

Supplementary Table 1. Cases of Severe Adverse Events

Case no.	ESD site	Type of adverse event	Management	Outcome
1	Stomach	Delayed bleeding	Endoscopic therapy, blood transfusion, and ICU admission	Full recovery
2	Esophagus	Perforation	Endoscopic therapy and hospitalization >10 nights	Full recovery
3	Colon	Delayed bleeding	Blood transfusion and ICU admission	Full recovery
4	Colon	Delayed bleeding	Endoscopic therapy, blood transfusion, and ICU admission	Full recovery
5	Colon	Perforation	Endoscopic therapy, antibiotics, and ICU admission	Full recovery
6	Colon	Aspiration with pneumonia	Antibiotics and ICU admission	Full recovery
7	Colon	Perforation	Right hemicolectomy	Full recovery

ICU, intensive care unit.

Supplementary Table 2. Cases of Recurrence on Surveillance Endoscopy

Case no.	Age, y	Lesion size, mm	ESD site	Histopathology	Additional intervention(s)	Follow-up, mo
1	64	27 × 12	Esophagus	Nondysplastic BE	Endoscopic ablation residual BE	38
2	75	25 × 20	Esophagus	Poorly differentiated invasive adenocarcinoma, LVI-	Surgery	4
3	78	110 × 60	Esophagus	Well-differentiated invasive adenocarcinoma, LVI-	No further treatment due to comorbidities	22
4	68	26 × 17	Esophagus	Intramucosal adenocarcinoma, LVI-	Patient declined further treatment	11
5	72	48 × 46	Esophagus	Poorly differentiated invasive adenocarcinoma, LVI-	Chemoradiation	9
6	94	86 × 58	Esophagus	Moderately differentiated intramucosal adenocarcinoma, LVI-	No further treatment due to comorbidities	4
7	70	34 × 28	Esophagus	Moderately differentiated invasive adenocarcinoma, LVI-	Patient declined further treatment	10
8	76	31 × 24	Esophagus	Intramucosal adenocarcinoma, LVI-	Surveillance	3
9	71	34 × 24	Esophagus	Invasive adenocarcinoma, LVI-	Patient declined further treatment	37
10	71	40 × 32	Esophagus	Adenoma with HGD	Endoscopic resection	19
11	67	57 × 51	Esophagus	Poorly differentiated intramucosal adenocarcinoma, LVI+	Radiation therapy	6
12	71	64 × 52	Esophagus	Well differentiated intramucosal adenocarcinoma, LVI-	Patient declined further treatment	4
13	75	45 × 45	Esophagus	Adenoma with HGD	Endoscopic resection	8
14	37	31 × 25	Stomach	Hyperplastic tissue without dysplasia	Endoscopic resection	7
15	58	41 × 31	Stomach	Intramucosal adenocarcinoma, LVI-	Surveillance	19
16	74	40 × 35	Stomach	Adenoma with low-grade dysplasia	Surveillance	16
17	87	30 × 24	Stomach	Adenoma with HGD	No further treatment due to comorbidities	6
18	53	20 × 12	Stomach	Pancreatic heterotopia	No further treatment	6
19	68	55 × 33	Stomach	Hyperplastic tissue without dysplasia	No further treatment	10
20	71	40 × 40	Stomach	Hyperplastic tissue without dysplasia	No further treatment	2
21	71	50 × 50	Stomach	Hyperplastic tissue without dysplasia	No further treatment	7
22	51	58 × 38	Stomach	Well-differentiated intramucosal adenocarcinoma, LVI-	Endoscopic full-thickness resection	19
23	65	11 × 10	Duodenum	Well-differentiated carcinoid	Chemotherapy	33
24	74	45 × 44	Colon	Well-differentiated invasive adenocarcinoma, LVI-	Patient declined further treatment	37
25	65	60 × 50	Colon	Tubular adenoma	Endoscopic resection	3
26	86	110 × 100	Colon	Tubular adenoma with HGD	Patient declined further treatment	20
27	50	20 × 18	Colon	Sessile serrated adenoma	Endoscopic resection	19
28	64	34 × 22	Colon	Tubulovillous adenoma	Endoscopic resection	11
29	64	26 × 25	Colon	Tubular adenoma	Patient lost to follow-up for treatment	6
30	77	48 × 42	Colon	Tubular adenoma	Right hemicolectomy for cecal volvulus	11
31	81	105 × 84	Colon	Tubular adenoma with HGD	Patient declined further treatment	5

BE, Barrett's esophagus; HGD, high-grade dysplasia; LVI, lymphovascular invasion.