American College of Radiology™

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C-RADS™ v2023 Assessment Categories for Colonic Findings

C-RADS Colonic Findings Score	Definition	Management
C0	**Inadequate Study/Awaiting Prior Comparisons** • Inadequate preparation: cannot exclude lesions ≥ 10 mm owing to presence of fluid and/or feces • Inadequate insufflation: one or more colonic segments collapsed on both views (except in suspected myochosis coli- see C2b)	Awaiting prior comparisons. Amend when prior studies are available. Repeat CTC or consider an alternative screening test if inadequate.
C1	**Normal Colon or Benign Lesion** • No visible abnormalities of the colon • No polyp ≥ 6 mm • Lipoma or inverted diverticulum • Nonneoplastic findings—e.g., colonic diverticula, asymptomatic pneumatosis cystoides coli	Continue Routine Screening*
C2a	**Intermediate Polyp or Indeterminate Finding** • Intermediate polyp 6-9 mm, < 3 in number	Repeat CTC in 3 years or colonoscopy referral recommended†
C2b	**Likely Benign Diverticular Finding** • Mass-like area such as severe diverticular myochosis coli, muscular hypertrophy, or stricture	Likely benign: recommend repeat exam in 5 years Uncertain benign: Recommend repeat CTC in ≤ 3 years
C3	**Polyp, Possibly Advanced Adenoma** • Polyp(s) ≥ 10 mm • ≥ 3 polyps, each 6-9 mm • Subepithelial lesion ≥10 mm • Polyps previously categorized as C2a that have enlarged in size on follow-up	Colonoscopy referral recommended***
C4	**Colonic Mass, Likely Malignant** • Lesion compromises bowel lumen, demonstrates extracolonic invasion	Colonoscopy, surgical and/or oncologic consultation recommended‡

Note. — CTC = CT colonography

* Every 5-10 years.

† For polyps 6 mm and greater, recommend polypectomy in suitable patients versus follow-up study in 3 years, subject to individual patient circumstance.

‡ Communicate to referring physician as per accepted guidelines for communication, such as ACR Practice Parameter for Communication of Diagnostic Imaging Findings (85). Subject to local practice, endoscopic biopsy may be indicated.

C-RADS™ v2023 Assessment Categories for Extracolonic Findings

C-RADS Extracolonic Findings Score	Definition	Examples
E1/E2	No clinically important extracolonic findings or stable previously known extracolonic findings that require no additional workup	• No extracolonic findings • Benign kidney cysts (Bosniak I or II) and liver cysts • Adrenal adenoma (by noncontrast CT criteria) • Uncomplicated kidney and gallstones • *Findings that may qualify as E3 or E4 but are previously known and are stable*
E3	Likely clinically unimportant finding; further workup may be warranted	• Indeterminate cystic adnexal lesions in postmenopausal women lacking suspicious features • Indeterminate renal cysts not clearly benign (Bosniak III) • Increased liver attenuation (≥75 HU), suspicious for iron overload[1] • Calcified gallbladder wall (“porcelain gallbladder”) • Indeterminate solitary bone lesions
E4	Likely clinically important; further workup needed	• Obvious malignancy or lesions with high suspicion for malignancy (e.g., spiculated lung mass, Bosniak IV kidney lesion, peritoneal nodularity) • Bulky lymphadenopathy suspicious for malignancy • Abdominal aortic aneurysm >3 cm • Staghorn kidney calculus or other urolithiasis causing obstruction • Lung airspace consolidation suggesting pneumonia • Multiple bone lesions suggestive of metastasis or multiple myeloma • Unsuspected osteoporotic fracture

1. Lawrence EM, Pooler BD, Pickhardt PJ. Opportunistic Screening for Hereditary Hemochromatosis with Unenhanced CT: Determination of an Optimal Liver Attenuation Threshold. AJR *Am J Roentgenol*. 2018;211(6):1206-11.