**Name of journal:** ***World Journal of Gastroenterology***

**Manuscript NO: 34386**

**Manuscript type: Letter to the Editor**

Comment on “Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis”

Sun HH *et al*. cold ***vs***hot polypectomy

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**Author contributions:** Sun HH performed research and wrote the manuscript; Huang SL and Bai Y provided overall directions and contributed to revising the manuscript.

**Conflict-of-interest statement:** The authors declare no conflicts of interest in association with this study.

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**Manuscript source:** Unsolicited manuscript

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**Received:** April 19, 2017

**Peer-review started:** April 20, 2017

**First decision:** may 12, 2017

**Revised:** may 28, 2017

**Accepted:** July 22, 2017

**Article in press:**

**Published online:**

**Abstract**

This is a comment on a meta-analysis regarding papers comparing cold versus hot polypectomy which had been published, but we believe that the conclusion from this meta-analysis “cold polypectomy is a time-saving procedure for removing small polyps with markedly similar curability and safety to hot polypectomy” needs more rigorous evidence.

**Key words:** Cold polypectomy; Hot polypectomy; Colon adenoma; meta-analysis

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**C****ore tip:** This is a comment on a meta-analysis regarding papers comparing cold versus hot polypectomy which had been published, but we believe that the conclusion from this meta-analysis needs more rigorous evidence.

Sun Hh, Huang Sl, Bai Y. Comment on “Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis”. *World J Gastroenterol* 2017; In press

To the editor

We read with interest the article by Fujiya *et al*[1]entitled “Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis’’, which discussed the utility of cold over hot with respect to efficacy and adverse events. The authors tried to do a systematic review and meta-analysis of the ‘‘randomized controlled trials (RCTs)’’ from several databases, one of which is actually a retrospective study[2]. In addition, among the six included studies, two studies (one article[3] and one abstract[4]) actually come from the same data, which is another serious issue.

Colorectal polyps are divided by size into three groups: diminutive (≤ 5 mm), small (6 to 9 mm), and large (≥ 10 mm). American Society for Gastrointestinal Endoscopy recommends that cold snare polypectomy should be the primary modality used for resection of diminutive polyps. However, polyps that are 6 to 9 mm in size can be resected by cold snare polypectomy or hot snare polypectomy because the optimum technique is not defined[5]. In this review, the authors demonstrated that cold polypectomy is a time-saving procedure for removing small polyps with markedly similar curability and safety to hot polypectomy. However, among the six included studies, one compared hot snare, cold snare and cold forceps polypectomy for diminutive colorectal polyps[6], and the other five studies compared hot snare with cold snare polypectomy for small polyps (10 mm or less in diameter, and most were 8 mm or less)[2-4,7,8]. Hence we believe that the conclusion was not sufficient.

All six included studies reported the rate of adverse events, including bleeding. The study by Horiuchi A et al., however, focused on small colorectal polyps in patients receiving anticoagulation therapy[8]. Thus it should be excluded from this meta-analysis, or sensitivity analysis should be done to explore whether it was biased.

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**P-Reviewer:** Garcia-Olmo D,Hsieh YH, Paoluzi OA **S-Editor:** Gong ZM

**L-Editor:** **E-Editor:**

**Specialty type:** Gastroenterology and hepatology

**Country of origin:** China

**Peer-review report classification**

Grade A (Excellent): A

Grade B (Very good): B

Grade C (Good): C

Grade D (Fair): 0

Grade E (Poor): 0