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Summary

# REAL-WORLD PERFORMANCE OF BSG FRAILTY SCORE SYSTEM TO ASSESS LONG-TERM OUTCOMES AFTER ENDOSCOPIC RESECTION OF LARGE COLORECTAL POLYPS

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UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Endoscopy | Colorectal

October 18, 2026

**In a retrospective cohort with 9.17-year median follow-up after endoscopic resection of colorectal polyps ≥20 mm, patients with Charlson comorbidity index ≥5 showed no clear survival benefit from resection, and the CCI may overestimate mortality in this subgroup.**

## KEY POINTS

- During median 9.17-year follow-up of 395 patients, 96 patients (24.3%) died, but the CCI ≥5 subgroup did not demonstrate clear benefit from endoscopic resection when compared to the theoretical 2.5-5.6% annual transition rate from advanced adenoma to colorectal cancer.
- Post-procedural complications occurred in 42/395 patients (10.6%), with 88.1% requiring hospitalization and 9.5% requiring surgery.
- Antiplatelet therapy was independently associated with complications (OR 2.65, 95% CI 1.13-6.20), confirming its importance in decision-making.
- Liver disease (HR 4.08, 95% CI 1.58-10.59) and chronic pulmonary disease (HR 1.68, 95% CI 1.00-2.82) were associated with mortality.
- The authors conclude that prospective comparative studies including both treated and conservatively managed patients are needed to define the true benefit-risk balance for large colorectal polyps in individuals with CCI of 5.

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