

Supplementary Table 1. Comparison of ESGE and ASGE guidelines on histologic diagnosis and treatment of gastric subepithelial lesions

Category	ESGE	ASGE
Tissue acquisition	Recommended for SELs ≥ 20 mm or with high-risk features	Considered based on EUS findings (layer, echogenicity, etc.)
Biopsy method	EUS-FNB or MIAB	EUS-FNB or other advanced biopsy techniques
Endoscopic resection indication	GISTs < 35 mm or SELs < 20 mm with unknown histology after failed diagnosis	Based on patient factors, lesion size, location, and malignancy suspicion
Resection method	Endoscopic resection (STER, ESE, EFTR) as an alternative to surgery	Prefers laparoscopic resection for malignant SELs; no strict size cutoff

ESGE, European Society of Gastrointestinal Endoscopy; ASGE, American Society for Gastrointestinal Endoscopy; SELs, subepithelial lesions; EUS, endoscopic ultrasound; EUS-FNB, EUS-guided fine-needle biopsy; MIAB, mucosal incision-assisted biopsy; GISTs, gastrointestinal stromal tumors; STER, submucosal tunneling endoscopic resection; ESE, endoscopic submucosal excavation; EFTR, endoscopic full-thickness resection.