



## Background

- Polyp size is an important factor to consider prior to polypectomy.
- Polyps > 3cm or so-called giant polyps represent a significant proportion of the most challenging polyps.
- As a general rule, 10-15% of polyps are considered difficult and 10-15% of larger polyps harbour invasive carcinoma.

## Aim

- To review the practice of endoscopic removal of lesions > 3cm in a Bowel Screen JAG accredited endoscopy unit.

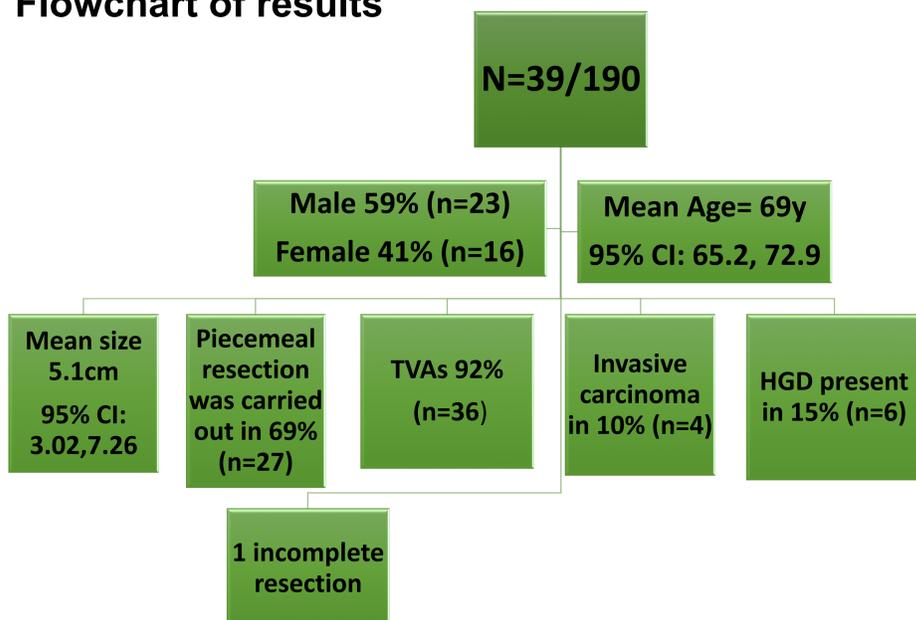
## Methods

- A retrospective study was carried out from 2015-2020 of lesions > 3cm removed by endoscopic mucosa resection (EMR).
- Statistical analysis carried out using Minitab17.

## Results

- 190 patients who underwent EMR were reviewed, of which 39 patients had polyps >3cm in size excised.

### Flowchart of results



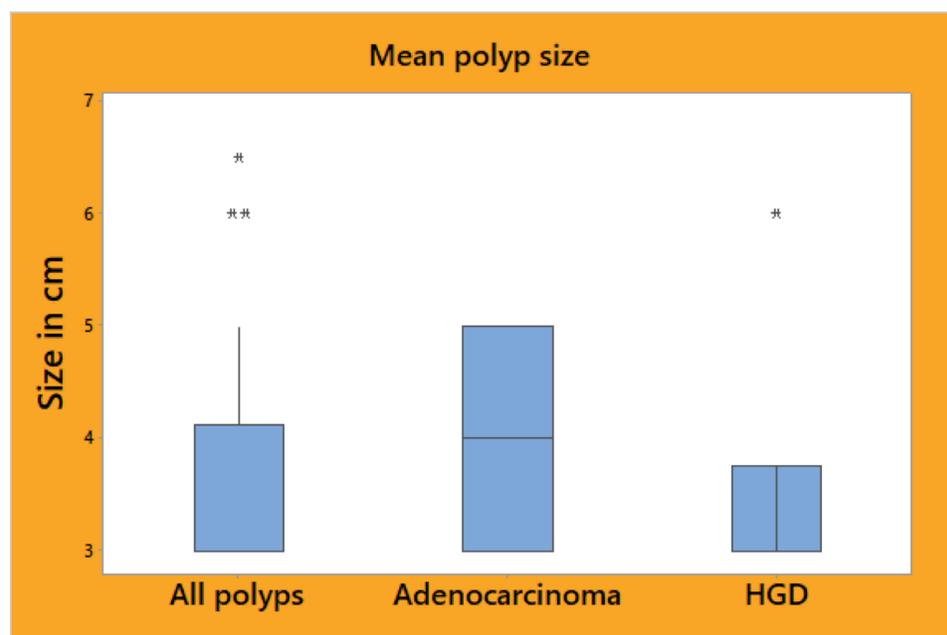
\*TVAs=Tubulovillous adenomas, HGD= High grade dysplasia

- A significant difference was seen between polyps >3cm and those <3cm in respect to the presence of HGD, with HGD being more common in polyps >3cm (p-value= 0.05).

Table 1. Results

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<b>Polyp Location (% , N)</b>	
- Caecum	21% n=8
- Ascending	20% n=7
- Hepatic flexure	3% n=1
- Transverse	-
- Splenic flexure	3% n=1
- Descending	5% n=2
- Sigmoid	33% n=13
- Rectosigmoid	5% n= 2
- Rectum	13% n=5
<b>Polyp Morphology</b>	
- Sessile	23% n=9
- Flat	44% n=17
- Pedunculated	33% n=13

- Medical endoscopists carried out 62% (n=24) of cases vs surgeons (38%). Piecemeal resection was carried out in 69% (n=27), 1 case was incomplete.
- Clear margins were confirmed in 54% (n=21).
- Intraprocedural bleeding occurred in 10% (n=4); no perforations were reported.
- A referral for surgical resection was made in 10% (n=4).



## Conclusions:

- Polyps >3cm are more likely to demonstrate HGD and harbour invasive carcinoma.
- Our rates of complications, HGD and invasive carcinoma are in keeping with that reported in the literature.
- The majority of lesions were endoscopically resectable with acceptable complication rates.