Staging and Follow-up Ovarian Cancer
EVIDENCE TABLE

Reference	Study Type	Patients/ Events	Study Objective (Purpose of Study)	Study Results	Strength of Evidence
1. American Cancer Society. Cancer facts and figures 2007. Atlanta, Ga. *Amercian Cancer Society* 2007.	15	N/A	Summarizes basic cancer facts and figures.	Ovarian cancer causes more deaths than any other site in the female reproductive system. Accurate staging determines optimal therapy.	3
2. Johnson RJ, Blackledge G, Eddleston B, Crowther D. Abdomino-pelvic computed tomography in the management of ovarian carcinoma. *Radiology* 1983; 146(2):447-452.	9	121 CT scans in 75 women	To compare CT of the abdomen and pelvis with clinical staging and laparotomy in the management of women with ovarian cancer.	CT was superior to clinical examination, detecting unsuspected disease and delineating areas of known disease more accurately.	2
3. Fukuda T, Ikeuchi M, Hashimoto H, et al. Computed tomography of ovarian masses. *J Comput Assist Tomogr* 1986; 10(6):990-996.	10	138 ovarian masses in 100 patients	Retrospective analysis of CT images in histologically proven ovarian masses to evaluate the usefulness and limitation of CT in the diagnosis of ovarian tumors.	Benign masses were cystic in 98 (94.2%) and had solid component (including thickened walls, thickened septa, papillary projections) in 5/104 lesions (4.8%) on CT.	2
4. Jeong YY, Outwater EK, Kang HK. Imaging evaluation of ovarian masses. *Radiographics* 2000; 20(5):1445-1470.	12	N/A	Review values of US, CT, and MRI in the evaluation of suspected ovarian neoplasms in various clinical settings.	CT, US, and MRI have similar accuracy for staging ovarian cancer, but CT is used before and after cytoreductive surgery (NAC).	3
5. Jung SE, Lee JM, Rha SE, et al. CT and MR imaging of ovarian tumors with emphasis on differential diagnosis. *Radiographics* 2002; 22(6):1305-1325.	12	N/A	Review typical and atypical CT and MRI findings in ovarian tumors with emphasis on differential diagnosis.	Imaging features can distinguish specific types of ovarian tumors.	3
6. Occhipinti KA, Frankel SD, Hricak H. The ovary. Computed tomography and magnetic resonance imaging. *Radiol Clin North Am* 1993; 31(5):1115-1132.	12	N/A	Review use of CT and MRI in the evaluation of the ovary.	CT currently the recommended modality to stage ovarian cancer.	3
7. Forstner R, Hricak H, Occhipinti KA, et al. Ovarian cancer: staging with CT and MR imaging. *Radiology* 1995; 197(3):619-626.	9	82	Prospective, comparative study to evaluate ovarian cancer staging and tumor resectability with CT or MRI.	Staging accuracy was similar for CT and MRI: (77% [33/43] vs 78% [39/50]). For CT, the PPV for cancer nonresectability was 100%; the NPV was 92% (37 of 40 patients). The PPV and NPV for MRI were 91% (10/11 patients) and 97% (38/39 patients). Prediction of tumor resectability is excellent for both CT and MRI.	2
8. Conway C, Zalud I, Dilena M, et al. Simple cyst in the postmenopausal patient: detection and management. *J Ultrasound Med* 1998; 17(6):369-372.	3a	1,769	To determine the prevalence of simple ovarian cysts in asymptomatic postmenopausal women and natural history of these cysts on follow-up US.	Simple ovarian cysts are more common in postmenopausal women than previously thought and can be followed conservatively; unlikely to be malignant.	2
9. Bailey CL, Ueland FR, Land GL, et al. The malignant potential of small cystic ovarian tumors in women over 50 years of age. *Gynecol Oncol* 1998; 69(1):3-7.	3c	256	To determine the risk of malignancy in cystic ovarian tumors <10 cm in asymptomatic postmenopausal women or ≥50 years of age.	Unilocular cysts have minimal risk of ovarian cancer while complex ovarian cysts with wall abnormalities or solid areas are associated with a significant risk for malignancy.	2
10. Twickler DM, Forte TB, Santos-Ramos R, et al. The Ovarian Tumor Index predicts risk for malignancy. *Cancer* 1999; 86(11):2280-2290.	10	244	Prospectively evaluate clinically suspected adnexal masses performed with transvaginal US using real-time, Doppler velocimetry, and color-flow mapping.	Ovarian tumor index is an accurate predictor of malignancy for adnexal masses.	2

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11. Amendola MA, Walsh JW, Amendola BE, et al. Computed tomography in the evaluation of carcinoma of the ovary. *J Comput Assist Tomogr* 1981; 5(2):179-186.	10	34	To examine the role of CT in the evaluation of patients with histologically proven ovarian cancer.	Major limitation of CT was its inability to detect peritoneal and liver surface implants <2 cm in size.	3
12. Buy JN, Ghossain MA, Sciot C, et al. Epithelial tumors of the ovary: CT findings and correlation with US. *Radiology* 1991; 178(3):811-818.	9	130 patients with 170 ovarian tumors	Prospective study to assess the value of CT in detection, characterization, and extension of epithelial tumors of the ovary and to compare the CT findings with US, surgical, and pathologic findings.	CT accuracy of 94% vs US accuracy of 80% in characterizing benign vs. malignant ovarian epithelial tumors.	2
13. Buy JN, Moss AA, Ghossain MA, et al. Peritoneal implants from ovarian tumors: CT findings. *Radiology* 1988; 169(3):691-694.	10	38	Retrospectively evaluate the accuracy of CT in the detection of penitoneal deposits in various locations and analyze the factors contributing to false-negative findings.	CT showed metastatic lesions in 17/27 (63%) patients and in 63/104 (61%) biopsy sites. The three sites most commonly involved were the right subphrenic region, the greater omentum, and the pouch of Douglas. Value of CT depended on the location of the implant and the presence of adjacent ascites, rather than on lesion size.	3
14. Ghossain MA, Buy JN, Ligneres C, et al. Epithelial tumors of the ovary: comparison of MR and CT findings. *Radiology* 1991; 181(3):863-870.	9	40 patients with 50 ovarian epithelial tumors of the ovary	Retrospective study to compare CT with MR in ovarian epithelial tumors.	Accuracy for overall characterization of benign vs. malignant tumors was 86% with MRI and 92% with CT. There was no difference in sensitivity (P=1) or specificity (P=.5).	2
15. Whitley N, Brenner D, Francis A, et al. Use of the computed tomographic whole body scanner to stage and follow patients with advanced ovarian carcinoma. *Invest Radiol* 1981; 16(6):479-486.	10	17 patients with epithelial ovarian cancer had 22 CT scans 18 patients with advanced ovarian cancer	To examine role of CT whole-body scanner to stage and follow patients with advanced ovarian carcinoma.	CT is useful in the staging and follow-up of patients with ovarian carcinoma and can replace other radiologic procedures, but it is not completely accurate and needs to be correlated with physical exam and in cases without tumors visible with CT, with laparotomy.	3

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Reference	Study Type	Patients/ Events	Study Objective (Purpose of Study)	Study Results	Strength of Evidence
16. Semelka RC, Lawrence PH, Shoenut JP, et al. Primary ovarian cancer: prospective comparison of contrast-enhanced CT and pre-and postcontrast, fat-suppressed MR imaging, with histologic correlation. *J Magn Reson Imaging* 1993; 3(1):99-106.	9	16	Prospective comparison of contrast-enhanced CT and precontrast and postcontrast, fat-suppressed MRI, with histologic correlation in ovarian cancer staging.	• MRI showed the internal architecture of ovarian tumors better than CT in 9 patients and equivalently in 7. • MRI showed the relationship between ovarian tumors and adjacent pelvic structures (uterus [n=9], sigmoid colon [n=7], bladder [n=7], and rectum [n=3]) better than CT in 9 patients and equivalently in 7. • Intra-abdominal extent of disease was better defined on MRI than on CT images in 9 patients, equivalently in 6, and worse in one. • Peritoneal metastases 1-2 cm in diameter were detected on MRI and missed on CT scans in 6 patients. • Results suggest MRI is at least equivalent and may be superior to CT in the evaluation of ovarian malignancy.	2
17. Walsh JW. Computed tomography of gynecologic neoplasms. *Radiol Clin North Am* 1992; 30(4):817-830.	12	N/A	Review role of CT in gynecologic oncologic imaging.	CT is currently the imaging modality of choice in preoperative evaluation of ovarian cancer.	4
18. Hou JY, Kelly MG, Yu H, et al. Neoadjuvant chemotherapy lessens surgical morbidity in advanced ovarian cancer and leads to improved survival in stage IV disease. *Gynecol Oncol* 2007; 105(1):211-217.	3c	172	Retrospective review to compare the survival and peri-operative morbidities of patients with advanced epithelial ovarian cancer (EOC, stage IIIC and IV) treated with primary debulking surgery (PDS) followed by adjuvant platinum-based chemotherapy, or neoadjuvant chemotherapy followed by NAC.	NAC patients had significantly less intraoperative blood loss, operating time, units of transfusion, and shorter hospital stay ($P<0.05$). Optimal cytoreduction was achieved in 95% of NAC patients, vs 71% of PDS group ($P<0.001$). Study shows that NAC is associated with less peri-operative morbidity, less need for further aggressive surgery, and similar survival.	2
19. Tangjitgamol S, Manusirivithaya S, Laopaiboon M, Lumbiganon P. Interval debulking surgery for advanced epithelial ovarian cancer: a Cochrane systematic review. *Gynecol Oncol* 2009; 112(1):257-264.	7	3 randomized trials (781 women) 2 observers	Systematic review to assess the effectiveness of interval debulking surgery (IDS) for patients with advanced stage EOC.	Study could not conclude whether IDS would improve the survival of women with advanced EOC compared with conventional treatment. IDS appeared to yield benefit only in patients whose primary surgery was not performed by expert surgeons.	3
20. Lund B, Jacobsen K, Rasch L, et al. Correlation of abdominal ultrasound and computed tomography scans with second- or third-look laparotomy in patients with ovarian carcinoma. *Gynecol Oncol* 1990; 37(2):279-283.	9	50	Prospective study comparing US and CT to second-look laparotomy (SLL) in ovarian cancer to determine the best noninvasive means of evaluating response in patients with advanced ovarian carcinoma.	• US had accuracy of 50%, PPV of 80%, and NPV of 47%. • CT had accuracy of 46%, PPV of 60%, and NPV of 44%. • Neither CT nor US sensitive to preclude SLL.	2

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21. Meyer JI, Kennedy AW, Friedman R, et al. Ovarian carcinoma: value of CT in predicting success of debulking surgery. *AJR* 1995; 165(4):875-878.	10	28	Retrospective study to determine the value of CT in predicting the success of debulking surgery in ovarian cancer.	10-point preoperative CT scoring system, a score of ≥3 identified patients whose tumors were not successfully debulked with a sensitivity of 58% (7/12) and a specificity of 100% (16/16). Study shows CT can be used to predict the success of PDS in women with metastatic ovarian carcinoma.	3
22. Nelson BE, Rosenfield AT, Schwartz PE. Preoperative abdominopelvic computed tomographic prediction of optimal cytoreduction in epithelial ovarian carcinoma. *J Clin Oncol* 1993; 11(1):166-172.	10	51 women 42 CT scans	Retrospective analysis of CT to assess the ability of CT to predict the likelihood of optimal primary tumor cytoreduction in women with epithelial ovarian carcinoma.	CT had sensitivity of 92.3%, specificity of 79.3%, PPV of 67% and NPV of 96%. CT is accurate for the prediction of successful surgical cytoreduction.	2
23. Pectasides D, Kayianni H, Facou A, et al. Correlation of abdominal computed tomography scanning and second-look operation finding in ovarian cancer patients. *Am J Clin Oncol* 1991; 14(6):457-462.	9	35	To compare abdominal CT with SSL in ovarian cancer.	CT sensitivity 42%, specificity 85%, accuracy 60%, PPV 81%, NPV 50%. CT cannot replace SLL for disease status.	3
24. Pannu HK, Horton KM, Fishman EK. Thin section dual-phase multidetector-row computed tomography detection of peritoneal metastases in gynecologic cancers. *J Comput Assist Tomogr* 2003; 27(3):333-340.	10	17 women 2 observers	Retrospectively review CT scans to determine the sensitivity, specificity, and accuracy of MDCT in detection of peritoneal implants from ovarian cancer.	Sensitivity, specificity, and accuracy are improved using MDCT compared to axial CT imaging. Specificities nearly 100% for most sites of disease. Accuracy >80% for all sites except diaphragm and pelvis.	2
25. Hricak H, Chen M, Coakley FV, et al. Complex adnexal masses: detection and characterization with MR imaging--multivariate analysis. *Radiology* 2000; 214(1):39-46.	10	128 consecutive patients 2 observers	Prospective, cross-sectional study to evaluate accuracy of MRI for detection and characterization of complex adnexal masses.	Gadolinium enhanced MRI is very accurate (93%) with excellent inter- (K, 0.79-0.85) and intraobserver (K, 0.84-0.86) agreement.	1
26. Prayer L, Kainz C, Kramer J, et al. CT and MR accuracy in the detection of tumor recurrence in patients treated for ovarian cancer. *J Comput Assist Tomogr* 1993; 17(4):626-632.	9	24	Prospective study to evaluate the accuracy of clinical exams (palpation/determination of serum tumor-associated antigen CA125 level), CT, and MRI in the detection of tumor recurrence in patients with treated ovarian cancer. Results were correlated with surgical/bioptic/pathoanatomic findings.	False-positive exams occurred in one patient on palpation/CA125, CT, and MRI and false-negative in zero on palpation/CA125, in three on CT, and in two on MRI, a sensitivity of 100% for palpation/CA125, 66.6% for CT, and 77.7% for MRI and a specificity of 93.3% for palpation/CA125, CT, and MRI. Accuracy of palpation/CA125 examinations was 95.8% in comparison with 83.3% for CT and 87.5% for MRI. No statistical difference. CT remains primary modality because of acceptable accuracy, cost, and accessibility.	2

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Reference	Study Type	Patients/ Events	Study Objective (Purpose of Study)	Study Results	Strength of Evidence
27. Woodward PJ, Hosseinzadeh K, Saenger JS. From the archives of the AFIP: radiologic staging of ovarian carcinoma with pathologic correlation. *Radiographics* 2004; 24(1):225-246.	12	N/A	Review the use of CT and MRI for preoperative staging of ovarian cancer.	Imaging can affect choice of treatment and enable optimal debulking of ovarian cancer, but no imaging modality can demonstrate clinically important microscopic disease.	3
28. Mironov S, Akin O, Pandit-Taskar N, Hann LE. Ovarian cancer. *Radiol Clin North Am* 2007; 45(1):149-166.	12	N/A	Review imaging findings of patients with ovarian cancer.	Multimodality approach is useful in patients with ovarian cancer, but success is dependent on available resources and on the skills of the physicians involved.	3
29. Booth SJ, Turnbull LW, Poole DR, Richmond I. The accurate staging of ovarian cancer using 3T magnetic resonance imaging--a realistic option. *BJOG* 2008; 115(7):894-901.	9	191	Retrospective study to determine whether staging primary ovarian cancer using 3.0 Tesla (3T) MRI is comparable to surgical staging of the disease. 77 women had primary ovarian malignancy (20 of whom had borderline tumors).	3T MRI detected ovarian malignancy with sensitivity of 92% and specificity of 76%. Overall accuracy in detecting malignancy with 3T MRI was 84%, PPV of 80% and NPV of 90%. MRI can achieve staging of ovarian cancer comparable with the accuracy seen with surgical staging.	2
30. Megibow AJ, Bosniak MA, Ho AG, et al. Accuracy of CT in detection of persistent or recurrent ovarian carcinoma; correlation with second-look laparotomy. *Radiology* 1988; 166(2):341-345.	9	39	Retrospective study to compare CT to SLL in ovarian cancer.	Improvement in sensitivity from 38%-78%, and in specificity from 71%-100% with better technique/scanner.	2
31. Reuter KL, Griffin T, Hunter RE. Comparison of abdominopelvic computed tomography results and findings at second-look laparotomy in ovarian carcinoma patients. *Cancer* 1989; 63(6):1123-1128.	9	35	To compare results of restaging laparotomy with the preoperative abdominopelvic CT findings to evaluate the accuracy of CT for determining tumor status.	CT accuracy 86%, sensitivity 84%, specificity 88%. CT is not accurate enough to completely replace the restaging laparotomy, its high accuracy in determining residual disease after treatment is helpful for patient management.	2
32. Silverman PM, Osborne M, Dunnick NR, Bandy LC. CT prior to second-look operation in ovarian cancer. *AJR* 1988; 150(4):829-832.	10	48	Retrospective review to evaluate the role of CT in detecting residual or recurrent tumor in 55 patients in whom 64 abdominopelvic CT scans were obtained. 48 patients had a second-look operation, and 8 of these patients had an additional third-look operation.	CT sensitivity 40%, specificity 99%. CT obviates surgery in bulky disease, but insensitive to minimal disease and carcinomatosis.	2
33. Axtell AE, Lee MH, Bristow RE, et al. Multi-institutional reciprocal validation study of computed tomography predictors of suboptimal primary cytoreduction in patients with advanced ovarian cancer. *J Clin Oncol* 2007; 25(4):384-389.	3c	65	Retrospective, blinded study to identify features on preoperative CT scans to predict suboptimal primary cytoreduction in patients treated for advanced ovarian cancer in institution A. Reciprocally cross validate predictors identified with those from two previously published cohorts from institutions B and C.	High accuracy rates of CT predictors of suboptimal cytoreduction in the original cohorts could not be confirmed in the cross validation. Preoperative CT predictors should be used with caution when deciding between surgical cytoreduction and neoadjuvant chemotherapy. Diaphragm disease and large-bowel mesentery implants were the only CT predictors of suboptimal cytoreduction.	2

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34. Cho SM, Ha HK, Byun JY, et al. Usefulness of FDG PET for assessment of early recurrent epithelial ovarian cancer. *AJR* 2002; 179(2):391-395.	9	31 consecutive patients	Retrospective study to compare accuracy of FDG-PET with CT for detection of recurrence.	Sensitivity, specificity, and accuracy of FDG-PET, CT, and combined FDG-PET/CT for revealing recurrent ovarian cancer were 45.3%, 99.7%, 91.0%; 54.5%, 99.6%, 91.7%; 58.2%, 99.6%, 92.4%, respectively. PET was inferior to CT in showing small recurrent lesions.	3
35. Fenchel S, Grab D, Nuessle K, et al. Asymptomatic adnexal masses: correlation of FDG PET and histopathologic findings. *Radiology* 2002; 223(3):780-788.	9	99 consecutive patients	Prospective study to analyze asymptomatic adnexal masses at PET with FDG in correlation with histopathologic findings and evaluate FDG-PET for assessing malignancy in comparison with TVS B-mode and Doppler US and MRI.	Overall sensitivities and specificities were 58% and 76%, respectively, for FDG-PET; 92% and 60%, respectively, for US; 83% and 84%, respectively, for MRI; and 92% and 85% respectively, for the combination of 3 modalities. US remains the method of choice for diagnosis and assessment of asymptomatic adnexal masses.	1
36. Rieber A, Nussle K, Stohr I, et al. Preoperative diagnosis of ovarian tumors with MR imaging: comparison with transvaginal sonography, positron emission tomography, and histologic findings. *AJR* 2001; 177(1):123-129.	9	103 consecutive patients	Comparative study to evaluate the diagnostic performance of MRI compared with TVS and PET in patients with clinically asymptomatic adnexal findings.	• Sensitivity, specificity, accuracy of MRI was 83%, 84% and 83% respectively. • Sensitivity, specificity, accuracy of TVS was 92%, 59% and 63% respectively. • Sensitivity, specificity, accuracy of PET was 58%, 78% and 76% respectively. • PET is unsuitable for primary diagnosis due to limited specificity. US remains the preferred screening method for adnexal masses.	1
37. Nakamoto Y, Saga T, Ishimori T, et al. Clinical value of positron emission tomography with FDG for recurrent ovarian cancer. *AJR* 2001; 176(6):1449-1454.	10	24	Prospective study to evaluate the value of PET with FDG for detecting recurrent ovarian cancer.	PET has value in detection of recurrence, if CT and MRI are negative with increasing tumor markers.	2
38. Castellucci P, Perrone AM, Picchio M, et al. Diagnostic accuracy of 18F-FDG PET/CT in characterizing ovarian lesions and staging ovarian cancer: correlation with transvaginal ultrasonography, computed tomography, and histology. *Nucl Med Commun* 2007; 28(8):589-595.	9	50 consecutive patients	To compare FDG-PET/CT to TVUS for distinguishing malignant from benign pelvic lesions and to compare FDG-PET/CT to contrast enhanced CT in staging patients with ovarian cancer.	• FDG-PET/CT had sensitivity of 87%, specificity 100%, NPV 81%, PPV 100% and accuracy 92%. • TVUS had sensitivity of 90%, specificity 61%, NPV 78%, PPV 80% and accuracy 80%. • FDG-PET/CT results were concordant with final pathological staging in 22/32 (69%) patients while CT results were concordant in 17/32 (53%) patients. • PET/CT with FDG is beneficial.	2

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39. Yoshida Y, Kurokawa T, Kawahara K, et al. Incremental benefits of FDG positron emission tomography over CT alone for the preoperative staging of ovarian cancer. *AJR* 2004; 182(1):227-233.	10	15	To determine whether the addition of PET with the radiotracer FDG to CT increases accuracy in the detection of tumor spread.	CT staging correlated with postoperative staging in 8 (53%) of 15 patients. Consensus evaluation of CT with FDG-PET staging improved correlation with postoperative staging in 13 (87%) of 15 patients.	3
40. Murakami M, Miyamoto T, Iida T, et al. Whole-body positron emission tomography and tumor marker CA125 for detection of recurrence in epithelial ovarian cancer. *Int J Gynecol Cancer* 2006; 16 Suppl 1:99-107.	10	90	Evaluate combination of PET with FDG and tumor marker CA125, in the detection of recurrence after initial therapy for EOC.	FDG-PET confirmed recurrence in 46 patients (51%), and the recurrent site was confirmed by PET alone in 17 (37%). Sensitivity of the combination of PET and CA125 was 97.8% with one false-negative case .Combination of FDG-PET and CA125 is useful for the accurate detection of recurrence.	2
41. Gadducci A, Cosio S, Zola P, Landoni F, Maggino T, Sartori E. Surveillance procedures for patients treated for epithelial ovarian cancer: a review of the literature. *Int J Gynecol Cancer* 2007; 17(1):21-31.	12	N/A	Review of literature for surveillance of asymptomatic ovarian cancer patients.	PET/CT is promising for detection of recurrent ovarian cancer especially for late recurrence in patients who may benefit from NAC.	4
42. Sebastian S, Lee SI, Horowitz NS, et al. PET-CT vs. CT alone in ovarian cancer recurrence. *Abdom Imaging* 2008; 33(1):112-118.	9	51 consecutive patients 53 scans	Retrospective study to compare fusion, PET/CT with CT alone in detecting ovarian cancer recurrence.	38/53 (72%) cases had recurrence, with 2 showing isolated chest recurrence. PET/CT accuracy exceeded CT for body 92% (49/53) vs 83% (44/53), chest 96% (51/53) vs 89% (47/53), and abdomen 91% (48/53) vs 79% (42/53). Study concludes that PET-CT has greater accuracy and less interobserver variability than CT alone.	2
43. Thrall MM, DeLoia JA, Gallion H, Avril N. Clinical use of combined positron emission tomography and computed tomography (FDG-PET/CT) in recurrent ovarian cancer. *Gynecol Oncol* 2007; 105(1):17-22.	10	39 patients 59 scans	Retrospective chart review to examine use of combined FDG-PET and CT in detection of recurrent ovarian cancer.	51 FDG-PET/CT performed with sensitivity of 94.5% and specificity of 100%. FDG-PET/CT is useful in settings of suspected ovarian cancer recurrence, especially patients with rising CA-125 levels and negative conventional imaging. FDG-PET/CT was helpful in optimizing the selection of patients for site-specific treatment. Combined FDG-PET/CT may replace single imaging procedures.	2
44. Jacobs I, Davies AP, Bridges J, et al. Prevalence screening for ovarian cancer in postmenopausal women by CA 125 measurement and ultrasonography. *BMJ* 1993; 306(6884):1030-1034.	10	22,000	To assess performance of serum CA125 and US (abdominal) for ovarian cancer screening in 22,000 asymptomatic postmenopausal women volunteers.	Screening protocol had specificity of 99.9%, PPV of 26.8%, and sensitivity of 78.6% and 57.9% at one year and two year follow- up respectively. Screening protocol is highly specific for ovarian cancer and can detect a substantial proportion of cases at a preclinical stage.	2

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45. American College of Radiology. *Manual on Contrast Media*. Available at: http://www.acr.org/SecondaryMainMenuCategories/quality_safety/contrast_manual.aspx.	15	N/A	Guidance document on contrast media to assist radiologists in recognizing and managing risks associated with the use of contrast media.	N/A	3

Evidence Table Key

Study Type Key

Numbers 1-7 are for studies of therapies while numbers 8-15 are used to describe studies of diagnostics.

1. Randomized Controlled Trial — Treatment
2. Controlled Trial
3. Observation Study
    a. Cohort
    b. Cross-sectional
    c. Case-control
4. Clinical Series
5. Case reviews
6. Anecdotes
7. Reviews
8. Randomized Controlled Trial — Diagnostic
9. Comparative Assessment
10. Clinical Assessment
11. Quantitative Review
12. Qualitative Review
13. Descriptive Study
14. Case Report
15. Other (Described in text)

Strength of Evidence Key

- Category 1 - The conclusions of the study are valid and strongly supported by study design, analysis and results.
- Category 2 - The conclusions of the study are likely valid, but study design does not permit certainty.
- Category 3 - The conclusions of the study may be valid but the evidence supporting the conclusions is inconclusive or equivocal.
- Category 4 - The conclusions of the study may not be valid because the evidence may not be reliable given the study design or analysis.