

ACR Appropriateness Criteria[®]

Introduction to the JACR Appropriateness Criteria November 2025 Supplement

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The Appropriateness Criteria (AC) Committee of the ACR remains dedicated to offering guidance to ordering providers on the appropriate use of imaging in patient care. Our physician leadership, staff, and methodology subcommittee collaborate regularly to enhance the structure of the AC process, ensuring that we continue to deliver high-quality guidance to all ordering providers.

I am pleased to present the November 2025 supplement to the *Journal of the American College of Radiology (JACR)*, which addresses a total of 17 topics. This supplement introduces 12 new topics and updates 5 existing ones, refining recommendations to better address emerging clinical needs.

The new topics include:

- **Acute Left Upper Quadrant Pain:** Provides imaging guidance for evaluating acute left upper quadrant pain in adults, including scenarios involving suspected splenomegaly, fever, or nonspecific presentation.
- **Breast Imaging During Pregnancy:** Offers imaging recommendations for breast cancer screening and diagnostic evaluation in pregnant patients across various age groups and risk levels. Includes guidance for palpable masses, nipple discharge, and locoregional staging in newly diagnosed breast cancer.
- **Hematospermia:** Addresses imaging evaluation for transient hematospermia in younger males and persistent or symptomatic hematospermia in older males. MRI pelvis with intravenous contrast is usually appropriate for symptomatic or recurrent cases.
- **Horner Syndrome:** Provides imaging recommendations for acute and nonacute Horner syndrome presentations, with or without neurological signs.
- **Male Breast Cancer Screening:** Focuses on screening recommendations for adult males at higher-than-average risk for breast cancer.
- **Management of Acute Pulmonary Embolism:** Offers therapeutic imaging guidance for various pulmonary embolism presentations, including massive, submassive, and low-risk cases. Recommends anticoagulation, catheter-directed therapy, and surgical embolectomy based on severity and clinical findings.
- **Preoperative and Postoperative Imaging for Bariatric Procedures:** Provides imaging guidance for routine planning, immediate postprocedure evaluation, and suspected complications following bariatric surgery.
- **Staging and Disease Monitoring of Colon Cancer and Appendiceal Cancer:** Recommends CT chest, abdomen, and pelvis with intravenous contrast for staging and

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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 society representation on expert panels. Participation by representatives from collaborating societies on the expert panel

does not necessarily imply individual or society endorsement of the final document.

Reprint requests to: publications@acr.org.

Ihab R. Kamel, MD, PhD, states that he has no conflict of interest related to the material discussed in this article. Ihab R. Kamel, MD, PhD, is a nonpartner/nonpartnership track/employee.

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.

posttreatment evaluation. MRI and PET/CT using fluorine-18-2-fluoro-2-deoxy-D-glucose may be appropriate in select cases. Appendiceal cancers are addressed separately due to distinct biological behavior.

- **Staging and Disease Monitoring of Rectal Cancer:** Provides imaging guidance for locoregional staging, distant metastases, post-neoadjuvant therapy evaluation, and systemic disease monitoring.
- **Staging and Follow-Up of Leukemia:** A new topic from the Systemic Oncology panel offering imaging recommendations for initial staging and follow-up of leukemia. Details are emerging and expected to support consistent imaging practices.
- **Vision Loss:** Newly added neurological topic providing imaging guidance for acute and chronic vision loss. Specific imaging modalities and scenarios are covered in the full guideline.

The supplement also includes updates on the following five topics:

- Female Breast Cancer Screening
- First Trimester Vaginal Bleeding
- Screening, Locoregional Assessment, and Surveillance of Pancreatic Ductal Adenocarcinoma
- Staging and Follow-Up of Ovarian Cancer
- Suspected Osteomyelitis Foot With Diabetes Mellitus

We highly value the diverse input from various contributing organizations and individuals throughout our process, and we welcome your feedback through the ACR AC feedback page.

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