Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Author response to the Letter to Editor on Chest CT in COVID-19 patients: Structured vs conventional reporting

We greatly appreciate the interest in our work as well as the keen observations and comments [1,2]. Firstly, we concur (as also already acknowledged in our article) that our results should be confirmed in the context of a quality improvement initiative to make the comparison more balanced and to better simulate real-life clinical practice, as previously done in different settings [3]. Nevertheless, we would argue that while the results of our initial experiment might slightly differ from future research in this area, it is unlikely they will be reversed in terms of relation between referring physician satisfaction and structured reporting. Moreover, COVID-19 has broken-in our working routine only recently, thus experience should have a limited influence on radiologist reports at the time of our study.

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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