



C-RADS™ Categorization and Management Recommendations for Colonic Findings

C0	<u>Inadequate Study/Awaiting Prior Comparisons</u> <ul style="list-style-type: none"> inadequate prep: cannot exclude lesions $\geq 10\text{mm}$ owing to presence of fluid/feces inadequate insufflation: one or more colonic segments collapsed on both views awaiting prior colon studies for comparison
C1	<u>Normal Colon or Benign Lesion; Continue Routine Screening</u> ^{*1} <ul style="list-style-type: none"> no visible abnormalities of the colon no polyp $\geq 6\text{mm}$ lipoma or inverted diverticulum nonneoplastic findings – e.g., colonic diverticula
C2	<u>Intermediate Polyp or Indeterminate Finding; Surveillance or Colonoscopy Recommended</u> ^{*2} <ul style="list-style-type: none"> intermediate polyp 6-9 mm, < 3 in number indeterminate findings, cannot exclude polyp $\geq 6\text{ mm}$ in technically adequate exam
C3	<u>Polyp, Possibly Advanced Adenoma; Follow-up Colonoscopy Recommended</u> ^{*3} <ul style="list-style-type: none"> polyp $\geq 10\text{ mm}$ ≥ 3 polyps, each 6-9 mm
C4	<u>Colonic Mass, Likely Malignant; Surgical Consultation Recommended</u> ^{*3} <ul style="list-style-type: none"> lesion compromises bowel lumen, demonstrates extracolonic invasion

Prep = Preparation

*1: Every 5-10 years.

*2: Evidence suggests surveillance can be delayed at least 3 years, subject to individual patient circumstance.

*3: Communicate to referring physician as per accepted guidelines for communication, such as ACR Practice Guideline for Communication: Diagnostic Radiology. Subject to local practice, endoscopic biopsy may be indicated.

C-RADS™ Categorization and Management Recommendations for Extracolonic Findings

E0	<u>Limited Exam</u> . Compromised by artifact; evaluation of extracolonic soft tissues is severely limited.
E1	<u>Normal Exam or Anatomic Variant</u> . No extracolonic abnormalities visible. <ul style="list-style-type: none"> a. <u>Anatomic Variant</u>: eg, retroaortic left renal vein
E2	<u>Clinically Unimportant Finding</u> . No work-up indicated. Examples: <ul style="list-style-type: none"> a. Liver, Kidney: simple cysts b. Gallbladder: cholelithiasis without cholecystitis c. Vertebra: hemangioma
E3	<u>Likely Unimportant Finding, Incompletely Characterized</u> . Subject to local practice and patient preference, work-up may be indicated. Examples: <ul style="list-style-type: none"> a. <u>Kidney</u>: minimally complex or homogeneously hyperattenuating cyst
E4	<u>Potentially Important Finding</u> . Communicate to referring physician as per accepted practice guidelines. <ul style="list-style-type: none"> a. <u>Kidney</u>: solid renal mass b. <u>Lymphadenopathy</u> c. <u>Vasculature</u>: aortic aneurysm d. <u>Lung</u>: non-uniformly calcified parenchymal nodule $\geq 1\text{ cm}$