

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 49: 31 JANUARY 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students throughout January.

FROM OUR DIRECTOR

Dear Colleagues

Thank you for your forbearance with our IT issues which are sorting out for most people now. As this newsletter shows, we have a lot of activity with excellent publications, policy and impact work. Do keep all this good work going.

I'd like to remind everyone that now is the time to reflect on your work and that of your colleagues, and take a bit of time to submit nominations for awards. Nominations for FMD 2024 Staff Awards opened yesterday with an online [form](#) and a closing date of Thursday 15 February. These can be for excellence in Research, Teaching, Citizenship and Collegiality, and for teams or individuals.

The Award Ceremony is taking place on Thursday 29 February at the Barbican (5.30 to 9pm) by invitation to nominees and nominators, so you are encouraged to submit nominations as soon as possible to ensure FMD can send timely Award Ceremony invitations. Nominations are also currently open for QMUL Research and Innovation [Awards](#) and these close on 1 March.

Very best wishes

Fiona



MEET WIPH

MEET KAWTHER HASHEM (Lecturer in Public Health Nutrition, Research and Action on Salt and Obesity Unit, CPHP)

How would you describe your roles and responsibilities?

My research background and interests are around the development, implementation and effectiveness of food and nutrition policies to improve food and drink products. I also lead our sugar and calorie reduction workstream, including our research, advocacy, dissemination, and impact. More recently I was appointed module lead for Public Health Nutrition on the Global Health MSc and iBSc.

What has been your greatest professional achievement?

Completing my PhD is up there as one of my greatest achievements, but perhaps the most memorable achievement is being interviewed by Jon Snow on Channel's 4 Newsnight in 2015 talking about taxes on food and drink products. This was before the UK introduced the sugar tax. It was a live interview, with the opponent being the Food and Drink Federation Chief Executive, who, by a fortunate twist of fate, had mistakenly gone to the wrong studio so had to be on the screen instead, which calmed my nerves just a little. I still marvel at how the producer convinced me to participate in an interview of such magnitude.

What aspects of your role do you enjoy the most?

In the beginning it was the most daunting part of my role, but now I enjoy the buzz of a press day, when we get to press release our publications and surveys and see the response it generates.

What would be your second choice as a profession?

I always enjoyed art and design at school. However, I lost touch with it when I got into the world of nutrition. It wasn't until recent years, when refurbishing my home, that I rediscovered my love for interior design. So my second choice would be an interior designer or architect.

What do you enjoy doing outside work?

I am a National Trust member and love exploring their sites. My favourite is Glendurgan Garden in Cornwall and, closer to London, Cliveden in Maidenhead.

Something about you that most people don't know?

My favourite spice is whole dried lime; it makes for hearty tangy broths, soups and stews. It may sound odd, but I'll have it flavour my food over salt any day. If you're curious to give it a try, you can find it in Middle Eastern shops. Just make sure not to eat it in its dry state - it requires at least an hour of simmering in your dish to fully release its aromatic qualities and become truly enjoyable.



FROM OUR LEADERSHIP TEAMS

Equality, Diversity and Inclusion News (Evangelos Katsampouris – EDI Lead)

We encourage all WIPH colleagues, students and staff, to keep using the Online Suggestion Form, available through the EDI section on the Staff Zone, to recommend improvements or to report issues.

GENERAL INSTITUTE NEWS

Why scientists think cervical cancer could soon be eliminated

3 January (Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

A Guardian [feature](#) on the future for cervical cancer recounts the work of Professor Peter Sasieni, whose 2017 [paper](#) showed that incorporating primary HPV testing in cervical screening could prevent around 24% of cervical cancer cases in women invited for screening in England, and led to the introduction of primary testing in England in 2019. His subsequent groundbreaking 2021 Lancet [study](#) revealed that the HPV vaccine had reduced cervical cancer rates by almost 90% in women in their 20s who were offered it at age 12-13. 'I thought that we might be reducing cases of cancer by 50%...but then to see over 80% reduction is just remarkable' he said. 'Between vaccination and screening, we really do have the tools to tackle cervical cancer globally, and I think it is imperative that we do.'



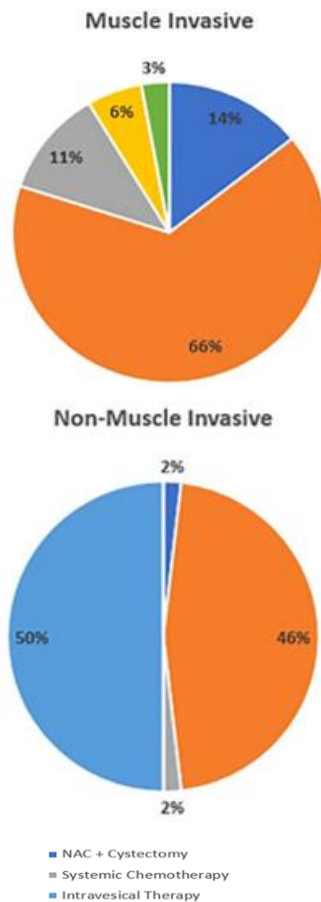
Cervical cancer: why scientists think it could soon be eliminated

Thanks to the HPV vaccine and the national cervical screening programme, cervical cancer rates have dropped significantly in the UK over the past 15 years. Some governments are now setting targets to eliminate the disease



Cohort profile: the Graham Roberts Study

9 January (Clare Relton. Centre for Evaluation and Methods)



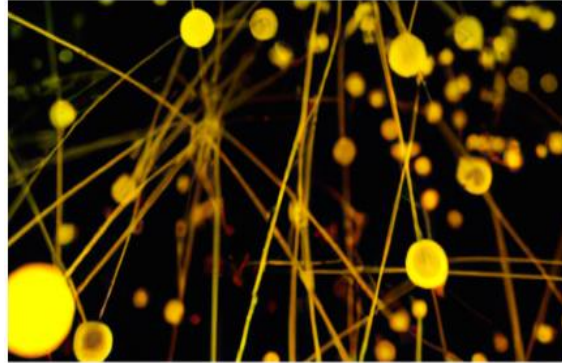
A profile of the Graham Roberts Study sets out the goals, processes, findings to date, and future plans for this bladder cancer trial. The study aims to provide an infrastructure for answering research questions, including clinical, mechanistic, and supportive care centred questions for bladder cancer patients. To date 106 adults with a diagnosis of new or recurrent bladder cancer have completed the baseline questionnaire, with follow up information available for up to four years. Questionnaires sent every 12 months cover information on demographics and medical history, as well as information on quality of life, fatigue, depression, overall health, physical activity, and dietary habits. Clinical information on tumour stage, grade and treatment is also extracted for each patient. Researchers plan to continue recruiting further patients to the study, and hope that the cohort will have the potential to identify and develop interventions that could improve the prevention, diagnosis, and treatment of bladder cancer.

Why multimorbidity research needs ethnography

9 January (Deborah Swinglehurst. Centre for Primary Care)

As part of the [NIHR AIM](#) (AI for multiple long-term conditions) monthly seminar series hosted by the Research Support Facility at the Alan Turing Institute, Deborah Swinglehurst presented an invited talk entitled: *Translating practice into evidence: Why multimorbidity research needs ethnography*. She introduced the audience to ethnography, explained why it is valuable, and shared some of the methods that may be used in ethnographic research, drawing on examples of recently completed and ongoing research from the [APOLLO](#) social science research group. The monthly seminar series is attended by members of the national NIHR AIM research programme and the wider community of researchers involved in investigating multiple long-term conditions. A recording is available [here](#)

The Alan Turing Institute



Translating 'Practice into Evidence'

Tuesday 09 Jan 2024

Time: 13:30 - 14:30

Deborah Swinglehurst

Vitamin D supplementation & bone mineral content in South African schoolchildren

10 January (Neil Walker, Richard Hooper. Centre for Evaluation and Methods)



Results from a multicentre double blind [RCT](#) investigating the influence of oral vitamin D supplementation on bone mineral content over 3yrs in S.African schoolchildren of black ancestry show that end of trial concentrations of serum 25(OH)D₃ were higher, and parathyroid hormone lower among supplemented children than those receiving placebo. No interarm differences were seen for whole body less head or lumbar spine bone mineral content. Fracture incidence was low, limiting power to detect an outcome for this measure.

Expert Opinion on new multicancer test

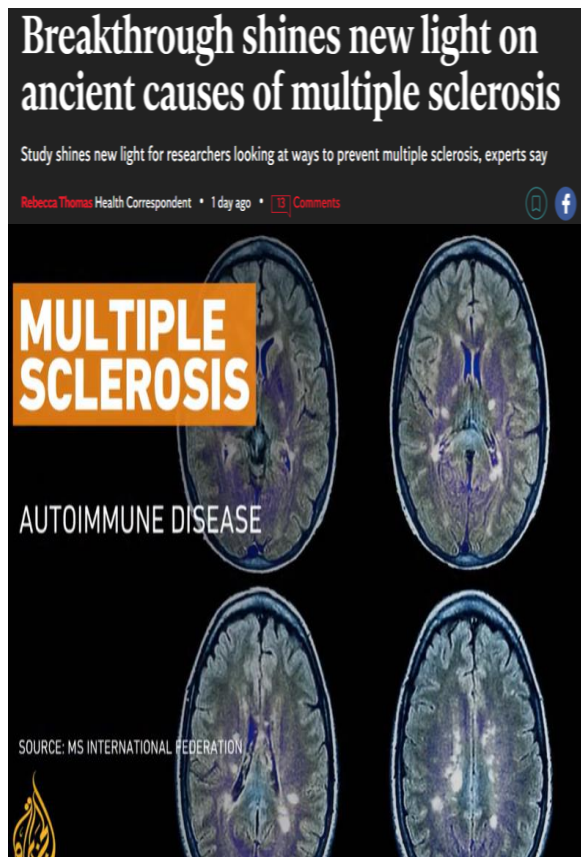
10 January (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

In media coverage of new research on a blood test capable of detecting 18 types of cancer with high accuracy, Professor Stephen Duffy was widely quoted: *'The results suggest good sensitivity, including to early stage cancers, and low false positive rates. Identification of the site of tumour origin was less accurate, but nevertheless impressive.'*



Expert Opinion: The origins of Multiple Sclerosis

11 January (Ruth Dobson. Centre for Preventive Neurology)

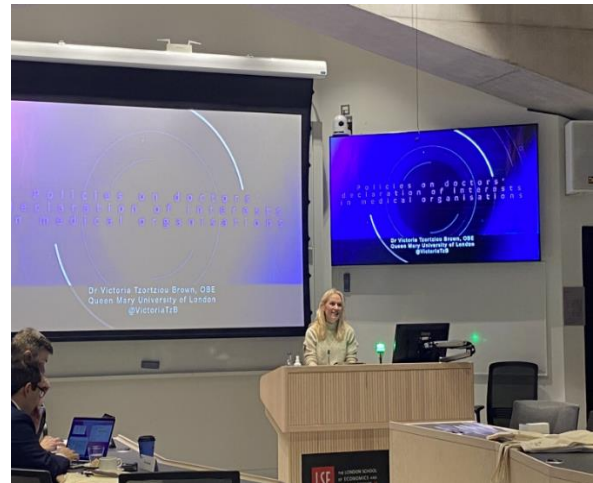


Comments from Ruth Dobson on a paper about the origins of multiple sclerosis and Alzheimer's disease were published in the Independent on 11 January. The study of ancient DNA showed that these diseases originated among the Yamnaya people, livestock herders in the region now spanning Ukraine, SW Russia, and Kazakhstan. The Yamnaya probably developed traits that protected them against infections from livestock, but which also increased their risk of developing MS, explaining why twice as many people in N Europe have MS compared with those in the South. Ruth told the Independent that this research was significant, and *'for the first time looks at how what happened with our ancestors influences the diseases that we have today. It shines a clear light on how things a millennia ago might influence diseases we have today, and that in turn provides thought around how we treat or manage diseases.'*

Policies on doctors' declaration of interests in medical organizations

12 January (Victoria Tzortziou Brown. Centre for Primary Care)

Victoria Tzortziou Brown delivered a presentation on Doctors' declaration of interests in medical organizations at a workshop on Corruption and Conflict of Interest in Healthcare on 12 January. The three-day in-person meeting held at the London School of Economics shone a light on the far-reaching consequences for the healthcare system of distortionary practices, such as corruption and lobbying, including diversion of limited resources which has an impact on patient welfare and affects provider-patient relationships.



Recorded mental health recovery narratives to improve quality of life

12 January (Clare Robinson. Centre for Evaluation and Methods)

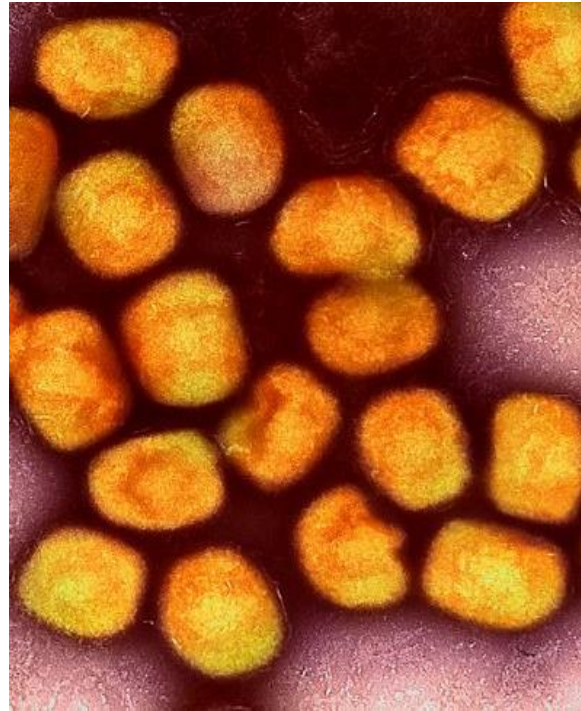


In an RCT investigating the effectiveness and cost-effectiveness of online recorded recovery narratives in improving QoL for people with non-psychotic mental health problems, researchers evaluate the NEON (Narrative Experiences Online) intervention, a web application providing access to a collection of mental health recovery narratives. Using an endpoint of 1yr in 1023 participants across England, results showed a significant difference in quality of life between the intervention and control groups, with an incremental gain of 0.0142 quality-adjusted life years (QALYs) and a £178 incremental increase in cost per participant. The incremental cost-effectiveness ratio was £12,526 per QALY compared with usual care, which was lower than the £20,000 per QALY threshold used by the NHS England. Researchers conclude that NEON is an effective and cost-effective new intervention for people experiencing non-psychotic mental health problems.

2022 UK mpox outbreak: Sexual health professionals' experiences

12 January (Rosalie Hayes, Sara Papparini. Centre for Public Health and Policy)

An online survey to evaluate the experiences and perceptions of sexual health professionals responding to the 2022 UK mpox outbreak assessed 139 responses from mainly white, female doctors. Over 70% of responders were required to respond to mpox in addition to existing clinical responsibilities, with 46.8% working longer hours as a result. Responses highlighted workload pressures being exacerbated by a lack of additional funding for mpox, pre-existing pressures on sexual health services, and unrealistic expectations around capacity; 67.6% reported experiencing negative emotional impact due to their mpox work, and 35.8% stated that they were less likely to remain in their profession because of their experiences during the mpox outbreak.



APOLLO Social Science Podcast: Three big ideas

15 January (Alison Thomson, Natalia Concha. Centres for Cancer Screening, Prevention and Early Diagnosis/Primary Care)

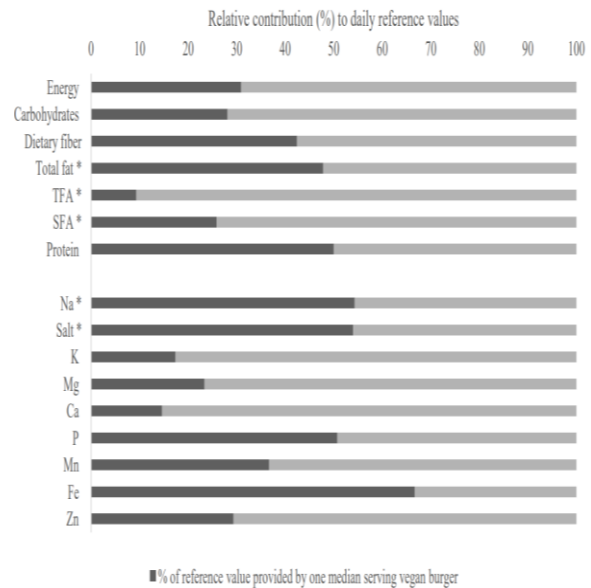


Two new APOLLO Social Science podcast episodes are now available. Each month the podcast brings us new perspective from people working at the intersection of social science and health, to hear about three big ideas that shaped their thinking and research. In the January podcast Alison Thomson shares three books that shaped her thinking: “Designing Interactions”, “The Body Multiple”, and “Living a Feminist Life”. The last 2023 podcast featured Natalia Concha from the ActEarly Programme, speaking about Social Representations, Underground Sociabilities, and Participatory Action Research.

Nutritional composition of ultra-processed plant-based burgers

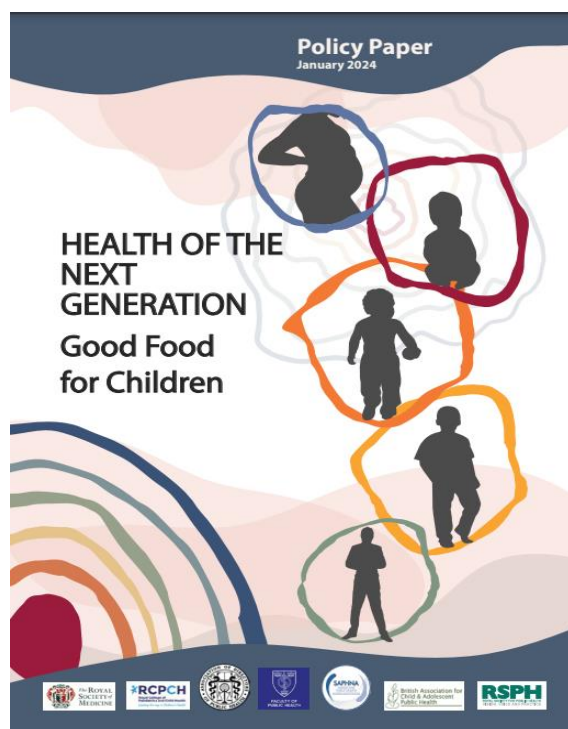
15 January (Hattie Burt, Mhairi Brown, Roberta Alessandrini. Centre for Public Health and Policy)

A Br J Nutrition [paper](#) evaluates energy, macronutrients, amino acids, and minerals content per 100g and per serving of plant-based burgers randomly sampled from Amsterdam, Copenhagen, Lisbon and London. Compared with reference values, the median serving of plant-based burgers provided 31% of energy intake (based on 2,000 kcal/day) and contributed to carbohydrates (17-28%), dietary fibre (42%), protein (40%), total fat (48%), saturated fatty acids (26%), and sodium (54%). Researchers conclude that these results highlight the need for manufacturers to implement improvements, including reducing energy, sodium and total fats, to better support healthy dietary habits.



Health of the next generation: Good food for children

16 January 2024 (Lola Oyebo. Centre for Public Health and Policy)



The *Health of the next generation - Good food for children* policy [paper](#) explores simple steps to extend existing government programmes on childhood nutrition and support the health of the next generation. Children and adolescents in the UK typically have suboptimal diets, with school children in the most deprived areas having more than double the rate of obesity than those in the least deprived. Focusing on three critical interventions, the Free School Meals programme, the National School Breakfast Programme, and the Healthy Start Scheme, the paper makes recommendations for policy makers, and supports the creation of new targeted levies on unhealthy food and drink to provide revenue to fund the proposals.

Launch of new Centre for Cancer Screening, Prevention and Early Diagnosis

16-17 January

The new CCSPED heralds a step forward for world leading cancer research and education. The Centre launch, attended by distinguished

national and international cancer researchers, welcomed the return of Peter Sasieni and his team from Kings', and celebrated the illustrious careers and achievements of Stephen Duffy and Jack Cuzick, who established the original cancer centre and laid the foundations for future excellence. Fiona Walter announced the new Centre structure: an Early Diagnosis Unit, Screening Prevention & Epidemiology Unit, and Cancer Behavioural Science Group, with a cross-cutting CRUK Cancer Prevention Trials Unit.



E-cigarettes help pregnant smokers quit without risks to pregnancy

17 January (Francesca Pesola, Katie Myers Smith, Anna Phillips-Waller, Dunja Przulj, Christopher Griffiths, Peter Sasieni, Peter Hajek. Centres for Public Health and Policy/Primary Care/Cancer Screening, Prevention and Early Diagnosis)

UK NEWS WEBSITE OF THE YEAR

The Telegraph

Vapes do not harm pregnant women or their baby, study finds

The use of e-cigarettes and nicotine patches is not found to be associated with any birth defects

Telegraph Reporters
17 January 2024 • 11:38am



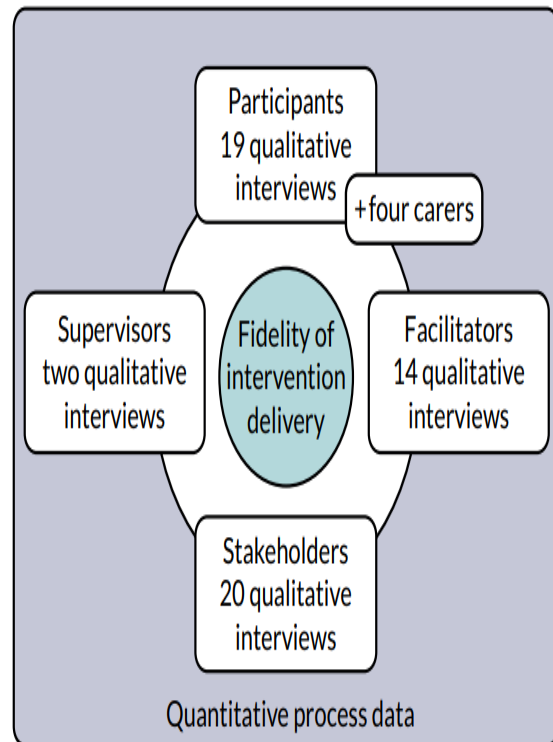
E-cigarettes were found to help pregnant women quit regular smoking | CREDIT: SERGIY WANG/ALAMY

A new analysis of data from over 1100 pregnant smokers in the PREP2 study, led by WIPH researchers, finds that the regular use of nicotine replacement products during pregnancy is not associated with adverse pregnancy events or poor pregnancy outcomes. Researchers measured salivary cotinine levels at baseline and towards the end of pregnancy, and gathered information about each participant's use of cigarettes or types of nicotine replacement therapy (NRT), respiratory symptoms, and the birth weight and other data on their babies at birth. Women who smoked and also used NRT during their pregnancy had babies with the same birth weights as women who only smoked, while babies born to women who did not smoke during pregnancy did not differ in birth weight, whether the women did or did not use nicotine products. Regular use of nicotine products was not associated with any adverse effects in mothers or their babies. This paper received widespread international press.

Intervention to manage anxiety and depression in people with COPD

17 January (Ratna Sohanpal, Liz Steed, Moira Kelly, Claire Chan, Richard Hooper, Steph Taylor. Centres for Primary Care/Evaluation and Methods)

An HTA report on the TANDEM Randomised Controlled Trial, conducted among adults with moderate/very severe chronic obstructive pulmonary disease (COPD) and mild/moderate anxiety and/or depression, finds that a tailored cognitive-behavioural approach intervention delivered by trained respiratory healthcare professionals was neither clinically nor cost-effective. The trial was conducted in 12 NHS trusts and 5 Clinical Commissioning Groups in England, with the intervention (6-8 sessions of 40-60mins plus telephone support throughout pulmonary rehabilitation) delivered prior to commencing pulmonary rehabilitation. Authors say alternative approaches, integrated with routine long-term condition care, are needed to address the unmet, complex clinical and psychosocial needs of this patient group.



New online Health Equity Evidence Centre for primary care

17 January (John Ford, Cameron Appel, Lucy Johnson, Ofelia Torres, Helena Painter, Amy Dehn Lunn. Centre for Primary Care)



A team led by John Ford in the CPC Clinical Effectiveness Group has developed an online [Health Equity Evidence Centre](#) that synthesises research about what works to address inequalities in primary care. The website hosts 'Living Evidence Maps' that use machine learning software to help find relevant articles, with each map representing an up-to-date body of research relating to a key area of primary care inequalities (eg: health outcomes for disadvantaged groups). Evidence can be accessed directly by clicking to view the full list of papers included in the maps. The evidence centre also hosts data visualisations and a growing library of evidence briefs and how-to guides that summarise key articles from the maps and provide practical guidance for policy-makers and practitioners. The methodology for developing the maps using machine learning was presented in a recent [seminar](#) by John Ford

Expert Opinion: Is Pret's new child menu healthy?

17 January (Sonia Pombo. Centre for Public Health and Policy)

A Daily Mail [article](#) investigating criticism that the new Pret's Children's menu for 4-10 year olds contains too much salt and sugar has quoted comments from registered nutritionist Sonia Pombo: *Its disappointing to see Pret, an international sandwich shop chain, has not been more responsible when designing this kids' menu. What could have been an opportunity to offer healthy options to the nation's children instead provides a limited range of sandwiches, all equating to 50% or more of a child's maximum daily limit for salt, minimal vegetables, and a pizza.*



**Is Pret's new child menu healthy?
Handy interactive graphic reveals
sugar, salt and calories of all six items -
as nutritionists deliver their verdict...**

What does social prescribing look like in practice?

17 January (Sara Calderón, Sarah Finer, Megan Clinch. Centres for Primary Care/ Public Health and Policy)



A new study investigates how social prescribing (SP) practices (linking patients with local community-based non-clinical services) work for people at high risk of type 2 diabetes in a primary care and community setting serving a multi-ethnic, socioeconomically deprived population. Researchers identified overlapping ways of practising SP, ranging from highly creative, reflective and adaptive (*'I do what it takes'*), to more constrained (*'I do what I can'*) or compliant (*'I do as I'm told'*) approaches, which showed varying degrees of potential to support for this group of patients. Creative, reflective and adaptive practices facilitated successful SP delivery, but limited resources and conditions often led to constrained SP practices.

Smoking Status and risk-informed diagnostic decisions

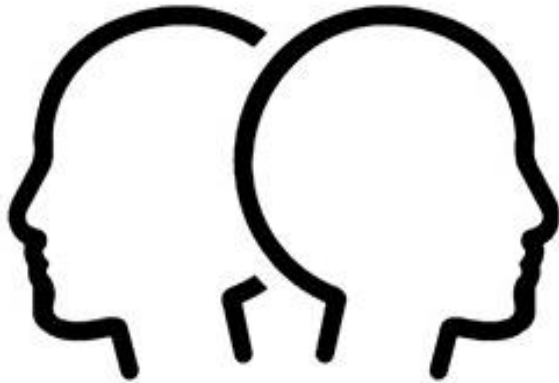
19 January (Georgia Black, Sammy Quaife. Centre for Cancer Screening, Prevention and Early Diagnosis)

A study using qualitative interviews explores how clinicians make risk-informed diagnostic decisions for never-smokers, who are often perceived as low risk for lung cancer despite making up 14% of cases. Results showed that clinicians supplemented guidelines with their own heuristics for never-smokers (eg: using higher thresholds for chest X-ray), and that they worried about overinvestigating never-smoker patients, particularly in terms of physical and psychological harms from invasive procedures or radiation. Authors recommend improved guidance and methods of risk differentiation for never-smokers, and note that as the proportion of never-smoker patients increases, this issue will become more urgent.



Interplay of PRS for mood disorders & stressful life events in bipolar disorder

19 January (Georgina Hosang, Sania Shakoor. Centre for Psychiatry and Mental Health)



Using data from 1715 participants (862 bipolar cases, 853 controls), a study investigates the interaction and correlation between the polygenic risk score for bipolar disorder (PRS-BD) and major depressive disorder (PRS-MDD) with stressful life events. Results show significant correlations between the number of stressful life events experienced before the worst depressive episodes and PRS-MDD, but no evidence for significant interactions between stressful life events and the PRS-BD or PRS-MDD. Authors conclude that the relationship between significant life events and genetic risk for mood disorders may be best explained through correlations, rather than interactions.

Satisfaction with remote primary care consultations during COVID-19

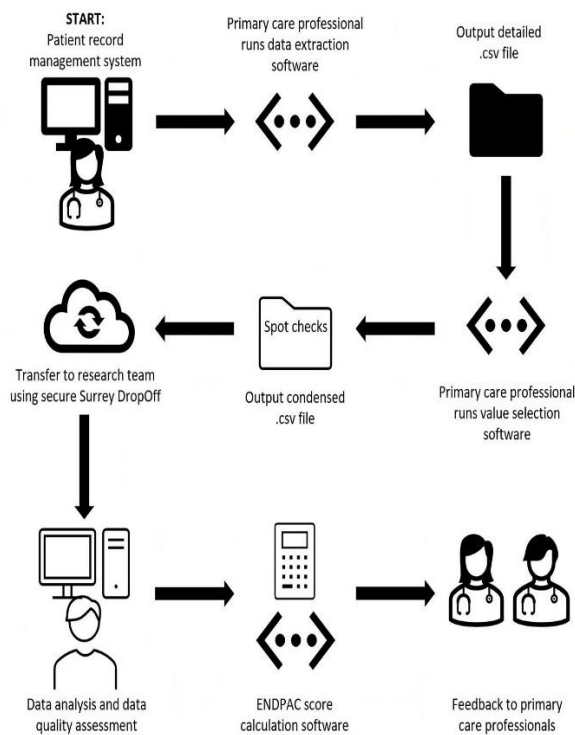
22 January (Jo Waller. Centre for Cancer Screening, Prevention and Early Diagnosis)

Using a novel six-item scale of satisfaction, researchers examined responses from 1426 adults to an online questionnaire that included satisfaction with remote consultations and demographic variables. Results show that participants with higher levels of education had significantly greater satisfaction with remote consultations than participants with mid-level, low, or no qualifications. Authors suggest that adults with lower educational levels may need additional support to improve their experience and ensure equitable care via remote consultations.



Calculating pancreatic cancer risk for people with new-onset diabetes

22 January (Adam Harvey Sullivan. Centre for Primary Care)



The protocol has been published for the DEFEND PRIME study, which will evaluate the feasibility of using the ENDPAC (Enriching New-onset Diabetes for Pancreatic Cancer) model to provide pancreatic cancer risk scores in primary care. The model uses patients' age, blood glucose and weight changes (all routinely collected in UK primary care) to provide pancreatic cancer risk scores. Software to calculate ENDPAC scores will be developed to search data from 20 primary care providers' electronic patient record systems, and descriptive statistics used to summarise the cohort's demographics and assess data quality. Authors say the findings will inform the development of a future UK clinical trial to test ENDPAC's effectiveness for early detection of pancreatic cancer.

New themes for the Global Public Health Unit

23 January (Centre for Public Health and Policy)

The breadth and depth of multiple disciplines represented in the Global Public Health Unit enable the team to use their extensive toolkit of theories and methods to understand the complexity of health inequalities, and to produce critical and effective policy solutions with people outside of academia to achieve health equity in different regions around the world. To help people understand the range of work being undertaken through teaching, scholarship, research and public engagement activities, the team has developed four themes: Infectious diseases and Inequalities; Voice and Community Health; Planet and Place; and Systems, Governance and Power, which feature on the new unit webpages. The team hope the pages may help others to identify points of crossover with their own work, and they look forward to hearing from anyone who may be interested in discussing potential collaborations.

Infectious Diseases & Inequalities



Planet & Place



Voice & Community Health



Systems, Governance & Power



Expert Opinion: Biomarker test for Alzheimers

23 January (Charlie Marshall. Centre for Preventive Neurology)

FINANCIAL TIMES

Blood test boosts hopes of early Alzheimer's diagnosis

Swedish trial finds 'high accuracy' in identifying protein associated with toxic build-up in the brain

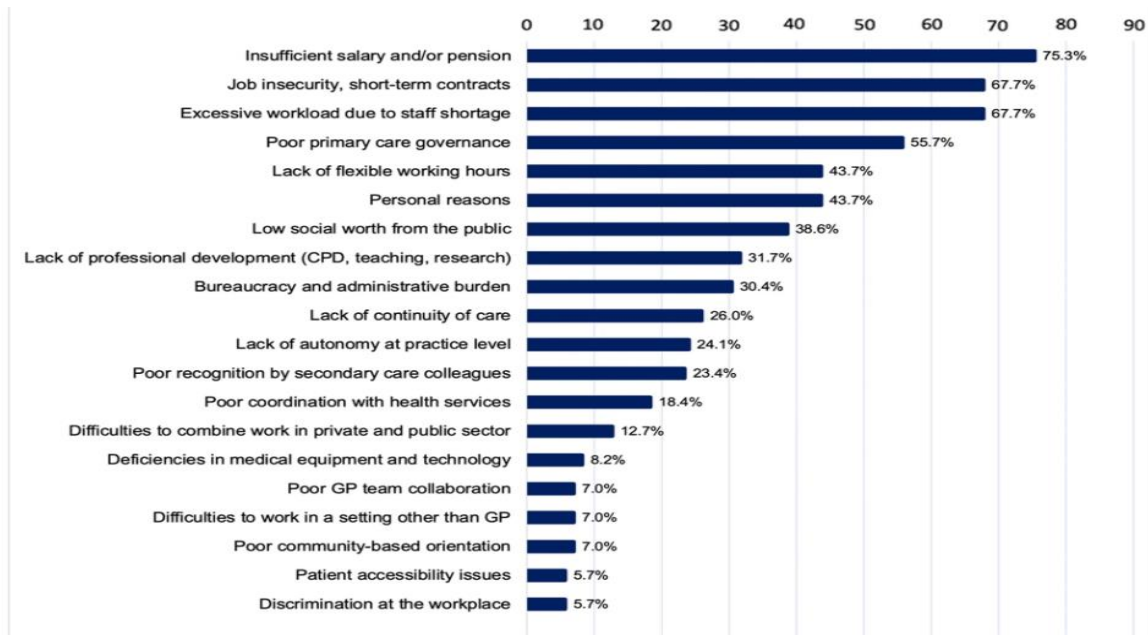


A commercially available blood test has shown high levels of accuracy in early-stage diagnosis of Alzheimer's disease, raising the possibility of early interventions and treatment. In widely reported comments, Professor Marshall said that the blood test can 'accurately detect the presence of the proteins that build up in the brain to cause Alzheimer's disease'. In current practice this build up can only be detected by lumbar puncture or amyloid PET scan, available only in about 1/20 NHS memory clinics. He added that further research is needed 'to show that the blood test can accurately diagnose who is in the process of developing dementia, and that it can identify who is likely to benefit from treatments to slow down the disease. We will also need to ensure that the blood test performs equally well in more diverse populations, so that it does not worsen existing health inequalities in access to diagnosis and treatment for dementia.'

Why do GPs who qualified in Spain migrate?

23 January (Sara Calderón. Centre for Primary Care)

A study exploring the reasons why general practitioners migrate combines surveys with semi-structured interviews and focus groups to investigate why GPs who trained in Spain leave the country. Insufficient salary (75.3%), job insecurity and temporality (67.7%), excessive workload (67.7%), poor primary care governance (55.7%), lack of flexibility in the workplace (43.7%) and personal circumstances (43.7%) were the main reasons for leaving. Almost half of the respondents would consider returning to Spanish general practice if their working conditions improved. Authors provide 10 GP retention and recruitment recommendations to tackle existing and predicted GP shortages in Spanish primary care.



Main reasons for leaving Spanish general practice (n = 158)

NHS health check attendance associated with lower multiorgan disease risk

23 January (John Robson. Centre for Primary Care)

Researchers examining the effectiveness of the routine NHS Health Check use UK Biobank data to measure new diagnoses in 48,602 participants in the programme compared with the same number of non-participants. In the immediate 2yrs after the Health Check, higher diagnosis rates were observed for hypertension, high cholesterol, and chronic kidney disease among health check recipients compared with matched counterparts, but in the longer term, NHS Health Check recipients had significantly lower risk across all multiorgan disease outcomes and reduced rates of cardiovascular and all-cause mortality. The [paper](#) concludes that the NHS Health Check is linked to reduced incidence of disease across multiple organ systems, which may be attributed to risk modification through earlier detection and treatment of key risk factors such as hypertension and high cholesterol.

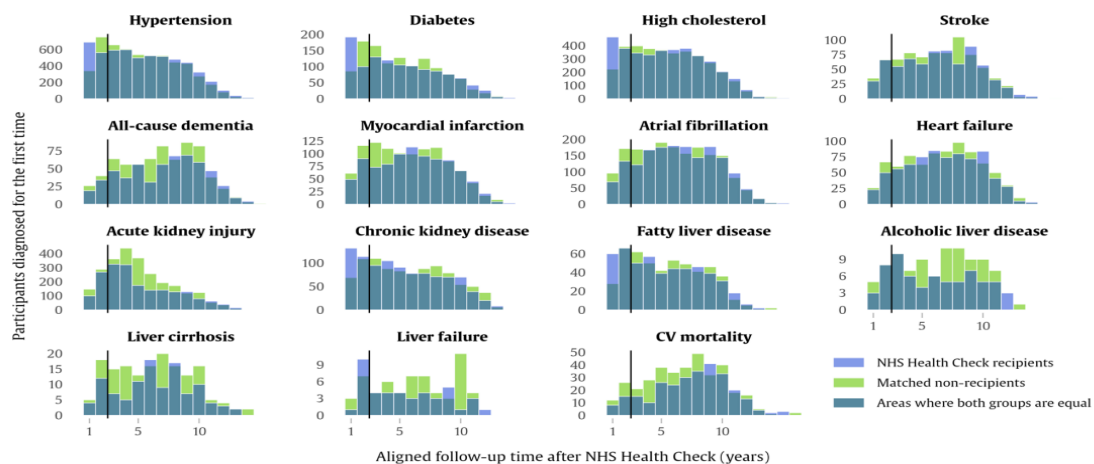


Fig. 4 Outcomes during follow-up in NHS Health Check recipients and their matched controls. Bars show the counts of participants receiving condition diagnoses for the first time, in the years following the NHS Health Check in health check recipients and in the aligned exposure window in the covariate-matched control cohort. The dark teal shows the counts where both groups are equal, the bright purple indicates where the health check group counts are greater, and the bright green indicates where control counts are greater. The 2-year initial period following the health check is marked with a black vertical line

Centre for Evaluation and Methods Away Day

24 January

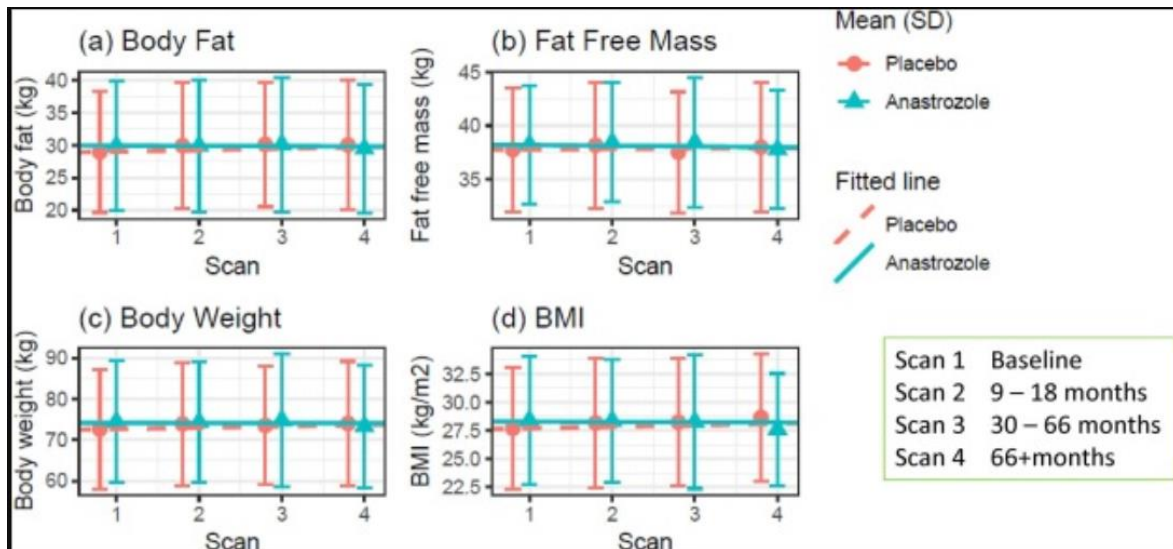
The CEM Away Day on 24 January brought together staff and students from across the four units, with great engagement and discussion on two main themes: Training and Development, and Patient and Public Involvement and Engagement (PPIE) in our research (with a presentation on the EDI-PPI toolkit from CPTU's Jane Rigney). The first session, led by Reader in Medical Statistics, Jo Haviland, built on the themes from the last CEM Away Day and focused on how we can support staff development and career pathways within the Centre. For the second session, led by PPIE Coordinator, Cherrille Salmon, groups put their heads together to gather ideas to develop the CEM PPIE strategy, as well as how CEM could be best represented at this year's Festival of Communities.



Body composition changes during Anastrozole treatment

24 January (Adam Brentnall, Ivana Sestak, Jack Cuzick. Centres for Evaluation and Methods/Cancer Screening, Prevention and Early Diagnosis)

A prospective sub study from IBIS-II trial examines the association of Anastrozole treatment for breast cancer prevention with body composition changes. Using data from 203 participants, primary outcomes were assessed from changes in body weight, body fat and fat free mass. No evidence was found of a strong association between either anastrozole or placebo and the endpoints at 9-18 months.



Use of SSRIs in women of reproductive age

25 January (Beth Stuart. Centre for Evaluation and Methods)

Selective serotonin reuptake inhibitors (SSRIs) taken during pregnancy can cause congenital malformations, post-partum haemorrhage and persistent pulmonary hypertension of the newborn, but 23.4% of women enter pregnancy with depression and use of SSRIs is often necessary. A [review](#) of 74 local prescribing formularies in England and Wales shows that 14.9% provided links to MHRA guidance on congenital abnormalities associated with SSRIs. Specific local guidance was given on SSRI prescribing for women of reproductive age, during pregnancy and during breastfeeding in 12.2%, 23% and 21.6% of formularies respectively. Authors suggest that prescribers may be poorly informed by local formularies about the risks of SSRI use around pregnancy, which may place babies at increased risk of unintentional SSRI exposure.



Dementia risk for diabetes patients on metformin v other GLTs

25 January (Rohini Mathur. Centre for Primary Care)

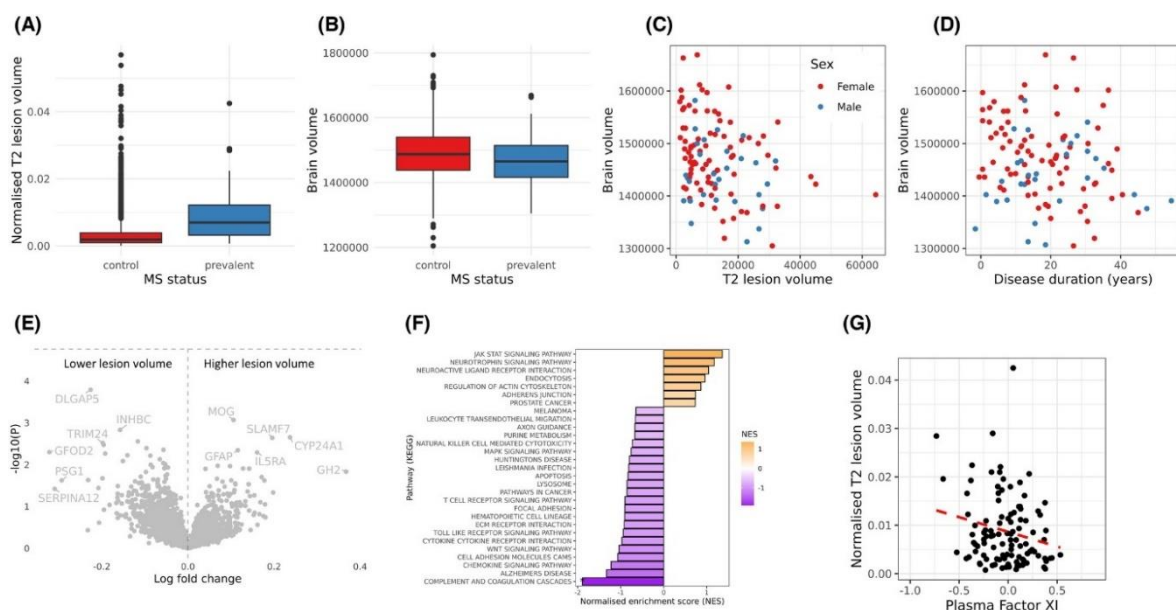


An observational cohort study of 211,396 UK adults with diabetes compares the risks of dementia and mild cognitive impairment (MCI) for those taking metformin or other oral glucose lowering therapies (GLT). Over a median follow-up of 5.4yrs, metformin use was associated with a lower risk of dementia compared with alternative GLT in individuals aged <80.

Plasma proteomic profiles of UK Biobank participants with MS

28 January (Ben Jacobs, Nicky Vickaryous, Petra Proitsi, Sheena Waters, Ruth Dobson. Centre for Preventive Neurology)

Using 407 multiple sclerosis (MS) cases and almost 40k healthy controls from the UK Biobank, researchers using case-control association testing to examine the association between 2911 plasma proteins and MS have discovered 72 MS-associated proteins at a Bonferroni-adjusted p value of 0.05. In addition to established markers, the study identified novel markers, such as a decrease in plasma Granzyme A, a marker of T cell and NK cell degranulation, specific to MS.



E-cigarettes v varenicline and nicotine gum as stop smoking aids

29 January (Peter Hajek, Francesca Pesola. Centre for Public Health and Policy)

A randomised clinical trial of >1000 smokers across 7 sites in China compares the efficacy of electronic cigarettes (ECs) with varenicline or nicotine replacement gum in helping smokers quit. Based on sustained abstinence from smoking at 6 months validated by an expired-air carbon monoxide reading, results showed abstinence rates of 15.7%, 14.2%, and 8.8% in the EC, varenicline, and nicotine gum study arms. Treatment adherence was similar in all study arms during the first 3 months, but 62.8% of participants in the EC arm were still using ECs at 6 months, with no further use in the 2 other study arms. All treatments were provided with minimal behaviour support. Authors conclude that the efficacy of EC was noninferior to varenicline and superior to nicotine gum.



Using healthcare systems data for outcomes in clinical trials

29 January (Thomas Hamborg, Centre for Evaluation and Methods)

PRIMORANT

Key topics:

1. Terminology
2. Feasibility
 - 2.1. Team
 - 2.2. Data
 - a. Does the HSD include what the trial needs?
 - b. Data quality assurance
 - c. Time
 - d. Algorithms for deriving outcomes
 - e. Considerations around missing data
 - f. Consideration of potential reporting errors/discrepancies
 - g. Preparation of trial dataset
3. Internal Pilot
4. Onward data sharing
5. Data destruction and archiving

To identify issues to be considered in deciding whether to use routinely collected health data (healthcare systems data – HSD) as outcome data in UK context clinical trials, researchers on the PRIMORANT study held three phases of workshops and consultations to scope the issues considered by trialists. Key topics included validity of outcome data, timeliness of data capture, internal pilots, data-sharing, practical issues, and decision-making. Guidance was developed for 5 broad areas: terminology, feasibility, internal pilots, onward data sharing, and data archiving, which the authors hope will inform decisions about whether or not to use HSDs for outcomes, and assist trialists working with registries and other HSD providers to improve the design and delivery of trials.

FORTHCOMING EVENTS

Inaugural Lecture: Professor Richard Hooper 21 February (1630-19:30)

Professor of Medical Statistics and Deputy Lead in the WIPH Centre for Evaluation and Methods, Richard Hooper will present his QMUL inaugural lecture at the Derek Willoughby lecture theatre, Charterhouse Square, on 21 February. The title of his lecture will be "A pattern emerges". Please watch emails for sign up details.



Call to take part in the QM Festival of Communities 2024 (Funding available) (Deadline 27 March)

The Festival of Communities is an annual collaboration between Queen Mary and local-based organisations, taking place this year on 8 and 9 June. Over 7000 people join us over the weekend, and we are looking for Queen Mary initiatives to take part and engage local families by running a hands-on activity, demonstration, stall, exhibit or in other ways. To support creating new or adapting existing activities to showcase at the festival, QM staff and students can apply for up to £400 of funding through the Centre for Public Engagement (deadline 27 March). The CPE team offer advice on engagement activity design, as well as 1:1 advice sessions and a 'How to design a Festival of Communities activity' training session. Visit the Festival website or email festival@qmul.ac.uk with any queries.



 **Queen Mary**
University of London

Take part in the
Festival of Communities

Saturday 8 and Sunday 9 June 2024

Take part by showcasing your research, teaching or other Queen Mary project by running an activity, game or table-top demonstration!

 qmul.ac.uk/festival

Apply for £400 to support your activity

ActEarly Spring Conference in Bradford

18 April (1000-1600)

All WIPH staff are invited to attend the ActEarly spring conference on 18 April 2024, at the Bradford City Football Club. The conference will be an opportunity to showcase some of the work from ActEarly and share the lessons learnt. WIPH Deputy Director Professor Trevor Sheldon is an ActEarly co-director, and Laura Nixon, Meredith Hawking, Natalia Concha-Arango, Mathilda O Donoghue and Pratima Singh are all ActEarly researchers based at WIPH. Sign up [here](https://ActEarlySpringConf24.eventbrite.co.uk).



Tackling the Wider Determinants of Health: Research into Policy
18th April 2024, Bradford

Register on Eventbrite: <https://ActEarlySpringConf24.eventbrite.co.uk>

Prevention is better than cure
Brian Ferguson, Director NIHR Public Health Research Programme

**Future landscape of population health research funding:
How to support better evidence**
Deborah Lawlor, Deputy Director MRC - Epidemiology Unit, University of Bristol
Nick Wareham, Director MRC Epidemiology Unit, University of Cambridge
Ashley Adamson, Director of the School for Public Health Research

**How we embed research into local government:
The challenges of creating a research culture in a wider, complex system**
Trevor Sheldon, Co-Director, ActEarly City Collaboratory & Queen Mary University London
John Wright, Director, Bradford Institute for Health Research
David Pye, Deputy Head of Commissioning and Research Local Government Association

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