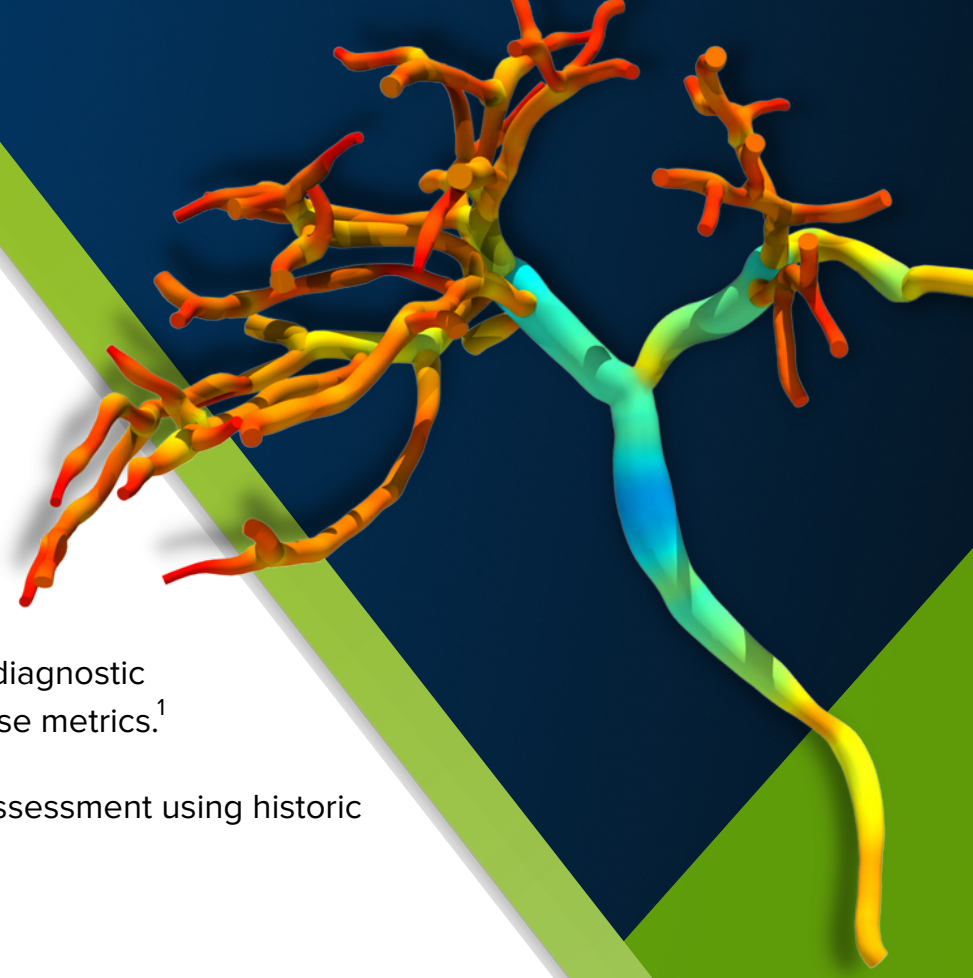
MRCP+

Transforming the diagnosis and monitoring of pancreatobiliary disease to ensure patients receive the most effective care.



Key Features

- Enhances MRCP data to support diagnostic decisions with accurate and precise metrics.[1]
- Enables immediate longitudinal assessment using historic MRCP data.
- Cited in clinical guidelines.[2]
- Service is reimbursed by CMS and covered by many commercial payers.
- Delivered through a cloud-based service, needing no additional MRI infrastructure.

Details

- MRCP+ is FDA 510(k) cleared for the quantitative evaluation of the biliary system and pancreatic duct.
- Appropriate CPT Codes billed for MRCP+: 0723T and +0724T.

MRCP+ is a noninvasive tool for visualization and quantitative assessment of the biliary tree and pancreatic duct.

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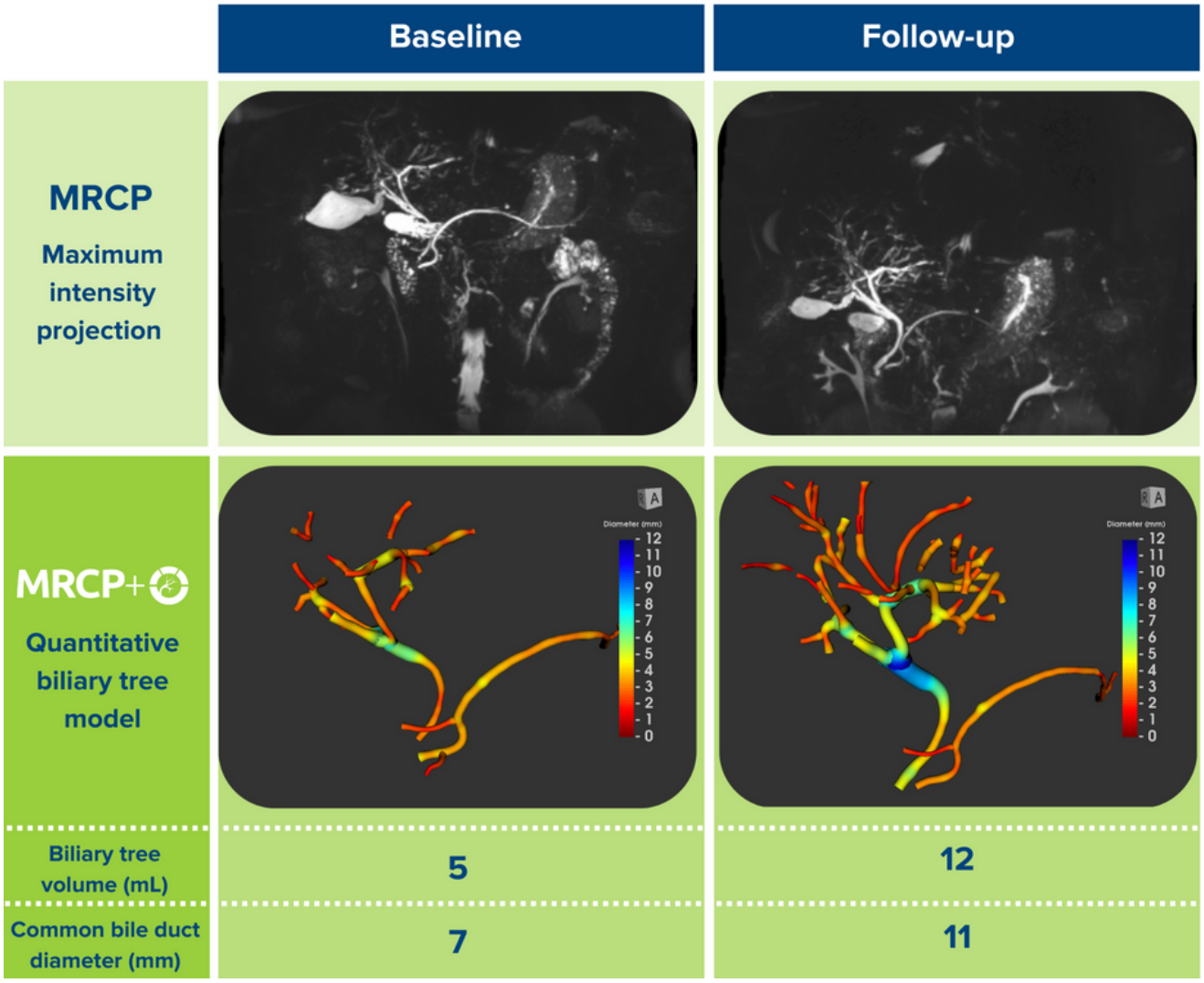
Case study: MRCP+ can monitor changes over time including those that might indicate a need for change in management

- A 68-year-old patient with PSC was scanned at baseline and 12-months follow-up using MRCP, which was processed using MRCP+ to calculate biliary metrics.
- Biliary tree volume and maximum common bile duct diameter (from MRCP+) were significantly greater at 12-months follow-up than at baseline but no changes were observed in biochemical measures (AST, ALT, ALP, ELF), liver stiffness (VCTE), or radiological assessment using the Modified Amsterdam cholangiographic score.
- A change in patient management might be needed, based on results from a previous study, which found that changes in quantitative MRCP metrics identified patients with increasing ductal disease not detected by traditional risk scores.[3]



Bile ducts are colored according to duct diameters (mm). To ensure reported metrics are reliable, sections of ducts with poor signal in the raw MRCP data and areas with gastrointestinal contamination are excluded and appear as apparent breaks in the biliary tree model.

Abbreviations: MRCP, magnetic resonance cholangiopancreatography; PSC, primary sclerosing cholangitis; AST, aspartate aminotransferase; ALT, alanine transaminase; ALP, alkaline phosphatase; ELF, enhanced liver fibrosis test; VCTE, vibration controlled transient elastography.

References

1.Goldfinger, M., et al. (2020). JMRI, 52(3), 807–820.
2.European Association for the Study of the Liver. (2022). J Hepatol, 77(3), 761–806.
3.Trivedi, P., et al. (2022). J Hep, 77(S1), S526–S527.

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info@perspectum.com | www.perspectum.com | U.S.: (+1) 833 875 0862