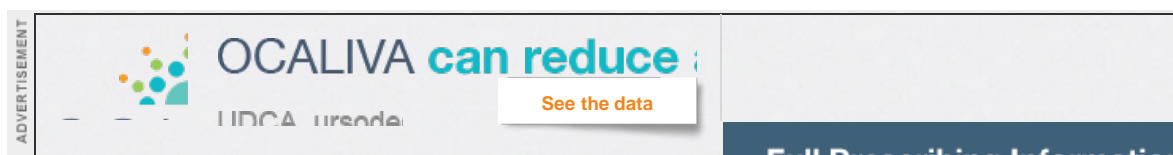


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## Risk of Post-polypectomy Bleeding With Uninterrupted Clopidogrel Therapy in an Industry-independent, Double-blind, Randomized Trial

[Francis K.L. Chan](#), [Moe H. Kyaw](#), [John C. Hsiang](#), [Bing Yee Suen](#), [Ka Man Kee](#), [Yee Kit Tse](#), [Jessica Y.L. Ching](#), [Pui Kuan Cheong](#), [Daphne Ng](#), [Kelvin Lam](#), [Angeline Lo](#), [Vivian Lee](#), [Siew C. Ng](#)

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## Abstract

### Background & Aims

Guidelines recommend withholding clopidogrel 7 days before polypectomy to reduce bleeding risk, but these were written based on limited evidence. We investigated whether uninterrupted clopidogrel therapy increases the risk of delayed post-polypectomy bleeding in patients undergoing colonoscopy.

### Methods

We identified patients receiving clopidogrel for cardiovascular disease undergoing elective colonoscopies in Hong Kong, from 28 February 2012 through 11 April 2018. Eligible patients were instructed to stop taking clopidogrel 7 days before colonoscopy. They were then randomly assigned to groups given clopidogrel (75 mg) or placebo, daily until the morning of colonoscopy. All patients resumed their usual prescriptions of clopidogrel after colonoscopy. The primary endpoint was delayed post-polypectomy bleeding that required hospitalization or intervention up to 30 days after colonoscopy. Secondary endpoints were immediate post-polypectomy bleeding and serious cardio-thrombotic events for as long as 6 months after colonoscopy, according to anti-thrombotic trialist's criteria. All events were adjudicated by an independent, masked committee.

### Results

A total of 387 patients underwent colonoscopy and 216 required polypectomies (106 patients in the clopidogrel group and 110 patients in the placebo group). The cumulative incidence of delayed post-polypectomy bleeding was 3.8% (95% CI, 1.4%–9.7%) in the clopidogrel group and 3.6% (95% CI, 1.4%–9.4%) in the placebo group (log-rank test  $P=.945$ ). There were no significant differences in immediate post-polypectomy bleeding (8.5% vs 5.5%,  $P=.380$ ) and cardio-thrombotic events (1.5% vs 2%,  $P=.713$ ).

### Conclusions

In a randomized controlled trial of clopidogrel users undergoing colonoscopy, a slightly higher proportion of patients continuing clopidogrel developed delayed and immediate post-polypectomy bleeding, although this difference was not statistically significant. ClinicalTrials.gov: NCT01806090

#### Key Words:

[CUP Trial](#), [anti-thrombotics](#), [endoscopy](#), [anti-platelets](#)

#### Abbreviations:

[ASA](#) (American Society of Anesthesiology), [SD](#) (standard deviation), [CI](#) (confidence interval), [ESD](#) (endoscopic submucosal resection), [EMR](#) (endoscopic mucosal resection)

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**Grant support:** This study was supported by the Research Grant Council of Hong Kong (CUHK460912) and Chinese University of Hong Kong Direct Grant (4054337).

### Disclosures:

Francis K.L. Chan has served as a consultant to Eisai, Pfizer, Takeda, and Otsuka.

He has been paid lecture fees by Eisai, Pfizer, AstraZeneca, and Takeda. Siew C. Ng has served as consultant to Takeda, Janssen, Abbvie and Ferring. She had been paid lecture fees by Takeda, Janssen, Abbvie, Ferring and Menarini. All other authors have no declaration.

### Contributions:

Francis K.L. Chan and Siew C. Ng designed the study. Ka Man Kee, Daphne Ng, Pui Kuan Cheong recruited and followed up patients, and collected clinical data. Moe H. Kyaw and John C. Hsiang performed the colonoscopy procedures. Vivian Lee was responsible for monitoring the quality of study drug production. Data analysis was done by Bing Yee Suen, Yee Kit Tse. Jessica Y.L. Ching was responsible for monitoring. The manuscript was prepared by Francis K.L. Chan, Yee Kit Tse, Jessica Y.L. Ching, Bing Y. Suen, Moe H. Kyaw, and Siew C. Ng without editorial support. All authors read, revised, and approved the final report.

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