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| **WOLFSON INSTITUTE OF POPULATION HEALTH**  **NEWSLETTER**  **ISSUE 13: 18 MAY 2022** | | |
| **In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in the final days of April and the first half of May.** | | |
| **FROM OUR DIRECTOR** | | |
| Dear All  Last week saw the publication of the latest Research Excellence Framework (REF 2021). I am very pleased with the outcome of the REF: across the Faculty, 90% of our outputs were ‘world class and international leading’ which affirms the high quality and positive impact on society of our work. While the assessments were submitted prior to our merger, the result reflects the hard work of every member of staff across the Wolfson Institute of Population Health over many years. Areas for improvement were highlighted by the REF, and we look forward to building on this foundation through our exciting plans for future research. | | |
| I’d also like to congratulate everyone on their involvement in the Festival of the Communities. The fabulous response from our teams demonstrates our clear commitment and enthusiasm for engagement with our local communities, and speaks volumes about our attitude to PPI.  Best wishes,  Fiona | | A close-up of a person smiling  Description automatically generated |
| **FROM OUR LEADERSHIP TEAMS AND REPRESENTATIVES** | | |
| **Complexity and Social Science Theme** (Guest writers Nina Fudge and Sandra Jumbe)  Talking out the stigma: the power of language in mental health care  At the May Curiosity Workshop, Sandra Jumbe (CEM) discussed her experience researching young people’s mental health in Malawi, focussing on the complex challenge of researching a health area for which there is great policy and service need, but not the words to describe the patient experience. Sandra discussed the implications this has for conducting research and uncovering researcher assumptions. Following [online focus groups](https://journals.plos.org/plosone/article/authors?id=10.1371/journal.pone.0265530) with university students and local youth groups, she adapted an existing [survey](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068770/pdf/ijerph-15-01318.pdf) for assessing mental health literacy in young people and translated it into the local Chichewa language. In the course of translating terms within the survey items and interpreting participants’ responses to the survey, it became clear that there is not only a lack of communication about mental health, but also a lack of words to describe a mental health condition in Chichewa. This reinforces the power of language in mental healthcare, and contributes to health inequalities and injustices in terms of people feeling listened to and the services they can access. Sandra is now pursuing creative approaches to engage young people in producing resources to develop a shared common language for talking about mental health in Malawi. This work has also informed development of a mental health literacy e-curriculum for university students in Malawi to access as part of a mandatory life skills course. | | |
| **Education News** (Mark Freestone, Director of Education)  We are delighted to welcome all our brand new WIPH Education Administration Team members, who have joined us over the past few months:  Hanif Ali – Education Manager  Helena Ahmed – Education Administrator  Lucy Berner – Course Administrator  Salimah Ulyjan – Course Administrator  They join Lynette Edwards, who has been with us for some time but is now a much-valued asset to the Education Admin team! | | |
| **GENERAL INSTITUTE NEWS** | | |
| Triage of high-risk HPV positive women: S5 DNA Methylation testing 27 April (Belinda Nedjai, Attila Lorincz, Dorota Scibior-Bentkowska, Jack Cuzick, Centre for Prevention, Detection and Diagnosis) | | |
| Human papillomavirus (HPV) screening is effective in preventing invasive cervical cancers, but because most HPV positive women have transient infections that will regress naturally, many colposcopy referrals and associated cervical excisional treatments are unnecessary and could be reduced with better triage tests. A WIPH-led [study](https://onlinelibrary.wiley.com/doi/10.1002/ijc.34050) on a population-based sample of high risk HPV positive women with cervical biopsies within 12 months after routine cervical screening has shown that DNA methylation using the S5 classifier as a triage test has significantly greater sensitivity, and similar positive predictive value for detection of cervical intrathelial neoplasia grade 3 or greater (CIN3+) compared with HPV genotyping or cytology triage. S5 is also able to improve discrimination between low- (<CIN2) and high-grade (CIN2/CIN3+) cervical pre-cancer, a finding of importance for management of CIN2, given the complexity and uncertainty associated with this diagnosis. Co-author Belinda Nedjai said: “*The use of the S5 DNA methylation marker for triage of high risk HPV positive women could potentially reduce the number of women referred to colposcopy by 10 to 15%”.* | https://www.qmul.ac.uk/wiph/media/qmul/research/ow3-research/HPV-virus-2-800x400.jpg | |
| **WIPH academic wins Global Challenges Teaching Award**  28 April (Jonathan Kennedy. Centre for Public Health and Policy) | | |
|  | Jonathan Kennedy has won a 'Pandemics' category award in the US-UK Fulbright Commission's inaugural [Global Challenges Teaching Awards](https://www.fulbright.org.uk/global-challenges/global-challenges-teaching-awards), a programme to increase access to global learning for students in both countries. Jonathan will collaborate with Jessie Dubreuil from the Center for Innovations in Teaching (U. of California) to develop a 'virtual exchange' to allow their students to learn about the similarities and differences between health inequalities in the US and UK. Using the Collaborative Online International Learning teaching method, the scheme will promote digital innovation to collaborate on student projects. Jonathan said: "This will allow my students to get first hand insights into health inequalities in the US, and to develop their intercultural competence.The project makes the benefits of educational exchange accessible to all students, not just those who have the time and money for a year abroad." | |
| **Management of exercise in patients with asthma**  29 April (Anna de Simoni. Centre for Primary Care) | | |
| A qualitative [analysis](https://bjgpopen.org/content/early/2022/04/27/BJGPO.2021.0162) of discussions about exercise in a UK asthma online community has shown that patients are unsure about how to exercise and use inhalers with exercise, and that interventions to address this, especially in primary care settings could be useful. Themes identified in online posts included fear of experiencing asthma symptoms during exercise, lack of information about how to deal with symptoms, emotional response, and involvement of healthcare providers. Guidelines for healthcare professionals do not currently include instructions on management of exercise in patients with asthma, and exercise in asthma is not routinely discussed in consultations. The authors conclude that receiving positive reinforcement and support from healthcare professionals is a facilitator to exercise, and that interventions aimed at raising clinicians’ awareness, as well as providing practical and emotional support to patients with asthma engaging with exercise are warranted. | C:\Users\mackie02\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8CD90D79.tmp | |
| **Outstanding response from WIPH for Festival of the Communities**  29 April | | |
| C:\Users\mackie02\Downloads\image005.png | WIPH has fielded a stellar response to the call for activities at the QMUL [Festival of the Communities](https://www.qmul.ac.uk/festival/festival-programme-2022/), to be held on 11 and 12 June. Of 74 applications received by the Public Engagement Office, 25 were from Medicine and Dentistry, with 14 of these coming from WIPH. WIPH staff have also contributed to other non-Faculty related activity applications. Public Engagement told us: “*WIPH is very well represented, not just within the Faculty, but also QMUL as a whole*”. This fabulous response from our teams demonstrates our clear commitment and enthusiasm for engagement within our local communities. | |
| **Sustainable Development Goals for anaemia**  1 May (Jahnavi Daru. Centre for Public Health and Policy) | | |
| In an invited [commentary](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00127-9/fulltext) in *Lancet Global Health*, Jahnavi Daru introduces a [paper](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2822%2900084-5) by Gretchen Stevens et al providing global estimates of anaemia prevalence. While the paper shows that prevalence of moderate and severe anaemia is generally improving globally, with a trend towards mild to moderate anaemia, it is also “a sobering read”, showing that anaemia prevalence appears to have changed little globally in the past 20 years, and that the targets for anaemia reduction set by the UN Sustainable Development Goals might still be beyond reach by 2030. Some countries (eg: Guatemala and the Philippines) have shown improvements in anaemia prevalence, suggesting that there might be hope for other countries to follow suit, but Jahnavi concludes: “*In order for real global progress to be made, systematic, multifactorial changes with a focus on managing the complexity of anaemia are needed by politicians, policy makers, and clinicians. Without continuing the momentum, we run the risk of ignoring this important, seemingly simple problem*.” |  | |
| **£3.1 million for PROTECT trial: population-based genetic testing for cancer risk in women**  4 May (Ranjit Manchanda. Centre for Prevention, Detection and Diagnosis) | | |
| cid:image001.jpg@01D85B33.4AAD4A00  cid:image001.jpg@01D85B33.4AAD4A00 | A £3.1 Yorkshire Cancer Research grant will support work on the PROTECT clinical trial to investigate the risks, benefits, and feasibility of introducing population-based genetic testing for women to determine if they are at high cancer risk. 1 in 20 cancers in women are caused by inherited genetic faults and are potentially preventable, but 97% of women with these faults remain unidentified. If found through testing, they (and subsequently their relatives) can take measures such as preventive surgery, or undergo chemoprevention, to prevent breast, bowel, womb and ovarian cancer from developing. They can also undergo regular enhanced screening to enable earlier diagnosis, when outcomes likely to be better and more treatment options may be available.  Project lead Ranjit Manchanda said: *“This study can change the paradigm for implementing genetic testing in healthcare for patient and population benefit, preventing thousands more cancers than any current clinical strategy, saving many lives. Women diagnosed to have a high risk gene after getting cancer is a failure of cancer prevention.”* | |
| **Deferred consent in emergency obstetric research**  4 May (Jahnavi Daru, Farzana Khanom. Centres for Public Health and Policy/Evaluation and Methods) | | |
| **A** [study](https://doi.org/10.1136/bmjopen-2021-054787)based on interviews with women and recruiters in the *ACROBAT* pilot trial for severe postpartum haemorrhage management has examined how deferred consent procedures worked in practice. The pilot trial recruited women who needed a blood transfusion for active bleeding within 24hrs of delivery in four London maternity services. Advance consent for participation was waived with Ethics Committee approval, and women in both intervention and control sites were approached postnatally for consent to collect their routine, deidentified, clinical data. Consent procedures in the pilot trial were generally acceptable and the intervention was viewed as low risk, but most women did not remember much about the consent conversation. Study findings indicate that deferred consent procedures raise similar concerns to taking consent when emergency obstetric research is occurring: the risk that participants may conflate research with clinical care, and that their ability to process trial information may be affected by the stressful nature of recovery and newborn care. Participant information was complicated by explanations about the cluster design and change in transfusion process, even though the consent sought was for access to medical data. Authors conclude that a future trial may support more meaningful informed consent by extending the window of consent discussion and ensuring trial information is minimal and easy to understand. | https://static.wixstatic.com/media/bc0a81_3151d0a6d9214457b2e88cdbc20a10fc~mv2_d_3560_2374_s_2.png/v1/crop/x_329,y_544,w_2909,h_1233/fill/w_570,h_242,al_c,q_85,usm_0.66_1.00_0.01,enc_auto/bc0a81_3151d0a6d9214457b2e88cdbc20a10fc~mv2_d_3560_2374_s_2.png | |
| **How data can improve maternity care**  5 May (Stamatina Iliodromiti. Centre for Public Health and Policy) | | |
| https://www.oaa-anaes.ac.uk/assets/_managed/cms/images/Meetings/2022/ASM/OAA_AGM_Header2022D.jpg | Senior Lecturer in Women’s Health and Reproductive Medicine and Director of the Women’s Health Research Unit, Matina Iliodromiti, presented a lecture entitled: How data can improve maternity care” at the Obstetric Anaesthesia Annual Scientific Meeting 2022 in Newport, Wales. The lecture was part of the session entitled: Big data and obstetric anaesthesia. | |
| **Integrating smoking cessation into UK lung cancer screening**  5 May (Samantha Quaife. Centre for Prevention, Detection and Diagnosis) | | |
| To investigate whether and how smoking cessation treatment should be integrated into lung cancer screening in the United Kingdom, researchers have carried out a [study](https://onlinelibrary.wiley.com/doi/epdf/10.1111/hex.13513) to gain the perspective of screening-eligible individuals. Data obtained through focus groups and telephone interviews indicated that integration of smoking cessation into lung cancer screening was viewed positively by those eligible to attend. Authors also conclude that screening appointments providing personalized lung health information may increase cessation motivation, services should proactively support participants with possible fatalistic views of risk and decreased cessation motivation on receiving a good screening result, and that person-centred services increase engagement in cessation. | https://www.qmul.ac.uk/media/qmul/media/2019/smoking_640.jpgRadiologist reading a CT scan. Credit:peakSTOCK/iStock.com | |
| **Towards a Common Waters Policy**  5 May (Megan Clinch. Centre for Public Health and Policy) | | |
| Graphical user interface  Description automatically generated | Megan Clinch, in partnership with Yorkshire artist Ruth Levene, has published a new book, [Towards a Common Waters Policy](https://ruthlevene.co.uk/works/a-common-waters-policy). The work is the culmination of a journey to discover what was causing flooding in the Calder catchment (West Yorkshire), and is the product of research with people involved in flood recovery/resilience, conservation, and tourism, groups involved in natural flood management groups, conservationists, anglers, governmental and third sector organisations, as well as local residents and people who had had their homes and businesses flooded. This book is a call to action based on the knowledge, struggles, ingenuity and hopes of those involved in the project, and from whom lessons can be learned when addressing the climate emergency in our own local environments. The project forms part of the Test Site series, commissioned by UK charity Arts Catalyst, which works across art, science and technology to produce ambitious new projects that critically engage with our changing world. | |
| There is no *global* in global health security 5 May (Aida Hassan. Centre for Public Health and Policy) | | |
| WIPH PhD student Aida Hassan has written a guest [blog](https://speakingofmedicine.plos.org/2022/05/05/there-is-no-global-in-global-health-security/) on global health security for the PLOS Journals’ blogsite: Speaking of Medicine and Health. The conceptof ‘global health security’ is now common currency in academic and public discourse, but Aida poses the question: *Whose security are we protecting?* She notes that this agenda lacks representation from low and middle-income countries, and is dominated by the political leadership of privileged White men from high income countries. Global health security, she argues, is not global in essence, and serves to protect the interests and security of those in positions of power. Her conclusion is that the only way to envision a world safe from infectious disease threats is to ensure that global health security reflects the global majority and to challenge the power asymmetries holding us back. Aida is currently researching the conceptual challenges of global health governance in the context of conflict and political violence, focusing on the Middle East and North Africa. |  | |
| **Funding to evaluate AI technology for timely and equitable dementia diagnosis**  6 May (Charles Marshall, Alastair Noyce. Centre for Prevention, Detection and Diagnosis) | | |
| NIHR integrated clinical academic fellowship awards funding - closing date  July 1st - SWAST CPD  C:\Users\mackie02\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\6970A80F.tmp  **C:\Users\mackie02\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1761E867.tmp** | NIHR funding of just under £1 million has been awarded for the ABATED (Automated Brain Image Analysis for Timely and Equitable Dementia Diagnosis) project, a three year clinical validation study to evaluate an artificial intelligence technology for interpretation of brain scans. Researchers hope that this will support earlier and more accurate dementia diagnosis. The project will be conducted in East London memory clinics, serving a particularly diverse and deprived population, to enable evaluation of how the technology might reduce inequalities in dementia diagnosis. Industry partner AINOSTICS has developed technology highly accurate at predicting future development of dementia in research datasets. Project lead Charles Marshall said: “*This project will be instrumental in levelling up dementia diagnosis in the NHS. We urgently need new technologies to deliver more timely and accurate diagnosis in memory clinics, and to ensure that access to diagnosis is not influenced by ethnicity, postcode or socio-economic status. We hope this will help prepare the NHS to deliver future treatments for dementia as equitably as possible”.* | |
| **Childhood BMI and multiple sclerosis risk**  9 May (Luke Hone, Ben Jacobs, Charles Marshall, Alastair Noyce, Ruth Dobson. Centre for Prevention, Detection and Diagnosis) | | |
| PNU researchers have used Mendelian randomisation on data from recent large genome-wide association studies to examine whether there is a critical early age window in which higher body mass index is associated with increased risk of multiple sclerosis. A [new study](https://link.springer.com/article/10.1007/s00415-022-11161-4) assessing body mass index in four age ranges (< 3 months, 3 months–1.5yrs, 2–5 yrs, and 7–8 yrs) shows that, for all of these age groups other than birth (<3 months), higher genetically determined body mass index was associated with an increased MS risk. The paper notes that these effects may be mediated by effects on adult body mass index. The authors conclude that understanding the nature and timing of this association may shed light on the biological pathways leading to the clinical development of MS, and increase the rationale for targeted obesity prevention programmes in early life. | https://www.qmul.ac.uk/growth-monitor/media/grasp/images/BMI-300x300.jpg | |
| **Fellowship of the European Academy of Cancer Sciences**  12 May (Jack Cuzick. Centre for Prevention, Detection and Diagnosis) | | |
|  | Congratulations to Professor Jack Cuzick, who has been elected a Fellow of the European Academy of Cancer Sciences. The Academy is an independent advisory body of distinguished oncologists and cancer researchers, placing science at the core of policies to reduce death and suffering caused by cancer in Europe. It operates as a virtual body, bringing together individuals with outstanding scientific and academic credentials covering all cancer disciplines. The Academy aspires to collectively address the societal challenge that cancer is posing in Europe at large. | |
| **Knowledge, attitude and practice on Dengue fever in Central Nepal**  May 12 (Doreen Montag. Centre for Public Health and Policy) | | |
| A cross-sectional mixed-methods [study](https://doi.org/10.1186/s12879-022-07404-4), including quantitative (660 household surveys) and qualitative data (12 focus group discussions and 27 in-depth interviews), compared Dengue fever knowledge, attitude, and practice of people residing in lowland and highland areas of central Nepal. Results show that both awareness about and prevention measures for Dengue fever were very low, with knowledge being better in lowland areas. Authors conclude that there is an urgent need for extensive Dengue prevention programmes in both highland and lowland communities of Nepal. | File:Tansen at sunset, Palpa, Nepal.jpg | |
| **Computer-assisted radiographer reporting in lung cancer screening**  14 May (Samantha Quaife, Stephen Duffy. Centre for Prevention, Detection and Diagnosis) | | |
| Professor Stephen Duffy, Professor of Cancer Screening at the Wolfson Institute of Preventive Medicine, and Professor John Field, from the University of Liverpool’s Department of Molecular and Clinical Cancer Medicine, comment on recently published results from a lung cancer screening trial. | Successful mass lung cancer screening requires timely, accurate reporting of computed tomography scans, placing considerable demand on existing radiology resources. As a potential strategy to optimise resources, an observational cohort study has examined the possibility of using trained radiographers using computer-assisted detection software to report on scans. [Results](https://doi.org/10.1007/s00330-022-08824-1) showed that radiographers supported by computer assisted detection software were less sensitive than radiologists at identifying clinically significant pulmonary nodules, but had a low false-positive rate, and good sensitivity for detection of confirmed cancers. The findings highlight the complexity of computed tomography reporting requirements, including limitations of computer assisted detection software and the breadth of incidental findings, but the authors conclude that they are unable to recommend computer assisted detection software-supported radiographers as a sole reader of lung cancer scans. | |
| **Government delays ban on junk food multi-buy deals**  14 May (Graham MacGregor. Centre for Public Health and Policy) | | |
| The Department of Health has announced that plans to ban multi-buy junk food deals will be deferred for a year while officials assess the impact on household finances of the increasing cost of living. Plans to restrict TV advertising of junk foods before the 9pm watershed, and paid-for online advertisements are also being paused for a year and will not come into force until January 2024. Speaking to the BBC, Professor Graham Macgregor said the delays contradicted the government's "levelling up" agenda. "*Boris Johnson could have left a legacy of being the first prime minister to address obesity in a meaningful way, particularly in restricting advertising and promotion of unhealthy food which were his flagship policies. Instead, he has given in to his own MPs, and an aggressive food industry, who, ironically, were starting to comply with these new policies.*" |  | |
| **Helping pregnant smokers quit: E-cigarettes as safe as nicotine patches and may be more effective**  16 May (Peter Hajek , Dunja Przulj , Francesca Pesola , Chris Griffiths , Katie Myers Smith.  Centres for Public Health and Policy/Primary Care) | | |
| C:\Users\mackie02\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\654D5C8A.tmp | Results from an [RCT](https://www.nature.com/articles/s41591-022-01808-0) of 1140 pregnant smokers who received either nicotine patches or refillable e-cigarettes to help them quit suggest that e-cigarettes might be more effective for quitting than patches, and that e-cigarettes are as safe as patches in pregnancy. The safety profiles of patches and e-cigarettes were similar, but low birthweight was less frequent in the e-cigarette arm. The unadjusted primary analysis could not confidently demonstrate that e-cigarettes are more effective than patches in helping pregnant women quit, but the effects of e-cigarettes appear to have been masked by e-cigarette use in the nicotine patch arm. When abstinent participants using non-allocated products were excluded, e-cigarettes were markedly more effective than patches in all abstinence outcomes. Co-author Peter Hajek said: “*While it is best for pregnant smokers to stop smoking without continuing to use nicotine, if this is difficult, e-cigarettes can help smokers quit, and are as safe as nicotine patches. Many stop smoking services already use e-cigarettes as an option for smokers generally. Such use can now also be adopted in stop-smoking services for pregnant women.*” | |
| **Bowel screening programme significantly reduces risk of advanced colorectal cancer**  16 May (Dharmishta Parmar, Stephen Duffy. Centre for Prevention, Detection and Diagnosis) | | |
| The first national evaluation of the English bowel cancer screening programme’s effect on stage of colorectal cancer has shown that the programme significantly reduced the risk of advanced colorectal cancer, and is therefore likely to achieve its aim of reducing mortality from the disease. [Results](https://academic.oup.com/jnci/advance-article/doi/10.1093/jnci/djac100/6586300) suggest that people who are screened are 32% less likely to be diagnosed with advanced stage colorectal cancer than those who are invited to screening but do not attend. This population-based randomised case-control study of screening participants included 14,636 individuals diagnosed with primary colorectal cancer in 2012-13, and 29,036 unaffected individuals. The authors estimate that in 100,000 people screened biennially between ages 60-74, 435 fewer advanced colorectal cancer cases occur by age 80 than in a similar unscreened group. Corresponding author Stephen Duffy said: “*This study shows that the NHS bowel screening programme is likely to achieve its aim of reducing mortality from the disease. We now use faecal immunochemical testing, which is more sensitive to both cancer and pre-cancer, so the benefits of the programme in future are likely to be even greater than those we observed*.” | Bowel Cancer | |
| **STAFF NEWS** | | |
| We are delighted to welcome our new Professor of Medical Statistics, **Beth Stuart**, who will join us from the University of Southampton from 12 May. Beth and Richard Hooper (currently interim Director) will become Co-Directors of the PCTU in the Centre for Evaluation and Methods. Beth’s previous experience of clinical trials in primary care and the community makes her a perfect fit for the Centre and Unit, and she joins us at a time full of new opportunities. Beth can be contacted on [b.l.stuart@qmul.ac.uk](mailto:b.l.stuart@qmul.ac.uk) and is really looking forward to meeting everyone and exploring new collaborations. | A person with long hair smiling  Description automatically generated with low confidence | |
| **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) | | |