Methodology

- High definition
- Virtual chromoendoscopy (OE, NBI, I-SCAN)
- Chromoendoscopy

Picture quality

- High quality
- Low quality

Morphology (mm)

- Polypoid – nonpolypoid
- Paris Classification (Ip, Is, Ila, Ilb, IIC, III) – combinations are allowed

Endoscopic inflammatory activity (within the lesion)

- No ulcerations
- Ulcerations

Endoscopic inflammatory activity (surrounding area)

- No ulcerations
- Ulcerations

Demarcation

- Yes (full)
- No
- Color of the lesion (relative to the background)
  - Paler
  - Same intensity
  - Darker

Surface architecture (tissue)

- Roundish
- Villous – regular
- Villous – irregular
- Irregular/nonstructural

Vessel architecture

- Nonvisible
- Regular
- Irregular

Endoscopic resectable

- Yes (EMR/ESD)
- No (Surgery)

Prediction of histology

<table>
<thead>
<tr>
<th>High/low confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudopolyp</td>
</tr>
<tr>
<td>Hyperplastic/inflammatory</td>
</tr>
<tr>
<td>Dysplastic</td>
</tr>
<tr>
<td>Serrated</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
</tbody>
</table>

EMR, endoscopic mucosal resection; ESD, endoscopic submucosal dissection; NBI, narrow-band imaging; OE, optical enhancement.

▶ Fig.e2 First classification and endoscopic form used for scoring of Frankfurt Advanced Chromoendoscopic IBD LEsions (FACILE) classification used by each participant.