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Summary

Lower GI: Traditional hot snare EMR or cold snare EMR for large sessile colon polyps?

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The speakers conclude that hot EMR is the preferred strategy for large sessile polyps due to lower recurrence rates, while cold EMR may have a niche role for sessile serrated lesions and polyps smaller than 30 mm.

KEY POINTS

- The speakers reported that in pooled analysis of four RCTs published in Gut, recurrence rates were 27% after cold EMR versus 13% after hot EMR, with sessile polyps showing an even greater difference favoring hot technique.
- At second follow-up colonoscopy, the speakers stated new recurrence rates were 5.6% intention-to-treat after cold EMR versus 1.6% after hot EMR.
- Cold EMR was described as having much lower rates of severe adverse events and delayed bleeding compared to hot EMR, though most adverse events were managed conservatively.
- The speakers noted that 25% of sessile polyps in their RCT crossed over from cold to hot technique, and feasibility was limited with 50% of polyps 1 cm or larger removed hot.
- For medium-sized lesions 20-29 mm and sessile serrated lesions, the speakers stated the difference in recurrence between techniques was smaller, and cold EMR may be applicable.
- The speakers emphasized that 13-20% of patients did not return for follow-up colonoscopy in the studies, arguing for consideration of patient compliance when choosing technique.

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