

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 62: 13 September 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late August and the first half of September.

FROM OUR INSTITUTE MANAGER

Dear Colleagues

As we say goodbye to summer and welcome autumn, it is that time of the year when our new group of Postgraduate Taught students join us. As ever, our fantastic Education Team have been busy planning inductions and helping students settle into their programmes. Please do welcome our students if you happen to see them across our campuses.

Please also join me in welcoming our two new professors as part of the Academic Centre for Healthy Ageing (ACHA). Liz Sampson and Adam Gordon are joining the Centres for Psychiatry and Mental Health and Primary Care. ACHA has been designed to speed up health and care transformation in our local community by connecting research to frontline care.

Congratulations to all those who have presented their excellent work in recent conferences, and good luck to everyone heading off to meetings in the coming weeks.

Do look out for details of Lola Oyebode's Inaugural Lecture on 25 September (see forthcoming events below). Everyone is welcome and encouraged to attend.

To end on a fun fact, on 5 September our WIPH researchers hit a new publication record of seven papers in a single day. Well done all!

With best wishes,

Sab



MEET WIPH

MEET - VELINE L'ESPERANCE (Centre for Primary Care)

How would you describe your roles and responsibilities?

I am an Academic GP, leading the primary care aspects for our recently launched Black Health Legacy Study. We are currently in the set-up phase, focusing on developing our protocol and ethics application, and engaging with delivery partners, including general practices, hospitals and community organisations. I still practice clinically as a GP in SE London, am a Senior Clinical Advisor for the NHS Race and Health Observatory, and I sit on the NICE Technology Appraisals Committee.

What has been your greatest professional achievement?

Having our Black Health Legacy study funded through a [Wellcome Trust Discovery Award](#). Our goal, to identify genetic variants altering HbA1c in diverse populations, will allow us to develop a precision approach to define type 2 diabetes diagnosis and management, based on individualised HbA1c thresholds. We will also build a new bioresource for Black African and Caribbean individuals.

What aspects of your role do you most enjoy?

I enjoy the challenge of problem-solving, whether it's overcoming technical obstacles, managing team dynamics, or navigating funding and resource constraints, and econometric modelling is one of my passions. The process of uncovering patterns, relationships, and trends in data can be exciting, especially when it leads to a deeper understanding of economic behaviour, or informs policy decisions.

What would be your second choice as a profession?

A garden designer - I absolutely love gardening and garden design. Being outside, working with plants, soil, and the changing seasons, brings a sense of peace and grounding.

What do you enjoy doing outside work?

As well as gardening, I enjoy hiking and travelling. There's a sense of adventure in exploring new trails, and discovering places that are off the beaten path. Each hike is an opportunity to experience something new, while providing a sense of accomplishment.

Something most people don't know about you?

I grew up on a tiny island in the British Virgin Islands, constantly surrounded by nature, beautiful beaches and crystal-clear waters. I enjoy being in and on the sea, whether it be swimming or sailing.

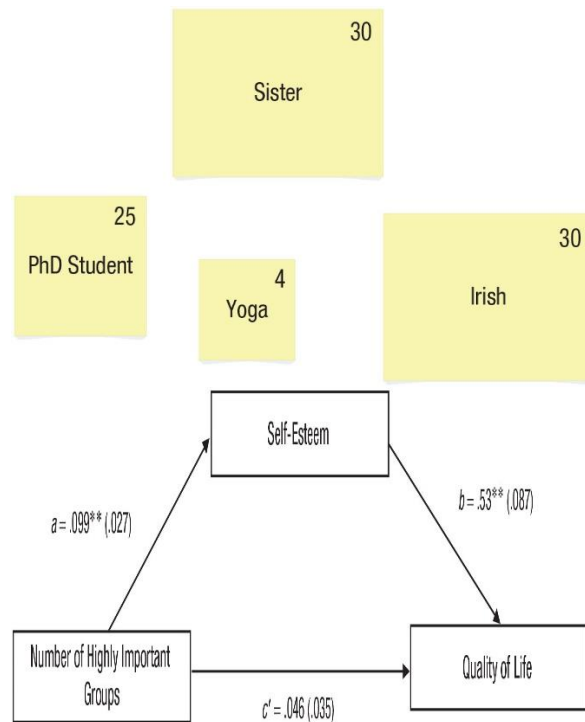


GENERAL INSTITUTE NEWS

Social identity mapping and psychotic disorders

26 August (Lauren Hickling, Maeve Conneely. Centre for Psychiatry and Mental Health)

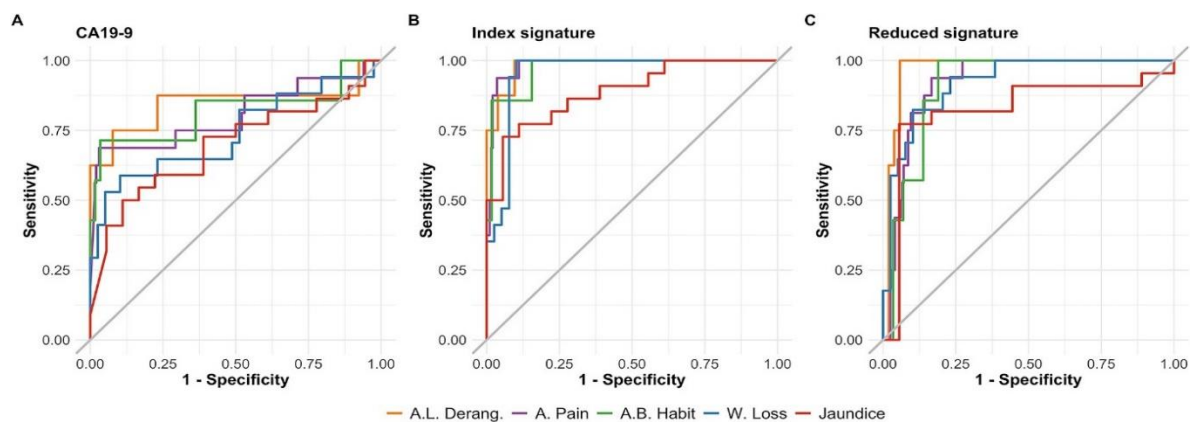
In a survey of 200 people with psychosis, researchers use social identity mapping (SIM) to investigate the relationships between social identity features, self-esteem, and quality of life (QoL). Participants named their groups, roles, and relationships, and how they felt about these. SIM names were categorized into 10 groups, with activities (39%) being most common and local residence (1%) the least. The only variable associated with better QoL was having a greater number of highly important connections, though this was mediated by self-esteem. Authors conclude that clinicians and researchers should examine the potential of social identification, the internalization of social connections, as a means of improving quality of life.



A serum proteomic biomarker panel for early pancreatic cancer detection

29 August (Oleg Blyuss. Centre for Cancer Screening, Prevention and Early Diagnosis)

Addressing an absence of accurate diagnostic biomarkers for early pancreatic cancer detection, researchers use a cohort of patients with benign pancreatic and biliary tract conditions to develop a biomarker signature capable of distinguishing patients with non-specific but concerning symptoms from those with pancreatic ductal adenocarcinoma (PDAC). Employing the Olink Oncology II panel with 5 added in-house markers, they screened 539 patient serum samples (benign disease controls, healthy controls, and PDACs). The developed signature demonstrated predictive capabilities outperforming CA19-9 (the only pancreatic cancer biomarker currently accepted by the FDA and NCCN) and other biomarkers and combinations, to distinguish patients with non-specific but concerning symptoms from those with PDAC, with implications for improving its early detection in individuals at risk.



Food security and health – the future of Amazonian populations

29 August (Jonathan Filippin, Lola Oyebode. Centre for Public Health and Policy)

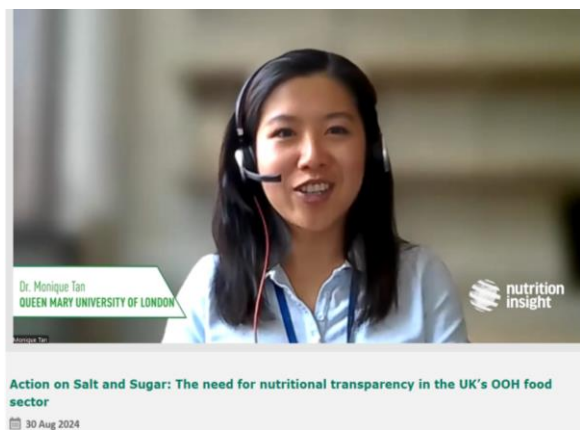
A press release announces the launch of an initiative bringing together researchers from QMUL, Fiocruz Amazônia, and the Getúlio Vargas Foundation to implement a project on *Future of Amazonian Populations: Food security and health in a scenario of changes that impact their ways of life and the environment in which they live*. The initiative aims to understand food security in Brazil, focusing on the rural riverside area of Manaus, and the largest group of favelas in Rio de Janeiro, the Complexo da Maré, territories that both experience food vulnerabilities. The project launch was attended by Jonathan Filippin and Lola Oyebode (WIPH), and will lead to a longer term study to understand factors affecting food security, and to prevent problems directly affecting the health of these populations. The ongoing project will gradually involve more researchers from WIPH. Seed funding for the initial collaboration on this project was provided by the QMUL Global Policy Institute.



The need for nutritional transparency in the UK out of home food sector

30 August (Monique Tan, Centre for Public Health and Policy)

Following the recent publication of the *Healthiness Assessment in the UK Out of Home Sector* report, lead author Monique Tan discussed the findings and recommendations in an [interview](#) with Nutrition Insight. She highlighted the report's recommendations on the need for nutritional information availability, healthiness assessments, and for governments to make it mandatory for companies to report on the healthiness of their products.



New Academic Centre for Healthy Ageing appoints WIPH professorial chairs

30 August (Adam Gordon, Liz Sampson, Centres for Primary Care/Psychiatry and Mental Health)

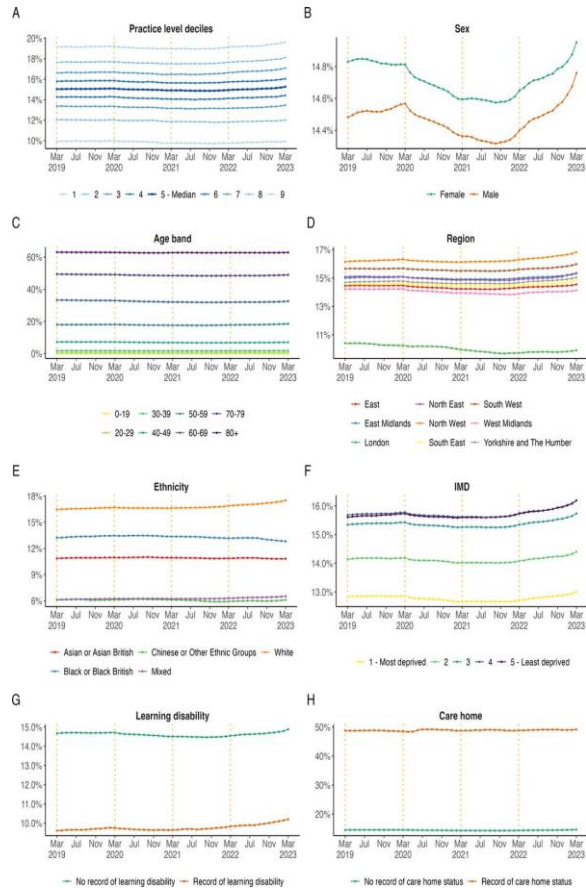


Professors Adam Gordon and Liz Sampson will join WIPH in early autumn to begin work with the new Academic Centre for Healthy Ageing (ACHA), a research, education and training centre from Barts Health NHS Trust and QMUL, with a remit to address key local priorities in healthy ageing research. Joining the CPC, Adam is a clinical academic geriatrician with a focus on implementing evidence-based models of care to improve health outcomes for older people who live with frailty. Liz is an experienced clinical academic with a focus on conditions including delirium,

Pandemic impact on blood pressure screening & hypertension management

30 August (Miriam Samuel. Centre for Primary Care)

A study of 25.2 million NHS patients from English general practices uses the OpenSAFELY platform to examine changes in recorded blood pressure (BP) screening, and the hypertension prevalence and % of patients treated to target between March 2019 and March 2023. Among patients aged ≥ 45 who had BP screening in the preceding 5yrs, screening decreased from 90 to 85% over the 4yr period. Hypertension prevalence (15%) was relatively stable throughout. Patients with a record of hypertension treated to target in the preceding 12 months reduced from 71% (March 2020) to 47% (Feb 2021) in patients aged ≤ 79 , and from 85% (March 2020) to 58% (Feb. 2021) in patients aged ≥ 80 . Authors say OpenSAFELY can be used to continuously monitor changes in national quality-of-care schemes, to identify changes in key clinical subgroups early and support prioritisation of recovery from disrupted care.



Who will find haematology’s carbon emission ‘smoking gun’?

31 August (Stephen Hibbs. Centre for Primary Care)



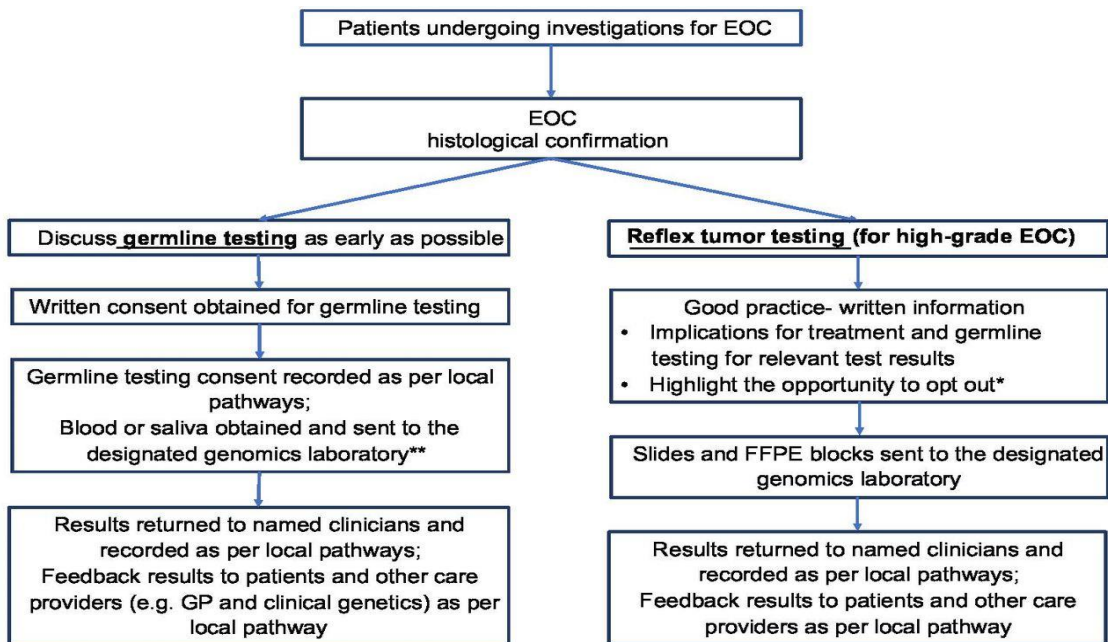
Who will find haematology's carbon emission 'smoking gun'?

Laying down a challenge for haematology colleagues in a [Limbic](#) interview, Stephen Hibbs explores priorities to address the environmental impact of haematology. He highlights professional conferences as having the heaviest carbon footprint, suggesting that organising committees could consider using the hub&spoke model or having plant-based conferences. He also identifies anticoagulation as a priority area, noting that no full life cycle assessment of heparin use for anticoagulation has yet been undertaken. Stephen concludes that although the big picture of climate change is overwhelming, *'let's do that which we can and that in itself is meaningful.'*

Consensus statement on genetic testing in epithelial ovarian cancer in the UK

2 September (Ranjit Manchanda. Centre for Cancer Screening, Detection and Early Diagnosis)

To update the previous guidance on standard of care for germline and tumour testing in patients with ovarian cancer, the British Gynaecological Cancer Society and British Association of Gynaecological Pathologists (BGCS/BAGP) re-assembled a multidisciplinary expert consensus group. For the first time the group included a patient advisor, and key change to the updates guidance was the use of patient focused groups to inform discussions related to reflex tumour testing. The new [report](#) summarizes the consensus group recommendations and audit standards to support continual quality improvement in routine clinical settings.



AWACAN-ED Southern African School for Cancer Research

2-6 September (Fiona Walter, Suzanne Scott, Kristen Arendse, Valerie Sills, Jone Lurgain. Centre for Cancer Screening, Prevention and Early Diagnosis)

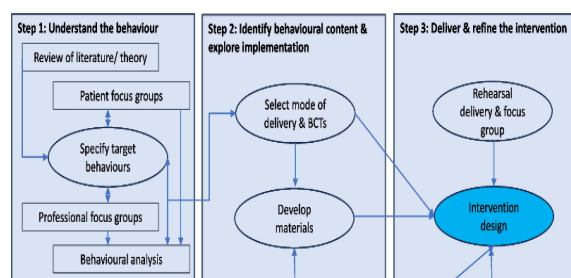
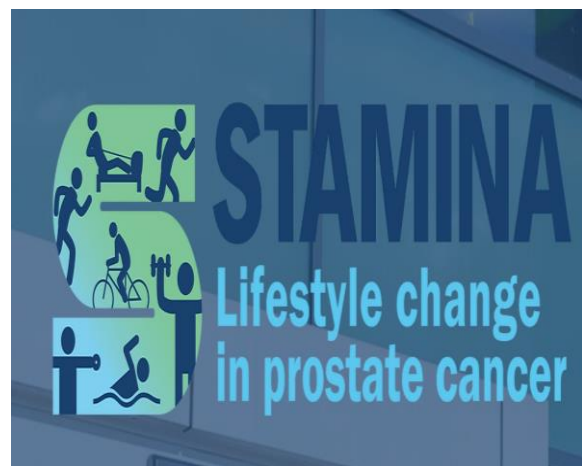


The third AWACAN-ED Southern African School for Cancer Research was held from 2-6 September in Cape Town, South Africa. The course focused on health system challenges in Southern Africa. Sessions included qualitative and quantitative methods in early diagnosis, behavioural science, health economics, and tailoring needs for prevention and early diagnosis in sub-Saharan Africa. Attendees included Master's and PhD students, clinicians, and other health professionals. The course ended with a conference reception with guests from the University of Cape Town, the Western Cape Department of Health, and Groote Schuur Hospital.

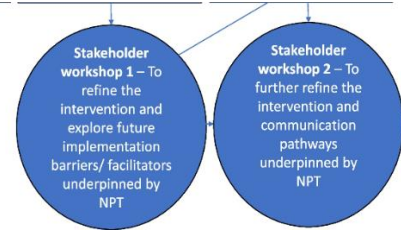
Stakeholder workshops and implementation of the STAMINA intervention

2 September (Liz Steed, Steph Taylor. Centre for Primary Care)

Despite NICE recommendations that men with prostate cancer on androgen deprivation therapy are offered 2x weekly supervised exercise to address treatment side effects, this is not routinely offered in standard clinical practice. As part of the development of the STAMINA (Supported exercise TrAining for Men with prostate caNcer on Androgen deprivation therapy) Lifestyle Intervention (SLI), researchers evaluated whether this recommendation can be delivered. Using Normalisation Process Theory (NPT) as the theoretical framework for discussion and analysis, stakeholder workshops examined intervention coherence and buy-in, and barriers and facilitators for embedding SLI in the NHS. Proposed strategies to support SLI implementation in the context of a trial were considered acceptable. Organisational implications of embedding and sustaining the SLI in preparation for wider NHS roll-out were



considered and (if proven to be effective) will be explored in the qualitative component of a process evaluation underpinned by NPT.



Choice and refusal of conventional breast cancer treatment

3 September (Stephen Duffy. Centre for Cancer Screening. Detection and Early Diagnosis)



Elle MacPherson's squad of quack doctors: Model refused chemo and turned to a vegan healer who claimed she got rid of her own cervical cancer with a 3-week detox

Reports that Australian model Elle Macpherson refused chemotherapy treatment for breast cancer, opting instead for a 'heart-led, holistic approach', have received global coverage, with cancer experts describing the unconventional 'treatment' as 'dangerous' and saying that they do not recommend it for the management of the disease as it could 'cost women their lives'. In comments published in the Mail Online, Stephen Duffy said that while patients must make their own decisions regarding treatment, *'It should be borne in mind that there are serious risks with refusing conventional treatment. With conventional treatment, five-year survival from breast cancer is around 85%.'*

The unsung generosity of cord blood donation

4 September (Stephen Hibbs. Centre for Primary Care)

In a BMJ [letter](#), Stephen Hibbs discusses the 'troubling and misleading' practice, frequently promoted in NHS spaces, of private umbilical cord blood banking. Parents pay private companies up to £3000 to freeze their baby's cord blood, for vague future use in case the child develops a condition that could be treated with stem cell therapy. He argues that the practice undermines the practice of cord blood donation, which facilitates lifesaving acts of generosity across borders and generations for patients, such as those with acute leukaemia, for whom finding a compatible donor is difficult. Stephen concludes: *A better*



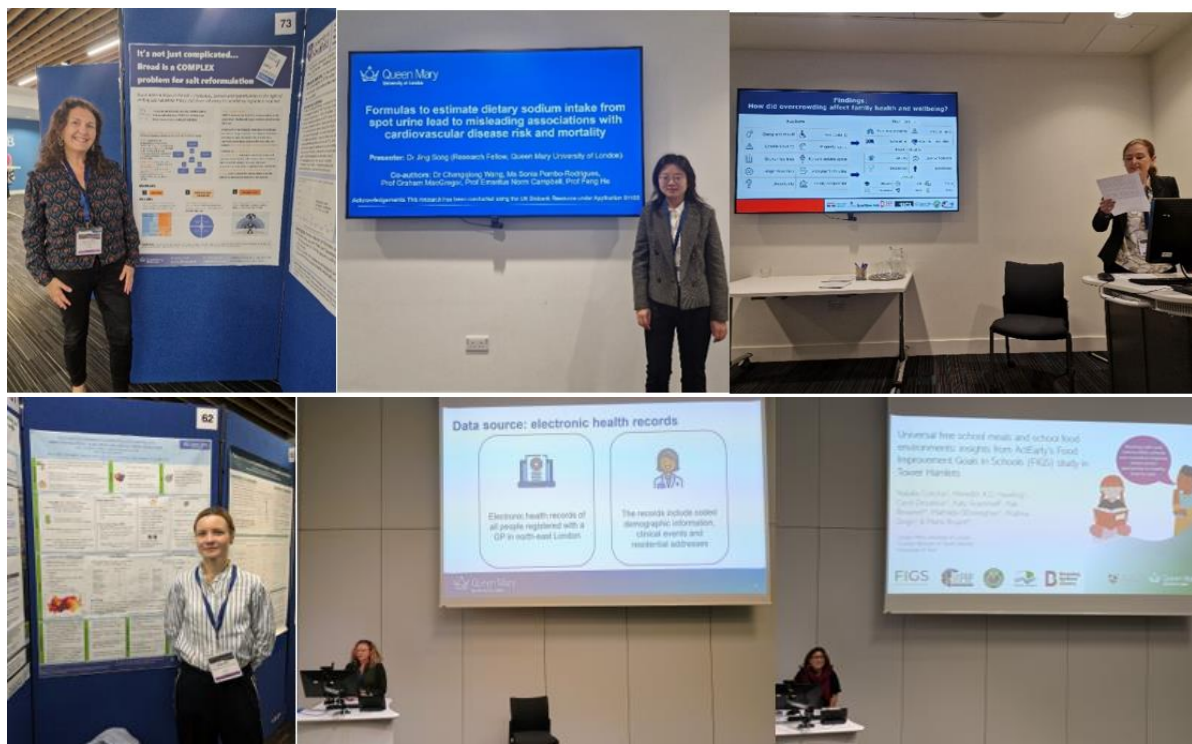
path to future wellbeing for newborns and all people lies, however, in acts of generosity and mutual care.



Social Medicine and Population Health 68th Annual Scientific meeting

4-6 September (Laura Nixon, Jing Song, Iona Hinds, Amanda Shiach, Nicola Firman, Marta Wilk, Natalia Concha, Lucy McCann, Ian Holdroyd, Anna Gkiouleka. Centres for Public Health and Policy/Primary Care)

Teams from CPHP and CPC presented talks and posters at this Glasgow meeting: CPHP's Laura Nixon talked about the lived experiences of overcrowded families in London, Jing Song presented research on how formulas to estimate dietary sodium intake from spot urine can lead to misleading associations with cardiovascular disease risk and mortality, and Iona Hinds discussed the enduring impact of COVID lockdowns on adverse birth and pregnancy outcomes. Congratulations to Amanda Shiach who won best poster for her work *It's not just complicated...Bread is a complex problem for salt reformulation*. From CEG, Nicola Firman and Marta Wilk showcased analyses using Unique Property Reference Numbers and health records to understand household health in NE London, Natalia Concha presented findings from the Food Improvement Goals in Schools study, and Lucy McCann and Ian Holdroyd presented an analysis of private healthcare patterns in England. Anna Gkiouleka discussed how health care organisations can operate as 'anchor institutions' to improve social determinants of health in local communities.



London Children switch to walking and cycling to school after ULEZ introduction

5 September (James Scales, Rosamund Dove, Helen Wood, Harpal Kalsi, Luke Sartori, Grainne Colligan, Borislava Mihaylova, Veronica Toffolutti, Chris Griffiths. Centres for Primary Care/Evaluation and Methods)

Walking, cycling to school more likely in Ulez - report



A QMUL and Cambridge University study shows that 4/10 children who usually travelled to school in central London by car switched to walking, cycling, or public transport following the introduction of the Ultra-Low Emission Zone (ULEZ). As part of the CHILL (Children's Health in London and Luton) study, researchers compared data on almost 2000 children attending 84 primary schools in London and Luton. Results showed that 42% of children in London who travelled by car prior to the ULEZ introduction switched to active modes, while 5% switched from active to inactive modes. In the control area (Luton), 20% of children swapped from car travel to active modes, and 21% switched from active to car travel. Children at London schools within the ULEZ were 3.6 times as likely to shift from car travel to active travel modes as those in Luton. Uptake of active travel to school was particularly associated with children living further from school.

Evaluating a dementia training programme (PITCH) for home care workers

5 September (Claudia Cooper. Centre for Psychiatry and Mental Health)

To determine the efficacy of PITCH (Promoting Independence Through Quality Dementia Care at Home), a dementia training programme for home care workers (HCWs), an RCT was conducted among 213 HCWs from 7 home care service providers in Australia. HCWs were randomised to 18 clusters. Those in clusters that received PITCH training had a significantly higher sense of competence v those who had not, and face-to-face PITCH training consistently resulted in improvements in the HCWs' sense of competence, dementia attitudes and knowledge, when compared with online or no training. Authors say that the study is an important step towards better community care for people living with dementia, and



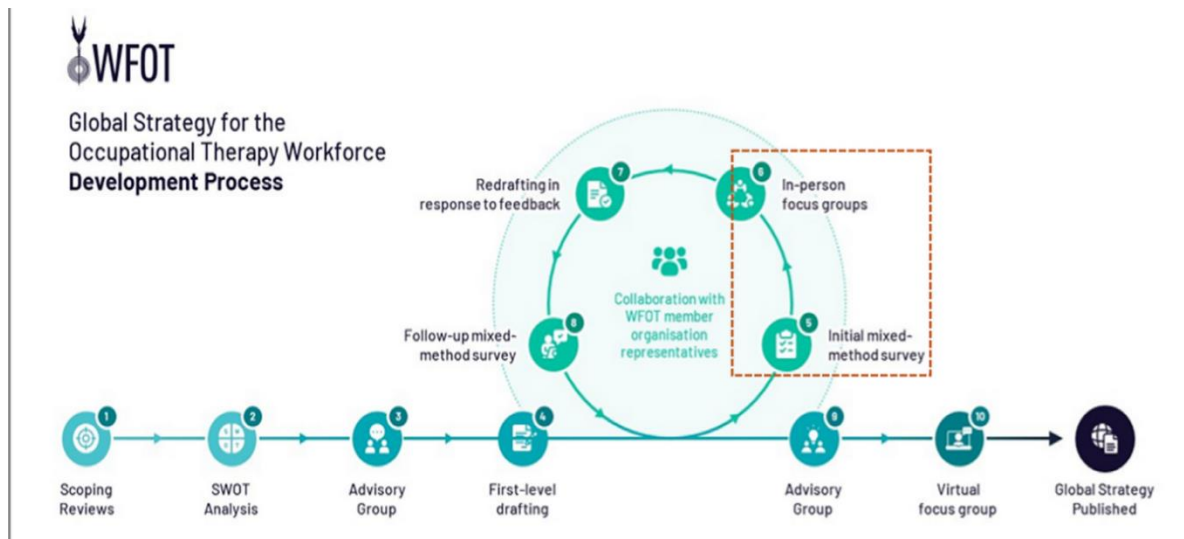
that care at home supports both the person with dementia and their family.



Global strategy to strengthen the occupational therapy workforce

5 September (Giuliano Russo. Centre for Public Health and Policy)

Feedback on the provisional draft World Federation of Occupational Therapists Global Strategy for strengthening the occupational therapist workforce has been obtained from 76 representatives of WFOT member organizations, through an online survey on the utility of each strategy and in-person focus groups on low-scoring items. The consultation identified challenging topics on the draft workforce strategies and suggested methods to improve the strategy, its acceptability, and implementation. Feedback suggested that the terms 'task shifting/task sharing' elicited the most discussion.

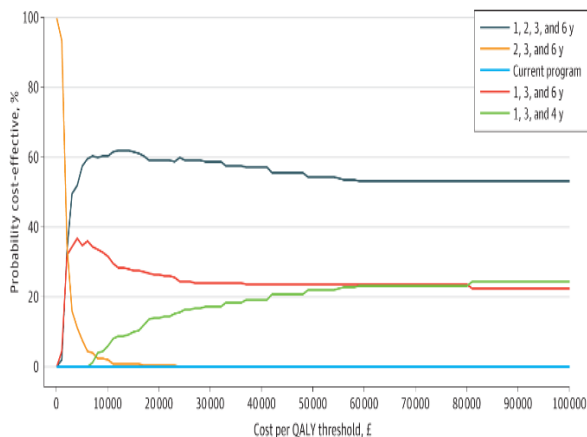


Benefits of AI-based risk stratified breast screening interval regimens

5 September (Stephen Duffy, Adam Brentnall. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods)



An evaluation of AI-based risk-stratified screening interval regimens in comparison with the current UK National Breast Screening Programme shows that the yearly net monetary benefit of introducing the optimal regimen within the NHS would range from approximately £60.4 to £85.3 million. The optimal regimen was a screening schedule of every 6yrs for those at lowest-risk, biannually and triennially for those below and above average risk, and



annually for those at highest risk. Even in scenarios where decision-makers hesitate to allocate additional NHS resources toward screening, implementing the proposed strategies at a QALY value of £1 would generate a monetary benefit of \approx £10.6million/yr. Authors say that these results are particularly relevant for health care settings where resources are under pressure, and that research to prospectively evaluate AI-guided screening is now warranted.

International Dementia Conference (Sydney)

5-6 September (Nathan Davies. Centre for Psychiatry and Mental Health)

Nathan Davies delivered a presentation on ‘Expanding your palliative dementia care toolkit’, and took part in a panel on ‘Palliative care in the age of voluntary assisted dying’ at the International Dementia Conference held in Sydney. Drawing on his experience in the palliative dementia space to discuss the challenges of complex care decisions, he shared decision-support tools co-designed with people living with dementia, which aim to support holistic assessment and decision-making in community and aged care facilities (including ‘decision aid’ which supports family carers to make informed end of life care decisions). The Conference is run biannually by The Dementia Centre.



European Conference on Schizophrenia Research

6 September (Ellis Onwordi. Centre for Psychiatry and Mental Health)



At the European Conference on Schizophrenia Research in Munich, Ellis Onwordi chaired a symposium: *The Synaptic Hypothesis of Schizophrenia: A 21st Century Update*, in which he also presented on *Reduced synaptic density in schizophrenia: evidence from in vivo PET studies*. Other presenters included Prof Peter Falkai (Ludwig Maximilian U. of Munich), Dr Nicola Hall (U. Oxford), and Susmita Malwade (Karolinska Institute). They discussed new techniques in genetics, cellular biology, and brain imaging that have advanced understanding of how synaptic dysfunction may lead to schizophrenia, and explored how pharmacological and non-pharmacological interventions could increase synaptic plasticity and improve symptom severity.

Reduced salt intake significantly lowers blood pressure in people already on hypertension treatment

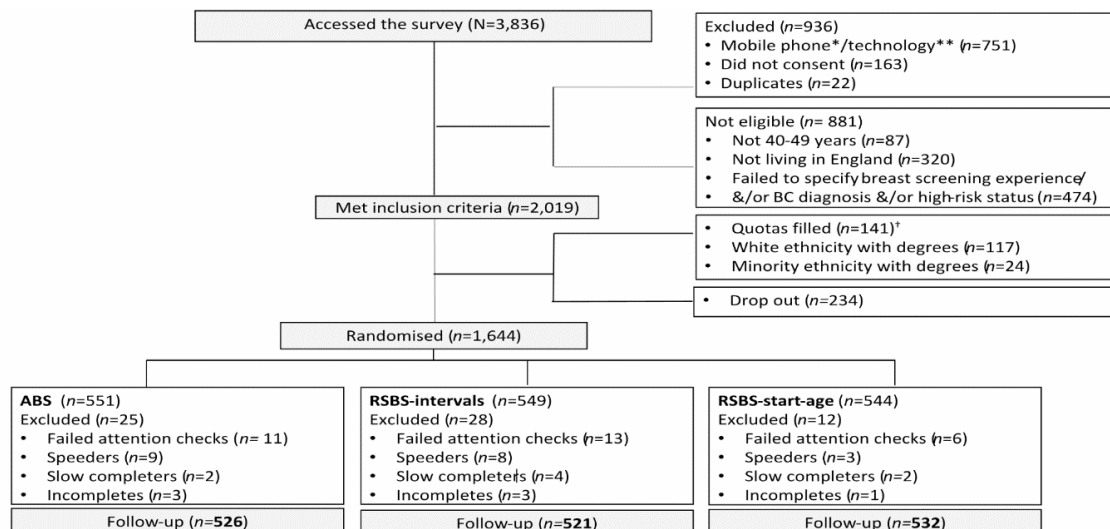
6 September (Jing Song, Sonia Pombo-Rodrigues, Graham A. MacGregor, Feng J. He. Centre for Public Health and Policy)

Using pooled evidence from 35 clinical trials, researchers have found a dose-response effect of sodium intake reduction on lowering blood pressure among individuals already taking blood pressure lowering medication. The analysis showed that for every 100mmol reduction in 24hr urinary sodium excretion, systolic blood pressure decreased by 6.81 mmHg, diastolic blood pressure decreased by 3.85 mmHg, and mean arterial pressure decreased by 4.83 mm Hg. The magnitude of the effect was dependent on class of blood pressure lowering medication, with greater effect observed in those on β -blockers, Renin-angiotensin-aldosterone system inhibitors, and dual therapy. Those on calcium channel blockers or diuretics alone experienced a smaller fall in blood pressure. Authors say that by integrating salt reduction into standard care for people with high blood pressure, there is potential for better blood pressure control, reduced reliance on drugs, and overall lower healthcare costs.



Acceptability of de-intensified screening for women at low breast cancer risk 6 September (Jo Waller, Suzanne Scott. Centre for Cancer Screening, Prevention and Early Diagnosis)

Risk-stratified breast screening may increase benefits and reduce harms, but research suggests that while increased screening for high risk women will be acceptable, deintensification of screening for low-risk groups may be less publicly acceptable. A survey of 1579 women in England approaching breast screening age compares acceptability of current age-based screening with a later screening start age for low-risk women, or a longer screening interval for low-risk women. Scores for all 3 primary outcomes (cognitive, emotional, and global acceptability) were significantly lower for the risk-adapted scenarios than for age-based screening, but there were no differences between the 2 risk-adapted scenarios. Authors suggest that observed positive associations between knowledge and both cognitive and emotional acceptability indicate that clear and reassuring communication about the rationale for de-intensified screening may enhance acceptability.



Genome-Wide Association Studies on periodontitis

6 September (Harriet Larvin, Jianhua Wu. Centres for Primary Care/Public Health and Policy)

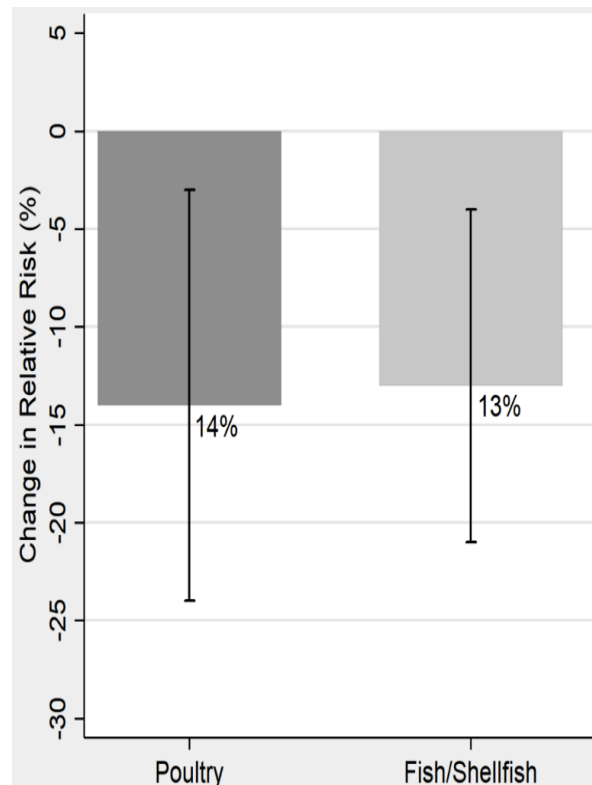


A systematic review of genome-wide association studies (GWAS) synthesises the evidence on genetic risk variants of periodontitis. From 15 good-quality GWAS on periodontitis researchers found ‘huge heterogeneities’, with 11 identified risk single-nucleotide polymorphisms (SNPs) at conventional GWAS significant level, and 41 at suggestive level. No common SNPs were found between studies, but 3 from 3 large studies were from the same gene region (SIGLEC5). Authors say the high heterogeneity of methodology used in the studies provided limited SNPs statistics, making identifying reliable risk SNPs challenging, and that clear guidance is needed for dental research to make GWAS statistics available.

Meat consumption and chronic limb-threatening ischemia risk

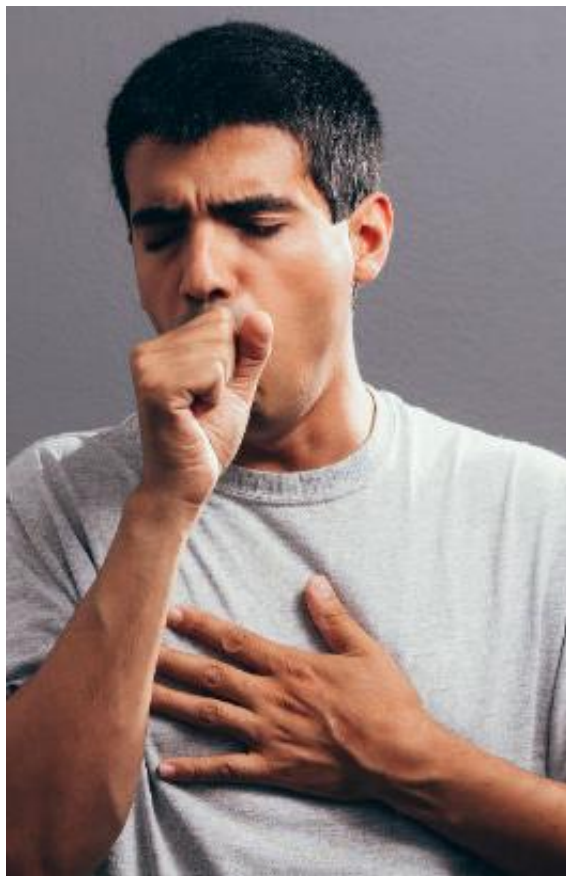
7 September (Mohammad Talaei. Centre for Preventive Neurology)

Examining the association between red meat consumption and risk of chronic limb-threatening ischaemia (CLTI), a [study](#) of >63k Chinese people in Singapore compares nationwide hospital records for lower extremity amputation or angioplasty for peripheral arterial disease, and diet, determined via a food frequency questionnaire. At mean follow-up of 18.8yrs, there were 1069 CLTI cases. Higher red meat intake was associated with increased risk of CLTI in a stepwise manner. Comparing extreme quartiles of red meat intake, the hazard ratio for the association with CLTI risk was 1.24. Associations did not differ by sex, BMI, smoking status, hypertension, alcohol consumption, or history of CVD. Using a theoretical model substituting 3 servings/wk of red meat with poultry or fish/shellfish, relative risk of CLTI was reduced by 13-14%.



Upper respiratory tract point-of-care microbiological testing in primary care

7 September (Beth Stuart. Centre for Evaluation and Methods)

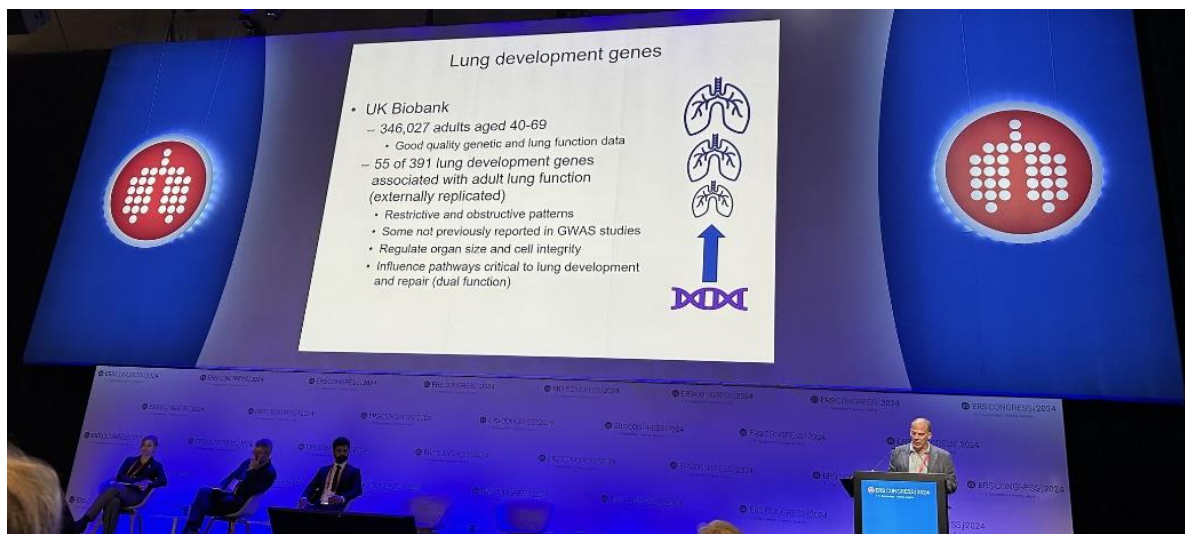


An invited [commentary](#) on the use of microbiological testing for upper respiratory tract (URT) infections observes that most patients will not benefit from antibiotics, but if URT pathogens can be demonstrated to be aetiological, testing with rapid microbiological point of care tests (POCTs) could have clinical value. Many studies have likely been underpowered to explore the relationship between URT microbes and prognosis, but a solution providing greater statistical power to explore effects within subgroups may be to pool raw data in an individual patient data (IPD) meta-analysis. The authors are undertaking this IPD, but say that if illness duration is longest in those without any organism detected, and if severity of illness shows no clinically meaningful difference between the presence of 1+virus, 1+bacteria, or both, more evidence is needed before POCTs can be introduced in routine clinical care.

European Respiratory Society Congress

8 September (Seif Shaheen. Centre for Preventive Neurology)

Seif Shaheen delivered a presentation on 'Shared developmental origins of low adult lung function and cardiovascular comorbidity' in a session on 'Lung function abnormalities, chronic obstructive lung disease and multimorbidity' at the European Respiratory Society (ERS) Congress in Vienna. Seif presented novel findings from the UK Biobank showing that lung development gene variants that predict a restrictive lung deficit also predict an increased risk of hypertension and coronary heart disease. This suggests that part of this comorbidity link is explained by shared developmental signalling pathways. The ERS is the largest scientific and clinical organisation in respiratory medicine in Europe. This year's theme was 'Humans and machines: getting the balance right.'



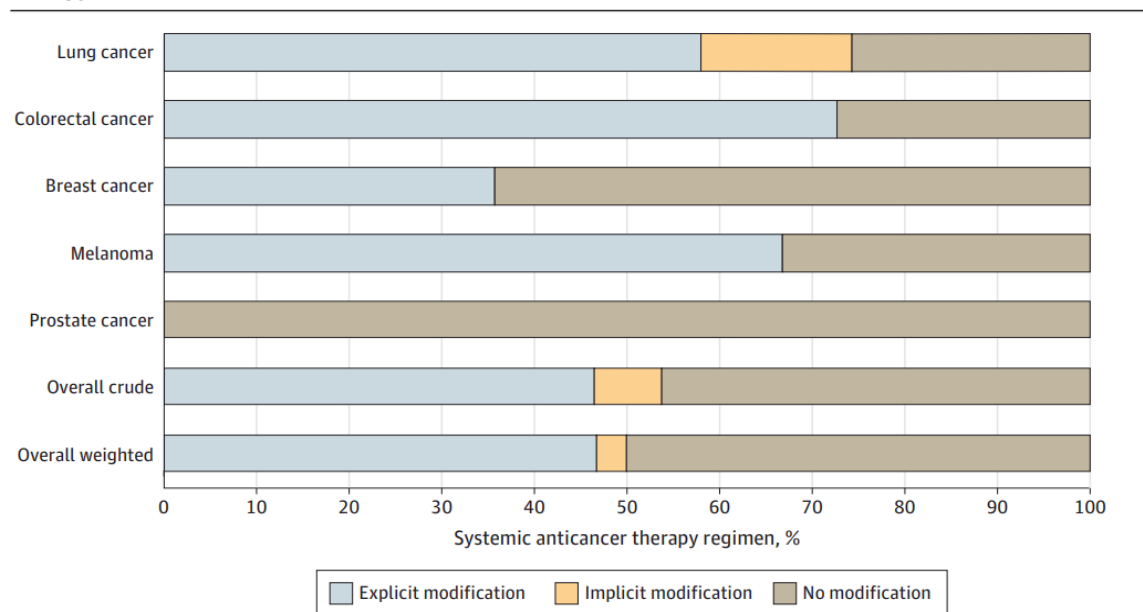
Statins improve health outcomes cost-effectively for people aged ≥ 70

10 September (Boby Mihaylova, Runguo Wu, John Robson. Centres for Evaluation and Methods/Primary Care)

11 September (Stephen Hibbs. Centre for Primary Care)

Clinical trials may inappropriately exclude some people with Duffy-null phenotype (DNP), a common trait found mainly in people of African or Middle Eastern genetic descent, that results in lower neutrophil counts. Failure to account for DNP also means that recommendations for many standard cancer drugs inappropriately call for less-effective doses for some individuals. A new [study](#) finds that 76.5% of trials examined excluded patients with blood neutrophil counts in the normal range for people with DNP. The researchers recommend that everyone screened for trial entry should be tested for DNP, and that clinical trials of cancer drugs should allow entry to patients with lower, but normal-for-them neutrophil counts. They say tests that restrict clinical trial eligibility to patients with certain blood levels of neutrophils may be unfairly discriminating against patients who could potentially benefit from trial therapies. Study lead Stephen Hibbs said: 'Neutrophil criteria for clinical trials and dose modifications are a hidden contributor to inequity that can be rectified.'

Figure 2. The Proportions of Systemic Anticancer Therapy Regimen Dose Modifications That Exclude Patients for Absolute Neutrophil Counts (ANCs) Within the Duffy Null-Associated ANC Reference Range by Cancer Type and Type of Modification

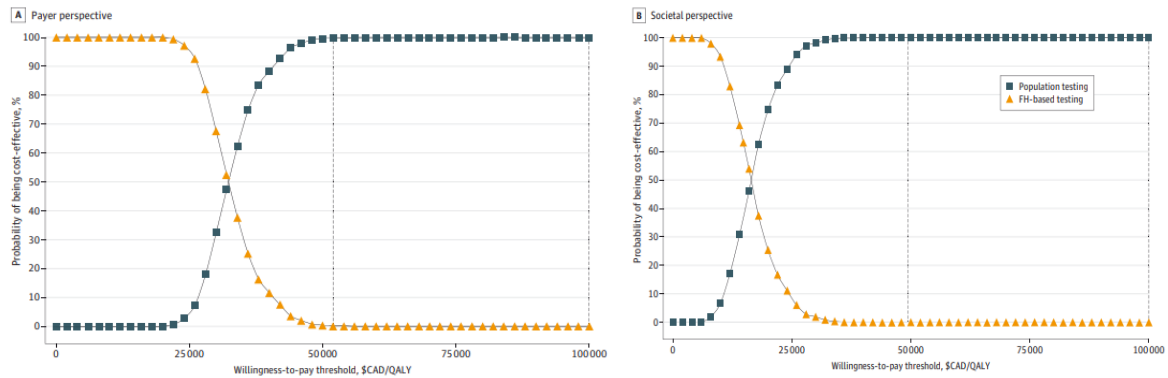


Population-based BRCA testing would be cost effective in Canada

12 September (Li Sun, Xia Wei, Caitlin Fierheller, Sam Oxley, Ashwin Kalra, Jacqueline Sia, Rosa Legood, Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

An economic [evaluation](#) led by WIPH authors shows that population-based BRCA genetic testing is cost effective compared with family history-based testing in Canada. Carriers of pathogenic variants in BRCA1 and BRCA2 are at increased risk of breast and ovarian cancers. Analyses were conducted in a simulated cohort of 1million Canadian women aged 30. Outcomes of interest including ovarian and breast cancers, and cost effectiveness ratios (ICER) per quality adjusted life year (QALY). Compared with family history-based testing, the base case ICERs of population-based BRCA-testing were \$32,276/QALY (payer perspective) or

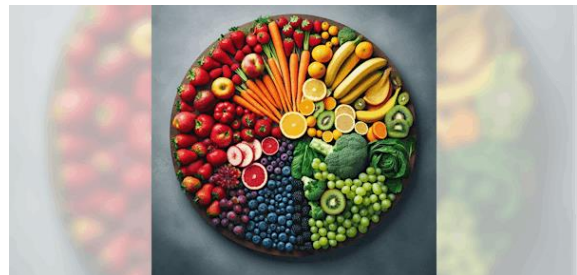
\$16,416/QALY (societal perspective), well below the Canadian cost-effectiveness thresholds. Population-testing was cost-effective for ages 40-60 but not 70. Researchers say that population-based BRCA-testing could potentially prevent an additional 2,555 breast cancer cases and 485 ovarian cancer cases in the Canadian population, averting 196 breast cancer deaths and 163 ovarian cancer deaths per million population.



FORTHCOMING EVENTS

Inaugural Lecture Lola Oyebode (25 September)

All are welcome to attend the inaugural lecture by Lola Oyebode, to be delivered at 5:15pm on Wednesday 25 September, in the Perrin Lecture Theatre, Blizzard Building Whitechapel. Lola will speak on: *Fruit salad: A portfolio of public health research*. Please click [here](#) to register.



Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to j.a.mackie@qmul.ac.uk