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# Endoscopic mucosal resection (EMR) of colonic polyps in the older patient– is it safe?

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## Introduction:

Controversies surround the risk of performing endoscopic mucosal resection (EMR) in patients ≥ 75 years with regard to resulting complications coupled with difficulties encountered with co-morbidities which are often heavily prevalent in this population.

We sought to analyse the safety of EMR of large colonic polyps (20mm or greater) in patients ≥ 75.

## Methods:

We performed a retrospective analysis of all patients who underwent EMR of polyps ≥ 20mm between 1st January 2019 and 1st January 2020 with regard to complications between patients <75 years and ≥ 75 years. In our institution, polyps found to be ≥ 20mm are usually brought back for a therapeutic procedure on a different date.

Statistical analyses were performed with GraphPad Prism 6.0 *(GraphPad Software, Inc., San Diego, CA).* Differences between groups were considered to be significant at a P value of <0.05. Fisher Exact test was used to determine statistical significance.

## Results:

A summary of the results is displayed in Table 1. Please note that some patients had more than 1 EMR.

Table 1.

| | <75 years | 75 years or older |
|---|---|---|
| No. of patients | 108 | 47 |
| Polyps 20-35mm | 96 | 40 |
| Polyps >35mm | 18 | 11 |
| Admission within 30 days of EMR | 4 | 5 |
| Death within 30 days of EMR | 0 | 1 |
| Perforation | 1 | 1 – micro-perforation |
| Bleeding - (delayed bleeds) | 18 (3) | 9 (2) |

There was no statistically significant difference between patients less than 75 and those over 75 with regard to post EMR admission [p = 0.1365 OR: 2.99 (95% CI: 0.77-11.64)], death [p= 0.3091 OR: 6.80 (95% CI: 0.27-170.0)], perforation [p=0.5239 OR: 2.26 (95% CI: 0.14-36.88)] or bleeding [p= 1.00 OR 1.05 (95% CI: 0.40-2.76)].

## Discussion

Our analysis shows that EMR in patients ≥ 75 years appears to be safe, with no statistical differences in outcomes compared with patients <75 years. However, given that this is a retrospective analysis, there are likely to be confounding factors such as pre-selected patients for therapeutic intervention.

Further large-scale prospective research is required to determine outcomes such as cancer prevention benefit as well as cost effectiveness in this population.

The most recent BSG guidelines on colorectal polyp surveillance, however, recommend no surveillance if the patient is older than about 75 years , or if life expectancy is <10 years[1], which may impact practice across the British Isles and therefore impact further data collection on EMR safety in patients ≥ 75 years.

The use of life expectancy scores (e.g Charlson score) may play a role in deciding which patients should have surveillance +/- therapeutic intervention in the future.

## References:

1. BSG/ACPGBI/PHE Post-polypectomy and post-colorectal cancer resection surveillance guidelines. *Rutter MD, East J, Rees CJ, et al. Gut 2020;69:201–223*