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**Standardised training for endoscopic mucosal resection of large non-pedunculated colorectal polyps to reduce recurrence**

*Meulen L, Bogie R, Siersema P*, et al. [*Standardised training for endoscopic mucosal resection of large non-pedunculated colorectal polyps to reduce recurrence (\*STAR-LNPCP study): a multicentre cluster randomised trial.*](https://gut.bmj.com/content/73/5/741)Gut *2024; 73: 741-750. doi:10.1136/gutjnl-2023-330020*

The STAR-LNPCP study investigated the impact of a training program in endoscopic mucosal resection (EMR) on the recurrence rates of large non pedunculated colorectal polyps (LNPCPs). With over 1400 procedures analysed, performed by 59 endoscopists from 30 community hospitals, the findings revealed a reduction of approximately 50% in recurrence rates after six months, particularly for polyps sized between 20–39mm. Recurrence rate reduced from 25% to 13% and were more often unifocal in the intervention group. The training effect was maintained beyond the study period in the intervention group. However, the effectiveness of the training appeared limited for larger polyps (≥40mm), likely due to their increased complexity and lower prevalence, resulting in fewer opportunities for endoscopists to gain proficiency.

The training curriculum emphasised crucial EMR techniques, including proper snare placement, identification of residual adenoma, haemorrhage control, and complication management. Interestingly, the training did not prioritise motor skill refinement, assuming that participating endoscopists already possessed such skills from their practice.

Limitations of the study include the lack of randomisation at the polyp level and uncertainty regarding the specific aspects of the training that contributed most to the reduction in recurrence rates. Moreover, the study recommends considering centralization of ≥40mm polyps to address their complexity and the need for increased exposure to enhance competency.

In summary, the study underscores the effectiveness of a structured EMR training program in reducing recurrence rates of LNPCPs. However, further strategies may be necessary to tackle challenges associated with polyps >40mm, including centralisation efforts and additional training interventions.