

# BOOST: A new pathway with Bronchoscopic or Oesophageal ultrasound for lung cancer diagnosis and STaging

<b>Submission date</b> 27/03/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 23/05/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 25/10/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-of-endobronchial-ultrasound-or-endoscopic-ultrasound-to-diagnose-lung-cancer-and-see-how-far-it-has-spread>

## Contact information

### Type(s)

Scientific

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## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00652769

### Protocol serial number

N/A

# Study information

## Scientific Title

A randomised controlled trial of endobronchial ultrasound or endoscopic ultrasound as a first test in the diagnosis and staging of lung cancer

## Acronym

BOOST

## Study objectives

EUS (endoscopic ultrasound) or EBUS (endobronchial ultrasound guided transbronchial needle aspirate) as a first test after computed tomography (CT) scan in the diagnosis and staging of lung cancer will result in a reduction in the time from first outpatient referral to treatment decision, a reduction in the total number of positron emission tomography (PET) scans, mediastinoscopies and futile thoracotomies, fewer outpatient attendances and a reduction in NHS healthcare costs.

As of 22/02/2011 the anticipated end date for this trial has been updated from 31/10/2010 to 01/10/2011.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Charing Cross Research Ethics Committee (REC) on behalf of the National Research Ethics Service REC on 08/02/2008 (ref: 07/H0711/127)

## Study design

Open-label multi-centre randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Lung cancer

## Interventions

Control arm: bronchoscopy, CT guided lung biopsy, PET scan, mediastinoscopy  
Active arm: endobronchial or endoscopic ultrasound (EUS or EBUS, respectively)

Follow-up is for one year for all participants.

## Intervention Type

Other

## Phase

Not Specified

### **Primary outcome(s)**

Time from first outpatient appointment to decision to treat.

Information for the endpoints will be collected prospectively as patients go through the diagnostic and staging process and case report forms (CRFs) will be updated weekly. The information will be obtained from multi-disciplinary team meetings (MDTs), patient notes and electronic patient records.

### **Key secondary outcome(s)**

1. The health care costs of diagnosing and staging lung cancer
2. The number of tests and outpatient visits a patient requires to be diagnosed and staged with lung cancer
3. The proportion of lung cancer patients that are diagnosed and staged with a single test after CT scan
4. The time from first outpatient appointment to treatment
5. The number of futile thoracotomies

Information for the endpoints will be collected prospectively as patients go through the diagnostic and staging process and case report forms (CRFs) will be updated weekly. The information will be obtained from multi-disciplinary team meetings (MDTs), patient notes and electronic patient records.

### **Completion date**

01/10/2011

## **Eligibility**

### **Key inclusion criteria**

1. Aged greater than 18 years, either sex
2. Consecutive patients suspected of lung cancer on CT scan
3. Written informed consent
4. Able to tolerate fibre-optic bronchoscopy

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

**Total final enrolment**

133

**Key exclusion criteria**

1. Evidence of severe or uncontrolled systemic disease that makes it undesirable for the patient to participate in the trial
2. Any disorder making reliable informed consent impossible
3. Patient unlikely to tolerate bronchoscopy
4. Patients with extra-thoracic disease, supraclavicular lymphadenopathy or pleural effusion

**Date of first enrolment**

07/04/2008

**Date of final enrolment**

01/10/2011

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

Centre for Respiratory Research

London

United Kingdom

WC1W 6JF

**Sponsor information****Organisation**

University College London Hospitals NHS Foundation Trust (UK)

**ROR**

<https://ror.org/042fqyp44>

**Funder(s)****Funder type**

Other

## Funder Name

Investigator initiated and funded (UK)

## Results and Publications

### Individual participant data (IPD) sharing plan

Not provided at time of registration

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/04/2015	10/09/2019	Yes	No
<a href="#">Plain English results</a>			25/10/2022	No	Yes