Supplementary Appendix

Follow-up high-risk T1 CRC survey

This survey is composed as a consequence of discussion in the T1 CRC working group meeting. The setting is preparation for a trial of baseline oncological staging and surveillance of patients with high-risk T1 CRC who refrain from additional surgical resection.

High-risk T1 CRC is defined as macroscopically radical endoscopic resection, but pathology shows one or more of the following features:
- lymphovascular invasion;
- resection margin not free, indeterminable or < 0.1 mm;
- poor differentiation or presence of signet cells;
- tumor budding grade 2/3.

1. In which type of hospital do you work?
a. Non-academic hospital, < 6 gastroenterologists
b. Non-academic hospital, 6-10 gastroenterologists
c. Non-academic hospital, > 10 gastroenterologists
d. Academic hospital
e. Private treatment center
2. What is your specialty?
a. Gastroenterologist
b. Internist
c. Surgeon
d. Other…
3. Wat is your age?
a. < 30
b. 30-40
c. 40-50
d. 50-60
e. > 60
4. What is your sex?

a. Male
b. Female
5. You find a lesion which is presumably malignant, a second endoscopy for local resection is planned. Biopsies show high-grade dysplasia. How do you proceed regarding baseline oncologic staging?
a. I perform baseline staging in every patient before resection
b. I first remove the lesion. In case of a malignancy, I perform baseline staging (4-6 weeks after resection)
c. I first remove the lesion, in case of a malignancy with high-risk features, I perform baseline staging (4-6 weeks after resection)
d. Other…
6. You have resected a lesion that unexpectedly contains a T1 CRC. How do you proceed regarding baseline oncologic staging?
a. I perform baseline staging in every patient 4-6 weeks after endoscopic resection
b. I only perform baseline staging in case of a high-risk T1 CRC
c. If the endoscopic resection was radical, I do not perform baseline staging
d. Other…
7. Are all patients with a T1 CRC after local resection consequently discussed in a multidisciplinary oncological meeting in your hospital?
a. Yes
b. No
8. Is the oncology guideline for colorectal carcinoma 3.0 (2014) in principle used in your hospital? (Only polypectomy is sufficient in case of a radical resection (resection margin > 1 mm) of a well to moderately differentiated T1 CRC without lymphovascular invasion. In all other cases, adjuvant surgical resection should be considered.)
a. Yes
b. No
9. Which pathologic criteria do you use in your hospital to determinate whether a T1 CRC is high risk? (multiple answers possible)
a. Resection margin not free/indeterminable (according to CRC guideline 3.0)
b. Tumor ≤ 1 mm from resection margin (according to CRC guideline 3.0)
c. Lymphangio-invasion(according to CRC guideline 3.0)

d. Tumor budding grade 2 or 3

e. Poor differentiation or presence of signet cells (according to CRC guideline 3.0)

f. Submucosal invasion depth > 1000 μm or SM 2/3

g. Other…

10. Is a protocol for surveillance of patients with high-risk T1 CRC after local resection (TEM, ESD, eFTR, EMR) available in your hospital?

a. Yes

b. No

c. I don't know

11. Is surveillance for endoscopically (EMR/ESD) removed high-risk T1 rectal carcinoma different from high-risk T1 rectal carcinoma removed with local surgery (TEM/TAMIS)? (Both without adjuvant surgical segmental resection)

a. No

b. Yes, the difference is:

12. Which modalities do you use for surveillance of patients with high-risk T1 CRC who refrain from additional surgery? (multiple answers possible)

a. Endoscopic assessment of the scar

b. Rectal MRI (in case of a rectal lesion)

c. Abdominal CT

d. Ultrasound of the liver

e. Thorax CT

f. Thorax x-ray

g. Rectal endoscopic ultrasound (in case of a rectal lesion)

h. CEA measurement

i. Other…

13. Which schedule do you follow?

	3	6	12	18	24	30	36	42	48	54	60
Endoscopy											
Rectal MRI											
Abdominal CT											
US liver											
Thorax CT											

Thorax x-ray											
Rectal EUS											
CEA											

14. Do you continue follow-up after 5 years?

a. Only endoscopically

b. Endoscopic and radiological

c. No

d. Other…

15. In which situation would you decide to proceed to surgery?

16. How many patients with a T1 CRC would you estimate that you have treated?

a. 0-10

b. 10-20

c. 20-30

d. > 30

e. Other…

17. How many times have you seen a recurrence of a T1 CRC?

a. Never

b. 1-3

c. 3-5

d. 5-10

e. Other…