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Summary

OPTIMIZING RESECTION OF LARGE NON-PEDUNCULATED COLORECTAL POLYPS: A COST-EFFECTIVENESS ANALYSIS OF 12 INTERNATIONAL STUDIES

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A cost-effectiveness analysis of 6,943 patients from 12 international trials found that optimal endoscopic resection technique for large colon polyps varies by polyp location, morphology, and size, with cold EMR preferred for sessile serrated lesions and selective ESD cost-effective only for high-risk rectal lesions.

KEY POINTS

- Cold EMR is the optimal technique for all sessile serrated lesions regardless of size or location, saving $376 compared to hot EMR.
- Selective ESD is preferred for rectal lesions at high risk of submucosal invasion (non-granular or mixed-type adenomas and granular adenomas with dominant nodule ≥10mm), saving $199 compared to universal EMR and sparing one surgery per 45 procedures.
- For large adenomas without high risk of submucosal invasion, EMR saves $561 compared to universal ESD, driven by lower rates of delayed bleeding, perforation, and post-polypectomy syndrome despite higher recurrence rates.
- Proximal to the rectum, hot EMR is preferred for non-granular or mixed-type lesions (saving $702 vs ESD) and for granular adenomas ≥30mm (saving $391 vs ESD).
- Cold EMR is optimal for granular adenomas 20-29mm without high-risk features regardless of location, saving $229 versus hot EMR, and underwater EMR saves $416-$645 versus hot EMR when technically feasible for polyps <30mm.

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