

## ACR Appropriateness Criteria<sup>®</sup> Background and Supporting Document List

### Background

During the 1990s, the ACR recognized the need to define national guidelines for appropriate use of imaging technologies. These guidelines became known as the ACR Appropriateness Criteria<sup>®</sup> (ACR AC). In 1993, the ACR AC were formally introduced by K.K. Wallace, MD (former chair of ACR Board of Chancellors) during testimony to the U.S. House Ways and Means Committee. Dr. Wallace stated that the ACR was ready to create guidelines for radiology to eliminate inappropriate utilization of radiologic services<sup>1, 2</sup>.

The ACR Task Force on Appropriateness Criteria was created and panel chairs were appointed in late 1993. In 1994, deliberations had begun to develop nationally accepted, scientifically-based guidelines to assist referring physicians in making appropriate imaging decisions for given patient clinical conditions in order to provide the College's perspective on how to best use limited health care resources.

In creating the ACR AC, the Task Force incorporated attributes for developing acceptable medical practice guidelines used by the Agency for Healthcare Research and Quality (AHRQ) as designed by the Institute of Medicine. From the beginning, the methodology relied on a combination of evidence and expert consensus, when the data from scientific outcome and technology assessment studies are insufficient. Additionally, the methodology employs the input of physicians from other medical specialties to provide important clinical perspectives.

The AHRQ is explicit in stating its intent that scientific evidence should be used as much as possible but that judgment and group consensus will be necessary in the development of medical guidelines. The National Guidelines Clearinghouse (NGC), one of the initiatives of AHRQ, is a public resource for evidence-based clinical practice guidelines. The ACR AC topics are posted on the [NGC site](#).

Currently, the ACR AC are the most comprehensive North American, evidence based guidelines for diagnostic imaging selection, radiotherapy protocols, and image guided interventional procedures. They embody the best, current evidence for selecting appropriate diagnostic imaging and interventional procedures for numerous clinical conditions.

<sup>1</sup> Cascade PN. *Setting appropriateness guidelines for Radiology*. *Radiology* 1994; 192(1):50A-54A.

<sup>2</sup> Cascade PN. *The American College of Radiology. ACR Appropriateness Criteria project*. *Radiology* 2000; 214 Suppl:3-46.

### ACR AC Supporting Documents

1. [Overview](#) – This document provides a general explanation of the key program elements and components, such as guiding principles, description of the expert panels, and process for criteria development and review.
2. [Organization and Composition of Expert Panels](#) – This document describes the expert panels that develop the ACR AC topics.
  - a. [Organizational Chart of AC Committees](#) – Graphic to display AC Committees
  - b. [Medical Specialty Society Representation](#) – List current Medical Specialty Society collaborators
3. [Literature Search Process](#) – This document explains how the literature is searched when a topic is developed or revised.
4. [Evidence Table Development](#) – This document explains how the evidence is assessed and presented in the Evidence Tables for a topic.
5. [Radiation Dose Assessment](#) – This document explains the “relative radiation level” for the various diagnostic procedures included in the ACR AC topics.
6. [Procedure Contrast Information](#) – This document defines the terms for contrast usage in the ACR AC procedures.
7. [Citation Information](#) – This document describes the proper citation for the ACR AC topics.
8. [Terms and Conditions](#) – This document contains Citation Information, Copyright Notice, Disclaimer, Warranty Information and Use Agreement Statement.

For more information on the ACR Appropriateness Criteria<sup>®</sup>, please email [acr\\_ac@acr.org](mailto:acr_ac@acr.org).