**JSHBPS guideline:**

When polypoid lesion of the gallbladder is sessile, has a diameter equal to or greater than 10mm and/or grows rapidly, it is highly likely to be cancerous and should be resected.

**ESGAR guideline:**

Cholecystectomy is recommended for gallbladder polyps ≥ 10 mm. Management of polyps <10 mm depends on patient and polyp characteristics (cholelithiasis or inflammation). Cholecystectomy is recommended for polyps 6~9mm with risk factors (age>50, primary sclerosing cholangitis, Indian ethnicity or sessile). Polyps less than 6mm need follow up ultrasound at 6 months.

**CCBS guideline:**

Gallbladder polyps with malignant tendency have the following characteristics: (1) Diameter ≥10 mm; (2) Combined gallbladder stones or cholecystitis; (3) Single or sessile polyps, with fast growth rate (growth rate> 3 mm/ 6 months); (4) Adenomatous polyps.

**Korean Model:**

PS (predictive score) =-7.3633 + 0.0374\*[Age] + 0.6667\*[Number] + 1.5784\*[Sessile] + 0.2189\*[Size]

**Ulteasonic report (US-reported)**

A clinical diagnosis made by experienced sonologists based on the size, echo intensity, shape of the polyp and boundary with the surrounding tissues.