Supplemental Digital Content 4: Model specifications and covariates for the restricted sample (Refer to table 3)

Regression type / Propensity score adjustment	Random Effects	Covariates
Restricted sample logistic regression models[1] (Table 3)		
Univariate – no propensity adjustments	None	None
Propensity score categories[2] (converted into a 20-ile, entered as a categorical variable)	None	age, BMI, sex, alcohol, smoking, health status, first degree relative with CRC, prior colonoscopy, prior neoplastic findings, bowel preparation quality
Inverse probability of treatment weighted	None	age, BMI, sex, alcohol, smoking, health status, first degree relative with CRC, prior colonoscopy, prior neoplastic findings, bowel preparation quality
Univariate – no propensity adjustments	Generalized linear mixed effect models with endoscopist random effects	None
Propensity score categories[2] (converted into a 20-ile, entered as a categorical variable)	Generalized linear mixed effect models with endoscopist random effects	age, BMI, sex, alcohol, smoking, health status, first degree relative with CRC, prior colonoscopy, prior neoplastic findings, bowel preparation quality
Inverse probability of treatment weighted	Generalized linear mixed effect models with endoscopist random effects	age, BMI, sex, alcohol, smoking, health status, first degree relative with CRC, prior colonoscopy, prior neoplastic findings, bowel preparation quality

[1] Sample restricted to exams performed by endoscopists with 5%-95% propofol use at facilities with 5%-95% propofol use

[2] Propensity scores were obtained by modeling the probability of being administered propofol using a logistic regression including terms for: age, BMI, sex, alcohol use, smoking status, self-reported health, first degree relative with history of colorectal cancer, previous colonoscopy, history of previous neoplastic lesions, and bowel preparation quality