****

**Resection margin may represent a quality marker for completeness of polypectomy**

Taghiakbari M, Anderson J, von Renteln D, et al. [Extent of normal polyp resection margin: a possible quality measure for polyp resection.](https://gut.bmj.com/content/73/2/216) Gut 2024; 73(2):216-218. doi: 10.1136/gutjnl-2023-330727.

Ensuring complete polypectomy is key to prevention of colorectal cancer, and cold snare polypectomy is now recommended for all polyps ≤ 10 mm. A ≥ 2 mm margin of normal surrounding tissue, to optimise resection completeness, was suggested in literature over half a decade ago. However, to-date, there are no published data to support this. Assessment of completeness is hindered currently by limited comprehension of what constitutes a healthy margin. Taghiakbari et al., looked to both assess the size of a healthy margin, and to evaluate whether this extent could represent a quality marker for polypectomy in practice.

All consecutive adult patients at a single Veterans’ Association Medical Centre referred for an outpatient colonoscopy, who underwent polypectomy of at least one 1–10 mm non-pedunculated polyp, were prospectively included. Resected polyps underwent histological and resection margin assessment, with pathologists rating polypectomies as complete, incomplete or equivocal; for complete polypectomies, extent of normal margin was recorded.

2162 patients were identified, of whom 1124 with 2124 polyps met inclusion criteria (neoplastic polyps, en-bloc resection, no fragmentation during retrieval/processing, and measurement data available), from whom 1523 polyps remained for which resection completeness could be commented on. Four gastroenterologists (n=902), 14 gastroenterology fellows (n=138) and two surgeons performed polypectomies. Ninety-eight percent of polyps were adenomas, and median size was 4 mm. 1291 (84.8%) were completely removed (R0) and 15.2% were incompletely resected. Complete resection rate was higher for gastroenterologists (88.4%) compared to gastroenterology trainees (82.8%, p=0.003) and surgeons (70%, p<0.001). Among all R0 polyps, the mean extent of a normal margin was 1.5 mm, and a 2 mm margin was only achieved for 27.7%. Otherwise, extent of healthy did vary by expertise of endoscopist and also correlated with complete polypectomy, suggesting it may indeed have utility as a quality marker for completeness of polypectomy.