polyps having high-risk recurrence. Of the patients with recurrence at surveillance, 5 (41.6%) also had polyp recurrence at check colonoscopy, equating to failure to clear the initial recurrence in 11.4%. In 7 patients the check colonoscopy showed no recurrence.

**Conclusion** The rate of check colonoscopy within our cohort was high, but the rate of surveillance colonoscopy was low. The frequency of adenoma recurrence was considerable at the check colonoscopy, but much reduced at the surveillance colonoscopy. There was, however, a low rate of high-risk recurrence, suggesting that pEMR is an effective endoscopic technique to excise sessile/flat polyps as, in most cases, treatment of recurrence at the check colonoscopy was effective. A substantial proportion of individuals with recurrence at surveillance had recurrence at check colonoscopy; but recurrence was found at surveillance despite a normal check procedure. Strict adherence to follow-up protocols is, therefore, essential.

**Disclosure of Interest** None Declared.