

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 55: 15 MAY 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students through the end of April and in the first weeks of May.

FROM OUR DIRECTOR

Dear Colleagues

I'm hoping everyone was able to enjoy those few glorious days of spring at the end of last week and over the weekend, and that some of you may have been lucky enough to see the Northern Lights. There are two things on my mind this week:

First the staff survey – Many thanks to those of you have completed this. For those of you who have yet to do so, I would urge you to take 10 minutes to add your comments. You'll have seen in Megan's recent email that your responses really do drive change, and we welcome being able to respond to your views.

The second thing is the fast-approaching WIPH 2024 Showcase on 18 June.

In the morning we will be focusing on our Centres, and the stellar work of our students and staff. In the afternoon we will welcome colleagues from across the Faculty, to hear about the ambitions of our work addressing Health Equity and Inequalities and our focus on Applied Social Science in Health, Health Data Science, and our Public Advisory Panel. Finally, we will be announcing the winners of our WIPH 2024 awards ([Nominations](#) close at 5pm on Friday 7 June). Please do sign up to join us!

With best wishes,

Fiona



MEET WIPH

MEET – Dominik Zenner (Centre for Public Health and Policy)

How would you describe your roles and responsibilities?

Teacher, researcher, and clinician. I am an infectious disease epidemiologist, and my academic interests are in tuberculosis and migration health. I also work as a GP in Whitechapel, which is intense but very gratifying, and gives me plenty of research ideas, particularly for migration health. Our ongoing COVER-ME project (funded by Barts Charity and located in WIPH) is really based on views from local communities and healthcare professionals, and delivered with my local GP colleagues.

What has been your greatest professional achievement?

Getting NHS England buy-in and funding and then leading on the roll-out of a national latent TB screening programme for migrants. It is the team effort as much as the leadership I enjoyed in this.

What aspects of your role do you enjoy the most?

All of it really. I definitely enjoy it when my research resonates with and is seen to be relevant to our communities. I also very much love my teaching role and the opportunities that offers. For example, I co-lead our unique PG Certificate in Tuberculosis, which brings together a fantastic faculty of world-renowned leaders in TB. Learning from them is an honour, not only for my students, but also for me!

What would be your second choice as a profession?

There isn't one, really...I almost decided to be a paediatrician some years back, but now I guess that is limited to my 'baby clinics' in our practice.

What do you enjoy doing outside work?

Anything relating to water - on it, in it, under it. Swimming, diving, sailing. With the weather improving now it might well be more of the latter.

Something most people don't know about you?

In researching for my published work about carbon monoxide poisoning from Shisha smoking, my field work included smoking Shisha on the Edgeware Road.



European Psychiatric Association's *Gaining Experience* Programme

26 April (Nikolini Jovanovic. Centre for Psychiatry and Mental Health)

In the last two weeks of April the CPMH (together with the East London Foundation NHS Trust) once again participated in the European Psychiatric Association's *Gaining Experience* Programme, hosting visiting psychiatrist Dr Marsida Berisha from Germany. The programme allows early-career psychiatrists complete observer placements in renowned psychiatric institutions across Europe. During her placement Dr Berisha visited a range of mental health services across East London and attended academic seminars in the Unit for Psychological Medicine.



The Singapore Primary Care Cancer Network (SPRiNT)

26 April (Yin Zhou. Centre for Cancer Screening, Prevention and Early Diagnosis)



**SINGAPORE
PRIMARY CARE
CANCER NETWORK**

To address a lack of evidence on the role of primary care practitioners in diagnosing symptomatic cancers, and to identify factors contributing to suboptimal care for patients with suspected cancer, the Singapore Primary Care Cancer Network (SPRiNT) (similar to the UK CanTest Collaborative) conducts projects that span the cancer diagnosis pathway. Formed in 2020 to advance cancer care across prevention, early detection, diagnosis, and survivorship at the primary care level, SPRiNT encourages cross-institutional learning and collaborations, and helps develop the next generation of primary care cancer researchers and advance cancer research. In a commentary article, researchers say they hope that SPRiNT will enable a better understanding of current clinical practice, so that suitable interventions can be developed to target missed diagnostic opportunities and inequalities in cancer diagnosis, care, and outcomes.

The hidden work of general practitioners

29 April (Rachel Barnard, Deborah Swinglehurst. Centre for Primary Care)

Using empirical ethics, practice theory, and the listening guide, an ethnography casts new light on the non-patient-facing work of GPs. Authors say that, hidden from view, the complexity of this work may not be recognised. Pressures on clinics make it hard for GPs to find thinking time to work through uncertainties, such as what to do with a slightly abnormal test result, raising questions about what it means to be 'efficient'. The paper shows that providing good care was important to GPs, who often stayed late, came in early, or worked on days off to complete non-patient-facing work. Authors call this 'hidden care work', to emphasise the integrity of this work to patient care.



Paving the way for global clinical genomic sequencing

29 April (James Buchanan. Centre for Evaluation and Methods)

Successful implementation of clinical genomic sequencing (CGS) is challenged by a lack of standardized practices, limited economic assessments, limited patient engagement in health policy decision-making, and by cost and resource issues. A commentary from the Global Economics and Evaluation of CGS Working Group proposes evidence-based solutions under 2 themes: 1) system readiness for CGS, and 2) evidence, assessments, and approval processes. The themes highlight the need for health economics, public health, and infrastructure and operational considerations; a robust patient- and family-centred evidence base on CGS outcomes; and a comprehensive, collaborative, interdisciplinary approach.



Measurement instruments for menopausal vasomotor symptoms

30 April (Matina Ilidromiti. Centre for Public Health and Policy)



To identify suitable definitions and patient-reported outcome measures (PROMs) to assess six core outcomes in menopause relating to vasomotor symptoms (frequency, severity, distress/bother/interference, impact on sleep, satisfaction with treatment, and side effects) researchers conducted a systematic review. Suitable definitions and PROMs were identified for only 3/6 core outcomes: distress/ bother/ interference, impact on sleep, and side effects. The study was able to recommend the Hot Flash Related Daily Interference Scale to measure the domain of distress, bother, or interference of vasomotor symptoms and to capture impact on sleep. Authors call for future studies to develop and validate PROMs for the remaining outcomes.

PhD Success

30 April (Nicola Firman. Centre for Primary Care)

Congratulations to Nicola Firman on being officially awarded her PhD. Nicola's PhD was funded by Barts Charity and supervised by Carol Dezateux, Gill Harper and John Robson. Her thesis showed that children sharing a household with an older child with excess weight are most likely to be living with obesity, and her systematic review and subsequent multivariable time-to-event analyses found that girls with obesity were 1.7 times more likely than those with a healthy weight to have at least one GP consultation for musculoskeletal symptom. Nicola's findings highlight the value of novel data linkage in health research, and contribute important insight into the patterns and outcomes of childhood obesity.



£42 million screening trial to improve efficacy of prostate cancer screening

1 May (Rhian Gabe, Fiona Walter, Stephen Duffy, Adam Brentnall, Sammy Quaife. Centre for Cancer Screening, Prevention and Early Diagnosis)

A new £42million prostate cancer screening trial, TRANSFORM, aims to find the best screening tests and prevent more prostate cancer deaths. The biggest prostate cancer screening trial for 20yrs, TRANSFORM will bring together 6 world leading prostate cancer researchers, with Rhian Gabe and her team representing QMUL. Recruitment of hundreds of thousands of UK men will begin in 2025, with first results expected in as little as 3yrs. Supported by Prostate Cancer UK and designed in consultation with the NIHR, the trial will first compare screening options in 12,500 men over 3yrs. In the second phase the most promising screening options will be tested in up to 300,000 men, who will be followed for at least 10yrs to track the number of lives saved and overall quality of life, and provide the definitive evidence for the best way to screen men for prostate cancer.



QMUL Research and Innovation awards

2 May (Devan Mair, Alastair Noyce, Laura Smith, Marta Patyjewicz, Safiya Zaloum. Centre for Preventive Neurology)

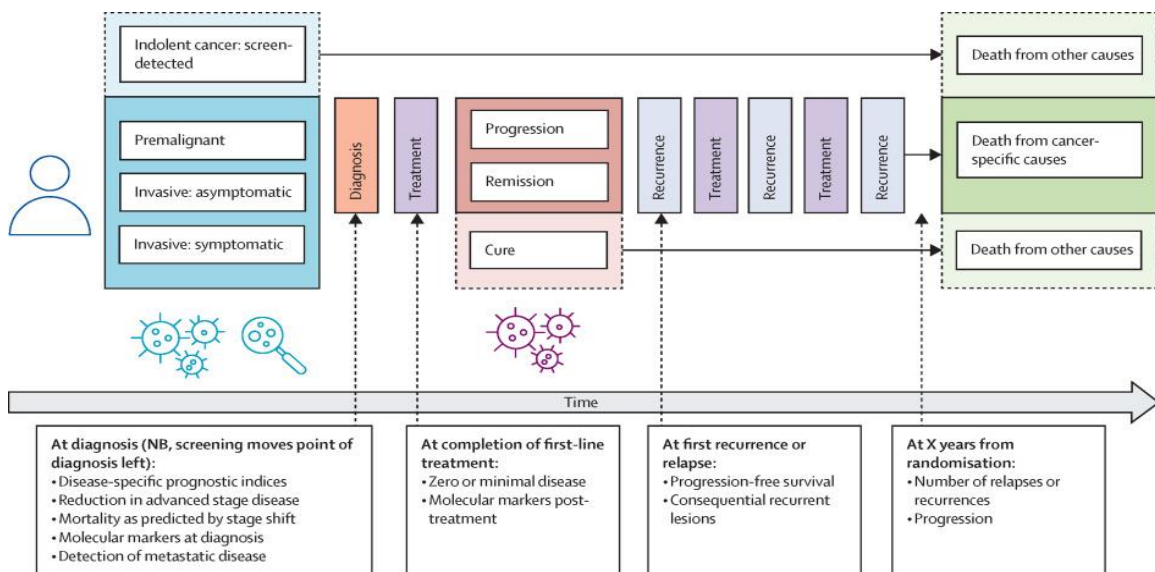


Congratulations to the Centre for Preventive Neurology team (and their Barts colleagues) on receiving a highly commended in the Impact: Culture, Civic, Community and Policy category of the 2024 QMUL Research and Innovation Awards. Their project, *N2O: Know the Risks*, is a student-led nitrous oxide public health initiative backed by WIPH research. The team have reached over 200 young people to date, delivering novel interactive game-based workshops to local groups and young people, in partnership with Tower Hamlets charity the Osmani Trust. The project was highly commended by the panel for its community-driven approach to a new public health challenge, and for rapidly gaining traction in Tower Hamlets and beyond.

Using potential surrogate endpoints in cancer screening trials

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

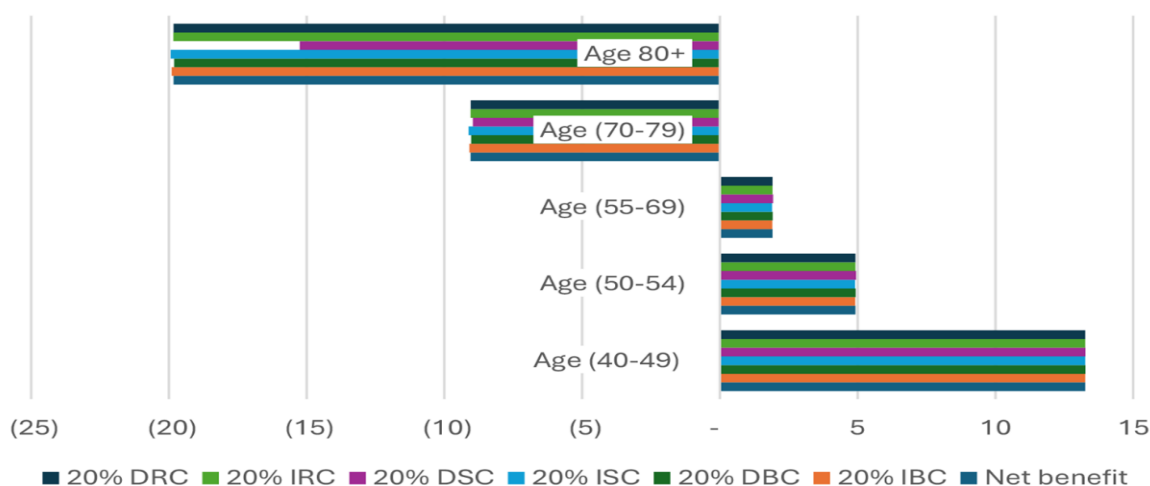
In a review highlighting issues underlying the choice and use of surrogate endpoints for cancer screening trials, researchers propose criteria for when and how such endpoints might be used, and discuss current challenges, lessons and shortcomings from the therapeutic trial setting. Even with carefully designed clinical studies it is challenging to validate a surrogate endpoint, but great potential exists for the sensible use of surrogates to accelerate the translational pathway by stopping trials of ineffective screening technologies early, and by progressing implementation research (or even pilot programmes) of promising screening strategies while awaiting cancer mortality results. Authors say further research is needed to identify these endpoints.



Adherence to follow-up after abnormal FIT-screening in Denmark

3 May (Matejka Rebolj. Centre for Cancer Screening, Prevention and Early Diagnosis)

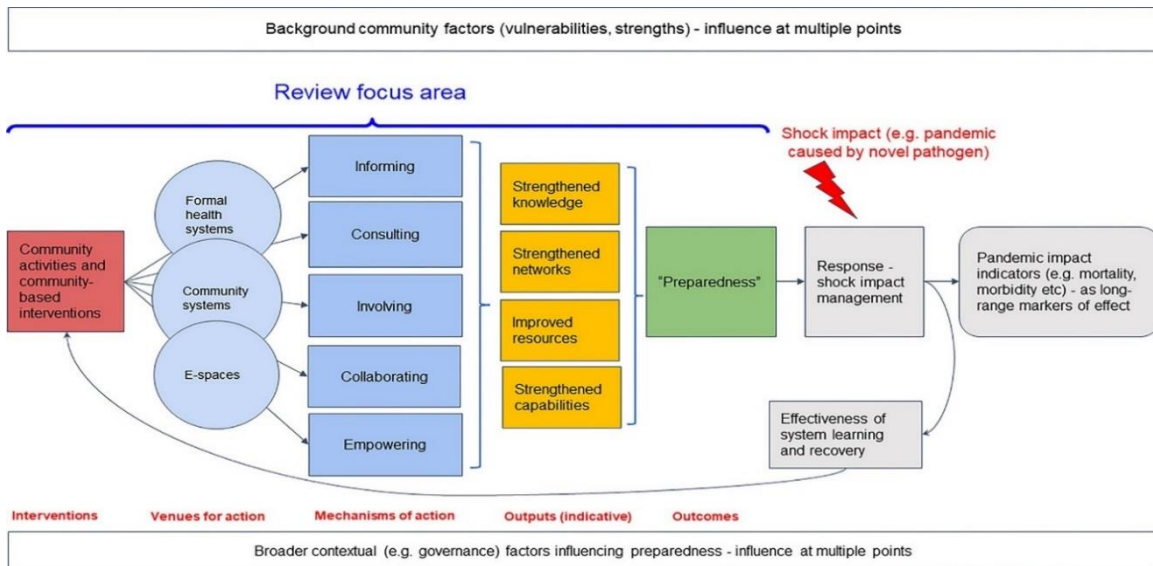
To assess the cost-benefit of prostate cancer screening in Iran, researchers evaluated two strategies: prostate-specific antigen (PSA) solely, and PSA with Digital Rectal Examination (DRE), across 4 age groups. Results show that combined PSA and DRE screening is the most cost-effective option (up to \$3 saving per case). Screening men aged ≥ 70 was not economically justifiable. Authors conclude that screening with PSA and DRE is economically justified for men aged 40-69.



Community interventions for pandemic preparedness

6 May (Fiona Samuels. Centre for Public Health and Policy)

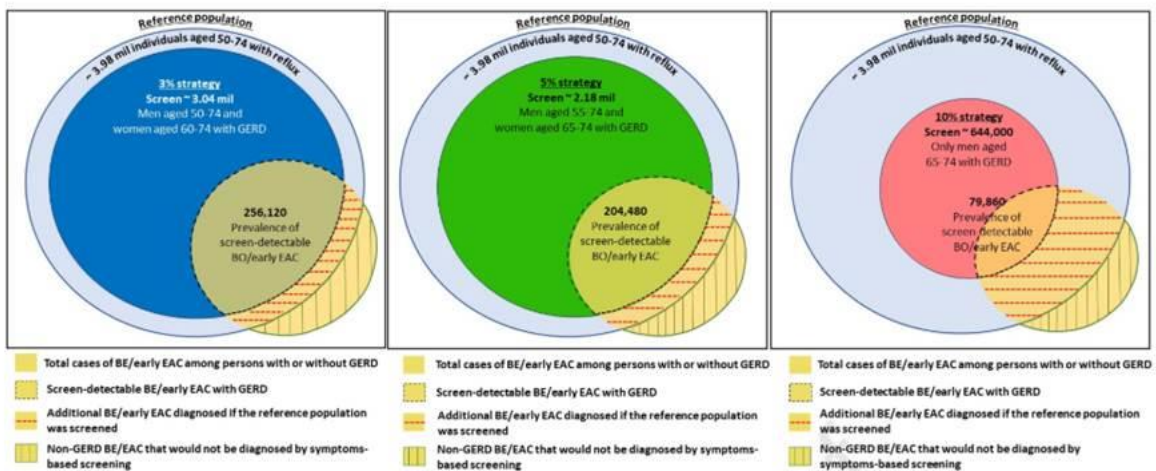
A scoping review of pandemic preparedness lessons from international public health emergencies investigates the role of community interventions (Community Informing, Consulting, Involving, Collaborating or Empowering - CICICE). Researchers found little robust evidence on the role of CICICE interventions in building preparedness. Much of the reporting focused on intermediate outcomes, including measures of health service utilisation. Most work on COVID-19 focused on informing and consulting rather than capacity building and empowerment, and literature on HIV was more likely to report interventions emphasising human rights perspectives and empowerment. Evidence of effect was most robust for multi-component interventions for HIV prevention and control. Authors make recommendations to address evidence shortfalls, including clarifying definitions, organising and stratifying interventions, and strengthening evaluation methods for CICICE.



Targeted screening for Barrett's esophagus and esophageal cancer

6 May (Judith Offman, Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

Using data from the BEST3 trial, researchers have identified the optimal target UK population to screen for Barrett's esophagus (BE) and stage-1 esophageal adenocarcinoma (EAC), to maximize diagnostic yield and minimize harm from overdiagnosis. Current referral strategies identify only 2% of the projected BE and stage-1 EAC expected among a population with reflux aged >50. Findings show that targeted screening of individuals with a 5% probability of having BE/EAC could substantially decrease the screened population, while detecting >70% of BE/EAC. Authors note that while the major strength of this study is that results are based on BEST3 randomized data, the value of screening will be reliant on uptake. A large randomized screening trial (BEST4) in the identified target population will determine whether a non-endoscopic screening approach can reduce morbidity and mortality from EAC.



Patient illness narratives about seeking help for atrial fibrillation

6 May (Meredith Hawking, Deborah Swinglehurst. Centre for Primary Care)

To analyse decision making to seek medical care among patients with atrial fibrillation, researchers conducted an interview study with patients taking long-term anticoagulants in English anticoagulant clinics. Using the biographic-narrative-interpretive method and thematic, structural and metaphorical analyses, the pluralistic analysis focused on how distributed decision-making was enacted through a range of socio-material, relational and embodied practices. Findings show that when seeking help, a *body-in-need-of-help* emerges in a relational, distributed process. This body-in-need-of-help was collectively discussed, interpreted and experienced through distribution of body parts, fluids and technological representations to shape decisions.



Care of people living with dementia at home in urban India

6 May (Claudia Cooper. Centre for Psychiatry and Mental Health)

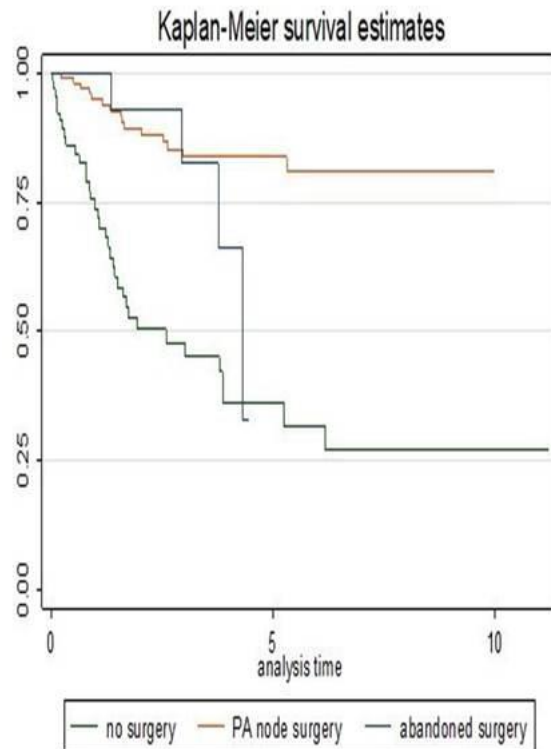


Using the concept of relational solidarity, researchers examined how autonomy, equality, dignity, and personhood are practiced in the care of people living with dementia at home in urban India. Findings showed that family carers and health providers perceive care responsibilities for people with dementia as being analogous to a parent-child relationship. The study concludes that there can be relational solidarity in dementia care at home, but that this perception undermines the autonomy of people with dementia through restricting their movement both inside and outside the home. A more organic, grassroots model of ethical practice is needed to frame care and provide material support to families in India.

Para-aortic lymphadenectomy for locally advanced cervical cancer

6 May (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

An evaluation of outcomes for patients with stage 1b3-3b cervical cancer who had lymph nodes removed prior to planning their chemoradiotherapy finds that laparoscopic retroperitoneal para-aortic node lymphadenectomy (PANL) is an acceptable procedure that can guide treatment in women with locally advanced cervical cancer. In 110 patients who underwent PANL, para-aortic nodes appeared positive on CT/MRI in 5 and cancer was found on histology in 10. Only 2 cases were identified on pre-operative CT/MRI imaging. Of 10 suspected node-positive cases on CT/MRI, 3 had negative histology. PANL led to alteration in staging and radiotherapy management in 8 patients. Survival was significantly higher for women undergoing PANL v those who did not (50.57 v 31.27 months).



Collaborative opportunities with the Madras Diabetes Research Foundation

9 May (Moneeza Siddiqui, Rohini Mathur, Sarah Finer, Miriam Samuel, Daniel Stow, Binur Orazumbekova, Vi Quynh Thi Bui, Anna Billington. Centre for Primary Care)

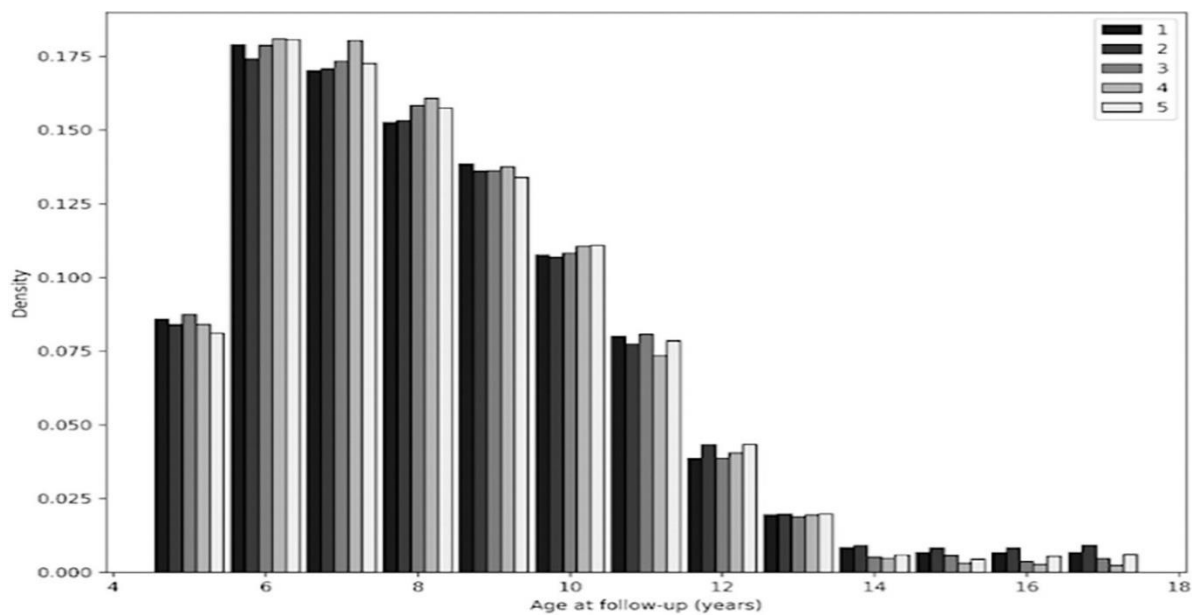
Visitors from the Madras Diabetes Research Foundation (MDRF), Drs Mohan and Anjana from MDRF met with researchers from Genes & Health, the Clinical Effectiveness Group, and the Precision Health University Research Institute to discuss opportunities for collaborative research. MDRF has a rich database of genetic and phenotypic information on 25,000 people in India (many living with type 2 diabetes), with the cohort weighted towards people with South Indian ancestry. Because the work of Genes & Health focuses on people with predominantly North Indian ancestry, research using both sources could unlock new insights into how genetics influence diabetes risk and progression.



Monitoring young people's body mass index

10 May (Carol Dezateux, Nicola Firman. Centre for Primary Care)

Using de-identified population-level BMI data from GP electronic records and the Welsh Child Measurement Programme (CMP), researchers quantify the proportion of children with a CMP BMI measure and a follow up GP BMI recorded at an older age, and determine the distribution by child sociodemographic characteristics, and trends over time. The study identified GP-BMI records for 41% of CYP records, present in a higher proportion among females (54.2%), infants (20.7%) and adolescents. There was no difference in the deprivation profile of those with a GP-BMI measurement. Authors say that records of childhood weight status extracted from GP records are not representative of the population and are biased with respect to weight status, and call for a second CMP measurement in Wales.



How general practice can achieve 'parity of esteem' in the NHS

10 May (Victoria Tzortziou Brown. Centre for Primary Care)

In a podcast interview for GPOnline, Victoria Tzortziou Brown (RCGP Vice Chair for External Affairs) discusses the recent RCGP statement setting out the steps needed to ensure that general practice is treated on a par with other branches of medicine. Victoria talks about the recommendations to tackle inequities in training, education and research, why steps are needed to limit workload in general practice, and the importance of greater representation of general practice in leadership roles. She also explains why the GMC specialist and GP registers should be merged, and the RCGP strategy to achieve parity.



Podcast: How general practice can achieve 'parity of esteem' in the NHS

Celebrating WIPH dementia research in Dementia Action Week

13 May (DenPRU-QM team. Centres for Psychiatry and Mental Health/Preventive Neurology)

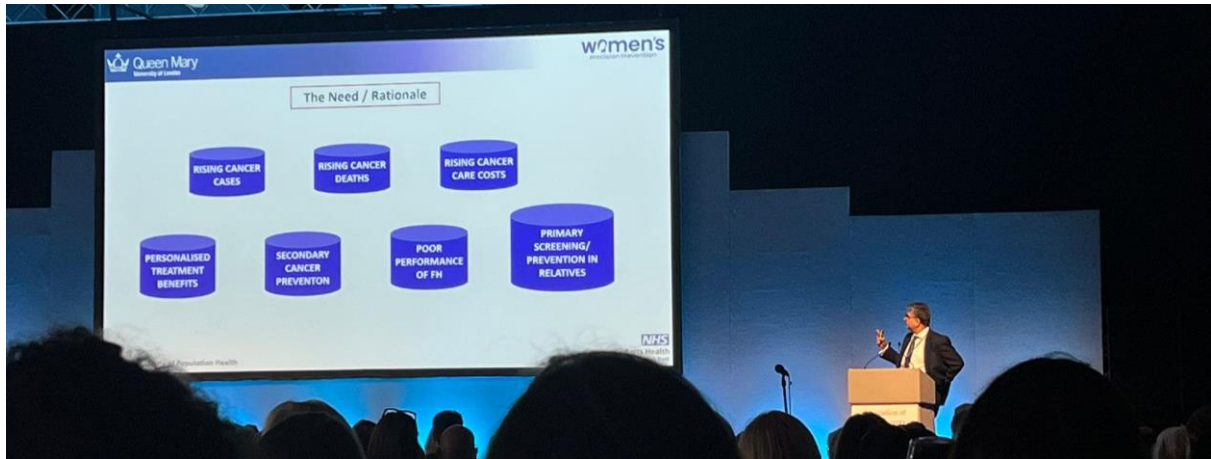


For Dementia Action Week (13-19 May) WIPH is showcasing work to improve understanding of how we diagnose and provide care and treatment to people living with dementia, being undertaken by our NIHR Dementia and Neurodegeneration Policy Research Unit (DenPRU-QM). The Unit is co-directed by Claudia Cooper, and its first programme of work will look at how services can prepare for major anticipated advancements in the treatment and care of dementia and neurodegenerative diseases. The programme was developed in consultation with the Department of Health and Social Care, and focuses on the priorities of care integration, prevention, workforce, inequalities and social care.

2024 Association of Breast Surgery Conference

13 May (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

In a debate on Genetics and Risk Reducing Surgery, Ranjit Manchanda presented the argument in favour of testing every new patient. The invited speech was delivered to the annual Association of Breast Surgery Conference in Bournemouth.



Many children’s restaurant meals contain more than total daily salt allowance
 14 May (Action on Salt team. Centre for Public Health and Policy)

Highlighting the proportion of children's meals in the out of home sector that still contain excessive salt, a report to highlight Salt Awareness week notes that despite reductions from some businesses, progress is not consistent across the industry. The report says that 1 in 2 children’s meals sold in the Out of Home sector exceed half of a child’s maximum daily limit for salt, with some containing more than a child’s entire days’ salt allowance. Only 6 businesses were fully compliant with the government voluntary salt targets for children’s meals to be met by the end of 2024, and 1 in 5 businesses do not disclose the salt content of their meals online. Researchers call for clearer labelling on children’s menus, and say that the lack of transparency makes it difficult for parents to make informed choices for their children.



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