

A New Chapter for the ACR Appropriateness Criteria®

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The ACR Appropriateness Criteria® (AC) have long been a trusted source for evidence-based imaging recommendations, guiding clinicians and referring providers in making the most appropriate imaging or treatment decisions across a wide range of clinical scenarios. As the landscape of medicine continues to evolve rapidly, so too must the way we deliver timely, relevant, and accessible guidance to the medical community.

To better meet these demands, we are pleased to announce a significant change in how the AC guidelines will be published moving forward in the *Journal of the American College of Radiology (JACR)*. Beginning January 2026, the AC will no longer be released in a separate semi-annual electronic supplement. Instead, new and updated guidelines will be published monthly as part of the regular issues of the journal.

This change marks a significant evolution in how we deliver clinical guidance—one that reflects our commitment to responsiveness, accessibility, and integration. Monthly publications allow for more agile dissemination of updates, ensuring that clinicians have access to the most current recommendations without waiting for a biannual cycle. This is

especially important in areas of rapid change, such as oncology, cardiology, and emerging imaging technologies.

Integrating the AC guidelines within the main body of *JACR* also enhances their visibility and relevance. Readers will encounter the guidelines alongside other peer-reviewed content, reinforcing their role in the broader context of radiology practice and policy. This model also improves discoverability through indexing services and citation databases, making it easier for researchers and clinicians to find and reference the guidelines.

We remain deeply grateful to the hundreds of volunteer experts who contribute their time and expertise to the AC process. Their work ensures that the guidelines remain rigorous, transparent, and clinically relevant.

As we embark on this new chapter, we invite our readers to engage more frequently and more seamlessly with the AC in its new format, which is more connected to the evolving practice of radiology. This change is more than a shift in publication strategy; it is a reaffirmation of our commitment to delivering high-quality, evidence-based guidance when and where it is needed most.

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The American College of Radiology seeks and encourages collaboration with other organizations on the development of the ACR Appropriateness Criteria through representation of such organizations on expert panels. Participation on the expert panel does not necessarily imply endorsement

of the final document by individual contributors or their respective organization.

Reprint requests to: publications@acr.org.

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The ACR Appropriateness Criteria documents are updated regularly. Please go to the ACR website at <http://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/Appropriateness-Criteria> to confirm that you are accessing the most current content.

Disclaimer: The ACR Committee on Appropriateness Criteria and its expert panels have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified medical condition(s). These criteria are intended to guide radiologists, radiation oncologists and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patient's clinical condition should dictate the selection of appropriate imaging procedures or treatments. Only those examinations generally used for evaluation of the patient's condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document. The availability of equipment or personnel may influence the selection of appropriate imaging procedures or treatments. Imaging techniques classified as investigational by the FDA have not been considered in developing these criteria; however, study of new equipment and applications should be encouraged. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination.