

# The E.G. Study

<b>Submission date</b> 16/08/2012	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 16/08/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 07/08/2018	<b>Condition category</b> Digestive System	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Mrs Samantha Warburton

**Contact details**  
Nottingham University Hospitals NHS Trust  
Biomedical Research Centre  
Queens Medical Centre  
Derby Road  
Nottingham  
United Kingdom  
NG7 2UH  
+44 115 924 9924 ext. 70612  
samantha.warburton@nuh.nhs.uk

## Additional identifiers

**ClinicalTrials.gov (NCT)**  
NCT02066233

**Protocol serial number**  
12466

## Study information

**Scientific Title**

A multi-centre observational study to assess a novel endoscopic device in imaging the upper gastrointestinal (GI) tract: The E.G. Scan Study

### **Study objectives**

There are certain silent conditions like Barretts Oesophagus (a condition which can rarely cause cancer of the gullet) and Oesophageal Varices (swollen veins in the gullet which can sometimes cause serious bleeding) that can happen in patients who may otherwise not have any symptoms. If these are detected and treated early then patients could potentially avoid future serious complications. In order to detect these conditions, doctors have to perform tests on a large number of patients who are likely to have them, but unfortunately this cannot be done in the NHS at the moment partly because there is no agreement among specialists as to what is the best test to use.

Although a standard camera test can detect these conditions, it is not suitable to use for this purpose because it has many limitations. It is performed in the hospital usually under conscious sedation to increase comfort. Performing the test demands a lot of planning and has many cost considerations as it requires patient observation, experienced nursing staff, recovery rooms, cleaning equipment and medications.

There is a lot of research evidence that transnasal cameras (very thin cameras inserted through the nose) are more comfortable to patients because they do not cause gagging and retching, therefore do not require sedation. They are safer than standard cameras and are as accurate.

The purpose of this study is to compare a new camera called The E.G. scan to the standard camera test. We want to know whether it is as accurate and also whether it is acceptable to patients. It is much thinner than the standard camera test, therefore can be inserted through the nose with less chance of retching and gagging. It does not need sedation. The camera tube is disposable so there is no risk of cross contamination. The results of this study will help us decide whether this new camera might be the ideal test to detect patients with these two conditions and potentially benefit the wider population.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

ref: 12/EM/0100

### **Study design**

Non-randomised interventional and observational trial

### **Primary study design**

Interventional

### **Study type(s)**

Diagnostic

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

Oral and Gastrointestinal disease

### **Interventions**

Description: 50 Barrett's cases 50 dyspepsia/heartburn controls 50 chronic liver disease patients  
EG scan, ultrathin transnasal imaging endoscope followed up at 1 month.

### **Intervention Type**

Other

### **Phase**

Not Applicable

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

Accuracy in diagnosing Barrett's oesophagus and oesophageal varices

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

Patients' acceptability

### **Completion date**

26/11/2013

## **Eligibility**

### **Key inclusion criteria**

1. Adult participants aged 18 years or above who are referred for routine upper GI endoscopy for BO surveillance, varices surveillance and dyspepsia.
2. Able and willing to give informed consent.
3. Male and female participants
4. >18 years

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

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

### **Key exclusion criteria**

1. Patients known to be intolerant to endoscopy
2. Patients with history of broken nose, deviated nasal septum or disease of the nasal cavity
3. Patients not clinically fit for endoscopy as judged by their caring team
4. Pregnant women

### **Date of first enrolment**

26/02/2012

**Date of final enrolment**

26/11/2013

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

Nottingham University Hospitals NHS Trust

Nottingham

United Kingdom

NG7 2UH

## Sponsor information

**Organisation**

University of Nottingham (UK)

**ROR**

<https://ror.org/01ee9ar58>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Intromedic Co. Ltd (UK)

## 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?
<a href="#">Results article</a>	results	01/03/2019		Yes	No