

Supplementary Table 1. Questionnaire about the Demographic and Professional Characteristics of the Study Participants

1. What country are you from?

- Indonesia
- Korea
- Malaysia
- Mongolia
- Myanmar
- Thailand
- Vietnam

2. Are you a GI specialist or a GI trainee?

- GI specialist
- GI trainee

3. Which type of medical institution do you work in?

- Primary clinic or secondary referral local hospital
- Tertiary referral center or academic institution

4. Are you a man or a woman?

- Man
- Woman

5. How old are you? () years old

6. How many years have you been practicing GI endoscopy?

- <1 year
- 1–3 years
- 4–10 years
- >10 years

7. How many colonoscopies do you perform in a year?

- <100 colonoscopies per year
- 100–499 colonoscopies per year
- 500–999 colonoscopies per year
- >1,000 colonoscopies per year

8. Which method do you most commonly use to remove the following polyps?

8.1. Sessile or flat polyps ≤ 5 mm

- Cold forceps polypectomy
- Cold snare polypectomy
- Hot snare polypectomy
- Endoscopic mucosal resection
- Endoscopic piecemeal mucosal resection
- Endoscopic submucosal dissection
- If you prefer any other method, please specify in the blank below.

8.2. Sessile or flat polyps of 6–9 mm

- Cold forceps polypectomy
 - Cold snare polypectomy
 - Hot snare polypectomy
 - Endoscopic mucosal resection
 - Endoscopic piecemeal mucosal resection
 - Endoscopic submucosal dissection
 - If you prefer any other method, please specify in the blank below.
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Supplementary Table 1. Continued

8.3. Benign looking, sessile or flat polyps of 10–19 mm

- Cold forceps polypectomy
 - Cold snare polypectomy
 - Hot snare polypectomy
 - Endoscopic mucosal resection
 - Endoscopic piecemeal mucosal resection
 - Endoscopic submucosal dissection
 - If you prefer any other method, please specify in the blank below.
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8.4. Benign looking, sessile or flat polyps ≥ 20 mm

- Cold forceps polypectomy
 - Cold snare polypectomy
 - Hot snare polypectomy
 - Endoscopic mucosal resection
 - Endoscopic piecemeal mucosal resection
 - Endoscopic submucosal dissection
 - If you prefer any other method, please specify in the blank below.
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8.5. Malignant looking, sessile or flat polyps of 10–19 mm

- Cold forceps polypectomy
 - Cold snare polypectomy
 - Hot snare polypectomy
 - Endoscopic mucosal resection
 - Endoscopic piecemeal mucosal resection
 - Endoscopic submucosal dissection
 - If you prefer any other method, please specify in the blank below.
-

8.6. Malignant looking, sessile or flat polyps ≥ 20 mm

- Cold forceps polypectomy
 - Cold snare polypectomy
 - Hot snare polypectomy
 - Endoscopic mucosal resection
 - Endoscopic piecemeal mucosal resection
 - Endoscopic submucosal dissection
 - If you prefer any other method, please specify in the blank below.
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Supplementary Table 1. Continued

9. Which method do you most commonly use to remove pedunculated polyps with head size <20 mm or stalk width <10 mm?

9.1. Please select your preferred method among the following procedures. If you prefer any other method, please specify.

- Cold snare polypectomy
- Hot snare polypectomy
- Endoscopic mucosal resection
- Endoscopic submucosal dissection
- If you prefer any other method, please specify in the blank below.

9.2. Do you perform prophylactic hemostasis such as clipping or detachable snare?

- Yes, and I prefer to use a clip.
- Yes, and I prefer to use a detachable snare.
- No, I do not perform prophylactic hemostasis.

10. Which method do you most commonly use to remove pedunculated polyps with head size ≥ 20 mm or stalk width ≥ 10 mm?

10.1. Please select your preferred method among the following procedures. If you prefer any other method, please specify.

- Cold snare polypectomy
- Hot snare polypectomy
- Endoscopic mucosal resection
- Endoscopic submucosal dissection
- If you prefer any other method, please specify in the blank below.

10.2. Do you perform prophylactic hemostasis such as clipping or detachable snare?

- Yes, and I prefer to use a clip.
- Yes, and I prefer to use a detachable snare.
- No, I do not perform prophylactic hemostasis.

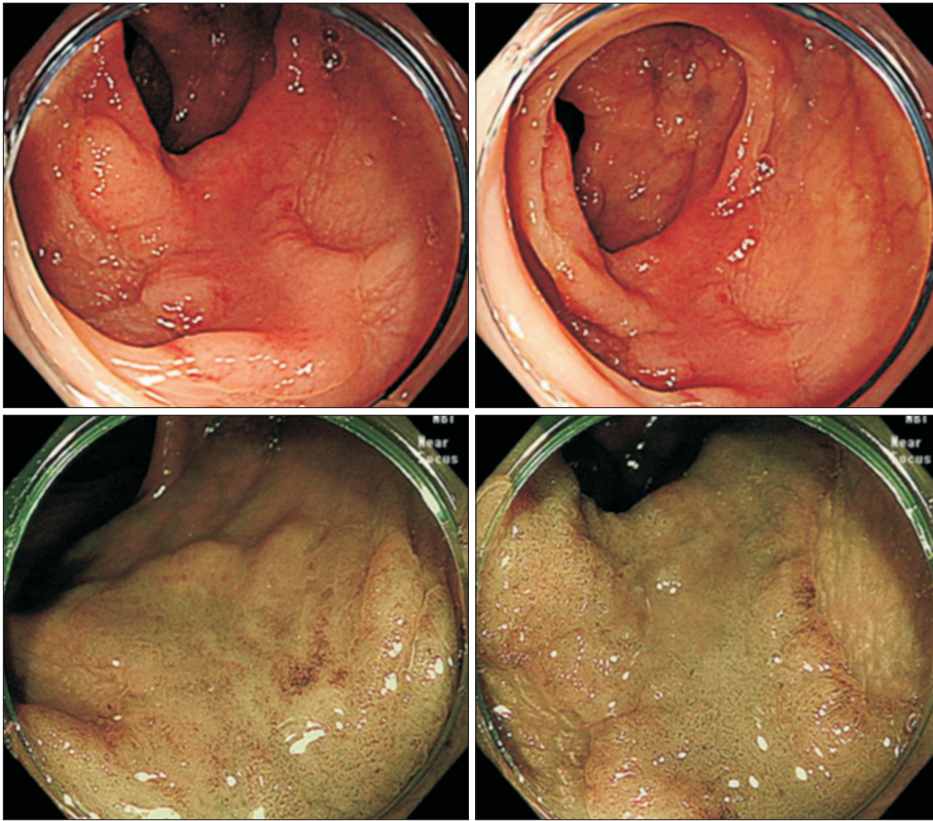
11. Which method do you conduct most commonly for real-time histological diagnosis before decision of polypectomy technique?

- WLE only
- Dye chromoendoscopy after WLE
- Equipment-based image enhanced endoscopy (NBI or FICE or BLI or LCI or i-Scan or OE) after WLE
- Both dye chromoendoscopy and equipment-based image enhanced endoscopy after WLE
- If you prefer any other method, please specify in the blank below.

GI, gastrointestinal; WLE, white-light endoscopy; NBI, narrow-band imaging; FICE, Fuji Intelligent Color Enhancement; BLI, blue laser image; LCI, linked color image; OE, optical enhancement.

Supplementary Table 2. Questionnaire about the Endoscopic Estimation of Histology and the Most Preferred Resection Method for the Provided Endoscopic Images of the Lesions

A representative set of provided endoscopic images for the image-based survey:
White-light endoscopy images of a flat polyp >30 mm (upper two panels) and narrow-band images of the same lesion (lower two panels).



1. Do you think this polyp may have submucosal invasive cancer?

- No
- Yes

2. Which is your preferred endoscopic resection method for this polyp? Please select the most preferred one.

- Cold forceps polypectomy (cold biopsy)
- Cold snare polypectomy without submucosal saline injection
- Hot snare polypectomy without submucosal saline injection
- Endoscopic mucosal resection (hot snare resection after submucosal saline injection)
- Endoscopic piecemeal mucosal resection
- Endoscopic submucosal dissection (ESD)
- Hybrid ESD (partial ESD or mucosal precutting followed by snare resection)

3. Will you perform prophylactic hemostasis before endoscopic resection of this polyp? If yes, which hemostatic method will you perform?*

- No prophylactic hemostasis
- Clipping of the stalk
- Detachable snaring of the stalk

*This question was asked for pedunculated polyps only.