

# Increasing uptake of lung cancer screening in individuals at high risk of lung cancer

<b>Submission date</b> 23/09/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 23/09/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 10/10/2023	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

This study is a randomised controlled trial to test novel invitation methods and materials designed to increase informed uptake of lung cancer screening in individuals at high risk of lung cancer. Lung cancer Low (radiation) Dose Computed Tomography (LDCT) screening has been shown to reduce the number of people who die of lung cancer and of all causes by picking lung cancer up at an earlier stage when treatment is more successful. Screening is now underway in various countries across the world. For the benefits of lung screening to clearly outweigh the harms, screening needs to be targeted at people who are at high risk. However multiple studies have shown that uptake is particularly poor in this group. Qualitative research in this area has highlighted some of the possible explanations for this. This has enabled the development of a novel method of approaching this target population. The aim of this study is to compare lung screening uptake in people who are sent our new materials designed to improve uptake with people receiving more conventional materials.

### Who can participate?

Adults aged 60 to 75 who are current smokers

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group receive a lung health check invitation and those in the second group receive the standard care. Participants are followed up to see if participants attended the health check two weeks after receiving the invitation,.

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

Not provided at time of registration

### Where is the study run from?

University College London (UK)

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

October 2014 to December 2019

Who is funding the study?  
Cancer Research UK (UK)

Who is the main contact?  
Dr Mamta Ruparel

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Mamta Ruparel

**Contact details**  
Division of Medicine  
5 University Street  
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## Additional identifiers

**EudraCT/CTIS number**  
Nil known

**IRAS number**

**ClinicalTrials.gov number**  
NCT02558101

**Secondary identifying numbers**  
CPMS 19480

## Study information

**Scientific Title**  
Randomised controlled trial to test novel invitation methods and materials targeted to increase informed uptake of lung cancer screening in individuals at high risk of lung cancer

**Study objectives**  
The aim of this study is to investigate the impact of a novel invitation strategy on attendance rates to a pre-lung cancer screening lung health check appointment.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
First Medical Research Ethics Committee, 15/07/2015, ref: 15/LO/1186

**Study design**

Both; Interventional and Observational; Design type: Process of Care, Screening, Cohort study; Randomized

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Other

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

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

Topic: Cancer; Subtopic: Lung Cancer; Disease: Lung (small cell)

**Interventions**

Patients are individually randomised (1:1) to receive either control invitation materials or intervention invitation materials. Those who attend will undergo a "lung health check" and be invited to a baseline screening scan if eligibility criteria are fulfilled.

Control invitation materials: These are similar to standard materials used in other NHS screening programmes.

Targeted invitation materials: The intervention invitation materials are specifically designed and hypothesised to improve uptake to a pre-screening lung health check appointment.

Follow Up Length: 12 month(s)

**Intervention Type**

Other

**Primary outcome measure**

Attendance to lung health check measured approximately 2 weeks post receipt of invitation

**Secondary outcome measures**

1. Adverse events are monitored throughout the study in all participants
2. Demographics of attenders and non-attenders is determined at the initial primary care search
3. Eligibility, uptake and willingness for baseline screening scan measured at baseline (lung health check appointment)
4. Informed decision making measured at baseline lung health check appointment, the day after and 3 months after the appointment
5. Investigations and costs generated from screening determined at the end of study
6. Mortality and Survival rates determined at the end of study

7. Psychological burden of screening determined at baseline lung health check appointment, the day after and 3 months after the appointment
8. Radiological and clinical outcomes determined at the end of study
9. Smoking data, lung cancer risk and medical history determined at baseline (lung health check appointment)

**Overall study start date**

01/10/2014

**Completion date**

31/12/2019

## Eligibility

**Key inclusion criteria**

1. Aged 60 to 75 years
2. Recorded as a current smoker from 2010 or later

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

60 Years

**Upper age limit**

75 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 2000; UK Sample Size: 2000; Description: A total of 2000 patients will be invited for a lung cancer screening appointment, 1000 in each arm. This will provide 90% power to detect a significant difference in uptake of 35% vs. 42%, with 5% significance level and two-sided testing. We estimate 35% uptake in the control group with a 7% increase in uptake in the intervention group based on similar studies examining the effect on screening uptake of 'psycho-educational' materials.

**Total final enrolment**

1005

**Key exclusion criteria**

1. Active diagnosis of lung cancer or metastases
2. CT thorax within the past year
3. Inability to consent to study
4. Palliative care register
5. GP's alert to co-morbidity that contraindicates screening or treatment for lung cancer

**Date of first enrolment**

02/11/2015

**Date of final enrolment**

07/07/2017

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre****Division of Medicine**

Rayne Building

5 University Street

London

United Kingdom

WC1E 6JF

## **Sponsor information**

**Organisation**

University College London Biomedical Research Unit

**Sponsor details**

Ground Floor

Rosenheim Wing

25 Grafton Way

London

England

United Kingdom

WC1E 6BT

**Sponsor type**

Hospital/treatment centre

**ROR**

<https://ror.org/02jx3x895>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

Cancer Research UK (NAEDI)

**Alternative Name(s)**

CR\_UK, Cancer Research UK - London, CRUK

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

## Results and Publications

**Publication and dissemination plan**

Intent to publish date: around 1 year after end of trial.

**Intention to publish date**

31/12/2020

**Individual participant data (IPD) sharing plan**

The data sharing plans for the current study are unknown and will be made available at a later date.

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	20/04/2016		Yes	No
<a href="#">Results article</a>	cardiovascular risk results	01/12/2019	27/05/2020	Yes	No
<a href="#">Results article</a>	psychological burden results	01/12/2020	23/10/2020	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>	Substudy results	01/06/2019	10/10/2023	Yes	No
<a href="#">Other publications</a>	Substudy results	01/07/2020	10/10/2023	Yes	No
<a href="#">Other publications</a>	Substudy results	14/05/2022	10/10/2023	Yes	No

[Results article](#)

nodule and cancer outcomes    05/08/2020    10/10/2023    Yes    No