**Color 1**  Case 2, Lesion 2: Endoscopic image shows a slightly elevated whitish lesion at upper greater curvature on unatrophic mucosa. The lesion is well demarcated.

**Color 2**  Case 4, Lesion 7: Endoscopic image shows a slightly depressed reddish lesion at upper posterior curvature on atrophic mucosa. The lesion is well demarcated.

**Color 1**  Endoscopic view at mucosal cutting (Case1).

**Color 2**  Endoscopic view at wound closure with clips (Case1).

**Color 1**  Defecation scale of bowel preparation. a: solid stool, b: muddy stool, c: slightly ground, d: clear.

**Color 1**  Papillary dilation with a large-diameter balloon catheter.

**Color 2**  Removal of biliary duct stones.
**Color 1** Upper gastrointestinal endoscopy revealed one of bumpers within the stomach impacted in the pylorus. (a) Using a dual-channel scope, the bumper was successfully retrieved into the overtube (b).

**Color 2** Retrieval of the internal bumper using a snare is generally recommended (a). However, in our case, the bumper was stiff and required a strong force when we attempted pulling it into the overtube outside the body (b and c). This showed that bumpers retained for a long time could become stiff and possibly damage the esophagus if the recommended procedure is tried inside the body.

**Color 1** A reddish elevated tumor is visualized in the second portion of the duodenum.

**Color 2** Resected specimen: The tumor was 25 × 20 mm in size. Histopathological evaluation showed that it was a tubular adenoma with severe atypia, pHM0 pVM0.

**Color 1** Endoscopic image showing recurrent cancer at the anastomotic site of the transverse colon (Case 1).

**Color 2** Endoscopic image showing the SEMS in the region of the stenosis in the sigmoid colon (Case 2).

**Color 1** Endoscopic findings of a carcinoid tumor resected right above the muscle layer during ESD.
症例 宮原庸介，他論文
＜本文p.64-65＞

Color 1 Esophagastroduodenoscopic image showing an esophageal ulcer. a : Endoscopy at the first admission. b : Endoscopy three weeks after the first admission.

Color 2 Histopathological examination of the esophageal ulcer showed columnar cells.

症例 安達哲史，他論文
＜本文p.66-67＞

Color 1 Endoscopy showed a linear ulcer with coagulated blood in the lower esophagus on Day 2.

Color 2 Successful hemostasis was performed by endoscopic clipping and argon plasma coagulation.

症例 森田 覚，他論文
＜本文p.68-69＞

Color 1 Endoscopic findings.

a) A type0-Ip tumor is noted on the right side of the esophageal wall 29-36 cm from the incisors.
b) Iodine staining revealed an unstained portion in the protruding lesion that became contiguous with the type 0–IIc lesion on the posterior wall.

Color 2 NBI findings. A low protrusion (a) is observed in the 0–IIc lesion (arrow heads). Magnifying endoscopy with NBI revealed a B2 intraepithelial papillary capillary loop (b) and an avascular area (c) in the lesion.
**症例 井上正純,他論文**

*Color 1*  NBI–magnifying endoscopic image of the right pyriform sinus 40 months after the CRT: The surface of the elevated lesion is covered by normal mucosa and cancer blood vessels (type B2) can be seen.

*Color 2*  Histological examination: The pathological diagnosis was poorly differentiated squamous cell carcinoma with ly1, v1, and prominent subepithelial invasion.

**症例 今井雄史,他論文**

*Color 1*  Esophagostroduodenoscopy revealed a phytobezoar in the stomach.

*Color 2*  The phytobezoar was crushed via esophagostroduodenoscopy.

**症例 鈴木伸吾,他論文**

*Color 1*  Gastroscopy showing an ulcer related to the gastrostomy tube.

**症例 野口達矢,他論文**

*Color 1*  Submucosal tumor with a yellow tone, with a bleeding stomach vault section.

*Color 2-a*  Ulcer with redness and edematous change after resection of the submucosal tumor.

*Color 2-b*  *Anisakis* worms.
症例 大津威一郎，他論文 ＜本文p.78-79＞

Color 1 Endoscopic image showing an erythematous submucosal tumor in the anterior wall of the middle gastric body.

Color 2 Narrow-band image showing the brownish tumor with dilatation of the microvessels.

症例 田崎修平，他論文 ＜本文p.80-81＞

Color 1-a, b Endoscopic findings showed a shallow discolored depressed lesion measuring approximately 10 mm in diameter on the anterior wall of the lower gastric body, with no evidence of atrophic changes.

Color 2 Endoscopic findings (an indigo-carmine dye-sprayed image) showing a shallow discolored depressed lesion with fundic gland polyps.

症例 伊藤光一，他論文 ＜本文p.82-83＞

Color 1 On ordinary examination, it was difficult to detect the tumor in the lower esophagus (a) and cardiac region (b). Under the inhalation condition, a depressed lesion was detected under the esophagogastric junction (c).

Color 2 Specimen resected by ESD. Yellow marks were squamo-columnar junction.

症例 竹束正二郎，他論文 ＜本文p.84-85＞

Color 1 Endoscopic image showing swelled fold 2 years before the surgery.

Color 2 Endoscopic image suggesting a developing tumor with fusion of the folds 2 months before the surgery (Group 4).
症例 森山友章,他論文
＜本文 p. 86-87＞

Color 1-a Endoscopy revealing a sessile polyp in the gastric antrum (lesion 1).
Color 1-b Endoscopy showing a superficially elevated carcinoma with central depression in the gastric antrum (lesion 2).
Color 2 Endoscopy revealing a pedunculated, multinodular polyp prolapsing into the duodenum (lesion 3).
Color 3 Resected specimen showing a sessile polyp (short arrow), an elevated carcinoma with central depression (long arrow), and a pedunculated polyp prolapsing into the duodenum (arrowhead).

症例 室橋光太,他論文
＜本文 p. 88-89＞

Color 1 Upper gastrointestinal endoscopic image showing that the stenotic region at the site of the esophagojejunal anastomosis was covered by normal mucosa. The endoscope could not be negotiated through the stricture.

症例 渋川茉莉,他論文
＜本文 p. 90-91＞

Color 1 Endoscopic image showing discolored mucosa.
Color 2 Narrow-band imaging delineating early gastric cancer.
Color 3 Resected specimens: specimen size 25×15 mm, tumor size 13×9 mm. Red lines show the area of early gastric cancer.
Color 4 Histopathological examination of the 0-II a + II c lesion showed the presence of cancer cells (HE staining). The cancer was diagnosed as well-differentiated tubular adenocarcinoma.
Symptom 1  三枝陽一, 他論文  
<本文 p. 92–93>

Color 1  a: Endoscopic view at the first examination showing a white protruding lesion, about 15 mm in diameter, along the lesser curvature in the middle of the gastric body. b: Histological examination showed a tubular adenoma.

Color 2  a: Endoscopic view at the second examination showing an ulcer at the site previously occupied by the white protruding lesion. b: Histological examination showed signet-ring cells or non-tubular structure.

Symptom 2  平沼俊亮, 他論文  
<本文 p. 94–95>

Color 1  Endoscopic image showing, a: a reddish protruding lesion measuring about 7 cm in diameter in the greater curvature of the gastric body with a depression at its top, which was considered likely to be a submucosal tumor, b: another similar smaller lesion near the main lesion.

Color 2  Histological examination of the biopsy specimen showing findings consistent with poorly differentiated adenocarcinoma.

Color 3  Immunohistologic findings showing positive staining for PSA.

Symptom 3  葛西豊高, 他論文  
<本文 p. 96–97>

Color 1  Capsule endoscopy finding shows vascular ectasia in gastric antrum.

Color 2  Upper gastrointestinal endoscopy finding shows vascular ectasia in gastric antrum.

Color 3  Vascular ectasia in gastric antrum disappeared after treatment by argon plasma coagulation.

Symptom 4  福馬有美子, 他論文  
<本文 p. 98–99>

Color 1  Enteroscopic image showing an exposed vessel with pulsatile bleeding.

Color 2  Endoscopic hemostasis with endoclips was successfully accomplished by double-balloon endoscopy.
Color 1  Capsule endoscopic image showing (a) a diverticulum located in the ileum, and (b) an ulcer located just at the entrance of the diverticulum.

Color 2  Histopathological examination of the diverticulum revealed all the layers of the small intestine and no ectopic tissue (HE staining, ×10).

Color 1  Single-balloon enteroscopic image showing annular ulcers and stricture of the ileum at 50 cm from the ileocecal valve.

Color 2  Histological findings of a biopsy specimen (HE staining ×40): infiltration of lymphocytes and eosinophils and a noncaseating granuloma.

Color 1  Colonoscopic image of *Anisakis* larva penetrating the mucosa of the ascending colon.

Color 1  Lower gastrointestinal endoscopy revealed that the colonic stent was lodged in the anus, but the scope smoothly passed through the stent.

Color 2  The rectal cancer had markedly shrunk.
症例 安達哲史, 他論文
＜本文 p. 108-109＞

Color 1 Colonoscopy revealed sigmoid colon cancer with severe stenosis of the sigmoid colon.

症例 三登久美子, 他論文
＜本文 p. 110-111＞

Color 1 Colonoscopy revealed a 30-mm submucosal tumor in the lower rectum with bridging fold.
Color 2 Histopathological results: Fusiform tumor cells were observed, and the mitotic figure count was high, at 14 per 50 high-power fields. Immunostaining revealed positive results for c-kit ×400 (a) and CD34 ×400 (b).

症例 砂山健一, 他論文
＜本文 p. 112-113＞

Color 1 Just after the surgical procedure, the intussusception persisting at 20 cm from anal verge.
Color 2 After repositioning of the intussusception and injection of ALTA, whitish and slightly swollen mucosa is seen in the injected area (the near part). The mucosa was swollen and red in the repositioned region of the intussusception (the far part).

症例 田辺義明, 他論文
＜本文 p. 116-117＞

Color 1 Colonoscopy showed multiple elevated lesions like submucosal tumors in the cecum and ascending colon.
Color 2 Histopathological examination revealed pneumatosis in the submucosal layer.
症例 松岡愛菜, 他論文
<本文 p. 118-119>

Color 1  Colonoscopic image showing edema, diffuse easy bleeding, and longitudinal erosions in the sigmoid colon.
Color 2  Colonoscopic image showing complete reversal of the findings.

症例 赤間悠一, 他論文
<本文 p. 120-121>

Color 1  Colonoscopic examination showed an irregular ulcerated lesion covered with a white exudate in the rectum.
Color 2  Colonoscopic image showing complete healing of the mucosal lesion after the therapeutic procedure.

症例 草野昌男, 他論文
<本文 p. 122-123>

Color 1  Endoscopic image showing shallow ulcers, redness, and loss of the vascular pattern distributed diffusely from the rectum to the sigmoid colon.

症例 廿 一眞, 他論文
<本文 p. 124-125>

Color 1  ESD was performed with en-bloc resection of the tumor and dissection of almost the entire circumference of the rectum.
Color 2  Colonoscopy performed 1 month after the ESD, revealed stenosis at the dissected site. A biopsy was obtained from the strictured area, however, no evidence of malignancy was detected.
症例 中崎奈都子,他論文  ＜本文p.126-127＞

Color 1  Endoscopic findings. a: Submucosal tumors in the esophagus. b: Giant folds in the stomach.

症例 原琉以子,他論文  ＜本文p.128-129＞

Color 1  EGD demonstrated a submucosal tumor-like lesion. At the portion distal to the vaterier papilla.

症例 柴田昌幸,他論文  ＜本文p.130-131＞

Color 1  Endoscopic image showing an abnormal duodenal opening with bleeding.

症例 小池健郎,他論文  ＜本文p.132-133＞

Color 1  Endoscopic finding of the papilla: The papilla is visualized in the duodenal diverticulum.

Color 2  Endoscopic image of the rendezvous method via the PTGBD route. a: By a basket catheter catching the guidewire, b: endoscopic sphincterotomy.
**症例** 對田 尚, 他論文  
[本文 p. 134-135]

**Color 1** Histological section showing moderately differentiated adenocarcinoma.

**症例** 岩崎 将, 他論文  
[本文 p. 136-137]

**Color 1** Peroral transpapillary cholangioscopy revealed (a) a papillary mass in the middle portion of the common bile duct and (b) reddish and irregular mucosa in the hilar bile duct.

**症例** 高柳卓矢, 他論文  
[本文 p. 140-141]

**Color 1** Macroscopically, the resected specimen shows a thickened and xanthochromic gallbladder wall.  
**Color 2** Microscopic view showing marked infiltration of foamy macrophages, lymphocytes, plasma cells (HE staining, ×400). Histological examination showing xanthogranulomatous cholecystitis.

**症例** 松村公男, 他論文  
[本文 p. 142-143]

**Color 1** Histological examination of the stricture portion of the common bile duct (HE staining, ×2).  
**Color 2** Microscopic view of the square region from the Color 1 picture (HE staining, ×20).

(表紙写真) 内視鏡前処置のpicosulfateが誘因と考えられた虚血性大腸炎の1例  
（松岡愛菜, 他：左から，Color 1 Colonoscopic image showing edema, diffuse easy bleeding, and longitudinal erosions in the sigmoid colon. Color 2 Colonoscopic image showing complete reversal of the findings. p.10, 本文p.118—119）