



NEW MRA/MRI POLICY for Patients with Renal/Kidney Disease

As of December 21, 2006, 90 individuals with Nephrogenic Systemic Fibrosis or Nephrogenic Fibrosing Dermopathy (NSF/NFD) have been reported to the FDA; all had moderate to end-stage renal disease prior to their MRA or MRI with a gadolinium-based contrast agent. In response to these reports, the FDA and ACR (American College of Radiology) have established new guidelines regarding the use of gadolinium contrast in patients with moderate to end-stage renal disease.

North County Radiology has voluntarily opted to use the following guidelines outlined below. Note that these may change as new information is acquired about the link between gadolinium contrast and NSF.

- Obtain serum Creatinine (within 6 months of the exam) for **ALL** MRA/MRI studies **with contrast** for **ALL** patients \geq 60 years old or with known/suspected renal disease.
- If the patient has **known renal disease**, please call the center and consult with the Radiologist prior to scheduling the exam to discuss risk-benefit assessment, alternative imaging methods and/or contrast agents.
- Gadolinium contrast is to be used with caution in patients with moderate renal disease ($GFR < 60 \text{ mL/min/1.73m}^2$) and may not be recommended in patients with severe to end-stage renal disease ($GFR < 30 \text{ mL/min/1.73m}^2$). Even though the incidence of developing NSF in severe to end-stage renal disease patients is thought to be approximately 3-5%, the Referring Physician may be contacted by the Radiologist to discuss risk-benefit assessment, alternative imaging methods and/or contrast agents.

Although there are no published data to determine utility of dialysis to prevent or treat NSF/NFD, consider prompt dialysis of patients with severe to end-stage renal disease who are to undergo a MRA/MRI with gadolinium contrast. Also, if gadolinium contrast is given to a patient at risk, he/she requires clinical follow-up.

Please contact us for additional information.

Regards,

North County Radiology

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