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Summary

# TO BIOPSY, RESECT, OR REFER? RETHINKING THE PRE-REFERRAL PATHWAY AND DECISION-MAKING FOR LARGE NON-PEDUNCULATED COLORECTAL POLYPS

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Colorectal

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**A retrospective study of 1407 large non-pedunculated colorectal polyps referred between 2011 and 2024 found that prior failed resection attempts decreased from 30% to 11% and heavy manipulation decreased from 61% to 27%, though biopsy sampling yield for high-grade dysplasia remained unchanged.**

## KEY POINTS

- Prior failed resection attempts at LNPCP before tertiary referral declined significantly from 30% in the earliest period to 11% in the most recent period ($p<0.001$).
- Heavy manipulation (defined as prior resection attempt or ≥6 biopsies) decreased from 61% to 27% over the study period ($p<0.001$), and prior biopsy sampling decreased from 77% to 47% ($p<0.001$).
- Despite fewer polyps being biopsied before referral, the yield of high-grade dysplasia on biopsy sampling showed no significant improvement (18% to 25%, $p=0.1$), suggesting biopsies are not effectively targeted.
- The authors interpret the findings as evidence of improved lesion assessment and decision making by general endoscopists, though heavy manipulation remains a significant problem and further improvements in lesion assessment are needed.

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