CONGRATULATIONS TO:

Professor Rajvinder Singh, Director of Gastroenterology, who is one of the authors of the attached paper which was published in the journal, *Endoscopy*. The paper is now on display in the Library (Level 2). Please let us know if you or a colleague have had a paper published, and we will add it to our collection and email it out.

**The size, morphology, site, and access score predicts critical outcomes of endoscopic mucosal resection in the colon**


**Abstract:**

**Background:**
The SMSA (size, morphology, site, access) polyp scoring system is a method of stratifying the difficulty of polypectomy through assessment of four domains. The aim of this study was to evaluate the ability of SMSA to predict critical outcomes of endoscopic mucosal resection (EMR).

**Methods:**
We retrospectively applied SMSA to a prospectively collected multicenter database of large colonic laterally spreading lesions (LSLs) ≥20mm referred for EMR. Standard inject-and-resect EMR procedures were performed. The primary end points were correlation of SMSA level with technical success, adverse events, and endoscopic recurrence.

**Results:**
2675 lesions in 2675 patients (52.6% male) underwent EMR. Failed single-session EMR occurred in 124 LSLs (4.6%) and was predicted by the SMSA score (P

**Conclusion:**
SMSA is a simple, readily applicable, clinical score that identifies a subgroup of patients who are at increased risk of failed EMR, adverse events, and adenoma recurrence at surveillance colonoscopy. This information may be useful for improving informed consent, planning endoscopy lists, and developing quality control measures for practitioners of EMR, with potential implications for EMR benchmarking and training.