

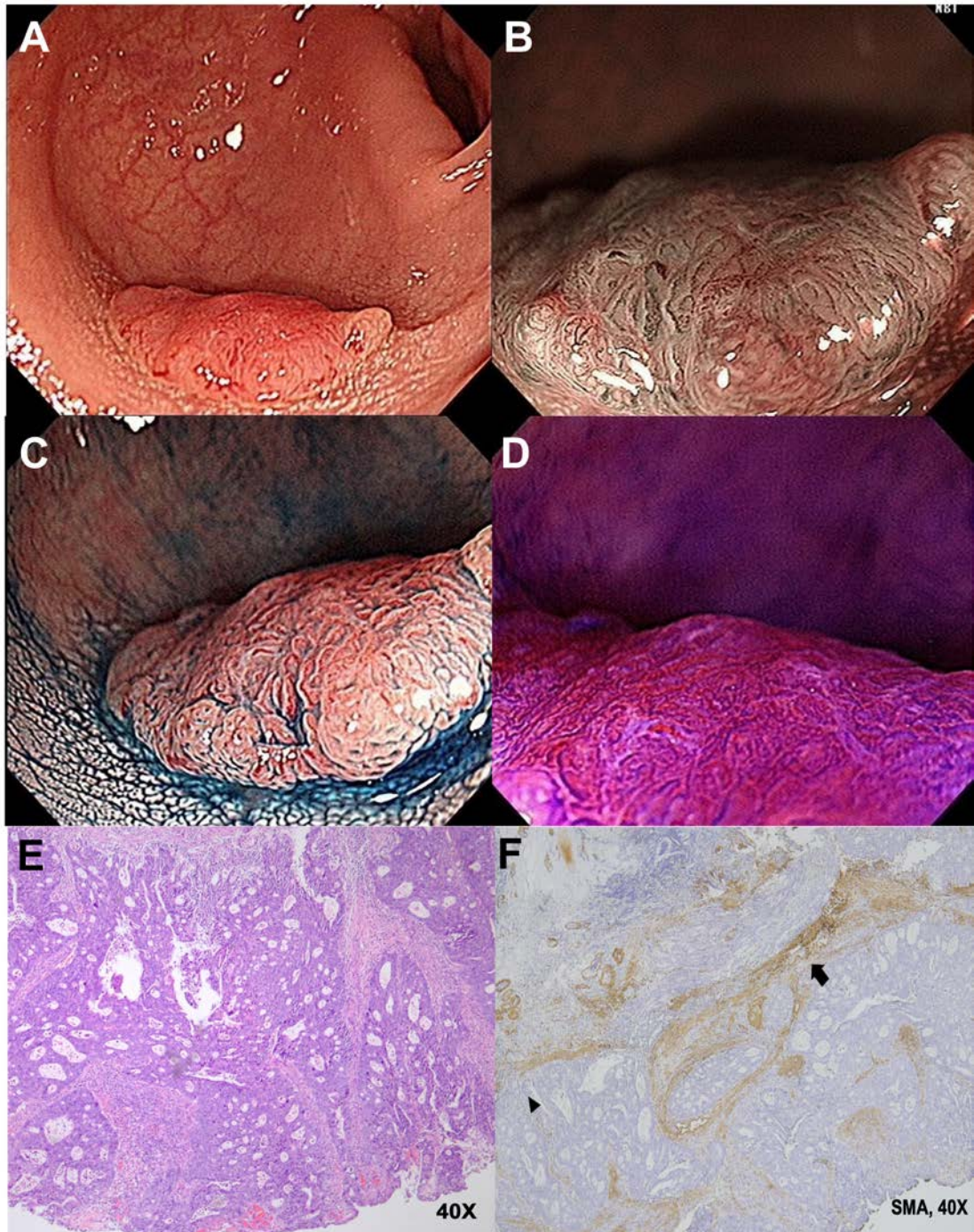
Supplemental Figure for:  
Recurrence Outcomes Less Favorable in T1 Rectal Cancer than in T1 Colon Cancer  
Li-Chun Chang et al.

### **SUPPLEMENTARY FILE**

This supplementary file is provided by the authors to give readers additional information about their work.

Supplement to: Chang *et al.* “Recurrence Outcomes Less Favorable in T1 Rectal Cancer than in T1 Colon Cancer.”

**Figure S1. T1 colorectal cancer with endoscopic morphology of depressed neoplasm**



## **Figure legend**

The 70 years old female received colonoscopy because of a positive fecal immunochemical test. One 1.5 cm lateral spreading tumor was found at sigmoid colon (A). Under narrow band imaging, heterogenous vascular change presented on the mucosal surface (B). After indigo-carmin dye spray, the central part of the neoplasm was depressed and thus it was categorized as a depressed neoplasm (C). By using magnified endoscopy with crystal violet staining, V<sub>I</sub> pit pattern was observed on the surface (D). Under the endoscopic diagnosis of invasive cancer with superficial submucosal involvement, endoscopic resection was done. In histological review, the well-differentiated adenocarcinoma invaded into submucosal layer (E). Under the smooth muscle actin (SMA) staining, the muscularis mucosa (arrow) and the invasion depth (arrow head) were demonstrated clearly (F). The invasion depth in the submucosa was more than 1 mm, whilst lymphovascular involvement, and high-grade budding were negative. Because the presence of advanced histology, additional surgery was performed and none of the 27 resected regional lymph nodes was metastasized. The patient finished the treatment without further adjuvant chemotherapy.