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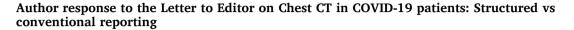
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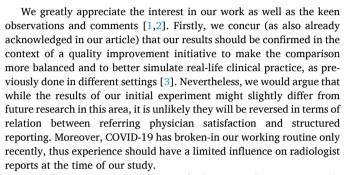
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Secondly, we agree that there is further room for improving the structured report (SR) template embraced in our study. However, we would like to confirm that the aim of our study was to explore the objective and subjectively perceived quality of a SR for COVID-19 HRCT. The SRs were specifically generated for the purposes of the study and are not meant to substitute for standardized templates endorsed by scientific societies. Interestingly, one could suppose that repeating the experiment with an improved SR template could lead to an even higher preference from referring physicians. Furthermore, we analyzed reports of unenhanced CT exams required in clinical practice, and therefore vascular findings could not have been considered. Regarding other findings, our SR template allowed for the reporting of ancillary findings which could include those listed in the letter by Aggarwal and Bagri [2].

Finally, we agree that SR, intended as a disease-specific template, based on current scientific evidence and developed together with referring physicians, represents a viable option for radiology reports in several applications [4].



Declaration of Competing Interest

None.

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