

An Asian consensus on standards of diagnostic upper endoscopy for neoplasia

Supplementary file

List of PICOs for all statements

(P: Population; I: Intervention; C: Comparison; O: Outcome; OGD: Oesophago-gastro-duodenoscopy; UGI: Upper Gastrointestinal)

	Statements
1.1	Risk stratification with regard to UGI cancers should be performed before diagnostic OGD
1.2	Presence of endoscopic high-risk findings for UGI cancers should raise the index of suspicion of the endoscopists
P	In population who receive diagnostic OGD
I	Undergoing OGD with risk stratification
C	Versus standard approach
O	Improvement in detection of esophageal and gastric cancer
2	Presence or absence of premalignant mucosal changes during OGD should be documented.
P	In population who receive diagnostic OGD
I	Documentation of presence or absence of premalignant mucosal changes
C	Versus no documentation or recognition
O	Differentiation of H.pylori gastropathy with atrophic gastritis and/or intestinal metaplasia, and Barrett's esophagus
3.1	Use of sedation is recommended to enhance the detection rate of superficial neoplasm of the oesophagus and stomach
3.2	Use of an antispasmodic agent is recommended to enhance the detection rate of OGD and IEE
3.3	Use of mucolytic and/or defoaming agents is recommended for the improvement of visual clarity of OGD and IEE
P	In population who receive diagnostic OGD
I	Routine use of premedication(s)
C	Versus standard OGD without premedication
O	Improvement in detection for early UGI neoplasia
4	Systematic endoscopic mapping of the entire oesophagus and stomach may improve the detection rate of UGI superficial neoplasm
P	In population who receive diagnostic OGD
I	Systematic endoscopic mapping of esophagus and stomach
C	Versus standard OGD
O	Improvement in detection of early UGI neoplasia
5	Sufficient examination time is recommended to increase detection rate of UGI superficial neoplasm
P	In population who receive diagnostic OGD
I	Sufficiently long examination time
C	Versus short examination time
O	Improvement in detection of early UGI neoplasia
6	Structured training improves the detection rate of UGI superficial neoplasm
P	Endoscopists who perform diagnostic OGD
I	Standardized training program on diagnosis of UGI superficial neoplasia

C	Versus conventional training
O	Improvement in detection of early UGI neoplasia
7.1	Image-enhanced endoscopy in addition to WLI improves the detection rate of oesophageal superficial neoplasm
7.2	Image-enhanced endoscopy in addition to WLI improves the detection rate of gastric premalignant mucosal changes such as gastric intestinal metaplasia and atrophy
P	Population who receive diagnostic OGD
I	Image-Enhanced Endoscopy (IEE)
C	Standard White Light Endoscopy (WLE)
O	Improvement in detection of early UGI neoplasia
8	IEE in addition to WLI is useful for the delineation of UGI superficial neoplasia
P	Population who receive diagnostic OGD
I	Image-Enhanced Endoscopy (IEE)
C	Standard White Light Endoscopy (WLE)
O	Improvement in delineation of early UGI neoplasia
9	Magnifying endoscopy with narrow-band imaging (NBI) is recommended for better characterisation of upper GI superficial neoplasm
P	Population who receive diagnostic OGD
I	Magnifying endoscopy with narrow-band imaging (NBI)
C	Standard White Light Endoscopy
O	Improvement in characterization of early UGI neoplasia
10	Endoscopic characterisation with IEE avoids unnecessary biopsies for upper GI superficial lesions
P	Population who receive diagnostic OGD
I	Image-Enhanced Endoscopy (IEE) for characterization
C	Standard White Light Endoscopy (WLE)
O	Reduction in number of biopsies