

Continuous anticoagulants and cold snare polypectomy noninferior

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difference was +7.3 percent, with a 0.4 percent lower limit of 2-sided 90 percent confidence interval, demonstrating the noninferiority of CA+CSP. The HB+HSP group had longer mean procedure time for each polyp and hospitalization period than the CA+CSP group.

"This study adds to emerging evidence that small [colorectal polyps](#) may be resected safely with CSP while oral anticoagulation continues and provides the first comparative evidence that this strategy may be safer than HB+HSP," write the authors of an accompanying editorial.

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(HealthDay)—For patients with subcentimeter colorectal polyps receiving oral anticoagulants, continuous administration of anticoagulants (CA) with cold snare polypectomy (CSP) is noninferior to periprocedural heparin bridging (HB) with hot snare polypectomy (HSP) for polypectomy-related major bleeding, according to a study published online July 16 in the *Annals of Internal Medicine*.

Yoji Takeuchi, M.D., from Osaka International Cancer Institute in Japan, and colleagues compared outcomes between CA+CSP and HB+HSP for subcentimeter colorectal [polyps](#) in a noninferiority randomized trial. Patients were randomly allocated to undergo either HB+HSP (90 patients) or CA+CSP (92 patients) and were assessed 28 days after polypectomy.

The researchers found that the incidence of polypectomy-related major bleeding was 12.0 and 4.7 percent in the HB+HSP and CA+CSP groups, respectively. For the primary end point of polypectomy-related major bleeding, the intergroup

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