

Supplemental Table. Incidental findings related to HCC Surveillance

Clinical Importance	Incidental Finding	N (%)
Low	Gallstones	73 (33%)
	Renal Cyst	30 (13%)
	Diverticulosis	17 (8%)
	Hiatal hernia	8 (4%)
	Degenerative disease of the spine	7 (3%)
	Pleural effusion	7 (3%)
	Pancreatic atrophy	6 (3%)
	Vertebral body hemangioma	4 (2%)
Other*	34 (15%)	
Medium	Pancreatic Cyst with referral to multidisciplinary clinic**	17 (8%)
	Intra-organ iron deposition	2 (1%)
	Lung nodule	2 (1%)
	Adrenal adenoma >1.5cm	1 (<1%)
	Loculated pleural effusion	1 (<1%)
	Prominent retroperitoneal lymphadenopathy	1 (<1%)
	Renal cyst needing attention on follow up	1 (<1%)
	Thrombosed splenic artery aneurysm	1 (<1%)
	Vertebral body lesions suspicious for extramedullary hematopoiesis	1 (<1%)
High	Pancreatic cyst with features suggestive of malignancy	5 (2%)
	Left ventricle thrombus	1 (<1%)
	Possible vasculitis	1 (<1%)
	Potential thrombus in dialysis catheter	1 (<1%)
	Renal cell malignancy	1 (<1%)
	Severe cardiomegaly	1 (<1%)
	Metastatic bone lesion	1 (<1%)

*Includes coronary artery calcifications, mild cardiomegaly, duodenal diverticulum, hernias, groin lymphadenopathy, portal vein thrombus, benign pancreatic cyst and lipoma, renal artery aneurysm, renal angiomyolipoma, known renal cyst with hemorrhagic conversion, renal scarring, renal stones, vertebral body compression, and subacute fractures.

** Pancreatic cysts were classified as medium importance if the radiologist recommended referral to a multidisciplinary pancreatic cancer prevention clinic. Pancreatic cysts were classified as high importance if the patient received serial imaging for this cyst. All other pancreatic cysts were classified as low importance.

Journal Pre-proof