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**Margin thermal ablation in large non-pedunculated colorectal polyps**

**Gauci J, Mandarino F, Kerrison C, *et al.* Margin thermal ablation eliminates size as a risk factor for recurrence after piecemeal endoscopic mucosal resection of large non-pedunculated colorectal polyps. *Gut* 2025; 74(5): 752-760. doi: 10.1136/gutjnl-2024-333563.**

Margin thermal ablation (MTA) is a technique that uses snare-tip soft coagulation to systematically ablate the edges of the mucosal defect after piecemeal endoscopic mucosal resection (EMR), aiming to reduce the risk of residual or recurrent adenomatous tissue. In this large prospective cohort study, Gauci *et al.* evaluated the long-term impact of MTA on recurrence rates following piecemeal EMR of large (≥20 mm) colorectal polyps. A total of 1,872 patients were included over 14 years and categorised into three chronological phases: ‘pre-MTA’ (July 2009–June 2012), ‘MTA-adoption’ (July 2012–June 2017), and ‘standardised-MTA’ (July 2017–July 2023). Recurrence was defined as adenomatous tissue detected endoscopically and/or histologically during the first surveillance colonoscopy. Of the full cohort, 1,349 patients underwent surveillance colonoscopy, with a median follow-up time of 6 months (IQR 4–8 months). The study demonstrated a significant reduction in recurrence with the implementation of MTA. Recurrence rates declined from 13.5% in the pre-MTA phase to just 2.1% in the standardised-MTA phase. Notably, when MTA was consistently applied, recurrence rates remained uniformly low across all polyp size groups: 1.5% for 20–29 mm, 1.6% for 30–39 mm, and 1.4% for ≥40 mm lesions. This finding suggests that MTA effectively mitigates size-related recurrence risk. Propensity-adjusted analysis further identified MTA as the most robust independent predictor of reduced recurrence (OR 0.06, p<0.001), surpassing other clinical and lesion-related variables. Gauci *et al.,* conclude that MTA is a critical adjunct to piecemeal EMR, offering consistently low recurrence rates and potentially reducing the need for repeat procedures.