

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

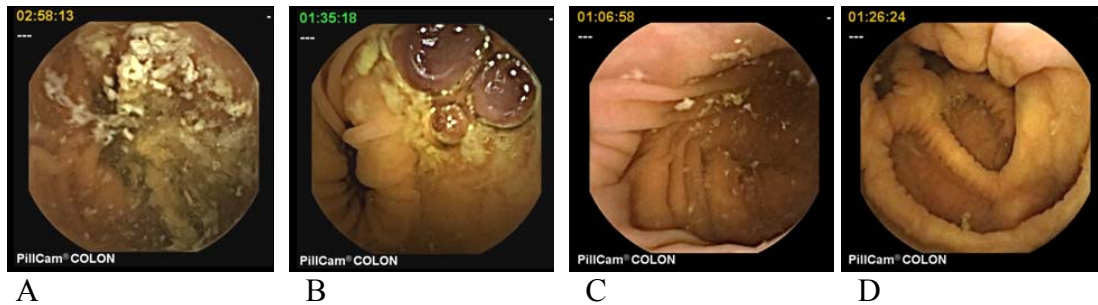
Supplement to: Van Gossum A, Munoz-Navas M, Fernandez-Urien I, et al. Capsule endoscopy versus colonoscopy for the detection of polyps and cancer. *N Engl J Med* 2009;361:264-70.

Web-only Appendix. Figure 1. PillCam[®] COLON Preparation and Procedure Regimen.

Time	Action
Day -1	
All day	Clear liquids only (no breakfast)
18:00 - 21:00	3 Liters oral preparation of polyethylene glycol solution (Colopeg [®] or Kleanprep [®] solution), 1 cup (200-250mL) every 10-15 minutes
Exam Day⁽¹⁾	
06:00 – 07:00	1 Liter oral preparation of polyethylene glycol osmotic solution (Colopeg [®] or Kleanprep [®] solution), 1 cup (200-250mL) every 10-15 minutes
07:45	20mg (two tablets of 10mg) Domeperidone (Motilium [®]) (with a cup of water)
08:00	PillCam [®] COLON ingestion (with a cup of water)
10:00	Boost #1 ⁽²⁾ : 45ml oral NaP (Fleet Phospho-Soda [®]) + 1 Liter water
14:00	Boost #2 : 30ml oral NaP (Fleet Phospho-Soda [®]) + 1 Liter water
15:00	Optional energy drink, e.g., Red Bull [®]
16:30	10mg Bisacodyl (Dulcolax [®]) rectal suppository
Post capsule excretion or next morning	Conventional optical colonoscopy

- (1) Colon preparation and procedure on day of PillCam[®] COLON examination was performed on-site. When PillCam[®] COLON was excreted early, the preparation regimen was discontinued and patient underwent conventional optical colonoscopy.
- (2) If the capsule *has not* left the stomach, its location was checked with RAPID Access Real Time Tablet PC (by Given Imaging) until gastric passage was confirmed. Once the capsule exited the stomach, Boost #1 was administered. Boost #2 was administered three hours after Boost #1. A rectal suppository was administered at approximately five hours after Boost #1. No boosts or suppository was provided if the PillCam[®] COLON remained in the stomach after 16:00.

Web-only Appendix. Figure 2. Colon cleansing grading scale used to objectively describe the preparation of the colon at the time of capsule endoscopy.



A: Large amount of fecal residue.

B: Enough feces or dark fluid present to preclude a completely reliable examination.

C: Small amount of feces or dark fluid, but not enough to interfere with examination.

D: No more than small bits of adherent feces.

Web-only Appendix. Figure 3. Polyp prevalence by shape (n=320).

<i>Polyp Type</i>	<i>According to OC</i>				<i>According to PCCE</i>			
	<i>Any Polyp</i>	<i><6 mm</i>	<i>6-9mm</i>	<i>≥10 mm</i>	<i>Any Polyp</i>	<i><6 mm</i>	<i>6-9 mm</i>	<i>≥10 mm</i>
Pedunculated	54 (8%)	13 (2%)	6 (10%)	35 (47%)	52 (10%)	29 (7%)	9 (20%)	14 (34%)
Sessile	478 (72%)	401 (76%)	49 (80%)	28 (38%)	365 (71%)	318 (74%)	30 (68%)	17 (41%)
Flat	108 (16%)	98 (19%)	6 (10%)	4 (5%)	77 (15%)	73 (17%)	3 (7%)	1 (4%)
Depressed	5 (1%)	0 (0%)	0 (0%)	5 (7%)	3 (1%)	0 (0%)	0 (0%)	3 (7%)
Unknown	17 (3%)	15 (3%)	0 (0%)	2 (3%)	15 (3%)	7 (2%)	2 (5%)	6 (14%)
Total	662	527	61	74	512	427	44	41