INTERQUAL® IMAGING CRITERIA
BIBLIOGRAPHY: GENERAL
McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. Classification ratings of I through V are used. Ratings are applied as clinical content is updated; therefore, a rating may not appear after each reference. Classification ratings appear in parentheses at the end of a reference.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis or systematic review</td>
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<tr>
<td>Class II</td>
<td>Well-designed controlled clinical trial or experimental study</td>
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<tr>
<td>Class III</td>
<td>Well-designed observational or epidemiologic study</td>
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<tr>
<td>Class IV</td>
<td>Evidence-based guideline</td>
</tr>
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<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
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Class I
A meta-analysis is an analysis of data pooled from multiple trials. A systematic review is a qualitative means of summarizing multiple trials on the same intervention. Class I studies can show a statistically significant difference in support of an intervention when smaller studies could not. A meta-analysis or systematic review that finds insufficient evidence to support or refute an intervention (due to a lack of properly designed trials) is inconclusive. A potential weakness of Class I studies is that they may only assess published studies. Since studies demonstrating significant differences are more likely to be published than those that do not, publication bias is of concern.

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. A 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.

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. Textbook information may be out of date by the time the book is published.
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American College of Radiology. ACR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Breast; 2004. (V)

Anand et al. Does this patient have deep vein thrombosis? JAMA 1998. 279(14):1094-1099. (V)


Britt et al. Newer diagnostic modalities for vascular injuries: the way we were, the way we are. Surg Clin North Am 2001. 81(6):1263-1279, xii. (V)


<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Journal and Volume</th>
<th>Year</th>
<th>Impact Factor</th>
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</table>
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Hillner et al. Impact of positron emission tomography/computed tomography and positron emission tomography (PET) alone on expected management of patients with cancer: initial results from the National Oncologic PET Registry. J Clin Oncol 2008. 26(13):2155-2161. (III)


InterQual® Imaging Criteria: GENERAL


Lindsay et al. The National Oncologic PET Registry: expanded medicare coverage for PET under coverage with evidence development. AJR Am J Roentgenol 2007. 188(4):1109-1113. (V)


InterQual® Imaging Criteria: GENERAL

Norgren et al. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). Eur J Vasc Endovasc Surg 2007. 33 Suppl 1:S1-75. (IV)
Podoloff et al. NCCN task force report: positron emission tomography (PET)/computed tomography (CT) scanning in cancer. J Natl Compr Canc Netw 2007. 5 Suppl 1:S1-S22; quiz S23-22. (IV)
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Sandha et al. Is positron emission tomography useful in locoregional staging of esophageal cancer? Results of a multidisciplinary initiative comparing CT, positron emission tomography, and EUS. Gastrointest Endosc 2008. 67(3):402-409. (III)
Sturman, Martin F., MD, FACP. Effective Medical Imaging: A Signs and Symptoms Approach, Williams & Wilkins, Baltimore, Md, 1993, p142.
Wells et al. Does this patient have deep vein thrombosis? JAMA 2006. 295(2):199-207. (I)
**InterQual® Imaging Criteria: GENERAL**

Yeh et al. Detecting para-aortic lymph nodal metastasis by positron emission tomography of 18F-fluorodeoxyglucose in advanced cervical cancer with negative magnetic resonance imaging findings. Oncol Rep 2002. 9(6):1289-1292. (III)