

THE ACCURACY OF SNARE TIP SOFT COAGULATION APPLIED TO THE MARGIN OF POST ENDOSCOPIC MUCOSAL RESECTION DEFECTS CORRELATES WITH ENDOSCOPIST POLYPECTOMY EXPERIENCE AND PROCEDURAL DIFFICULTY

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Poster

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A novel video-based scoring system for endoscope tip manipulation during snare tip soft coagulation after endoscopic mucosal resection demonstrated strong correlation with expert assessment and differentiated performance between fellows and experts.

KEY POINTS

- The tip-control score measured accuracy (86.0% median) and speed (0.175 correct hits/second median) of snare tip soft coagulation applications to post-EMR defect margins across 39 procedures performed by 10 endoscopists.
- The accuracy score strongly correlated with blinded expert impression of tip-control quality (correlation coefficient 0.81, $P < 0.001$).
- Fellows were significantly less accurate (76.5% vs 92.0%, $P < 0.001$) and slower (0.155 vs 0.202 hits/s, $P = 0.02$) than experts overall.
- Movement artefact (independent colonic wall motion) significantly impaired fellows' accuracy (68% vs 88%, $P = 0.036$) but not experts' ($P = 0.281$); without movement artefact, fellows and experts performed similarly.
- The authors propose this as the first in-vivo objective metric for endoscope tip manipulation quality, potentially useful for benchmarking endoscopists and guiding training progression through polypectomy complexity levels.

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