



Supplementary Figure 1 Flowchart of the selection of the study subjects.

		Pathology-based gold standard surveillance				
		recommendation, years <sup>1</sup>				
Polyp-based resect		1	3	5	10	Total
and discard post-hoc	1	93	0	0	1	94
model surveillance	3	0	90	0	1	91
recommendation,	5	0	18	217	53	288
years <sup>2</sup>	10	0	6	9	456	471
	Total	93	114	226	511	944
Polyp-based resect	1	56	8	3	5	72
and discard model	3	2	78	4	11	95
surveillance	5	14	24	205	114	357
recommendation	10	21	4	13	381	419
assigned by	Total	93	114	225	511	943
endoscopist, years <sup>2</sup>						
Surveillance interval	1	93	0	0	0	93
recommendation	3	0	89	1	4	94
based on optical	5	0	6	218	8	232
diagnosis using	10	0	15	5	498	518
NICE classification	Total	93	110	224	510	937
Polyp-based resect		Pathology-based gold standard surveillance				
and discard post-hoc		recommendations, years <sup>3</sup>				
model surveillance		1	3	5	10	Total
recommendation,	1	93	0	0	0	93
years <sup>4</sup>	3	0	81	0	0	81
	5	0	2	227	1	230
	10	0	7	9	524	540
	Total	93	90	236	525	944

Supplementary Table 1 Concordance between the polyp-based resect and discard strategy and the pathology-based reference standard

NICE: Narrow-band imaging international colorectal endoscopic.

<sup>1,2</sup>Based on 2012 polyp-based resect and discard model.

<sup>3,4</sup>Based on 2020 polyp-based resect and discard model.