

Responses to the editors comments:

1. Title:

The title was changed and shorted according to the recommendations.

New title:

“Extravascular findings during upper limb computed tomographic angiography (CTA) focusing on undiagnosed malignancy”

2. The short title was also changed accordingly:

New short title:

Extravascular findings during upper limb CTA

3. The authors contribution section was revised accordingly to recommendation.

Author contributions: Romman Nourzaie, performed the data collection and data analysis . Romman Nourzaie and Jeeban Das wrote the paper. Jeeban Das, Athanasios Diamantopoulos, Steven Moser and Hiba Abbas revised and corrected the paper. Athanasios Diamantopoulos and Hiba Abbas revised the data analysis Narayanan Thulasidasan, Shahzad Ilyas, Panos Gkoutzios, Tarun Sabharwal critically revised the manuscript for important intellectual content. Steve Moser and Athanasios Diamantopoulos designed the research and revised the final paper.

4. The following was added as background:

“ Computer tomography angiography has been an established method for diagnostic vascular disease of lower limbs. Recently, the method is widely used for diagnosis of vascular pathologies in the upper limbs too. It also has increased the possibilities of this scans being reviewed by no specially trained radiologists. This increases the risk of incidental non vascular findings to be missed or misinterpreted. The study is focusing in the frequency of

extravascular incidental findings (EVIF) and highlights the importance for both the reporting radiologist and the referring physician recognizing the frequency of EVIFs.”

5. A summary (Core tip) was included as follows:

“We retrospectively analysed 79 upper limb CTAs for extravascular incidental findings (EVIFs). These were grouped into 3 categories based on clinical significance. category A (immediate), category B (indeterminate) and category C (no clinical significance). A total of 153 EVIFs were reported in 52 patients. Of these 13 EVIFs (8.4%) were Category A, 50 EVIFs (32.3%) were Category B, while 91 EVIFs (59.5%) were Category C. One index case of malignancy (1.3%) and four cases of new disseminated metastatic disease (5.4%) were identified. This highlights the importance for both the reporting radiologist and the referring physician recognizing the frequency of EVIFs.”