



SUPPLEMENTARY MATERIAL

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Curriculum for optical diagnosis training in Europe:

European Society of Gastrointestinal Endoscopy (ESGE) Position Statement

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ESGE training curriculum for optical diagnosis: Logbook diminutive colorectal lesions

Name :	Hospital :
Date of birth	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
2.		
3.		
4.		

Please remember: an Excel database is also provided with this logbook to allow you to report your procedures in more detail

Overview training curriculum for optical diagnosis diminutive colorectal lesions

A. Pre-adoption requirements to start OD training		Progress (X if completed)
	Personal experience of at least 300 LGI endoscopies	
	Meeting the ESGE key quality performance measures for LGI endoscopy.	
	Be able and competent to perform LGI endoscopy with HD white light combined with virtual and/or dye-based CE	
B. Training/learning steps OD		
	Attending a validated training course with the validated NICE/WASP/BASIC classification.	
	Self-learning by assessing at least 120 diminutive colorectal lesions prospectively with histological feedback.	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Meeting international endorsed competence thresholds in 60 prospectively-assessed diminutive colorectal lesions.	
<i>Maintaining competence OD</i>	In vivo audit and review of at least 120 diminutive colorectal lesions within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases.	

OD, optical diagnosis, UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy



ESGE training curriculum for optical diagnosis: Logbook diminutive colorectal lesions

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 LGI endoscopy	Date achieved
Performed ≥ 300 LGI endoscopies	

ESGE quality measures for LGI endoscopy	Date achieved	Average score
Cecal intubation rate $\geq 95\%$		
Adenoma detection rate (ADR) of $\geq 25\%$		
Minimum mean withdrawal time of six minutes		

Competent to perform LGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if < 100 procedures have been performed (use the provided Excel file*)

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook diminutive colorectal lesions

B. Training/learning steps optical diagnosis

	Validated optical diagnosis training course with the validated NICE/WASP/BASIC classification.
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Self-learning by assessing at least 120 diminutive colorectal lesions prospectively with histological feedback (use the provided Excel file*).	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook diminutive colorectal lesions

C. Assessment criteria optical diagnosis proficiency

Being competent in OD

	Percentage	Date achieved
Meeting international endorsed competence thresholds in 60 prospectively-assessed diminutive colorectal lesions (high-confidence predictions (use the provided Excel file*)).		
PIVI 1: $\geq 90\%$ Surveillance interval agreement		
PIVI 2: NPV $\geq 90\%$ for diminutive neoplastic lesions in the rectosigmoid		

Calculation PIVI criteria:

- NPV: To calculate the NPV for predicting diminutive neoplastic lesions in the rectosigmoid, OD of each diminutive polyp with high confidence have to be compared with histopathological diagnosis. In this calculation, adenomas and SSL were categorized as neoplastic lesions, whereas HPs were considered as non-neoplastic lesions. Note that when a SSL is assessed as an adenoma or vice versa, this is considered a correct diagnosis because both are categorized as neoplastic lesions.
- Surveillance interval agreement: To determine the surveillance agreement, for each patient in the dataset the surveillance intervals based on the optical diagnosis strategy have to be compared with the surveillance intervals based on histopathology. The surveillance intervals based on optical diagnosis have to be determined for each patient in the dataset by combining the high confidence optical diagnosis of diminutive polyps with the pathology diagnosis of the other polyps (polyps ≥ 5 mm and diminutive polyps assessed with low confidence. Patients have to be excluded from the surveillance interval agreement calculation when patients had no diminutive polyps or only low confidence predictions were made. Surveillance intervals have to be calculated according to the ESGE surveillance guideline.

Maintaining competence in OD

	Percentage	Date achieved
In vivo audit and review of at least 120 diminutive colorectal lesions within one year.		
PIVI 1: $\geq 90\%$ Surveillance interval agreement		
PIVI 2: NPV $\geq 90\%$ for diminutive neoplastic lesions in the rectosigmoid		

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook early colorectal cancer

Name :	Hospital :
Date of birth	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
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Please remember: an Excel database is also provided with this logbook to allow you to report your procedures in more detail

Overview training curriculum for optical diagnosis early CRC

A. Pre-adoption requirements to start OD training		Progress (X if completed)
	Personal experience of at least 300 LGI endoscopies	
	Meeting the ESGE key quality performance measures for LGI endoscopy.	
	Be able and competent to perform LGI endoscopy with HD white light combined with virtual and/or dye-based CE	
B. Training/learning steps OD		
	As a validated training course is not yet available (other than NICE): onsite one week training course with an OD expert in large (≥ 20 mm) colorectal lesions (including part on techniques and validated classifications (NICE/JNET/Sano/Hiroshima/ Kudo).	
	Self-learning by assessing at least 20 large (≥ 20 mm) colorectal lesions prospectively with histological feedback.	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Achieving $\geq 80\%$ accuracy for identifying submucosal invasion in 20 large (≥ 20 mm) colorectal lesions.	
<i>Maintaining competence OD</i>	In vivo audit and review of at least 10 large (>20 mm) colorectal lesions within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.	

OD, optical diagnosis, UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy



ESGE training curriculum for optical diagnosis: Logbook early colorectal cancer

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 LGI endoscopy	Date achieved
Performed ≥ 300 LGI endoscopies	

ESGE quality measures for LGI endoscopy	Date achieved	Average score
Cecal intubation rate $\geq 95\%$		
Adenoma detection rate (ADR) of $\geq 25\%$		
Minimum mean withdrawal time of six minutes		

Competent to perform LGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if < 100 procedures have been performed (use the provided Excel file*)

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook early colorectal cancer

B. Training/learning steps optical diagnosis

	Onsite one week training course with an OD expert in large (≥ 20 mm) colorectal lesions (including part on techniques and validated classifications (NICE/JNET/Sano/Hiroshima/ Kudo).
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Self-learning by assessing at least 20 large (≥ 20mm) colorectal lesions prospectively with histological feedback(use the provided Excel file*).	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook early colorectal cancer

C. Assessment criteria optical diagnosis proficiency

C1. Being competent in OD

	Date achieved	Accuracy
Achieving $\geq 80\%$ accuracy for identifying submucosal invasion in 20 large ($\geq 20\text{mm}$) colorectal lesion (use the provided Excel file*).		

C2. Maintaining competence in OD

	Date achieved	Accuracy
In vivo audit and review of at least 10 large ($>20\text{mm}$) colorectal lesions within one year (use the provided Excel file*).		

If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook neoplasia IBD

Name :	Hospital :
Date of birth	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
2.		
3.		

Please remember: an Excel database is also provided with this logbook to allow you to report your procedures in more detail.

Overview training curriculum for optical diagnosis of neoplasia in IBD

A. Pre-adoption requirements to start OD training		Progress (X completed)
	Personal experience of at least 300 LGI endoscopies	
	Meeting the ESGE key quality performance measures for LGI endoscopy.	
	Be able and competent to perform LGI endoscopy with HD white light combined with virtual and/or dye-based CE	
B. Training/learning steps OD		
	As a validated training course is not yet available: onsite one week training course with an OD expert in IBD (including part on techniques and validated classifications: FACILE / Kudo).	
	Dye-based CE in ≥ 20 IBD surveillance patients with ≥ 20 biopsies targeted at suspicious lesions and normally appearing mucosa with histological feedback (back-up 4 quadrant random biopsies every 10 cm).	
	Dye-based or virtual CE with targeted biopsies only, with histological feedback in 20 cases.	
	Virtual CE in ≥ 20 IBD procedures with ≥ 20 biopsies targeted at suspicious lesions and normally appearing mucosa with histological feedback (back-up 4 quadrant random biopsies every 10 cm)	
	Virtual CE with targeted biopsies only, with histological feedback in 20 cases.	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Achieving a neoplasia detection rate of $\geq 10\%$ in 20 IBD pan-CE colonoscopies with targeted biopsies only.	
<i>Maintaining competence OD</i>	In vivo audit and review of at least 10 IBD endoscopic lesions within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.	

OD, optical diagnosis; UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy



ESGE training curriculum for optical diagnosis: Logbook neoplasia IBD

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 LGI endoscopy	Date achieved
Performed ≥ 300 LGI endoscopies	

ESGE quality measures for LGI endoscopy	Date achieved	Average score
Cecal intubation rate $\geq 95\%$		
Adenoma detection rate (ADR) of $\geq 25\%$		
Minimum mean withdrawal time of six minutes		

Competent to perform LGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if <100 procedures have been performed (use the provided Excel file*)

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook neoplasia IBD

B. Training/learning steps optical diagnosis

	As a validated training course is not yet available: onsite one week training course with an OD expert in IBD (including part on techniques and validated classifications: FACILE /Kudo).
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Dye-based CE in ≥ 20 IBD surveillance patients with ≥ 20 biopsies targeted at suspicious lesions and normally appearing mucosa with histological feedback (back-up of 4 quadrant random biopsies every 10 cm) (use the provided Excel file*).	
Dye-based or virtual CE with targeted biopsies only, with histological feedback in 20 cases (use the provided Excel file*).	
Virtual CE in ≥ 20 IBD procedures with ≥ 20 biopsies targeted at suspicious lesions and normally appearing mucosa with histological feedback (back-up of 4 quadrant random biopsies every 10 cm) (use the provided Excel file*).	
Virtual CE with targeted biopsies only, with histological feedback in 20 cases (use the provided Excel file*).	

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook neoplasia IBD

C. Assessment criteria optical diagnosis proficiency

C1. Being competent in OD

	Date achieved	Accuracy
Achieving a neoplasia detection rate of $\geq 10\%$ in 20 IBD pan-CE colonoscopies with targeted biopsies only (use the provided Excel file*).		

C2. Maintaining competence in OD

	Date achieved	Accuracy
In vivo audit and review of at least 10 IBD endoscopic lesions within one year (use the provided Excel file*).		

If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook oesophageal squamous cell carcinoma

Name :	Hospital :
Date of birth	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
2.		
3.		

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Overview training curriculum for optical diagnosis of ESCC

A. Pre-adoption requirements to start OD training		Progress (X completed)
	Personal experience of at least 300 UGI endoscopies	
	Meeting the ESGE key quality performance measures for UGI endoscopy.	
	Be able and competent to perform UGI endoscopy with HD white light combined with virtual and/or dye-based CE	
B. Training/learning steps OD		
	As a validated training course is not yet available: onsite one week training course with an OD expert in ESCC (including part on techniques and validated JES classification*).	
	Self-learning by assessing at least 20 oesophageal lesions in high-risk ESCN patients prospectively with histological feedback.	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Achieving ≥80% accuracy for characterising neoplasia in 20 oesophageal lesions in high-risk ESCN patients.	
<i>Maintaining competence OD</i>	Audit and review of at least 10 oesophageal lesions in in high-risk ESCN patients within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.	

OD, optical diagnosis, UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy



ESGE training curriculum for optical diagnosis: Logbook oesophageal squamous cell carcinoma

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 UGI endoscopy	Date achieved
Performed ≥ 300 UGI endoscopies	

ESGE quality measures for UGI endoscopy	Date achieved	Average score
Procedure time of ≥ 7 minutes		
Inspection time of ≥ 1 minute/cm of the circumferential extent of the Barrett's epithelium.		

Competent to perform UGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if < 100 procedures have been performed (use the provided Excel file*)

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook oesophageal squamous cell carcinoma

B. Training/learning steps optical diagnosis

	As a validated training course is not yet available: onsite one week training course with an OD expert in ESCC (including part on techniques and validated JES classification).
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Self-learning by assessing at least 20 oesophageal lesions in high-risk ESCN patients prospectively with histological feedback (use the provided Excel file*).	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook oesophageal squamous cell carcinoma

C. Assessment criteria optical diagnosis proficiency

C1. Being competent in OD

	Date achieved	Accuracy
Achieving $\geq 80\%$ accuracy for characterising neoplasia in 20 oesophageal lesions in high-risk ESCN patients (use the provided Excel file*).		

C2. Maintaining competence in OD

	Date achieved	Accuracy
Audit and review of at least 10 oesophageal lesions in in high-risk ESCN patients within one year (use the provided Excel file*).		

If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.

Additional comments:



ESGE training curriculum for optical diagnosis: Logbook Barrett's oesophagus

Name :	Hospital :
Date of birth:	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
2.		
3.		

Overview training curriculum for optical diagnosis in Barrett's oesophagus

A. Pre-adoption requirements to start OD training		Progress (X completed)
	Personal experience of at least 300 UGI endoscopies	
	Meeting the ESGE key quality performance measures for UGI endoscopy.	
	Be able and competent to perform UGI endoscopy with HD white light combined with virtual and/or dye-based CE	
	<i>Attending a validated training course for the detection of Barrett neoplasia: BORN and/or Chedgy</i>	
B. Training/learning steps OD		
	As a validated training course is not yet available: onsite training course with a validated classification BING/ BLINC /PREDICT)	
	Self-learning by assessing at least 20 oesophageal lesions in high-risk BE patients prospectively with histological feedback.	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Meeting international endorsed competence thresholds in 20 prospectively-assessed oesophageal lesions in high-risk BE patients	
<i>Maintaining competence OD</i>	In vivo audit and review of at least 20 oesophageal lesions in BE patients within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.	

OD, optical diagnosis, UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy

Please remember: an Excel database is also provided with this logbook to allow you to report your procedures in more detail.



ESGE training curriculum for optical diagnosis: Logbook Barrett's oesophagus

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 UGI endoscopy	Date achieved
Performed ≥ 300 UGI endoscopies	

ESGE quality measures for UGI endoscopy	Date achieved	Average score
Procedure time of ≥ 7 minutes		
Inspection time of ≥ 1 minute/cm of the circumferential extent of the Barrett's epithelium.		

Competent to perform UGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if < 100 procedures have been performed (use the provided Excel file*)

	Attending a validated training course for the detection of Barrett neoplasia: BORN and/or Chedgy.
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook Barrett's oesophagus

B. Training/learning steps optical diagnosis

	As a validated training course is not yet available: onsite training course with a validated classification BING/ BLINC /PREDICT)
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Self-learning by assessing at least 20 oesophageal lesions in high-risk BE patients prospectively with histological feedback (use the provided Excel file*).	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook Barrett's oesophagus

C. Assessment criteria optical diagnosis proficiency

C1. Being competent in OD

	Percentage	Date achieved
Meeting international endorsed competence thresholds in 20 prospectively-assessed oesophageal lesions in high-risk BE patients (use the provided Excel file*).		
PIVI 1: Sensitivity of $\geq 90\%$ for detecting HGD or EAC		
PIVI 2: NPV of $\geq 98\%$ for detecting HGD or EAC		
PIVI 3: Specificity of $\geq 80\%$ for detecting HGD or EAC		

C2. Maintaining competence in OD

	Percentage	Date achieved
In vivo audit and review of at least 20 oesophageal lesions in BE patients within one year (use the provided Excel file*).		
PIVI 1: Sensitivity of $\geq 90\%$ for detecting HGD or EAC		
PIVI 2: NPV of $\geq 98\%$ for detecting HGD or EAC		
PIVI 3: Specificity of $\geq 80\%$ for detecting HGD or EAC		

If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases.

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook early gastric cancer

Name :	Hospital :
Date of birth	Starting date :

	Optical diagnosis trainers	Hospital :
1.		
2.		
3.		

Please remember: an Excel database is also provided with this logbook to allow you to report your procedures in more detail.

Overview training curriculum for optical diagnosis of early gastric cancer

A. Pre-adoption requirements to start OD training		Progress (X completed)
	Personal experience of at least 300 UGI endoscopies	
	Meeting the ESGE key quality performance measures for UGI endoscopy.	
	Be able and competent to perform UGI endoscopy with HD white light combined with virtual and/or dye-based CE	
B. Training/learning steps OD		
	As a validated training course is not yet available: onsite training course with expert in gastric dysplasia/EGC (including part on techniques and VS* / simplified NBI classification*)	
	Self-learning by assessing at least 20 gastric lesions in high-risk of gastric dysplasia/EGC patients prospectively with histological feedback	
C. Assessment criteria OD proficiency		
<i>Being competent OD</i>	Meeting pre-adoption requirements and training/ learning criteria OD.	
	Achieving ≥80% accuracy for characterising neoplasia in 20 gastric lesions in high risk gastric dysplasia/EGC patients	
<i>Maintaining competence OD</i>	Audit and review of at least 10 gastric lesions in high-risk gastric dysplasia/EGC patients within one year.	
	If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.	

OD, optical diagnosis, UGI, upper gastrointestinal; LGI, lower gastrointestinal; GI, gastrointestinal; HD, high-definition; CE, chromoendoscopy



ESGE training curriculum for optical diagnosis: Logbook early gastric cancer

A. Pre-adoption requirements to start optical diagnosis training

Personal experience of at least 300 UGI endoscopy	Date achieved
Performed ≥ 300 UGI endoscopies	

ESGE quality measures for UGI endoscopy	Date achieved	Average score
Procedure time of ≥ 7 minutes		
Inspection time of ≥ 1 minute/cm of the circumferential extent of the Barrett's epithelium.		

Competent to perform UGI endoscopy with HD-WLE with virtual and/or dye-based CE	Estimated number of cases
LGI endoscopy with HD-WLE combined with virtual CE	
LGI endoscopy with HD-WLE combined with dye-based CE	

To assess ESGE quality performance measures, a total of 100 consecutive procedures should be used, or all if < 100 procedures have been performed (use the provided Excel file*)

Additional comments:

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ESGE training curriculum for optical diagnosis: Logbook early gastric cancer

B. Training/learning steps optical diagnosis

	As a validated training course is not yet available: onsite training course with expert in gastric dysplasia/EGC (including part on techniques and VS/ simplified NBI classification)
Name training course	
Location training course	
Date training course	
Content training	
Name trainer	
Signature trainer	

	Date achieved
Self-learning by assessing at least 20 gastric lesions in high-risk of gastric dysplasia/EGC patients prospectively with histological feedback (use the provided Excel file*).	

Additional comments:

ESGE training curriculum for optical diagnosis: Logbook early gastric cancer

C. Assessment criteria optical diagnosis proficiency

C1. Being competent in OD

	Date achieved	Accuracy
Achieving $\geq 80\%$ accuracy for characterising neoplasia in 20 gastric lesions in high risk gastric dysplasia/EGC patients (use the provided Excel file*).		

C2. Maintaining competence in OD

	Date achieved	Accuracy
Audit and review of at least 10 gastric lesions in high-risk gastric dysplasia/EGC patients within one year (use the provided Excel file*).		

If it is not possible to perform OD on a regular basis, repeat training/learning and competence phases. Attending additional online assessment module with feedback.

Additional comments: