Patients and lesions excluded and included in the study

During the 26 month study interval, 760 patients with 897 lesions were referred to the senior author for endoscopic resection of one or more colorectal lesions. Mean age was 64.8 years and there were 401 (52.8%) males. For this report we excluded 732 (96.3%) patients. Thus, there were 28 patients (3.7% of all referred patients) with 29 lesions included in the study, because they were referred for resection of at least one lesion that was ultimately determined to be non-neoplastic at our center and to not warrant resection. Two of these patients had two referred lesions, one of which was excluded (removed at our center) and the second was included.

Resection of lesions at our center was the main factor leading to exclusion. Resection of lesions was performed by endoscopy in 667 patients, of whom 661 (including 3 cancers) had neoplastic and 6 non-neoplastic lesions (mucosal prolapse n = 2; inflammatory polyp n = 2; leiomyoma n = 1; submucosal angiolipoma n = 1). Forty-six patients were referred for surgery, entirely for submucosally invasive cancer identified before or after endoscopic resection. In one patient with a benign lesion, observation was recommended by our center. There were 17 patients and 18 lesions excluded because their endoscopic resection was not attempted or incomplete for various reasons (Supplementary Table 1). Lesions located in or adjacent to the appendiceal orifice included both sessile serrated lesions (n = 2) and conventional adenomas (n = 5). The remaining 11 lesions were conventional adenomas except for one gastrointestinal stromal tumor and one region of gastric heterotopia. These patients were also referred for surgery. One of the conventional adenomas considered endoscopically unresectable at our center was demonstrated to contain invasive cancer by surgical resection. Nine patients were excluded in which the referring physician indicated they had performed resection at their center, but were concerned that the resection had been incomplete, preferred that the follow-up examination be performed at our center, and at our center a scar was identified with no residual polyp.

Three further cases were excluded in which no discrete lesion was identified at our center, but review of pathology slides from the referral center confirmed a neoplasm or hyperplastic polyp. One case involved changes on the ileocecal valve considered to be possible polyp by the referring physician, and one biopsy showed tubular adenoma. At our center, no lesion was identified on the ileocecal valve, and extensive biopsies from all quadrants of the valve demonstrated no adenoma. Review of the outside pathology demonstrated what appeared to be two adenomatous glands in one biopsy fragment. We considered that a tiny adenoma had been removed by prior biopsy and advised the patient to repeat colonoscopy in 5 years. The second case involved a 2 x 3 cm area at 18 cm from the anal verge in the sigmoid colon for which “random biopsies were obtained.” Pathology reported hyperplastic polyp. At our center, multiple passes were made through the sigmoid colon and no lesion could be identified. Multiple biopsies were obtained from this area which were interpreted by our pathologist as “colonic mucosa with surface hyperplastic changes.” Review of the original pathology at our center confirmed hyperplastic polyp. The patient was advised to undergo repeat colonoscopy at the referring center in one year. The third case involved an area in the right colon with mucosal abnormality. Biopsy by the referring doctor showed hyperplastic polyp. At our center no discrete polyp was seen and repeated biopsy showed “focal hyperplastic change.” The patient was instructed to undergo...
repeat colonoscopy at our center in one year. At the 1 year follow-up the right colon appeared normal in multiple endoscopic passes in white light and narrow band imaging. In total, 9 patients were excluded for more than one reason.

**Supplementary Table 1.** Eighteen lesions in 17 patients excluded from study because lesion was not resected at our center.

| Category                                           | Number of Lesions |
|----------------------------------------------------|-------------------|
| Extends into the appendiceal orifice               | 6                 |
| Adjacent to lesion that extends to appendiceal orifice and will be part of surgical specimen | 1                 |
| Difficult Location/Access                         | 3                 |
| Fibrotic/Ulcerated/ Didn't Lift                    | 5                 |
| Submucosal                                         | 1                 |
| Heterotopic gastric mucosa not amenable to endoscopic resection | 1                 |
| Perforation during resection                       | 1                 |
| Total                                              | 18                |