

# Study on lung cancer screening in head and neck cancer patients using low-dose CT and chest x-ray

<b>Submission date</b> 27/10/2024	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/10/2024	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 12/03/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Head and neck cancer patients are at an elevated risk of lung metastasis and secondary primary lung cancer, with a notable incidence rate of 11.7% for second lung cancers. Alarmingly, 86% of these patients die from secondary lung cancer within 4 months of diagnosis. This study aims to assess whether low-dose CT (LDCT) screening, compared to chest X-ray (CXR), can improve early detection, reduce lung cancer-related deaths, and identify optimal diagnostic procedures in this population.

### Who can participate?

Patients aged 18 years and over with newly diagnosed head and neck cancer

### What does the study involve?

Participants will be randomly assigned to one of two groups: either chest radiography or LDCT for lung cancer surveillance. Initial screening will occur at diagnosis, with annual follow-ups. Both groups will receive the same frequency of screening, with the only difference being the type of imaging. The study will track lung cancer detection rates and the diagnostic tests required to confirm diagnoses.

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

This study offers participants the potential benefit of early lung cancer detection, which may improve survival rates. Radiation exposure is minimal, and all participants will continue to receive standard care.

### Where is the study run from?

Jewish General Hospital (JGH) (Canada)

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

July 2015 to December 2023

Who is funding the study?  
Investigator initiated and funded

Who is the main contact?  
Dr Naif Fnais, nfnais@ksu.edu.sa

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

Dr Naif Fnais

### Contact details

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## Additional identifiers

## Study information

### Scientific Title

Lung Cancer Surveillance for Patients with Head and Neck Cancer (LCS-HNC)

### Acronym

LCS-HNC

### Study objectives

Does lung cancer screening using low-dose computed tomography vs chest radiography (CXR) confer any survival benefit in patients with head and neck squamous cell cancer (HNSCC) with negative initial staging images?

### Ethics approval required

Ethics approval required

### Ethics approval(s)

approved 05/07/2015, Jewish General Hospital Research Ethics Committee (A-925- 3755 Chem. de la Côte-Sainte-Catherine, Montréal, H3T 1E2, Canada; +1 (0)514340 8222 ext 22445; convenance@jgh.mcgill.ca), ref: CODIM-MBM-15-066

### Study design

Randomized parallel study

## **Primary study design**

Interventional

## **Study type(s)**

Screening

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

Lung metastasis or second primary lung cancer in head and neck cancer patients

## **Interventions**

Participants will be randomly assigned to one of two groups: either chest radiography or low-dose computed tomography (LDCT) for lung cancer surveillance. Initial screening will occur at diagnosis, with annual follow-ups. Both groups will receive the same frequency of screening, with the only difference being the type of imaging. The study will track lung cancer detection rates and the diagnostic tests required to confirm diagnoses.

## **Standard-of-care and ethical considerations:**

This study upholds the standard of care, providing LDCT only in cases where existing evidence supports its use in high-risk populations. Both imaging types are routine practice for these patients, and there are no ethical concerns, as participants have the right to withdraw at any time.

## **Recruitment strategy:**

Eligible participants will be approached by their primary treating physician, with random group assignment handled by a research assistant using a computerized system. The study includes a diverse range of eligible participants, without specific restrictions on vulnerable groups.

## **Intervention Type**

Other

## **Primary outcome(s)**

Sensitivity and specificity of imaging methods (LDCT and CXR) for detecting lung metastases or second primary lung cancer, assessed using imaging analysis confirmed by biopsy in positive cases at baseline and 6- to 12-month follow-ups after treatment

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

Overall survival and disease-free survival measured using Kaplan-Meier survival analysis at 3 and 5 years

## **Completion date**

31/12/2023

# **Eligibility**

## **Key inclusion criteria**

Treatment naïve patients diagnosed with HNSCC undergoing treatment with no prior lung cancer diagnoses or recent abnormal chest computed tomography (CT) findings

## **Participant type(s)**

Patient, Employee

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

137

**Key exclusion criteria**

Patients with HNSCC aged 55 to 74 years with a smoking history of at least 30 pack-years, and who were currently smoking or had quit within during the past 15 years

**Date of first enrolment**

01/09/2015

**Date of final enrolment**

31/12/2022

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

Canada

**Study participating centre****Jewish General Hospital**

3755 Chem. de la Côte-Sainte-Catherine

Montreal

Canada

H3T 1E2

**Sponsor information****Organisation**

Jewish General Hospital

**ROR**

<https://ror.org/056jjra10>

# Funder(s)

## Funder type

Other

## Funder Name

Investigator initiated and funded

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from Dr Naif Fnais (nfnais@ksu.edu.sa). All patient data will be securely stored, coded, and protected. Identifiers will be removed from computerized data to ensure anonymity, with data accessible only to the principal and co-investigators. Upon completion, data will be archived securely, following confidentiality protocols.

Type of data: demographic, clinical, and imaging data.

Dates of availability: available post-publication of primary study findings, expected 21/11/2024.

Consent obtained: written informed consent was obtained from all participants.

Ethical or legal restrictions: data access is restricted to researchers with IRB approval to ensure confidentiality.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		06/03/2025	12/03/2025	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes