**A blue and black logo

Description automatically generated**

**Impact of margin thermal ablation after endoscopic mucosal resection of large (≥20 mm) non-pedunculated colonic polyps on long-term recurrence**

O’Sullivan T, Mandarino F, Gauci J, *et al.* Impact of margin thermal ablation after endoscopic mucosal resection of large (≥20 mm) non-pedunculated colonic polyps on long-term recurrence. *Gut* 2025; 74:67-74. doi:10.1136/gutjnl-2024-332907

The efficacy and cost-effectiveness of endoscopic mucosal resection (EMR) of large non-pedunculated colonic polyps (LNPCPs) is limited by endoscopic recurrence and concomitant risk of synchronous neoplasia, which necessitated conservative surveillance colonoscopy intervals at 6- and 18-months post-resection. The landscape of colonic EMR has transformed since the introduction of marginal thermal ablation (MTA) to the post-EMR defect with snare tip soft coagulation. MTA has been demonstrated to reduce the incidence of recurrence at the first surveillance colonoscopy at 6 months (SC1). It is still unclear whether the benefits can be extended to second surveillance colonoscopy at 18 months (SC2). O’Sullivan *et al.,* aimed to evaluate long-term surveillance outcomes in a cohort of LNPCPs that have undergone MTA.

LNPCPs undergoing EMR and MTA from four expert endoscopy centres with experience of performing high-quality EMR were prospective recruited. A control group of LNPCPs that underwent EMR without MTA was used to facilitate comparative analysis. EMR scars were evaluated at SC1 and in the absence of recurrence, SC2 was scheduled in 12 months. The primary outcome was recurrence rate at SC2 in all LNPCPs with a recurrence free-scar at SC1.

Among 1152 LNPCPs that underwent EMR with MTA over 90 months until the end of study period, 854 underwent SC1, with 29/854 (3.4%) demonstrating recurrence. 472 LNPCPs free of recurrence at SC1 underwent SC2. The control group comprised 260 LNPCPs with complete SC2 follow-up. Recurrence rates at SC2 was found to be significantly lower in the MTA group compared to the control group ( 1/472 (0.2%) vs 9/260 (3.5%); p<0.001).

The findings of this study suggest that the risk of recurrence in subsequent surveillance is very low in LNPCPs that have undergone EMR with MTA and are free of recurrence at SC1. O’Sullivan *et al.,* recommended that provided a high-quality colonoscopy examination at SC1 has ruled out synchronous neoplasia, the next surveillance can be potentially extended to 3-5 years.