Tiny Troubles: Understanding the Risk and Burden of Diminutive Polyps

James Edward East

Podcast Episode

Endoscopy | Digestive Oncology

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Diminutive colorectal polyps (≤5 mm) represent 80–90% of detected polyps but pose minimal cancer risk, creating substantial financial and environmental burden that could be addressed through optical diagnosis strategies such as resect-and-discard.

KEY POINTS

- Diminutive polyps are defined as ≤5 mm, small polyps as 6–9 mm, and large polyps as ≥10 mm; only 1 in 10 to 1 in 20 diminutive lesions will develop into cancer, with progression estimated to take 10–15 years.
- The risk of submucosal invasion in non-depressed diminutive polyps is approximately 1 in 6000 to 1 in 10,000, and operated cases showed no involved lymph nodes, indicating negligible immediate cancer risk.
- Eliminating pathology for low-risk diminutive polyps could save an estimated $1 billion annually in the US and reduce CO2 emissions equivalent to 2 million miles of car travel per year.
- The guest argues that resect-and-discard (optical diagnosis followed by resection without pathology) and diagnose-and-leave (for rectal hyperplastic polyps) are viable strategies supported by international guidelines but remain poorly implemented due to medicolegal concerns and lack of endoscopist incentives.
- Cold snaring is now standard for diminutive polyp resection with exceptionally low complication risk; the guest suggests removal on clopidogrel or therapeutic warfarin is acceptable but advises caution with DOACs, and advocates for shared decision-making that weighs patient life expectancy against minimal polyp risk.

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