INTERQUAL® CARE PLANNING CRITERIA
BIBLIOGRAPHY: Imaging– Abdomen & Pelvis 2017
McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis, technology assessment, or systematic review</td>
</tr>
<tr>
<td>Class II</td>
<td>Randomized controlled trial</td>
</tr>
<tr>
<td>Class III</td>
<td>Observational or epidemiologic study</td>
</tr>
<tr>
<td>Class IV</td>
<td>Evidence-based guideline</td>
</tr>
<tr>
<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
</tr>
</tbody>
</table>

Class I
Class I sources synthesize the results of multiple studies. When quantitative synthesis is possible, meta-analyses can provide a more accurate estimate of the effect or association size than individual smaller studies can. A Class I study that finds insufficient evidence to support or refute an intervention (due to a lack of appropriate primary research) is inconclusive. A potential weakness of Class I studies is that they may only assess published research, potentially leaving their findings vulnerable to publication bias.

Class II
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

Class III
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

Class IV
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

Class V
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer
technologies or medication. Text book information may be out of date by the time the book is published.

**Comparative Effectiveness Research (CER)**

Citations are designated with the CER label as part of the evidence classification if the article cited is one of the following:
1. A clinical trial or other clinical study that directly compares two or more health care interventions for the same clinical scenario.
2. A systematic review that compares two or more health care interventions by synthesizing the research from previous clinical studies.

**Bibliography**


INTERQUAL® CARE PLANNING CRITERIA BIBLIOGRAPHY: Imaging–Abdomen & Pelvis 2017


American College of Obstetricians and Gynecologists ACOG and Society for Maternal Fetal Medicine SMFM. Practice Advisory on Zika Virus; 2016. (V)


American College of Radiology. ACR appropriateness criteria: colorectal cancer screening. Reston, VA: American College of Radiology; 2013. (IV)


American College of Radiology. ACR Appropriateness Criteria: Post-treatment Follow-up of Prostate Cancer. 2011. (IV)


American College of Radiology (ACR) Appropriateness Criteria: dysphagia. 2013 (IV)


American College of Radiology (ACR). ACR appropriateness criteria: Vomiting in Infants Up to 3 Months of Age. Reston (VA): American College of Radiology; 2014. (IV)


American College of Radiology et al. ACR; SAR; SCBT-MR practice parameter for the performance of computed tomography (CT) colonography in adults. Reston, VA: American College of Radiology, Society of Pediatric Radiology, and Society of Skeletal Radiology; 2014. (V)


Berton et al. Perspective on the role of transrectal and transvaginal sonography of tumors of the rectum and anal canal. AJR Am J Roentgenol 2008. 190(6):1495-504. (V)


Brugge. Diagnosis and management of cystic lesions of the pancreas. J Gastrointest Oncol 2015. 6(4):375-88. (V)


Centers for Disease Control and Prevention. Prenatal diagnosis of microcephaly. Atlanta, GA: Centers for Disease Control and Prevention; 2016. (V)


INTERQUAL® CARE PLANNING CRITERIA BIBLIOGRAPHY: Imaging–Abdomen & Pelvis 2017

Chapman et al. Diagnosis and management of primary sclerosing cholangitis. Hepatology 2010. 51(2):660-78. (IV)


Chen et al. Diagnostic value of magnetic resonance cholangiopancreatography in choledocholithiasis. World J Gastroenterol 2015. 21(11):3351-60. (I)


Committee et al. Race and ethnicity considerations in GI endoscopy. Gastrointest Endosc 2015. 82(4):593-9. (V)


Comstock and Bronsteen. The antenatal diagnosis of placenta accreta. BJOG 2014. 121(2):171-81; discussion 81-2. (V)


Coursey et al. ACR Appropriateness Criteria(R) acute onset flank pain--suspicion of stone disease. Ultrasound Q 2012. 28(3):227-33. (IV)


DeJesus Allison et al. ACR Appropriateness Criteria(R) Multiple gestations. Ultrasound Q 2012. 28(2):149-55. (IV)


Desjardins et al. ACR Appropriateness Criteria(R) pulsatile abdominal mass, suspected abdominal aortic aneurysm. The international journal of cardiovascular imaging 2013. 29(1):177-83. (IV)


Elsayes et al. CT enterography: principles, trends, and interpretation of findings. Radiographics 2010. 30(7):1955-70. (V)


INTRODUCTION

Reporting of imaging findings is complex, including the incorporation of clinical data and the potential need for concordance with medical and surgical management. The National Quality Forum (NQF) established the Imaging–Abdomen & Pelvis Interqual in 2009 to standardize care. The Interqual® Care Planning Criteria Bibliography documents are intended to provide useful information for health care professionals involved in the management of patients with GI, GU, and related symptoms.

The Imaging–Abdomen & Pelvis Interqual® Care Planning Criteria Bibliography: Imaging–Abdomen & Pelvis 2017 lists current references. These references are intended to be a subset of the total available literature on the topics contained in these Interqual® Care Planning Criteria. These references are intended to be used to inform the health care professional’s care decisions.

It should also be noted that these references are intended to represent the current state of knowledge on the topics covered. The references listed here do not imply that further research is not needed to better understand these topics, or that these topics are not still being studied.

Since the Interqual® Care Planning Criteria are updated annually, the bibliographies are also updated. Consequently, the bibliographies contain references from across a relatively short time period.

The literature can be categorized according to an Intersocietal Agreement on Diagnostic Imaging (IADI) classification system.

- Class I: Publicly available journals
- Class II: Scientific abstracts
- Class III: Conference proceedings
- Class IV: Government guidelines
- Class V: Consensus statements

The references are categorized by an IADI classification system:

- Class I: Publicly available journals
- Class II: Scientific abstracts
- Class III: Conference proceedings
- Class IV: Government guidelines
- Class V: Consensus statements

The references are listed in no particular order. The references are intended to be included in the corresponding section of the Interqual® Care Planning Criteria, and they are not intended to be included in any other list.

The references are intended to be used as a resource for health care professionals involved in the management of patients with GI, GU, and related symptoms.

REFERENCES


Glanc et al. ACR Appropriateness Criteria(R) assessment of gravid cervix. Ultrasound Q 2011. 27(4):275-80. (IV)


Golden et al. Prospective evaluation of the ability of clinical scoring systems and physician-determined likelihood of appendicitis to obviate the need for CT. Emerg Med J 2016. (III)


**Hoppe and Kemper. Diagnostic examination of the child with urolithiasis or nephrocalcinosis. Pediatr Nephrol 2010. 25(3):403-13.** (V)


**Huang et al. Usefulness of magnetic resonance cholangiopancreatography in pancreatobiliary abnormalities in pediatric patients. Pediatr Neonatal 2011. 52(6):332-6.** (III)


**Ikenberry et al. The role of endoscopy in dyspepsia. Gastrointest Endosc 2011. 66(6):1071-5.** (IV)


**Ja Lim et al. The role of US in finding intussusception and alternative diagnosis: a report of 100 pediatric cases. Acta Radiol 2014.** (III)


**Jimbo. Evaluation and management of hematuria. Prim Care 2010. 37(3):461-72, vii.** (V)


**Kav and Bayraktar. How useful is rectal endosonography in the staging of rectal cancer? World J Gastroenterol 2010. 16(6):691-7.** (V)


Konrad et al. MRI: first-line imaging modality for pregnant patients with suspected appendicitis. Abdom Imaging 2015. 40(8):3359-64. (III)


Lahaye et al. Mandatory imaging cuts costs and reduces the rate of unnecessary surgeries in the diagnostic work-up of patients suspected of having appendicitis. Eur Radiol 2015. 25(5):1464-70. (III)

Laine and Jensen. Management of patients with ulcer bleeding. Am J Gastroenterol 2012. 107(3):345-60; quiz 61. (IV)

Lane et al. ACR appropriateness Criteria(R) first trimester bleeding. Ultrasound Q 2013. 29(2):91-6. (IV)


Lourenco et al. Ovarian and tubal torsion: imaging findings on US, CT, and MRI. Emerg Radiol 2013 Sep 28 (V)

Lu et al. Use of FDG-PET or PET/CT to detect recurrent colorectal cancer in patients with elevated CEA: a systematic review and meta-analysis. Int J Colorectal Dis 2013. 28(8):1039-47. (I)


National Institute for Health and Care Excellence (NICE), Multiple pregnancy. Clinical Guideline 46. London: NICE; 2013 (IV)


National Institute of Health (NIH). Evidence-Based Management of Sickle Cell Disease; 2014. (IV)


Pappachan et al. Diagnosis and management of pheochromocytoma: a practical guide to clinicians. Curr Hypertens Rep 2014. 16(7):442. (V)


Park et al. Is cholecystectomy a reasonable treatment option for simple gallbladder polyps larger than 10 mm? World J Gastroenterol 2015. 21(14):4248-54. (III)


Pasha et al. The role of endoscopy in the evaluation and management of dysphagia. Gastrointest Endosc 2014. 79(2):191-201. (IV)

Pasha et al. The role of endoscopy in the patient with lower GI bleeding. Gastrointest Endosc 2014. 79(6):875-85. (IV)


Podrasky et al. ACR appropriateness Criteria(R) second and third trimester bleeding. Ultrasound Q 2013. 29(4):293-301. (IV)


Raab and Gartner. Diagnosis of childhood cancer. Prim Care 2009. 36(4):671-84. (V)


Regge et al. Diagnostic accuracy of computed tomographic colonography for the detection of advanced neoplasia in individuals at increased risk of colorectal cancer. JAMA 2009. 301(23):2453-2461. (III)


Sacher et al. Role of magnetic resonance cholangiopancreatography in diagnosing choledochal cysts: Case series and review. World J Radiol 2013. 5(8):304-12. (V)


Sebastian et al. Managing incidental findings on abdominal and pelvic CT and MRI, Part 4: white paper of the ACR Incidental Findings Committee II on gallbladder and biliary findings. J Am Coll Radiol 2013. 10(12):953-6. (V)


Smith et al. ACR Appropriateness Criteria(R) Right Lower Quadrant Pain--Suspected Appendicitis. Ultrasound Q 2015. 31(2):85-91. (IV)


Temiz et al. The efficacy of Tc99m dimercaptosuccinic acid (Tc-DMSA) scintigraphy and ultrasonography in detecting renal scars in children with primary vesicoureteral reflux (VUR). Int Urol Nephrol 2006. 38(1):149-152. (III)


Xu et al. The value of TRUS in the staging of rectal carcinoma before and after radiotherapy and comparison with the staging postoperative pathology. Clin Radiol 2014. 69(5):481-4. (III)


Zoarets et al. Does selective use of computed tomography scan reduce the rate of "white" (negative) appendectomy? Isr Med Assoc J 2014. 16(6):335-7. (III)