The effectiveness of triage in the management of large bowel endoscopic biopsy pathways

Background: Large bowel endoscopic biopsies represent around 10% of specimen requests in NHS laboratories and provide the usual method for diagnosing serious diseases such as bowel carcinoma. Triage strategies are frequently used to ensure cases likely to contain serious pathology (urgent) are fast tracked for reporting more quickly than cases without.

Purpose: to investigate how effective this strategy is in ensuring cases with urgent disease are correctly triaged and measure the effectiveness of triage to deliver reduced turn-around-time (TAT) in reporting in comparison to routine non-urgent cases.

Methods: Data from 500 consecutive cases were recorded from 5 NHS laboratories between September 2025 and March 2026. Urgent cases were defined as those containing either carcinoma, high grade dysplasia, acute inflammation, necrosis or ulceration and the turnaround time of urgent and non-urgent cases was measured in triaged and non-triaged groups.

Results: 500 cases were collected of which 117 were classed as urgent by final diagnosis and 383 were non-urgent. Triage showed sensitivity 71.8, Specificity 60.4, (positive predictive value 34.9 & negative predictive value 87.9). Of which 84 urgent cases were correctly triaged with a mean TAT mean 8.4 days, 33 urgent cases were not triaged (were routine) with a mean TAT 28.92 days. A total of 157 of the 383 non-urgent cases were incorrectly triaged as urgent.

Discussion: Triage is an excellent means of reducing TAT but improvement in case selection is needed to ensure this is correctly deployed, to deliver improved patient care and make best use of accelerated reporting pathways.

Authors Snead, Rajpoot and Natu report conflict of interest in holding office and or shares in Histofy Ltd.

Key words: