ISRCTN50436483 https://doi.org/10.1186/ISRCTN50436483

Streamlining Staging of Lung cancer with Whole Body MRI

Submission date	Recruitment status	[X] Prospectively registered
26/07/2012	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
31/07/2012	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
20/12/2019	Cancer	

Plain English summary of protocol
http://www.cancerresearchuk.org/cancer-help/trials/a-study-looking-mri-scan-diagnose-non-small-cell-lung-cancer-streamline-l

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
Streamline L

Study information

Scientific Title

Comprehensive staging of newly diagnosed lung cancer: prospective multi-centre comparison of whole body Magnetic Resonance Imaging with standard diagnostic imaging pathways

Acronym
Streamline L

Study objectives
To evaluate whether early whole body magnetic resonance imaging (WB-MRI) increases per patient sensitivity for metastasis in lung cancer compared to standard NICE-approved diagnostic pathways.

More details can be found at http://www.hta.ac.uk/project/2804.asp

Ethics approval required
Old ethics approval format

Ethics approval(s)
Camden and Islington Research Ethics Committee, 20/08/2012, ref: 12/LO/1177

Study design
Multicentre comparison

Primary study design
Observational

Study type(s)
Screening

Health condition(s) or problem(s) studied
Non small cell lung cancer

Interventions
There are no treatment arms, every patient will receive a whole body MRI as part of the trial which takes about an hour. Aside from attending for the WB-MRI scan, patients shouldnt have to attend for any extra visits. All patients will be asked to complete quality of life forms (EQ-5D) at 0, 3, 6 and 9 months post staging. As part of the health economics portion of the trial, all patients will also be asked to complete patient diaries which will collect information about visits to the GP and hospital and about other medical tests and treatment for a year post staging. As part of the health psychology portion of the trial, 25 patients will take part in an interview (30 minutes) and 75 patients will be given questionnaires complete about their experience of staging at 0, 1, 3, 6, 9, and 12 months post staging. Follow-up CRFs will be completed for a year post-staging but there are no trial specific visits, this data is collected for the health economic portion of trial.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Per patient sensitivity for metastasis detection by whole body MRI (WB-MRI) compared to standard staging pathways in newly diagnosed non small cell lung cancer

Key secondary outcome(s))
1. The time and test number taken to reach, and the nature of, the first major treatment decision based on WB-MRI in comparison to standard staging pathways.
2. Diagnostic accuracy of WB-MRI and conventional staging pathways for local tumour staging and detection of metastasis in comparison to an expert derived consensus reference standard.
3. Lifetime incremental cost and cost-effectiveness of staging using WB-MRI compared to standard diagnostic pathways.
4. Patient experience of staging using WB-MRI in comparison to standard diagnostic pathways and priorities placed by patients on differing attributes related to competing staging pathways.
5. Inter-observer variability in WB-MRI analysis and affect of diagnostic confidence on staging accuracy.
6. Diagnostic accuracy of limited T1 and diffusion weighted sequences compared to full multi-sequence WB-MRI protocols.

Completion date
01/01/2019

Eligibility

Key inclusion criteria
1. Adult patients (18 or over) with histologically proven or clinically diagnosed primary non small cell lung cancer with potentially radically treatable disease
2. Clinically diagnosed non small cell lung cancer defined as radiological diagnosis of lung cancer on chest CT with sufficient confidence to trigger staging investigations
3. Potentially radically treatable disease defined as stage IIIb or less on diagnostic CT (ie T14, N02, M0)
4. Performance status 02 (fit to undergo surgery if indicated)
5. Patient must have given written informed consent and be willing to comply with the protocol intervention and follow up.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment

353

Key exclusion criteria
1. Any psychiatric or other disorder likely to impact on informed consent
2. Evidence of severe or uncontrolled systemic disease which make it undesirable the for the patient to participate in the trial
3. Pregnancy
4. Contraindications to MRI (e.g. cardiac pacemaker, severe claustrophobia, inability to lie flat)
5. Unequivocal metastatic or N3 disease on diagnostic CT chest and abdomen (including M1a disease; malignant pleural effusion)
6. Further staging work up not indicated in the opinion of the MDT due to poor performance status or patient choice.
7. Histologies other than non small cell lung cancer

Date of first enrolment
01/10/2012

Date of final enrolment
01/04/2017

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University College London Hospitals
London
United Kingdom
NW1 2BU

Sponsor information

Organisation
University College London (UK)

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type

Government

Funder Name
NIHR Health Technology Assessment Programme - HTA (UK) ref: 10/68/01

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/06/2019	14/05/2019	Yes	No
Results article	results against ISRCTN43958015	01/12/2019	20/12/2019	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes