

Supplementary Table 3. Detailed data of patients referred for surgery following SSI-mEUS

Patient no.	Sex/age (yr)	Location/ tumor size (mm)	EUS findings			Imaging findings	Operation name	Pathology result	Recurrence	Follow-up duration (mo)	
			Layer	Echogenicity	Saline solution (mL)						Findings after saline injection
1	M/76	Rectum/15	Third	Hypoechoic	20	No SM cushion → suspected MP invasion	Rectal MRI, APCT: 12-mm hypervascular mass with no demonstrable LN or distant metastasis	Laparoscopic LAR	NET, Gr 1, invasion of MP, LVI (-), PNI (+), metastasis in 3 of 5 LNs	Negative	6
2	M/52	Rectum/12	Third	Hypoechoic	26	Inadequate SM cushion → suspected MP invasion	Rectal MRI, APCT: 13-mm hypervascular mass with no demonstrable LN or distant metastasis, ⁶⁸ Ga-DOTATOC PET/CT: tiny nodule with faint focal uptake in the presacral area	TAE	NET, Gr 2, invasion of MP, LVI (+), PNI (-)	Negative	12

SSI-mEUS, mini-probe endoscopic ultrasound followed by submucosal saline injection; M, male; SM, submucosal; MP, muscularis propria; MRI, magnetic resonance imaging; APCT, abdominal pelvic computed tomography; LN, lymph node; LAR, low anterior resection; TAE, transanal excision; NET, neuroendocrine tumor; Gr, grade; LVI, lymphovascular invasion; PNI, perineural invasion; ⁶⁸Ga-DOTATOC PET/CT, ⁶⁸Ga-labelled DOTA⁰-Tyr³ octreotide positron-emission tomography computed tomography.