriate	Under most circumstances, the study or procedure is unlikely to be indicated in these specific clinical settings, or the risk-benefit ratio for patients is likely to be unfavorable, as shown in published peer-reviewed, scientific studies supplemented by expert opinion.	

The RAND/UCLA Appropriateness Method

The ACR Appropriateness Criteria



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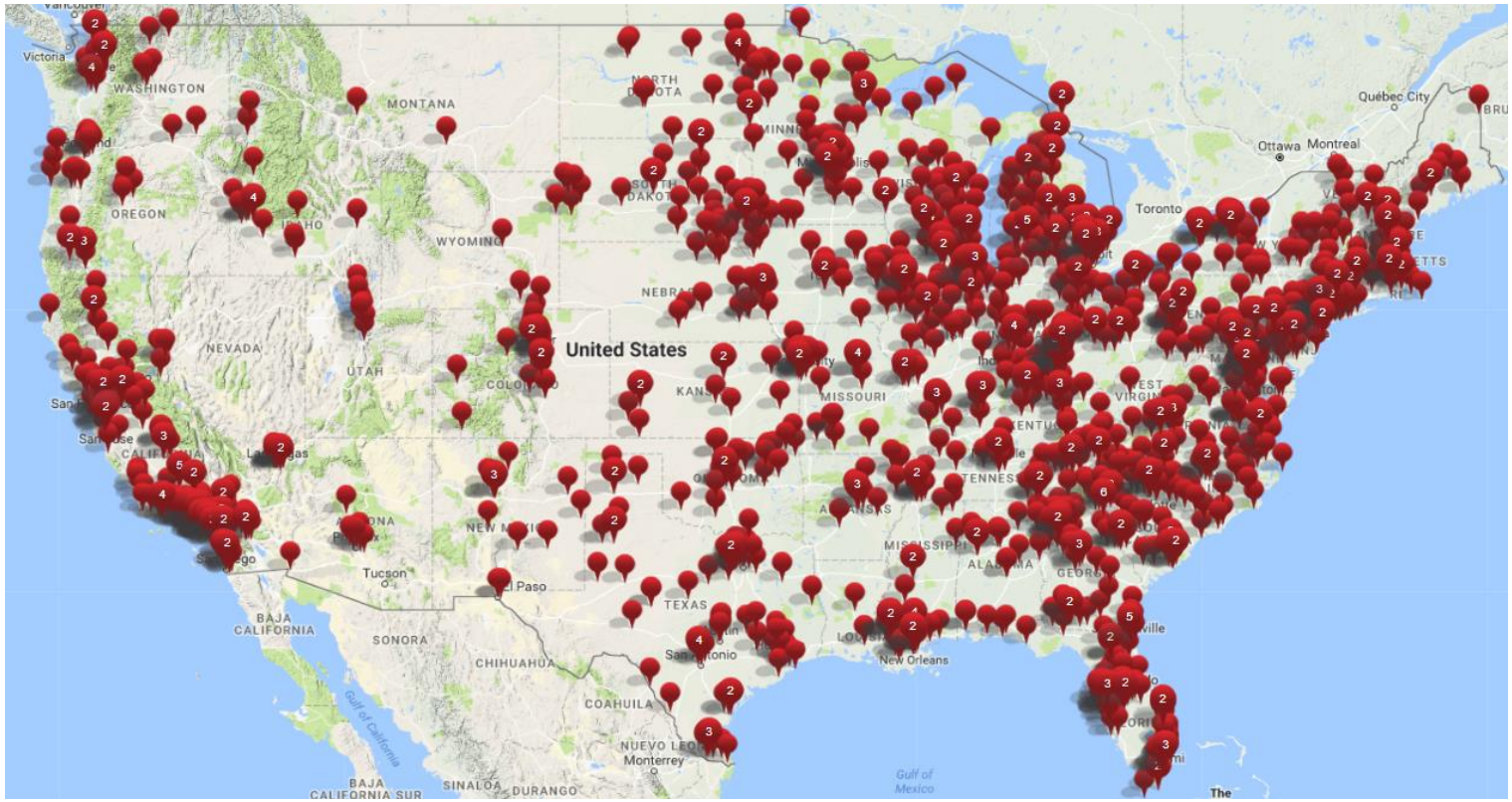

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Oncologic AUC: ACR vs. NCCN

- ACR Oncologic AUC
  - 319 Scored Indications, 22 Cancer Types
  - 143 Unscored Indications (in deference to NCCN)
  - Purpose: Staging + <Screening, Diagnosis in full AC>
    - Some Follow-up/Surveillance for Breast and Genitourinary Cancers
- NCCN Imaging AUC
  - 1001 Indications, 51 Cancer Types
  - Purpose: Screening, Diagnostic, Staging, **Treatment Response Assessment, Follow-up/Surveillance**

NCCN – Cervical Cancer

Filters: *Cervical Cancer v.1.2018* › *Cervical Cancer* › *Follow-up/Surveillance* › *MRI*

Default Sort | Showing 1 to 2 of 2 entries | Search:

Clinical Setting	Guideline Page	Category of Evidence	ICD-10 Codes	Stage	Additional Description of Stage	T	N	Indication	Imaging Recommendation	Purpose
Cervical Cancer	CERV-10 CERV-A (2 of 3)	2A	C53.0, C53.1, C53.8, C53.9, Z80.49, Z85.40, Z85.41, Z85.44	IA1,IA2,IB1,IB2				Fertility sparing	Consider pelvic MRI with contrast	Follow-up/Surveillance

M:

Histology:

Frequency: MRI:
6 mo after surgery
Annually thereafter for 2-3 yrs

Imaging Notes:
Additional imaging as indicated based on symptomatology and clinical concern for recurrent/metastatic disease (Factors may include abnormal physical exam finding or new pelvic, abdominal, or pulmonary symptoms). CT and MRI with contrast unless contraindicated.

Clinical Setting	Guideline Page	Category of Evidence	ICD-10 Codes	Stage	Additional Description of Stage	T	N	Indication	Imaging Recommendation	Purpose
Cervical Cancer	CERV-10 CERV-A (2 of 3)	2A	C53.0, C53.1, C53.8, C53.9, Z80.49, Z85.40, Z85.41, Z85.44	IIA1,IIA2,IIB,IIIA,IIIB,IVA					• Whole body PET/CT (preferred) or Chest/Abdomen/Pelvic CT with contrast • Consider pelvic MRI with contrast	Follow-up/Surveillance

M:

Histology:

Frequency: PET/CT, CT or MRI
Within 3-6 mo after completion of therapy

Imaging Notes:
Additional imaging as indicated based on symptomatology and clinical concern for recurrent/metastatic disease (Factors may include abnormal physical exam findings such as palpable mass or adenopathy, new pelvic, abdominal, or pulmonary symptoms). CT and MRI with contrast unless contraindicated.