Key Points

**Study Background**
- The ideal technique for removal of SSPs is unknown. Traditional hot snare polypectomy is currently recommended for large polyps although this technique is associated with complications such as postpolypectomy bleeding, perforation and pain. Hot EMR also presents the risk of postpolypectomy bleeding or costly clip placement.
- Cold snare polypectomy (CSP) is recommended for small polyps (<10mm) with the new data supporting its safety for removal of large polyps (≥10mm)
- This study evaluated the safety and efficacy of cold EMR for large SSPs ≥10mm

**Methods**
- 99 patients with 163 SSPs were enrolled in a prospective observational cohort study. Mean polyp size was 17.5 mm with 97.5% of polyps present in the proximal colon.
- Snares were used at the physician’s discretion with the Exacto® cold snare utilized most frequently and occasional use of the Captivator II snare (Boston Scientific) and minihexagonal snare (Cook Medical)
- Cold Resection Technique
  - Submucosal injection was used to elevate the entire lesion and a margin of normal tissue offered the following benefits:
    - Outlined the margins of the lesion
    - Made tissue resection easier by allowing the fluid to separate the mucosa and submucosa
    - Clearer visual inspection
  - Downward angulation of the snare tip with forward movement allowed for anchoring of the snare catheter to assist in tissue recruitment
  - Resection of the lesion should include a margin (3-4 mm) of normal tissue
  - Use of a transparent distal attachment cap facilitated mucosal exposure, access to polyps behind folds, and suction for tissue recruitment

**Results**
- All polyps were able to be removed via cold EMR with no need for electrocautery.
- 98.8% of lesions did not contain residual serrated tissue, which was determined by sampling the margin with biopsy forceps (4 bites for polyps <20mm and 6 bites for >20mm polyps)
- Surveillance was completed for 82% of polyps with only one postpolypectomy site (0.6%) having residual serrated tissue at follow-up
- Incomplete resection rate is significantly lower than published hot polypectomy data (47%)¹
- Minor adverse events (minor postpolypectomy bleeding and pain) occurred at similar rates as for CSP for subcentimeter polyps
- CSP eliminates the risks associated with electrocautery use

**Conclusion**
This study adds support that cold EMR is a safe and effective method for the removal of large sessile serrated polyps.