**Introduction**

Giant, sessile/flat colon polyps (>4cm) are challenging to remove endoscopically and many lesions are still treated with laparoscopic or open segmental resection. However compared to surgery, endoscopic resection can provide reduced procedure morbidity, significantly lower cost and is generally preferred by patients.

**Aims and Methods**

We conducted a prospective analysis of all tertiary cases referred to our academic center for endoscopic assessment and complex resection of giant (>4cm) sessile/flat colon polyps over a 2 1/2 year period (January 2010 - August 2012). Completion rates, adverse events and recurrence rates were recorded.

**Results**

107 consecutive patients [mean age 69 years] with 109 colon polyps underwent complex polypectomy. Mean polyp size was **52 mm**. 31% of polyps were proximally distributed and 69% distal. Primary reasons for referral were polyp size, submucosal fibrosis (SF) and difficult endoscopic access. ASA status of the patients were: ASA I/35%, ASA II/55% and ASA III/10%.

The majority of polyps (n=90) were resected by piecemeal Endoscopic Mucosal Resection (P-EMR). Endoscopic Mucosal Ablation (EMA)-assisted polypectomy (n=19) and Spiral-snare (n=29) were utilized in cases of moderate to severe SF. Supplementary techniques were employed to augment endoscopic access in 3 cases: two Endocuff-assisted polypectomy and one Laparoscopic-assisted polypectomy (taking down adhesions) (Figure 1).

Endoscopic resection of giant, >4cm, sessile/flat colon polyps demands a multi-modality approach, but good medium term outcomes can be achieved with most patients spared surgery. Minor recurrence occurs frequently but can be successfully managed with close surveillance.

**Conclusion**

Recurrence rates are described in Table 1.