Evaluation of EverLiftTM in the performance of cold snare polypectomy (CSP) for 4-9mm polyps

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BACKGROUND & AIM

- Currently, CSP without submucosal injection is recommended for removing polyps <10mm.¹
- While submucosal injection of viscous agents has been found to be helpful in the removal of polyps >20mm, no study has evaluated its use in smaller polyps.²
- In June 2020, EverLift[™] submucosal lifting agent (GI Supply, Mechanicsburg, Pennsylvania) was approved by the United States Food and Drug Administration.³
- We investigate the potential role of EverLift[™] in CSP.

METHODS

- The study is a single-center prospective randomized clinical trial evaluating CSP of nonpedunculated 4-9mm polyps, with or without submucosal injection of EverLiftTM.
- Patients >18 years of age presenting for colonoscopy were recruited between September 16, 2020 and May 31, 2021.
- Each eligible polyp identified underwent block randomization to CSP with or without EverLift[™].
- Following CSP, two biopsies were performed at the CSP site margin.
- Data collected included patient demographics, use of anticoagulation, history of liver disease, polyp size and morphology, CSP time, and need for additional snaring or hemostatic clips.
- The primary outcome was complete resection rate, defined by absence of residual polyp in the margin biopsies.

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Mean age **Male (%)** Race/eth White, Asian, Africar

Hispan Other, Mean hei Mean we Mean BN Anticoagu Liver dise Indicatior Screen Survei FIT pos Diagno Sedation Moder Monito (%)

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Table 1. Patient characteristics by intervention (with vs without

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	With	Without	p-value
	EverLift TM	EverLift TM	
	(N=105)	(N=109)	
ge (<u>+</u> SD)	68.9 (7.9)	68.7 (7.8)	0.820
	102 (97.1)	107 (98.2)	0.621
hnicity			0.980
e, N (%)	75 (71.4)	74 (67.9)	
, N (%)	3 (2.9)	3 (2.8)	
an American, N (%)	10 (9.5)	12 (11.0)	
nic, N (%)	13 (12.4)	16 (14.7)	
r , N (%)	4 (3.8)	4 (3.7)	
eight, cm (<u>+</u> SD)	176.6 (7.1)*	177.2 (7.6)	0.608
eight, kg (<u>+</u> SD)	96.6 (20.5)*	94.6 (20.3)	0.471
MI (<u>+</u> SD)	31.0 (6.5)*	30.1 (6.0)	0.323
gulation, N (%)	14 (13.3)	9 (8.3)	0.231
sease, N (%)	2 (1.9)	3 (2.8)	0.682
on			0.766
ning, N (%)	1 (1.0)	3 (2.8)	
eillance, N (%)	73 (69.5)	73 (67.0)	
ositive, N (%)	8 (7.6)	10 (9.2)	
nostic, N (%)	23 (21.9)	23 (21.1)	
1			0.672
erate sedation, N (%)	94 (89.5)	98 (89.9)	
tored anesthesia care, N	3 (2.9)	5 (4.6)	
edation, N (%)	8 (7.6)	6 (5.5)	
oston Bowel Prep Score	7.6 (1.2)	7.7 (1.2)	0.734
ithdrawal time, min	31.1	30.3	0.670
	(14.0)***	(12.7)**	
	-	-	

WORKS CITED

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RESULTS

- A total of 159 patients were included, 105 of whom had polyps removed with EverLift[™] and 109 of whom had polyps removed without EverLiftTM.
- A total of 55 patients had polyps removed both with and without EverLiftTM.
- The patients had similar distributions in age, sex, race/ethnicity, and body mass index (**Table 1**).
- A total of 291 eligible polyps underwent CSP, with 142 removed using EverLift[™] (**Table 2**).
- Polyp sizes were similar between the two cohorts (p=0.949).
- Use of EverLift[™] significantly increased CSP time (109.8 vs 38.8 seconds, *p*<0.0001).
- There was similar distribution of pathology between the two groups.
- There was a low rate of positive margins with (1.4%) or without submucosal injection (2.7%), with no significant difference (*p*=0.428).
- Hemostatic clips were used more frequently in polyps receiving EverLiftTM (13.4 vs 3.6%, *p*=0.002).

FOOTNOTES

*Data not available for one patient **Data not available for four patients ***Data not available for two patients +Data not available for three polypectomies SD = Standard deviation

FUNDING

None to disclose



Mean polyp size, Location of polyp Cecum, N (%) Ascending, N Hepatic flexur Transverse, N Descending, I Sigmoid, N (% Rectum, N (% Pathology **Tubular adend** Sessile serrate Hyperplastic L Normal colon Polyp morpholog ls, N (%) lla, N (%) IIb, N (%) lsp, N (%) Positive margin, Additional polyp (%) Polypectomy by Hemostatic clip Mean polypecto





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Table 2. Polyp characteristics by intervention (with vs without EverLift)

	With EverLift [™]	Without	<i>p</i> -value
	(N=142)	EverLift TM	
		(N=149)	
e, mm (<u>+</u> SD)	5.3 (1.5)	5.3 (1.5)	0.949
ур			0.892
	13 (9.2)	13 (8.7)	
l (%)	39 (27.5)	42 (28.2)	
ıre, N (%)	5 (3.5)	7 (4.7)	
N (%)	48 (33.8)	50 (33.6)	
N (%)	19 (13.4)	14 (9.4)	
%)	14 (9.9)	20 (13.4)	
6)	4 (2.8)	3 (2.0)	
			0.189
noma, N (%)	124 (87.3)	126 (84.6)	
ted polyp, N (%)	7 (4.9)	3 (2.0)	
polyp, N (%)	10 (7.0)	15 (10.1)	
nic mucosa, N (%)	1 (0.7)	5 (3.4)	
ogy			0.567
	122 (85.9)	129 (86.6)	
	19 (13.4)	19 (12.8)	
	1 (0.7)	0 (0.0)	
	0 (0.0)	1 (0.7)	
, N (%)	2 (1.4)	4 (2.7)	0.428
pectomy needed, N	6 (4.2)	5 (3.4)	0.697
y fellow, N (%)	13 (9.2)	25 (16.8)	0.054
used, N (%)	19 (13.4)	5 (3.6)	0.002
omy time, s (SD)	109.8 (56.0)+	38.8 (54.5)+	< 0.0001

CONCLUSIONS

• Submucosal injection of EverLiftTM increased time needed and use of hemostatic clips in CSP of 4-9mm polyps.

• There was high complete resection rate with or without EverLift[™], with no significant difference between the two cohorts.

• Overall, this study supports that CSP of 4-9mm polyps can be performed safely and sufficiently without submucosal injection of EverLift[™] (ClinicalTrials.gov ID: NCT04551014).