EarlyCDT Lung blood test for risk classification of solid pulmonary nodules: systematic review and economic evaluation

Ana Duarte,[1] Mark Corbett,[2] Hollie Melton,[2] Melissa Harden,[2] Stephen Palmer,[1] Marta Soares[1] and Mark Simmonds[2*]

[1]Centre for Health Economics, University of York, York UK
[2]Centre for Reviews and Dissemination, University of York, York UK

*Corresponding author mark.simmonds@york.ac.uk

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Plain English summary

EarlyCDT Lung blood test

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People at risk of lung cancer sometimes undergo computerised tomography (CT) scans of their lungs. These scans may identify lung nodules that could be cancerous. Currently, CT scans of the lung nodules, or sometimes further positron emission tomography–computerised tomography (PET-CT) scans, are used to predict the risk that a nodule is cancerous.

EarlyCDT Lung is a blood test that detects substances, called autoantibodies, associated with having cancer. If the autoantibodies are detected, the chance of a lung nodule being cancerous may be substantially increased. This test could help doctors make decisions about whether to treat immediately, carry out further tests or monitor the nodule over time to see if it grows or changes shape.

This project examined the evidence on the clinical value of the EarlyCDT Lung test. We reviewed all published studies of EarlyCDT Lung and reanalysed the reported data. We found that there has been little research on EarlyCDT Lung among people with lung nodules (only five studies comprising 695 patients). This makes it difficult to draw any firm conclusions. The evidence suggests that EarlyCDT Lung may not be particularly effective at determining which lung nodules are cancerous, and may not improve diagnosis when compared with using CT and PET-CT scans. However, this is uncertain because the evidence is so limited.

This project also looked for evidence on the value for money of the EarlyCDT Lung test in detecting lung cancer, and found no relevant evidence. This means that the value for money of EarlyCDT Lung is largely unknown, and there is currently no good evidence to support further analyses on this. We therefore sought to summarise the information and analyses that would be needed to support a future assessment of the value for money of EarlyCDT Lung.

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This report

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