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**Cold versus hot snare endoscopic mucosal resection for large (≥15 mm) flat non-pedunculated colorectal polyps**

*O’Sullivan T, Cronin O, van Hattem W, et al. Cold versus hot snare endoscopic mucosal resection for large (≥15 mm) flat non-pedunculated colorectal polyps: a randomised controlled trial. Gut 2024; 73: 1823-1830. doi: 10.1136/gutjnl-2024-332807.*

Hot snare endoscopic mucosal resection (H-EMR) is considered the standard of care for resection in most guidelines for large (≥20 mm) non-pedunculated colonic polyps (LNPCPs). Cold-EMR (C-EMR), also referred to as cold snare polypectomy (CSP), meanwhile is known to be effective for excision of large non-dysplastic serrated polyps specifically as well as smaller polyps, where serious complications such as delayed bleeding and perforation are rare as compared to H-EMR. However, the outcomes of C-EMR have yet to be compared directly to H-EMR in the case adenomatous LNPCPs.

This study, O’Sullivan et al., conducted at an Australian tertiary referral centre between November 2019 and September 2023, therefore randomised patients with optically confirmed flat (15-50 mm) LNPCPs to either C-EMR or H-EMR, with the proceduralist blinded to the allocation process.

Results from 177 LNPCPs (in 177 patients), among which 87 cases were randomised to C-EMR and 90 to H-EMR, revealed similar rates of successful excision – 86/87 (98.9%) C-EMR versus 90/90 (100%) H-EMR. However, whilst recurrence was significantly higher with C-EMR at 16/87 (18.4%) versus 1/90 (1.1%) H-EMR (relative risk (RR) 16.6, 95% CI 2.24 to 122; p<0.001), clinically significant post-EMR bleeding (CSPEB) was significantly greater in the H-EMR arm at 7/90 (7.8%) versus 1/87 (1.1%) the C-EMR arm (RR 6.77, 95% CI 0.85 to 53.9; p=0.034), and the only case of perforation was also following H-EMR (p=0.32).

This single-centre randomised trial, comparing the efficacy and safety of C-EMR versus conventional H-EMR for excision of adenomatous LNPCPs therefore suggests that cold snare polypectomy is both similarly effective and safer, as compared to hot snare. However, pending potential future improvements to either the C-EMR technique itself and/or better understanding and recognition of the most amenable lesions to it, the greater recurrence rate following C-EMR should signal caution in its widespread adoption in clinical practice at present.