

# A pre and post-study to compare the effect of AI-assisted radiology systems in detecting potentially cancerous lung nodules

<b>Submission date</b>	<b>Recruitment status</b>	<input checked="" type="checkbox"/> Prospectively registered
10/12/2024	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
09/01/2025	Ongoing	<input type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
21/01/2025	Cancer	<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

This study aims to assess whether artificial intelligence (AI) can improve the detection of lung nodules and early-stage lung cancer when used to analyze chest X-rays. By comparing data from before and after AI deployment, the study will investigate if AI assistance identifies more lung nodules and if these nodules are cancerous or require further follow-up (such as CT scans or biopsies).

### Who can participate?

Patients and healthy volunteers aged 35 years old and over who are obtaining chest X-rays at the site

### What does the study involve?

The AI system, qXR-LN v4.0, will be integrated into the hospital's radiology workflow. In the pre-deployment phase, the information on number of nodules and lung cancers detected will be collected. In the post-deployment phase, AI assistance will notify radiologists of potential nodules, which they can review and confirm. This process will help evaluate the AI's ability to detect nodules, and track cases of lung cancer diagnosed through AI chest X-ray.

### What are the possible benefits and risks of participating?

For patients, there are no direct benefits or risks as this is an observational study, meaning no additional procedures or interventions are required. The AI system's involvement does not change the patients' usual care or treatment. The benefit lies in the potential for early detection of lung cancer in the future, as successful AI detection could lead to earlier and more accurate diagnoses. This study will be conducted at multiple hospitals, primarily in the Netherlands, and radiologists and clinical researchers will oversee the AI deployment and monitor results.

### Where is the study run from?

Erasmus Medical Center, Netherlands

When is the study starting and how long is it expected to run for?

September 2023 to December 2026

Who is funding the study?

The study is supported by Qure.ai, the developer of the AI software qXR-LN.

Who is the main contact?

Dr. Jacob Visser (PI), [j.j.visser@erasmusmc.nl](mailto:j.j.visser@erasmusmc.nl)

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

Dr Jacob J. Visser

### Contact details

Department of Radiology and Nuclear Medicine, Erasmus Medical Center, Dr. Molewaterplein 40  
Rotterdam  
Netherlands  
3015  
+31 0107030949  
[j.j.visser@erasmusmc.nl](mailto:j.j.visser@erasmusmc.nl)

## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

qXR-LN-NL-001

## Study information

### Scientific Title

An ambispective pre and post-deployment observational cohort study to evaluate the yield of actionable lung nodules and lung cancer through chest X-rays using artificial intelligence

### Acronym

APPEAL - AI

### Study objectives

1. AI assistance can potentially help radiologists detect more lung nodule cases
2. AI assistance can potentially help in diagnosing more lung cancer cases
3. AI assistance can potentially help detect more early-stage lung cancer

## **Ethics approval required**

Ethics approval required

## **Ethics approval(s)**

approved 19/09/2023, Medical Ethics Review Committee Erasmus MC (Postbus 2040, Rotterdam, 3000 CA, Netherlands; +31 107033625; metc@erasmusmc.nl), ref: MEC-2023-0534

This study will be conducted in the Netherlands and the AI to be used is ethically approved in this region. The participants' data is collected retrospectively, and no additional rules of conduct or actions are imposed on them, making this a non-Medical-Scientific Research with People Act (nWMO) project. The post-AI deployment is part of standard care, and the retrospective collection of data does not pose an extra burden on the patients nor does it require additional actions from them. As part of the nWMO approval decision, "exception informed consent" was granted. This study does not have any protocol-mandated procedure. The patients will be managed as per the treating physician's judgement.

## **Study design**

Multicentre ambispective pre- and post-deployment observational cohort study

## **Primary study design**

Observational

## **Study type(s)**

Diagnostic

## **Health condition(s) or problem(s) studied**

Detection of actionable lung nodules and lung cancer

## **Interventions**

This is a pre-and post-deployment study. The study is observational at the patient level with no protocol-mandated procedures. A patient identified with a nodule will undergo management as per established guidelines which may include invasive procedures like biopsy or further imaging or follow-up which may extend up to two years. All patients receive the same standard of care in both periods.

The AI system, qXR-LN v4.0, will be integrated into the hospital's radiology workflow. In the pre-deployment phase, the information on number of nodules and lung cancers detected will be collected. In the post-deployment phase, AI assistance will notify radiologists of potential nodules, which they can review and confirm. This process will help evaluate the AI's ability to detect nodules, and track cases of lung cancer diagnosed through AI chest X-ray.

Data collection takes place in two phases: a pre-deployment phase to establish baseline detection rates without AI, followed by a post-deployment phase with the AI in place. The total study duration is expected to span 2 years, with each phase involving data collection from around 100,000 patients.

## **Intervention Type**

Device

## **Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Qure AI qXR LN v4.0 device; qXR AI-based chest X-ray reporting

**Primary outcome(s)**

The following primary outcome measures are assessed using data collected from the Qure AI qXR LN v4.0 device:

1. Difference in actionable pulmonary nodule detection rate on chest X-rays between pre- and post-deployment periods
2. Difference in proportion of lung cancer cases diagnosed through nodule pathway between pre- and post-deployment periods

**Key secondary outcome(s)**

The difference in the proportion of early-stage lung cancer among all lung cancer between pre and post-deployment periods assessed using data collected from the Qure AI qXR LN v4.0 device

**Completion date**

15/12/2026

## Eligibility

**Key inclusion criteria**

All participants above the age of 35 years obtaining chest X-rays at the site

**Participant type(s)**

Healthy volunteer, Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

35 years

**Sex**

All

**Key exclusion criteria**

Patients less than 35 years old and patients with known lung cancer at the time of chest X-ray

**Date of first enrolment**

09/01/2025

**Date of final enrolment**

09/01/2026

## Locations

## **Countries of recruitment**

Netherlands

## **Study participating centre**

**Erasmus University Medical Centre**

Dr. Molewaterplein 40, 3015 GD Rotterdam, Netherlands

Rotterdam

Netherlands

3015 GD

## **Study participating centre**

**Catharina Ziekenhuis**

Michelangelolaan 2, 5623 EJ Eindhoven, Netherlands

Netherlands

5623 EJ

## **Study participating centre**

**Maasstad Hospital**

Maasstadweg 21, 3079 DZ Rotterdam, Netherlands

Netherlands

3079 DZ

## **Sponsor information**

### **Organisation**

Qure.ai Technologies Limited

## **Funder(s)**

### **Funder type**

Industry

### **Funder Name**

Qure.ai Technologies Limited

## **Results and Publications**

## Individual participant data (IPD) sharing plan

The datasets generated during the current study are not expected to be made available due to confidential nature of the data.

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes