

**Appendix 8. Evaluation of acceptability and applicability**

## ■ Evaluation of acceptability and applicability of recommendations

■ Key Question (KQ01): Is the size of tubular adenoma a risk factor to be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	N/A
	The values and preferences are similar among the guidelines	Yes	Yes	N/A
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	N/A
	The recommendation is acceptable	Yes	Yes	N/A
Applicability	The intervention/equipment is available	Yes	Yes	N/A
	The essential specialized techniques are available	Yes	Yes	N/A
	There are no legal/institutional barriers	Yes	Yes	N/A
	The recommendation is applicable	Yes	Yes	N/A

■ Key Question (KQ02): Is the number of colorectal adenomas a risk factor that should be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	Yes
	The values and preferences are similar among the guidelines	Yes	Yes	Yes
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	Yes
	The recommendation is acceptable	Yes	Yes	Yes
Applicability	The intervention/equipment is available	Yes	Yes	Yes
	The essential specialized techniques are available	Yes	Yes	Yes
	There are no legal/institutional barriers	Yes	Yes	Yes
	The recommendation is applicable	Yes	Yes	Yes

■ Key Question (KQ03): Is a tubulovillous adenoma or a villous adenoma a more influential risk factor that should be considered when shortening the colonoscopic surveillance interval compared to a tubular adenoma?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	Yes
	The values and preferences are similar among the guidelines	Yes	Yes	Yes
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	Yes
	The recommendation is acceptable	Yes	Yes	Yes
Applicability	The intervention/equipment is available	Yes	Yes	Yes
	The essential specialized techniques are available	Yes	Yes	Yes
	There are no legal/institutional barriers	Yes	Yes	Yes
	The recommendation is applicable	Yes	Yes	Yes

■ Key Question (KQ05): Is a traditional serrated adenoma a risk factor that should be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	N/A	N/A	N/A
	The values and preferences are similar among the guidelines	N/A	N/A	N/A
	Benefits from the recommendation are similar among the guidelines	N/A	N/A	N/A
	The recommendation is acceptable	N/A	N/A	N/A
Applicability	The intervention/equipment is available	N/A	N/A	N/A
	The essential specialized techniques are available	N/A	N/A	N/A
	There are no legal/institutional barriers	N/A	N/A	N/A
	The recommendation is applicable	N/A	N/A	N/A

■ Key Question (KQ06): Is histology of sessile serrated lesion with dysplasia a risk factor that should be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	Yes
	The values and preferences are similar among the guidelines	Yes	Yes	Yes
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	Yes
	The recommendation is acceptable.	Yes	Yes	Yes
Applicability	The intervention/equipment is available.	Yes	Yes	Yes
	The essential specialized techniques are available	Yes	Yes	Yes
	There are no legal/institutional barriers.	Yes	Yes	Yes
	The recommendation is applicable.	Yes	Yes	Yes

■ Key Question (KQ07): Is the size of a serrated polyp a risk factor that should be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	Yes
	The values and preferences are similar among the guidelines	Yes	Yes	Yes
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	Yes
	The recommendation is acceptable.	Yes	Yes	Yes
Applicability	The intervention/equipment is available.	Yes	Yes	Yes
	The essential specialized techniques are available	Yes	Yes	Yes
	There are no legal/institutional barriers.	Yes	Yes	Yes
	The recommendation is applicable.	Yes	Yes	Yes

■ Key Question (KQ08): Is the number of sessile serrated lesions a risk factor that should be considered when shortening the colonoscopic surveillance interval?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	N/A	N/A	N/A
	The values and preferences are similar among the guidelines	N/A	N/A	N/A
	Benefits from the recommendation are similar among the guidelines	N/A	N/A	N/A
	The recommendation is acceptable.	N/A	N/A	N/A
Applicability	The intervention/equipment is available.	N/A	N/A	N/A
	The essential specialized techniques are available	N/A	N/A	N/A
	There are no legal/institutional barriers.	N/A	N/A	N/A
	The recommendation is applicable	N/A	N/A	N/A

■ Key Question (KQ09): Is piecemeal resection of colorectal polyps  $\geq 20$  mm in size a more influential risk factor that should be considered when shortening the colonoscopic surveillance interval than en bloc resection of the polyps?

	Category	Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	N/A	N/A	N/A
	The values and preferences are similar among the guidelines	N/A	N/A	N/A
	Benefits from the recommendation are similar among the guidelines	N/A	N/A	N/A
	The recommendation is acceptable	N/A	N/A	N/A
Applicability	The intervention/equipment is available	N/A	N/A	N/A
	The essential specialized techniques are available	N/A	N/A	N/A
	There are no legal/institutional barriers	N/A	N/A	N/A
	The recommendation is applicable	N/A	N/A	N/A

■ Key Question (KQ10): Is a family history of colorectal cancer a risk factor that should be considered when shortening the colonoscopic surveillance interval?

Category		Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	N/A
	The values and preferences are similar among the guidelines	Yes	Yes	N/A
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	N/A
	The recommendation is acceptable	Yes	Yes	N/A
Applicability	The intervention/equipment is available	Yes	Yes	N/A
	The essential specialized techniques are available	Yes	Yes	N/A
	There are no legal/institutional barriers	Yes	Yes	N/A
	The recommendation is applicable.	Yes	Yes	N/A

■ Key Question (KQ12): For patients with colorectal cancer-related high-risk findings after resection of polyps, what is the appropriate timing and interval for colonoscopic surveillance?

Category		Guideline 1 (USMSTF)	Guideline 2 (ESGE)	Guideline 3 (BSG)
Acceptability	The target population (prevalence, incidence, etc.) is similar among the guidelines	Yes	Yes	Yes
	The values and preferences are similar among the guidelines	Yes	Yes	Yes
	Benefits from the recommendation are similar among the guidelines	Yes	Yes	Yes
	The recommendation is acceptable.	Yes	Yes	Yes
Applicability	The intervention/equipment is available	Yes	Yes	Yes
	The essential specialized techniques are available	Yes	Yes	Yes
	There are no legal/institutional barriers	Yes	Yes	Yes
	The recommendation is applicable	Yes	Yes	Yes