**SUPPLEMENTARY MATERIAL**

**Table S1.** Multivariate analyses of factors associated with surgical referral among 877 patients treated with macroscopic radical endoscopic resection

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| --- | --- | --- |
|  | **Odds ratio (95% CI)** | **p-value** |
| Age (per year) | 0.95 (0.93 – 0.97) | <0.001 |
| ASA score 1-2 (vs ASA 3-4) | 1.55 (1.01 – 2.40) | 0.05 |
| Colon (vs rectum) | 2.26 (1.55 – 3.32) | <0.001 |
| Non-pedunculated (vs pedunculated) | 1.35 (0.96 – 1.91) | 0.09 |
| Piecemeal (vs en-bloc) | 1.73 (1.18 – 2.54) | 0.005 |
| High-risk T1 CRC (vs low-risk T1 CRC)1 | 5.02 (2.44 – 10.32) | <0.001 |
| Abbreviations: ASA: American Society of Anaesthesiologists; CRC: colorectal cancer   1. T1 CRCs were classified as high-risk T1 CRC if one or more of the following criteria were present: (1) poor differentiation, (2) deep submucosal invasion, (3) lymphovascular invasion, (4) Rx/R1 resection margins. When all these factors were absent, it was considered a low-risk T1 CRC. | | |

**Table S2.** Sensitivity analysis forincomplete resection rate and overall adverse event rate in low-risk T1 CRC vs high-risk T1 CRC after macroscopic radical endoscopic resection, for A) patients treated in most recent years (2010 - 2014), B) patients in whom no additional surgery was performed (wait & see group) and C) excluding patients in whom no follow-up colonoscopy was performed (N=71).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **All T1 CRCs** | | | | **Low risk T1 CRCs3** | | | | **High risk T1 CRCs3** | | | | **P-value4** |
|  |  | Nr of patients | Nr of events | % | 95% CI | Nr of patients | Nr of events | % | 95% CI | Nr of patients | Nr of events | % | 95% CI |  |
| **Patients treated in most recent years (2010 – 2014)** | Incomplete resection rate1 | 419 | 9 | 2.1 | 0.9 – 3.7 | 97 | 1 | 1.1 | 0 – 4.1 | 235 | 8 | 3.4 | 1.2 – 5.9 | 0.07 |
| Overall adverse event rate2 | 419 | 28 | 6.7 | 4.6 – 9.5 | 97 | 1 | 1.1 | 0 – 4.1 | 235 | 25 | 10.6 | 6.8 – 14.8 | 0.01 |
| **Patients in whom no additional surgery was performed**  **(wait & see group)** | Incomplete resection rate1 | 519 | 19 | 3.7 | 2.1 – 5.4 | 121 | 1 | 0.8 | 0 – 2.6 | 198 | 11 | 5.6 | 2.6 – 9.1 | 0.03 |
| Overall adverse event rate2 | 519 | 24 | 4.6 | 3.0 – 6.4 | 121 | 1 | 0.8 | 0 – 2.6 | 198 | 13 | 6.6 | 3.3 – 10.7 | 0.02 |
| **Excluding patients that did not receive a follow-up colonoscopy** | Incomplete resection rate1 | 806 | 30 | 3.2 | 2.3 – 5.0 | 118 | 1 | 0.8 | 0 – 2.7 | 453 | 21 | 4.6 | 2.9 – 6.9 | 0.06 |
| Overall adverse event rate2 | 806 | 72 | 8.5 | 7.1 – 11.1 | 118 | 3 | 5.3 | 0 – 5.7 | 453 | 56 | 12.4 | 9.5 – 15.6 | 0.002 |
| 1. Incomplete resection rate was defined as malignant tissue found at the polypectomy site confirmed by histology (in case a ‘wait & see’ policy was conducted), or malignant tissue in the colectomy specimen (in case secondary surgery was performed). 2. Overall adverse event was defined as either incomplete resection or metastasis. Metastasis comprised both LNM detected in the colectomy specimen as distant metastasis during follow-up. 3. T1 CRCs were classified as high-risk T1 CRC if one or more of the following criteria were present: (1) poor differentiation, (2) deep submucosal invasion, (3) lymphovascular invasion, (4) Rx/R1 resection margins. When all these factors were absent, it was considered a low-risk T1 CRC. 4. P-value indicates the difference between low-risk vs high-risk T1 CRC | | | | | | | | | | | | | | |