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| **WOLFSON INSTITUTE OF POPULATION HEALTH**  **NEWSLETTER**  **ISSUE 43: 16 OCTOBER 2023** | |
| **In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late September and the first half of October.** | |
| **FROM OUR INSTITUTE MANAGER** | |
| Dear Colleagues  I am delighted to write the introduction for this issue whilst Fiona is on her holidays. It was great to see so many of you at the late summer BBQ last month to celebrate our Staff Survey success. Whilst the weather did rather let us down, an indoor barbeque did seem a particularly British thing to do, and I do hope everyone enjoyed it.    I hope many of you have had the opportunity to visit the new Staff Zone on the WIPH website, which includes a wide range of information about what is going on in the Institute, along with resources to help you in your role. We have now also introduced a feedback form to help grow the site, so please feel free to make suggestions for new pages, as well as any improvements. Please do make time to check it out - we | |
| are aiming to make this a valuable resource for the whole Institute.  The Institute’s central administrative team is having our first Away (Half) Day this coming Tuesday (17 October). I am very much looking forward to the opportunity for the team to get know each other more, as well as seeing what sort of ten-pin bowling skills will be on display!    Warm wishes  Ellie | Ellie |
| **MEET WIPH** | |
| **MEET WIPH - Jamie Ross (Senior Lecturer in Primary Care Sciences, Centre for Primary Care)**  **How would you describe your role/responsibilities?**  My research interests are around the development and implementation of complex interventions, particularly digital health interventions. I lead and co-lead several grants, so much of my time is spent overseeing the running of these. I’ve recently become the School for Primary Care Research PPI lead for QMUL, which is an exciting role involving building links in the community to support and inform our primary care research.  **What has been your greatest professional achievement?**  It’s been very exciting to recently see a digital intervention I was involved in developing being rolled out nationally. In my previous job I co-developed a web based self-management programme for people with type 2 diabetes, and led the implementation study. Following the end of the research, this intervention, now *Healthy Living*, has been taken up and implemented by NHS England and is freely available to anyone with type 2 diabetes. This is one of the first examples of a digital health intervention implemented on a national scale.  **What aspects of your role do you enjoy the most?**  I really enjoy the variety of the role. No two days are ever the same. I also enjoy being in a job where I feel I’m constantly learning new things from those around me.  **What would be your second choice as a profession?**  Something travel related for sure - a travel writer or photographer.  **What do you enjoy doing outside work?** | |
| Spending time with my two young children, usually outside, doing something active. To wind down I practice yoga, and have started TRX training recently.  **Something about you that most people don’t know?**  I’m trustee for an educational charity based in East London, which aims to address the gap in attainment between young people from privileged and disadvantaged backgrounds. The charity provides young people and their families with mentoring, learning opportunities and life experiences. Having grown up in East London, this is something really close to my heart. | cid:image002.jpg@01DA0008.E5AF24D0 |
| **FROM OUR LEADERSHIP TEAMS** | |
| **Education Update: Mark Freestone (Director of Education)**  The last few weeks have been hectic ones for all the WIPH teaching staff, as we have welcomed 379 new taught postgraduate students (of whom 161 are overseas students) onto our mental health and global health MSc programmes. This is in addition to our 13 intercalating medical students on the iBSc Global Health and 46 associate students, and with late enrolments due to the Marking and Assessment Boycott (MAB) delaying the release of BSc grades, numbers may well rise in the coming weeks.    It has been a particularly difficult intake this year with, as well as the MAB, pressure to take additional students into all Institutes due to low recruitment in other Faculties. On top of this a major sewage problem was identified in the refurbished Garrod just days before its official opening, which has meant we have had to find rooms for 70% of our teaching at very short notice. We are all *extremely* grateful to Hanif Ali and his team in Education Administration for their tireless efforts to support enrolments and cope with these challenges, which mean we are now in a strong position for teaching, despite these issues.    We extend a very warm welcome to **Dr Ben Verboom**, coming to us from Oxford, and **Dr Halima Masud**, formerly Prof Oyebode’s PhD student, who are both joining the global health teaching team this year. Also a hearty and grateful welcome to all our new Teaching Associates from across the Centres.    Finally, many of the Centres in the Institute have engaged with our Education Strategy meetings so far, and we thank Centre leads and managers for facilitating this, as well as staff for corresponding with us about their ideas for short courses and modules. We hope to have visited all the centres, as well as launching our Wolfson Education Manual, by the end of the month. | |
| **Public Advisory Panel Theme News (Megan Clinch, Theme Lead)**  We are in the process of re-designing the PPI pages on the Staff Zone and hope to have the work completed before Christmas (hopefully November). This will include updated guidance on PPI payments that has been developed in collaboration with finance. Please feedback to Meg with any information you would like to see on the pages.    We are also piloting topic-based PPI drop in sessions. If there is a particular issue you would like to be covered (eg. setting up a PPI panel, training for PPI contributors) please let us know, and we will find people with the right expertise to share their knowledge.    Finally, a reminder about the WIPH Newsletter for Patient and Public Involvement contributors. Please contact [Juliet Henderson](mailto:juliet.henderson@qmul.ac.uk) if you have any PPI opportunities you would like to circulate via the newsletters, or if you have any PPI contacts you would like to add to the mailing list to receive the newsletter. | |
| **Research News (Tor Kemp, Research Manager)**  The Research Team have reflected on another busy academic year in 2022/23 and put together a short document of achievements, on the research landing page of the staff zone: <https://www.qmul.ac.uk/wiph/staff-zone/our-research/>    We also have much more to celebrate! We’ve had a brilliant and engaging second instalment of the WIPH Publication Writing Workshop Series, with many gems of wisdom from our hosts Claudia Cooper and Alison Thomson. The next session is on Friday 10 November, with a chance to ask two of our statisticians all about data presentation and statistical analyses. Look out for a call for questions the week after next!    We launched the Health Inequalities grant clinic earlier this week. Thank you to our two advisors, John Ford and Sara Paparini. From the launch there is already a strong feeling that this forum will help our community incorporate health equity into current and future research. The next event is planned for Thursday 9 November.    We’ve had some fantastic funding bids going in the last few weeks. To ensure smooth development and approvals of bids, please be aware of the recent new policies around (i) peer review for research grants and (ii) Barts Charity approvals. All information is available on the staff zone:  <https://www.qmul.ac.uk/wiph/staff-zone/our-research/pre--and-post-award-process/> | |
| **GENERAL INSTITUTE NEWS** | |
| **The treatable traits approach to primary care asthma management**  20 September (Anna De Simoni. Centre for Primary Care) | |
| A perspective [article](https://www.frontiersin.org/articles/10.3389/falgy.2023.1240375/full) compares the use of pharmacotherapeutic ladders in patients with mild to moderate asthma in primary care, with the treatable traits approach used in specialist centres for severe asthma. Authors highlight possible harms inherent in the one-size-fits-all approach of ladders, and contend that the treatable traits approach could be rapidly implemented in primary care. Recognising that research is needed to guide how some treatable traits could be assessed and managed in primary care, they conclude that implementing this approach across the disease severity spectrum will improve the quality of life of patients with asthma. | cid:image003.jpg@01DA0008.E5AF24D0 |
| **Autozygosity and risk of common diseases across the phenotypic spectrum**  20 September (Ben Jacobs, Chris Griffiths, Rohini Mathur, Sarah Finer. Centres for Preventive Neurology/Primary Care) | |
| cid:image004.jpg@01DA0008.E5AF24D0 | Using data fromGenes&Health, UK Biobank, and 23andMe, researchers investigating associations between autozygosity and common diseases have [found](https://www.cell.com/cell/fulltext/S0092-8674(23)00918-2?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867423009182%3Fshowall%3Dtrue) that restricting analysis to offspring of first cousins is an effective measure to reduce confounding due to social or environmental correlates in autozygosity-phenotype association studies. Within this group they identified significant associations between autozygosity and 12 common diseases, including type 2 diabetes (T2D), asthma, and post-traumatic stress disorder. The authors estimate that autozygosity due to consanguinity accounts for 5-18% of T2D cases among British Pakistanis. They conclude that this work has important implications for global populations with high consanguinity rates. This research was featured in the [*Telegraph*](https://www.telegraph.co.uk/news/2023/09/26/consanguinity-diabetes-type-2-asthma-south-asia-brits/#:~:text=Marrying%20blood%20relatives%20is%20responsible,communities%2C%20a%20new%20study%20suggests)**.** |
| **Systematic reviews and mammographic screening**  25 September (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| An invited review [article](https://www.birpublications.org/doi/10.1259/bjro.20230041) in the *British Journal of Radiology* highlights the need for more careful scholarship in reviewing evidence, providing the specific example of the Nordic Cochrane Review (NCR) and its interpretation of the Swedish Two-County Trial (S2C) and the Canadian National Breast Screening Studies 1&2. Authors advise that over-reliance on nominal satisfaction of checklists of criteria in systematic reviewing can lead to erroneous conclusions. They assert that this was what occurred in the case of the NCR, which concluded that mammographic screening was ineffective or minimally effective, whereas broader and more even-handed reviews of the evidence show that screening confers a substantial reduction in breast cancer mortality. | cid:image005.jpg@01DA0008.E5AF24D0 |
| **CVD risk model predicts impact of statin treatment on socioeconomic inequalities**  27 September (Runguo Wu, John Robson, Boby Mihaylova. Centres for Primary Care/Evaluation and Methods) | |
| cid:image006.png@01DA0008.E5AF24D0  cid:image007.png@01DA0008.E5AF24D0  cid:image008.png@01DA0008.E5AF24D0 | A model predicting cardiovascular disease (CVD) incidence, life expectancy, and quality-adjusted life years (QALYs) [projects](https://bjgp.org/content/early/2023/09/26/BJGP.2023.0198) that guideline-recommended statin treatment will increase QALYs, with larger gains in quintiles of higher socioeconomic deprivation in the UK. The model, enabling individual lifetime predictions of disease risks, survival, and quality of life (QoL) is based on data from almost 620,000 participants from statin trials and UK Biobank, combined with QoL data from national health surveys. Age, sex, socioeconomic deprivation, smoking, hypertension, diabetes and cardiovascular events were key CVD risk determinants, with model-predicted event rates corresponding well to observed rates. The model quantified gaps at middle age of 4-5yrs in life expectancy (5-8 QoL adjusted life yrs) across UK quintiles of socioeconomic deprivation. Authors conclude that strengthening statin use would lead to larger benefits and larger reductions in health inequalities. |
| **QMUL and Tower Hamlets unite to reduce risks of nitrous oxide misuse**  28 September (Alastair Noyce, Devan Mair. Centre for Preventive Neurology) | |
| A joint QMUL-Tower Hamlets community project, *N2O Know the Risks*, was launched on 28 Sept at Tower Hamlets town hall, with around 120 local school students participating in interactive workshops. Supported by a QMUL Impact Fund award with matched funding from Tower Hamlets, the programme aims to educate people in the borough about the dangers of N2O misuse. The project will offer preventive workshops for young people in schools and other community settings. Borough enforcement officers will receive training on how to deliver on-street advice to users about the risks of N2O, and individuals issued with a fine for antisocial behaviour associated with N2O abuse will be offered workshops as a voluntary alternative to a fine. Councillor Abu Talha Chowdhury, Cabinet Member for Safer Communities, said: *‘We are confident that this combined approach of education and enforcement will drive down N2O usage in our borough.’* | cid:image009.jpg@01DA0008.E5AF24D0  cid:image010.jpg@01DA0008.E5AF24D0 |
| **Antiplatelet therapy use for secondary CVD prevention in Scotland**  29 September (Boby Mihaylova. Centre for Evaluation and Methods) | |
| bmjqs-2023-016520-F2.large  bmjqs-2023-016520-F2.large | A [study](https://qualitysafety.bmj.com/content/early/2023/09/28/bmjqs-2023-016520) of all adults hospitalised for an acute atherosclerotic cardiovascular disease (ASCVD) event from 2009-17 in Scotland finds that antiplatelet therapy (APT) use remains suboptimal for the secondary ASCVD prevention, particularly among women and older patients, and following ischaemic stroke and peripheral arterial disease (PAD) hospitalisations. Of patients hospitalised with ASCVD, 84% initiated APT. Among APT-treated individuals overall, 22% discontinued treatment. Lower odds of initiation were more likely for females (22% less likely than males), age <50 or >70 (<50yrs 26% less likely, 70-79, 80-89 and ≥90yrs 21%, 39% and 51% less likely, respectively, than those aged 60-69) and those with a history of mental health-related hospitalisation (45% less likely). Characteristics associated with discontinuation and non-initiation were similar. Authors conclude that improvements to APT use in patients with ASCVD would prevent up to 5% of subsequent ASCVD events. |
| **FIND-AF: Pilot study of intervention to identify undiagnosed atrial fibrillation**  30 September (Jianhua Wu. Centre for Primary Care) | |
| A machine learning algorithm: *Future Innovations in Novel Detection of Atrial Fibrillation* (FIND-AF) developed to predict incident AF within 6 months using data in primary care electronic health records (EHRs) could be used to guide AF screening. The FIND-AF interventional [pilot](https://openheart.bmj.com/content/10/2/e002447) study will recruit 1955 participants, aged ≥30, without AF history, and eligible for oral anticoagulation, identified as higher/lower risk by the FIND-AF risk score from their EHRs. Participants will be allocated to a remote AF screening pathway, with ECG monitoring across risk estimates. Primary outcome will be AF diagnosis during ECG monitoring. The study will provide data on the AF yield that can be achieved with ECG monitoring across risk estimates, and establish rates of recruitment and protocol adherence. | cid:image013.jpg@01DA0008.E5AF24D0  cid:image014.jpg@01DA0008.E5AF24D0 |
| **£1million to study hormone roles in breast cancer risk/preventive treatment**  1 October (Jack Cuzick, Adam Brentnall. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods) | |
| The Breast Cancer Research Foundation has awarded £1 million for a WIPH-led study into the role of serum hormones in breast cancer risk assessment and response to endocrine preventive treatment. The study, funded for 2 years, will focus on measurement of serum estradiol and other hormones to determine which women are most likely to respond to preventive treatment, so that preventive therapy can be targeted with greater precision. Researchers say the results will have potentially immediate applicability to more precisely characterise breast cancer risk, and the degree to which this can be reduced by endocrine interventions, information that is essential in helping women to make an informed choice about using a drug for prevention. | |
| C5BDI Giveback- Breast Cancer Research Foundation - C5BDI | |
| **Use of routine healthcare data in randomised implementation trials**  2 October (Charis Xuan Xie, Anna De Simoni, Sandra Eldridge, Clare Relton. Centres for Evaluation and Methods/Primary Care) | |
| A systematic [review](https://implementationscience.biomedcentral.com/articles/10.1186/s13012-023-01300-4) summarising key methodological characteristics of randomised implementation trials conducted using routine healthcare data synthesises reported rationales, facilitators, and barriers from 80 implementation trials published from 2000-21. Multicomponent implementation strategies were more commonly evaluated (70%) than single strategies. Most trials assessed adoption as the primary outcome (65%), extracted data from electronic health records (EHRs) (62.5%), and used routine data for outcome ascertainment (91.3%). Rationales for using routine data were increasing efficiency, assessing outcomes, reducing research burden, improving quality of care, identifying study samples, confirming findings, and assessing representativeness. Data quality, the EHR system, research governance, and external factors like government policy could act either as facilitators or barriers. Authors say harmonising the language used to describe implementation strategies and outcomes would aid identification of studies and data extraction. | |
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| **Metabolic changes following intermittent fasting**  2 October (Lola Oyebode. Centre for Public Health and Policy) | |
| A study of systematic reviews examining the impact of intermittent fasting (IF), including time-restricted eating, alternate day fasting, and intermittent energy restriction on metabolic indices, finds that IF is more effective than an ad libitum dietary intake. [Results](https://onlinelibrary.wiley.com/doi/10.1111/jhn.13253) from reviews published from 2011-2022 also showed that IF is equally or more effective than continuous energy restriction for weight management. Authors say, however, that there is inconclusive evidence on whether intermittent fasting has a clinically beneficial effect on glucose and lipid metabolism. | cid:image017.jpg@01DA0008.E5AF24D0 |
| **Perinatal mental health services for S. Asian and Black women**  2 October (Nikolina Jovanovic, MaevConneely, Stefan Priebe. Centre for Psychiatry and Mental Health) | |
| **Baby-Clinic-at-Chrisp-Street-GP-practice-600x400 (1)** | Perinatal mental illness affects 1:3 new/ expectant mothers, and people from ethnic minority groups experience higher rates of mental health problems and suicide, but Black and S.Asian women are less likely to receive support from mental health services in the perinatal period. A [study](https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-02978-5) using interviews with healthcare professionals in mental health, midwifery, and primary and social care, who interact with patients in the perinatal period, identifies key insights to address health inequalities observed between ethnic groups. Proposed recommendations from interviewees included sharing information; ensuring that women are considered as individuals in their relationship with their culture, ethnicity and childrearing practices; and professionals addressing their own possible unconscious biases. Authors suggest that the potential of novel roles (eg.  peer support workers) in bridging the space between ideals and practice merits further investigation. |
| **Non-clinical facilitators’ experiences delivering psychosocial interventions**  4 October (Sara Banks, Michaela Poppe, Claudia Cooper. Centre for Psychiatry and Mental Health) | |
| [Research](https://www.cambridge.org/core/journals/bjpsych-open/article/nonclinically-trained-facilitators-experiences-of-remote-psychosocial-interventions-for-older-adults-with-memory-loss-and-their-family-carers/396C2F657A5B9E7FC937077F64C87CE6) exploring how non-clinically trained facilitators (NCTFs) experience delivering remote psychosocial interventions to older adults with memory loss and their carers finds that appropriate training and supervision enables positive experiences. Having NCTFs deliver psychosocial interventions that may help prevent dementia and improve quality of life is cost effective. Thematic analysis of interviews with NCTFs who delivered either of 2 interventions (APPLE-Tree group dementia prevention for people with mild memory loss, or NIDUS-Family 1-1 dyadic intervention) identified subthemes in an overarching theme of building confidence in developing therapeutic relationships. Subthemes described the roles of positioning expertise, developing clinical skills, peer support in enabling this process, and remote delivery as a potential barrier. Differences in life experience could compound initial concerns over lacking expertise, but fears were allayed through positive therapeutic relationships and outcomes. | Elderly couple sitting at a computer. Credit: Robert Kneschke/Shutterstock.com |
| **RCT of a post-acute COVID-19 syndrome management programme**  4 October (Christina Derksen. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| cid:image020.jpg@01DA0008.E5AF24D0  cid:image021.jpg@01DA0008.E5AF24D0  cid:image022.jpg@01DA0008.E5AF24D0 | Investigating the effect of a health care facilitation programme including medical internet support from human personal pilots and digital interventions, an [RCT](https://www.jmir.org/2023/1/e49342) of 1020 patients with post-acute COVID-19 syndrome (PACS) finds that pilots and digital interventions reduce symptoms but do not increase work ability and social participation. The RCT also considered the impact of a diagnostic assessment and digital interventions tailored to patients' personal capacity (IG) with that of only personal support and digital interventions targeting the main symptoms (ACG). Symptoms decreased significantly in all groups over time, with a more pronounced effect in the IG and ACG groups v untreated controls. There were no differences between the IG and the ACG groups. Authors say social support and digital interventions should be incorporated to facilitate health care interventions for PACS. |
| **DIALOG+S for adolescent mental well-being in a post-armed conflict area**  4 October (Vicky Bird, Stefan Priebe, Francois van Loggerenberg. Centre for Psychiatry and Mental Health) | |
| An exploratory [study](https://formative.jmir.org/2023/1/e46757) conducted in 2 schools in post-conflict areas in Tolima (Colombia) aimed to adapt the DIALOG+ patient-focused digital intervention for use in an adolescent educational setting, and assess its effect in promoting quality of life, mental well-being, and resilience. The study was conducted in 3 phases: adaptation, in which students and teachers identified changes needed for DIALOG+ to be used in school settings; an exploratory cluster RCT phase, in which groups of teachers and students were allocated either to DIALOG+S or usual counselling; and consolidation, exploring participants’ experiences through focus group discussions. Results showed that the intervention is feasible and acceptable to promote well-being and prevent and identify mental health problems in the school context in a post-conflict area. | https://upload.wikimedia.org/wikipedia/commons/b/b3/School_is_out%2C_Street_scene_in_Cartagena%2C_Colombia_%2824721040112%29.jpg |
| **Using photography to explore experiences of memory concerns in older adults**  4 October (Ellie Whitfield, Claudia Cooper. Centre for Psychiatry and Mental Health) | |
| In a group intervention to prevent cognitive decline and dementia (APPLE-Tree programme) among older adults experiencing memory loss, researchers explore how participants engage with a photography and co-design [project](https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnad126/7289232?login=false). Participants shared photos reflecting what they valued in their daily lives, experiences of memory concerns, and the intervention, engaged in qualitative photo-elicitation interviews, and worked with an artist/photographer to co-create an exhibition. Authors contextualised participants’ images through themes around using photos to celebrate connections to nature as a lifeline; anchor lives within the context of relationships with family, and reflect on self and identity, enduring through ageing, memory concerns, pandemic, and ageing stereotypes. They conclude that visual research is a powerful tool to elicit meaningful accounts from older adults experiencing cognitive change and to connect the arts and social sciences within ageing studies. | |
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| **Automatic profiling of mesothelioma subtypes from histological images**  5 October (Judith Offman. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| cid:image025.jpg@01DA0008.E5AF24D0 | In biphasic mesothelioma a higher percentage of sarcomatoid pattern shows poorer prognosis. Guidelines recommend that the sarcomatoid component of mesothelioma is quantified. Researchers have developed a dual-task graph neural network (GNN) architecture with ranking loss to learn a model capable of scoring regions of tissue down to cellular resolution, and thus allows quantitative profiling of tumour samples according to aggregate sarcomatoid association score. They use an extermal multicentric test set from Mesobank to demonstrate the predictive performance of the model, and validate model predictions through an analysis of the typical morphological features of cells according to their predicted score. The [study](https://www.sciencedirect.com/science/article/pii/S2666379123004032?via%3Dihub) shows the GNN is capable of scoring regions of tissue according to sarcomatoid association, and that morphological analysis agrees with known characteristics of subtypes. Model score is associated with survival hazard ratio 2.30. |
| **Canadian Association of Midwives Conference**  5 October (Heather McMullen. Centre for Public Health and Policy) | |
| Heather McMullen attended the annual Canadian Association of Midwives conference in Ottawa, to participate in a panel presentation on ‘Climate change and sexual and reproductive health: Intersections, Impacts, and Empowering Midwives’. The diverse panel of experts considered the impact of climate-related challenges on the health of women, girls, and vulnerable communities, with particular emphasis on the crucial role of midwives in ensuring equitable access to essential sexual and reproductive health services. Beyond addressing the challenges, they also discussed potential solutions for empowering midwives to advocate for policies to protect health rights. | cid:image026.jpg@01DA0008.E5AF24D0  cid:image027.jpg@01DA0008.E5AF24D0 |
| **AACR Special Conference on Ovarian Cancer, Boston**  6 October (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| cid:image028.jpg@01DA0008.E5AF24D0 | Ranjit Manchanda delivered a talk on *Improving targeted precision prevention in ovarian cancer* in Boston on 6 October. His lecture formed part of the plenary session on Early Detection and Prevention at the American Association for Cancer Research Special Conference on Ovarian Cancer. The AACR is the oldest and largest scientific organization in the world focused on all aspects of high-quality, innovative cancer research. |
| **Long-term symptom profiles after COVID-19**  6 October (Giulia Vivaldi, Mohammad Talaei, Seif Shaheen. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| Using data from 10,171 participants in the COVIDENCE UK population-based study of acute respiratory infections (ARIs), researchers have found a high symptom burden for 16 potential long COVID symptoms among people with previous SARS-CoV-2 compared with controls, but a similar symptom burden among people with non-COVID-19 ARIs more than 4 wks after the acute infection. [Study](https://doi.org/10.%201016/j.eclinm.2023.%20102251) results suggest that post-acute sequelae of other ARIs may be going unrecognised. Authors conclude that, as much-needed research into long COVID continues, we must take the opportunity to investigate and consider the post-acute burden of ARIs due to other pathogens. | cid:image029.jpg@01DA0008.E5AF24D0  cid:image030.jpg@01DA0008.E5AF24D0 |
| **Testing Onclarity HPV assay for a new use indication**  6 October (Jack Cuzick. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| cid:image031.jpg@01DA0008.E5AF24D0 | Using stored cervical specimens collected in PreservCyt liquid-based cytology media from the New Mexico HPV Pap Registry, a [study](https://www.ajog.org/article/S0002-9378(23)00730-5/pdf) comparing the performance of the Onclarity and Cobas human papillomavirus (HPV) assays finds that both demonstrate equivalent performance and extend HPV genotyping. Both assays were based on real-time PCR platforms that detect the presence of 14 high-risk HPV genotypes, for detection of cervical intraepithelial neoplasia grades 2 or 3 or worse (≥CIN2 or ≥CIN3). Researchers conclude that Onclarity provided effective ≥CIN2 and ≥CIN3 risk stratification, supporting a new indication for its use with PreservCyt. |
| **Association of oral disease with cognitive function in adults aged 60+**  9 October (Harriet Larvin, Jianhua Wu. Centre for Primary Care) | |
| Using data on 2508 participants aged 60+ from the National Health and Nutrition Examination Survey who had both oral and cognitive information, a cross-sectional [study](https://onlinelibrary.wiley.com/doi/10.1111/odi.14757?af=R#:~:text=Our%20study%20revealed%20robust%20associations,over%2060%20years%20of%20age) finds robust bidirectional associations between oral disease and cognitive function among the aging population. Researchers used various modelling approaches to investigate associations between global cognitive score and periodontitis, dental caries, and tooth loss. | Details are in the caption following the image |
| **CanDetect Project: Bringing new cancer decision support tools into practice**  9 October (Fiona Walter, Suzanne Scott, Garth Funston, Christine Derksen, Oleg Blyuss, Boby Mihaylova, Tyler Saunders, Runguo Wu, Robyn Collins. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods) | |
| At the 2nd CanDetect project meeting in London discussions centred on work around the multi-cancer detection tool being developed to increase early detection of upper-gastrointestinal cancers. Representatives from WIPH, UCL, KCL, Exeter, Newcastle, Cambridge, Melbourne, Washington and Utrecht participated in talks about how to bring the tool into practice to improve cancer outcomes and the challenges of rapidly changing regulations and emerging technologies. Plans were developed to link challenges to potential solutions, conduct expert workshops to refine strategies, and involve patients in the diagnostic process to find leverage points before and during patient consultations, while working closely with PPIE representatives and key primary care stakeholders so that patients and primary care professionals actively contribute to find practical solutions. | |
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| **Hilarity in the hedgehog - post-doc comedy night a huge success!**  9 October (Stuart Rison, Centre for Primary Care) | |
| Dr Stuart Rison (aka WIPH’s ‘Rison star’) and six other brave post-doc researchers performed stand-up comedy in the Neuron Pod last week. With the help of Steve Cross of ‘Science Showoff’, each participant workshopped a short set about their life and work as a scientist and performed it in front of 50 colleagues and friends, with astounding results! The event was organised by the Researcher Development team at Queen Mary as part of Post-doc Appreciation Week. We did appreciate. Next stop: Hammersmith Apollo! | cid:image034.jpg@01DA0008.E5AF24D0  Photo cred: Steve Cross |
| **Global review: Sexual and Reproductive Health and Rights in Climate Commitments**  October 10 (Heather McMullen. Centre for Public Health and Policy) | |
| cid:image035.jpg@01DA0008.E5AF24D0 | A Global [review](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-NDC-Global%20Report_2023.pdf) on Sexual and Reproductive Health and Rights in Climate Commitments, led by WIPH authors with colleagues from the United Nations Population Fund (UNFPA) examines the climate plans of 119 countries to determine whether they integrate access to contraception, safe birthing, and protecting women and girls from gender-based violence into their adaptation goals. Results show that only a third of countries with climate crisis plans include access to sexual, maternal, and newborn health services. The report was launched at a UNFPA/QMUL collaborative event in Westminster and received national press coverage. |
| **The Early Detection of Cancer Conference (Co-Chair Fiona Walter)**  10-12 October (Fiona Walter, Garth Funston. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| The 2023 Early Detection of Cancer Conference was held at Central Hall, Westminster, from 10-12 October, under the leadership of Fiona Walter (Scientific Committee co-chair). In addition to organizing the meeting over the last year, Fiona also chaired and participated in multiple sessions and panels across the three day, internationally attended event. The hugely successful and heavily over-subscribed meeting included a talk by Garth Funston on Multicancer Detection Approaches in Primary Care, and posters from over 20 WIPH researchers. | **316C5A5E**  cid:image037.jpg@01DA0008.E5AF24D0 |
| **Ethnicity and the effect of potentially modifiable risk factors for dementia**  11 October (Rohini Mathur. Centre for Primary Care) | |
| cid:image038.jpg@01DA0008.E5AF24D0 | To investigate differences in the associations of potentially modifiable risk factors with dementia among S. Asian, Black, and White ethnicities, researchers used data from electronic primary care records in England from 1997-2018, with 8,479,973 person years of follow up. [Results](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0289893) show that hypertension, dyslipidaemia, obesity and diabetes are more common in people from minority ethnic groups than White people. The impact of hypertension, obesity, diabetes, low HDL and sleep disorders on dementia risk was increased in S. Asian people compared with White people, and the impact of hypertension was greater in Black than White people. The paper concludes that dementia prevention efforts should be targeted towards people from minority ethnic groups and tailored to risk factors of particular importance. |
| **Peter Sasieni wins Don Listwin Award 2023**  11 October (Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| The 2023 Don Listwin Award for outstanding contribution to cancer early detection has been conferred on Peter Sasieni, WIPH Professor of Cancer Epidemiology. Peter was selected for the award, announced at the Early Detection of Cancer Conference in London, for his transformational work around the design and execution of clinical trials in cancer early detection and prevention, in addition to practice changing research, including breast cancer, e-cigarette trials, early detection of Barrett’s oesophagus, and the prevention of oesophageal cancer. In a CRUK [interview](https://news.cancerresearchuk.org/2023/10/11/seeing-those-results-for-the-first-time-made-my-whole-career-seem-worthwhile-peter-sasieni-wins-don-listwin-award/) released to coincide with the award, Peter reflects that publication of his study showing a dramatic reduction in cervical cancer incidence following HPV vaccination has been the highlight of his career to date: ‘*Knowing that science and health service implementation can virtually eliminate a cancer that had once been one of the most common causes of death of women worldwide was incredibly uplifting*’. | cid:image039.jpg@01DA0008.E5AF24D0 |
| **2.2 million years of life lost due to cancer each year in the UK**  11 October (Judith Offman, Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis) | |
| cid:image040.jpg@01DA0008.E5AF24D0  cid:image041.jpg@01DA0008.E5AF24D0 | A new [study](https://pubmed.ncbi.nlm.nih.gov/37726479/) shows that 2.2 million years of life are lost (YLL) to cancer in the UK every year. Data from 1988-2017 show that around 1in5 YLL are from lung cancer (>500,000/yr), due to the high number of diagnoses and poor survival. More than 213,000 YLL annually are to bowel cancer, and around 197,000 to breast cancer. Liver cancer had the largest increase in rates (157%), associated with increasing obesity prevalence and alcohol use. For some cancers rates have fallen, eg. YLL to cervical cancer in 1988 were ≈43,600, but cervical screening has reduced case numbers and led to earlier diagnoses, resulting in a reduction to ≈21,800 in 2017. The overall number of YLL to all cancers combined has risen since the 1980s (largely due to population increase), but rates have gone down by 15% over the 30yr study period, with biggest decreases in stomach (59%), cervical (58%) and breast (39%) cancers. Authors hope their research will be instrumental in helping leaders in health and politics make the best decisions for patients. This study was widely covered across UK media outlets. |
| **MSMilan2023 - 9th joint ECTRIMS-ACTRIMS Meeting**  11-13 October (Multiple Sclerosis Team. Centre for Preventive Neurology) | |
| The Preventive Neurology Centre’s Multiple Sclerosis team was out in force at the 9th joint international ECTRIMS/ACTRIMS [meeting](https://ectrims.eu/msmilan2023-abstracts/) in Milan from 11-13 October, with 13  team members attending. Ruth Dobson chaired the *Burning Debate* session: ‘All women with multiple sclerosis should start hormone replacement therapy at menopause unless contraindicated’, and a total of 7 posters were presented by Ruth, Ben Jacobs, and Alison Thomson. | cid:image042.jpg@01DA0008.E5AF24D0 |
| **ADRA2A and IRX1: possible risk genes for Raynaud’s syndrome**  12 October (Ben Jacobs. Centre for Preventive Neurology) | |
| cid:image043.jpg@01DA0008.E5AF24D0  cid:image044.jpg@01DA0008.E5AF24D0  cid:image045.jpg@01DA0008.E5AF24D0 | No causal genes have been robustly identified for Raynaud’s phenomenon (RP). A genome-wide association [study](https://www.nature.com/articles/s41467-023-41876-5) including 5147 cases and 439294 controls identifies three unreported genomic regions associated with RP risk. Researchers prioritized ADRA2A and IRX1 as candidate causal genes through integration of gene expression in disease relevant tissues, and further identified a likely causal detrimental effect of low fasting glucose levels on RP risk. Authors say their results provide the first robust evidence for a strong genetic contribution to RP, and highlight a previously underrated role of α2A-adrenoreceptor signalling, encoded at ADRA2A, as a possible mechanism for hypersensitivity to catecholamine-induced vasospasms. |
| **Pay‑for‑Performance incentives for specialised services in England**  13 October (Yan Feng. Centre for Evaluation and Methods) | |
| An evaluation of the implementation of a pay for performance (P4P) programme, ‘Prescribed Specialised Services Commissioning for Quality and Innovation’ (PSS CQUIN) in the English NHS [finds](https://link.springer.com/article/10.1007/s10198-023-01630-6) that the schemes had little or no impact on quality improvements in specialised services, which treat patients with rare and complex conditions. For 10 PSS CQUIN schemes from 2016-2019, researchers evaluated effectiveness across a range of targeted outcomes, estimated impacts on costs by scheme and year, and conducted semi-structured interviews and focus groups to gain insights into the complexities of contract design and programme implementation. A statistically significant improvement was found for only one scheme: in the clinical area of trauma, the incentive scheme increased the probability of being discharged from Adult Critical Care within 4hrs of being clinically ready by 7%. Authors conclude that the limited impact may be due to the size of incentive payments, complexity of the schemes’ design, and issues around ownership, contracting, and flexibility. | A graph of a number of hours  Description automatically generated with medium confidence  A graph of a number of hours  Description automatically generated with medium confidence  A graph of a number of hours  Description automatically generated with medium confidence |
| **FORTHCOMING EVENTS** | |
| **Webinar: Menopause and HRT Awareness - Myths and Facts**  18 October (Matina Iliodromiti. Centre for Public Health and Policy) | |
| Matina Iliodromiti will present a webinar, providing a general awareness of the menopause and HRT, and talking about some of the myths and facts associated with each. Webinar will commence at 2:30pm – Book [here](https://forms.office.com/pages/responsepage.aspx?id=kfCdVhOw40CG7r2cueJYFNeEbNZxy3ZKovCa7mD2a01URVY5Tko5R1VQMjNXOUpRUTgxT0dBVzRaOC4u) | cid:image049.jpg@01DA0008.E5AF24D0 |
| **William Harvey Day 2023** 19 October (All WIPH centres represented) | |
| All are encouraged to attend the FMD flagship research conference, William Harvey Day, on 19 October. This is the first in person WH Day to be held since 2019, and will showcase cutting edge research across the Faculty.WIPH will field 11 posters in the Scientific Poster Competition, with representation from all six centres following internal selection. In addition, Francois van Loggerenberg will present on Youth Resilience in Urban Health (12:40), and Megan Clinch will co-chair the Global Health session from 13:55. For more information and to book tickets click [here](https://www.eventbrite.co.uk/e/william-harvey-day-2023-tickets-727374224887). | https://mcusercontent.com/5c820758e4ba81272cddcd321/images/5a3244fa-335e-4819-f37b-230c0216d4ed.png  https://mcusercontent.com/5c820758e4ba81272cddcd321/images/5a3244fa-335e-4819-f37b-230c0216d4ed.png |
| **WIPH Research Seminar, ‘Harbouring Illness: A collaborative film’**  24 October 12:15-13:00 (Esca van Blarikom. Centre for Primary Care) | |
| Everyone is welcome to attend this online WIPH Research Seminar with Esca van Blarikom. Harbouring Illness is a 20-minute film, produced through Esca’s PhD project on the experiences of working-age people living with multimorbidity in Tower Hamlets. The film presents the stories of three women living with long-term health conditions in Tower Hamlets, and offers insight into the everyday challenges of managing illness amidst an overstretched and underfunded healthcare system, the effects of social isolation, and the struggles inherent in trying to maintain a healthy life in the face of substandard living conditions. Esca will show the film and speak about the process of making it, and what she learned from it. Click [here](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjY3NDFkYjMtZWQxNi00YWFmLTliMDgtOTAxODZkZWYzZWE2%40thread.v2/0?context=%7b%22Tid%22%3a%22569df091-b013-40e3-86ee-bd9cb9e25814%22%2c%22Oid%22%3a%22f6e75423-6e83-4662-9b65-32a10048bd04%22%7d) to join the Teams meeting (Passcode: GsskoL) | **Harbouring Illness** |
| **Research Seminar:An AI-based algorithm to predict atrial fibrillation in general practice**  2 November, 13:30-14:20 (Jianhua Wu. Centre for Primary Care) | |
| This new online monthly Population Health Data Science research seminar series will share examples of research excellence in health data science from across WIPH, BCI, Barts Health, and more widely. We will h​ear from colleagues using a wide range of data resources and techniques, meet new collaborators, and exchange expertise in using electronic health records and multimodal health-related data to improve population health. The first seminar on 2 November will be introduced by Carol Dezateux and Rohini Mathur, and the presentation will be made by Jianhua Wu. Click [here](https://teams.microsoft.com/l/meetup-join/19%3ameeting_Y2FmM2M1NDMtY2U5NS00OGExLWI0NDAtZDdhYzlkN2Q4NzFk%40thread.v2/0?context=%7b%22Tid%22%3a%22569df091-b013-40e3-86ee-bd9cb9e25814%22%2c%22Oid%22%3a%226fa264d9-4216-4271-a012-b22d08e0ef6e%22%7d) to join the meeting (passcode: hDGtsf). | cid:image053.jpg@01DA0008.E5AF24D0 |
| **Webinar: Using CPRD data via Queen Mary’s Multi-Study Licence**  20 November 10am (Clinical Effectiveness Group, Centre for Primary Care) | |
| Queen Mary now has a Multi-Study Licence to access data from Clinical Practice Research Datalink ([CPRD](https://www.qmul.ac.uk/ceg/data-resources/cprd-clinical-practice-research-datalink/)), a longitudinal dataset from primary care health records of 60 million patients representative of the UK population. The data can be linked to a range of other health-related data. The QM licence, which enables staff and PhD students to access the data for approved studies at a reduced cost, is funded by Barts Charity until 2027 as part of the [Precision Health: Population Health Data Science](https://www.qmul.ac.uk/precision-health/population-health-data-science/) research programme, jointly led by the CEG and the BCI. For information about fees and a guide to accessing CPRD data via the licence, contact the [team](mailto:wiph-cprd@qmul.ac.uk) or check the CEG [website](https://www.qmul.ac.uk/ceg/data-resources/cprd-clinical-practice-research-datalink/). [Register here](https://forms.office.com/e/nNUp8hxcg7) to join the webinar 20 November to hear from colleagues who are already using CPRD data, and to find out more about the Licence. | cid:image054.jpg@01DA0008.E5AF24D0  cid:image055.jpg@01DA0008.E5AF24D0  cid:image056.jpg@01DA0008.E5AF24D0 |
| **Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to** [**j.a.mackie@qmul.ac.uk**](mailto:j.a.mackie@qmul.ac.uk) | |