

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 87: 11 November 2025

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late October and early November

FROM OUR DEPUTY DIRECTOR

Dear Colleagues

Welcome to this latest newsletter, showcasing WIPH publications, teaching and impact activities. In September WIPH published 64 papers, more than any month since its inception; and we have already published more papers in 2025 than the whole of 2024.

Here are just some of those impactful offerings - our focus on inequalities strongly evident in work exploring how people with serious mental illness receive care, tackling under-representation of black men in health, and socioeconomic inequalities in access to stem cell transplants to name a few.

Special congratulations to the Centre for Preventive Neurology: to Ruth Dobson, named as the Leading Researcher of the year for Sex/Gender Research in Neuroscience at the UK Women in Neuroscience awards; and to the ECR organising committee, supported by Petra Proitsi and Cristina Simonet, for a very successful 2nd annual CPN symposium, with 100+ attendees across academics, clinicians, people with lived experience, funders and patient charities.

In teaching news, particular thanks for all her hard work to Alex Burton who has been matching over 180 MSc psychological therapies students with dissertation supervisors. Thanks also to the supervisors; just under a third of projects this year have supervisors from outside CPMH for the first time - increasing the diversity of projects we can offer.

Claudia



MEET WIPH

MEET- LIZ STEED, Reader in Health Psychology (CPC)

How would you describe your roles and responsibilities?

One of my key roles is to provide input to research teams on developing and evaluating their interventions. I'm lucky to work with several teams across the UK on many different conditions, and with multiple behaviours, which I find endlessly fascinating. I also work as Co-Institute lead for the Imperial and Partners Hub of the Research Support Service. I've been responsible (with others) for designing and delivering the new version of the service, and particularly for how we triage clients to ensure that they get the best support to meet their needs. Recently I've also been co-ordinating the health psychology teaching for our medical students. Along with lectures, I'm very pleased that we now run Student Selected Components, for both first and second year students, around behaviour change and living with chronic illness, which have been very positively received.

What has been your greatest professional achievement?

I'm not sure about 'greatest' achievement, but I'm proud to have recently completed my level 5 apprenticeship in coaching (it turns out that doing the equivalent of a foundation degree alongside a day job is quite intense!). I'm now part of Queen Mary's Coaching Network, and really enjoying supporting and working with colleagues across the University.

What aspects of your role do you enjoy the most?

The variety is something I love. Whatever frame of mind you're in, there's always a task that will fit. I can honestly say that I never find work boring, which I guess isn't true for a lot of people.

What would be your second choice as a profession?

If I were to retrain again, I think I'd like to be a forest school teacher. Introducing children to the wonders of nature seems one of the most important things there is, and I'd like to spend my time outdoors whatever the weather.

What do you enjoy doing outside work?

We've recently rehomed a rescue dog, and there's nothing I enjoy more than a long walk, followed by pub lunch with friends or family.

Something most people don't know about you?

I'm quite fond of doing mud runs!!



GENERAL INSTITUTE NEWS

Prostate Cancer UK videos explain the TRANSFORM TRIAL

16 October (Rhian Gabe, Victoria Vickerstaff, Philip McNamee. Centres for Evaluation and Methods/Psychiatry and Mental Health)

By the end of 2025 the first participants will join TRANSFORM, a £42 million trial to find the safest, most effective way to screen for prostate cancer. Prostate Cancer UK has released three short YOUTUBE videos, explaining the TRANSFORM trial (Why it matters, What screening strategies will be tested, and Who can be screened), featuring WIPH researchers involved in the trial. Trial Co-investigator Rhian Gabe introduces the videos: “50,000 people are diagnosed each year with prostate cancer. Prostate cancer screening using new technologies has huge potential to be saving those lives. The TRANSFORM Trial design is innovative in that we are evaluating multiple screening strategies, and if new technologies arise we can also add them to the evaluation in the trial.” Victoria Vickerstaff and Philip McNamee speak about who can be screened, and how the trial has been designed to address inequalities. The videos explain how TRANSFORM could help protect thousands of men from a late diagnosis.



Early Detection of Cancer Conference

21 October (Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

In a debate entitled “The randomized control trial of cancer screening is dead”, Peter Sasieni and Laura Esserman (U. California) discussed the future of cancer RCTs at the 2025 Early Detection of Cancer conference in Portland, Oregon. The session, held on day 1 of the conference, was entitled “The Great Debate”.



The Conversation: How the HIV prevention jab works

23 October (Rosalie Hayes, Sara Papparini, Sophie Strachan. Centre for Public Health and Policy)

THE CONVERSATION

Academic rigour, journalistic flair



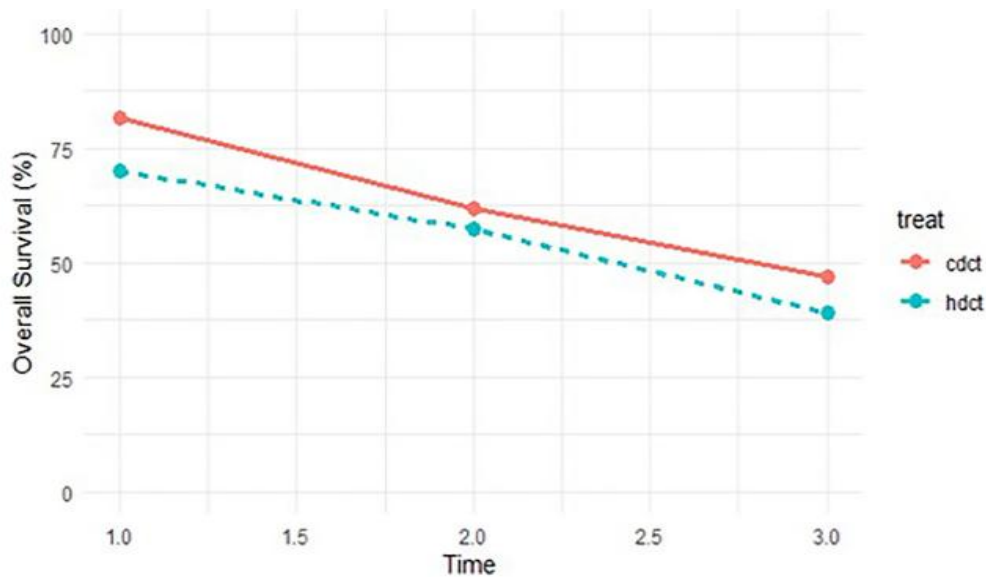
HIV prevention jab approved for use in England and Wales – here's how it works

The first ever injectable drug to prevent HIV, Cabotegravir (previously approved for people living with HIV) has been approved for preventive use in England and Wales, which could benefit an estimated 1000 people. In a piece for The Conversation, WIPH authors note that cabotegravir is not a vaccine (which trains the immune system to fight infections) but works by ensuring adequate antiretroviral drug levels in the bloodstream to prevent the HIV virus from replicating. While oral drugs are around 99% effective to prevent HIV, they rely on people adhering to their pill regimen, whereas injectable cabotegravir requires only 6 annual injections. Largely because it is easier to adhere to, cabotegravir has been found to reduce the risk of acquiring HIV by 66% in gay men, bisexual men and transgender women, and by 88% in cisgender women, compared with daily oral dosing. Authors say that injectables offer a critical new tool for achieving the government's goal to eliminate new HIV infection by 2030.

Managing relapsed germ cell tumours after Cisplatin-based chemotherapy

23 October (Didjier Masagnwi. Centre for Cancer Screening, Prevention and Early Diagnosis)

Treatment options after cisplatin-based chemotherapy for germ cell tumours (GCT) are conventional or high-dose chemotherapy (CDCT/HDCT), but optimal sequencing of these strategies is not clear. A systematic review and meta-analysis evaluates the efficacy and safety of CDCT/HDCT reported in 65 studies (5745 patients), with focus on survival rates, objective response rate (ORR) and treatment-related deaths (TRD). Results show that CDCT was associated with higher survival rates than HDCT, though the differences were not statistically significant. Authors conclude that larger prospective studies are needed to directly compare these strategies and guide personalised treatment selection in relapsed GCT.



QM Education Excellence: Posthumous Special Recognition Award

23 October (Ava Kanyeredzi. Centre for Psychiatry and Mental Health)

A posthumous Special Recognition Award was made to Ava Kanyeredzi in the 2024-25 Queen Mary University of London Education Excellence Awards. Ava, who passed away in August 2025, was known for her consistent and deep commitment to student-centred inclusive learning. As Programme Director of the MSc in Psychological Therapies, she worked to enable all students to access high-quality learning in a manner that ensured they did their best work, and by sharing her educational values with colleagues, they learned much about inclusive online education. In Ava's own words: *My teaching and reflexive practice surrounds how to democratise the learning environment, hear the voices of as many learners as possible and to gauge learner engagement.*



Guest speaker at Chai Cancer Care reception

23 October (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)



Speaking as Guest of Honour at a reception hosted by Chai Cancer Care at Spencer House, London, Ranjit Manchanda reported that just over 35,000 people have now requested testing kits for the NHS Jewish BRCA Testing Programme. Ranjit was introduced by Chai Chairman, Louise Hager, who invited him “to share the tremendous success of this important initiative, which he has championed so passionately and effectively”. Chai Cancer Care is the Jewish community’s national cancer support organisation.

2025 International Consortium on Newborn Sequencing

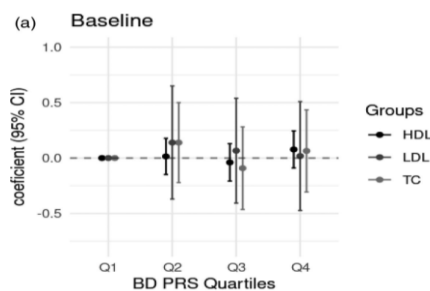
24 October (James Buchanan, Martin Vu. Centre for Evaluation and Methods)

WIPH representatives took part in a panel discussion, *Valuing genomic newborn sequencing: an educational session for non-health economists*, on day 2 of the 2025 International Consortium on Newborn Sequencing (ICoNS) conference in London. James Buchanan moderated the session, and spoke about challenges in estimating value in the context of genomic newborn sequencing, and Martin Vu presented an introduction to economic evaluation for non-health economists. The annual ICoNS conference brings together experts and researchers in the implementation of newborn sequencing.

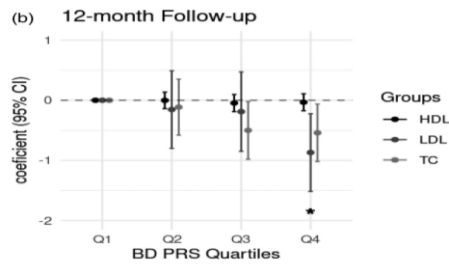


Cardiovascular polygenic risk scores and severe mental illness

24 October (Alexandra Burton. Centre for Psychiatry and Mental Health)



To address the problem of patients with severe mental illness (SMI) experiencing increased cardiovascular risks and reduced life expectancy, researchers assess the predictive utility of cardiovascular polygenic risk scores (PRS) and the impact from risk reducing interventions. Findings highlighted the instability of PRS for cardiovascular risk predictions in patients with SMI. Authors say future studies with increased sample size and more precise symptom



measurements on bipolar disorder subtypes may clarify the complex associations between bipolar disorder and cardiovascular traits.

Covariate adjustment in cluster randomised trials

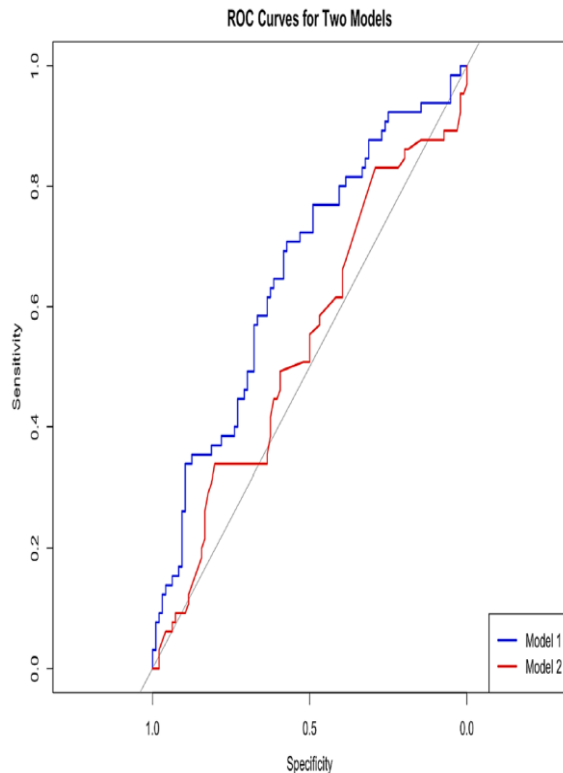
24 October (Richard Hooper. Centre for Evaluation and Methods)

In a practical guide in the BMJ, authors observe that covariate adjustment in cluster randomised trials can enhance statistical precision and reduce bias from differential recruitment or missing data. They provide guidelines for selecting covariates, recommending inclusion of those used in restricted randomisation and those prognostic of outcomes or related to recruitment and missingness. The article outlines different model based approaches to covariate adjustment in cluster trials, as well as missing data techniques, such as multiple or cluster mean imputation, with recommendations illustrated through a case study involving prespecified covariates.



Predicting morbidity after ovarian cancer cytoreductive surgery

24 October 2025 (Michail Sideris, Oleg Blyuss, Samuel Oxley, Jacqueline Sia, Ashwin Kalra, Xia Wei, Caitlin Fierheller, Subhasheene Ganesan, Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

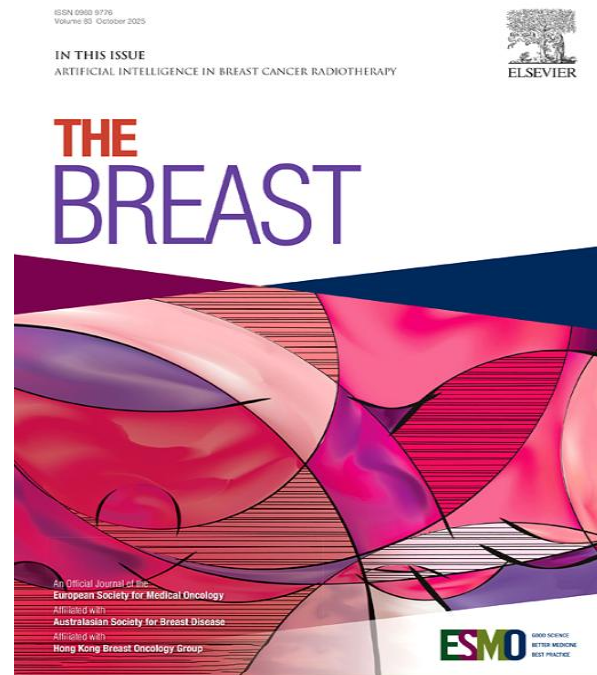


A study evaluating the performance of the P-POSSUM scale to predict morbidity after cytoreductive surgery (CRS) for ovarian cancer (OC) in 161 patients aimed to identify additional variables that could improve model performance. Due to the small number of deaths (2), no robust conclusions regarding mortality were possible, but Edmonton Frail Scale (EFS) scores and BMI were identified as significant predictors of observed morbidity using a step-wise-model selection process. Authors conclude that the P-POSSUM scale significantly overestimated morbidity (predicted 59.5% v observed 40.3%) and demonstrated poor discrimination (Area under the curve, AUC 0.54), but their proposed model, incorporating additional variables, improved performance (AUC 0.66), and merits further development and validation.

ECIBC Evaluation of breast cancer screening programmes

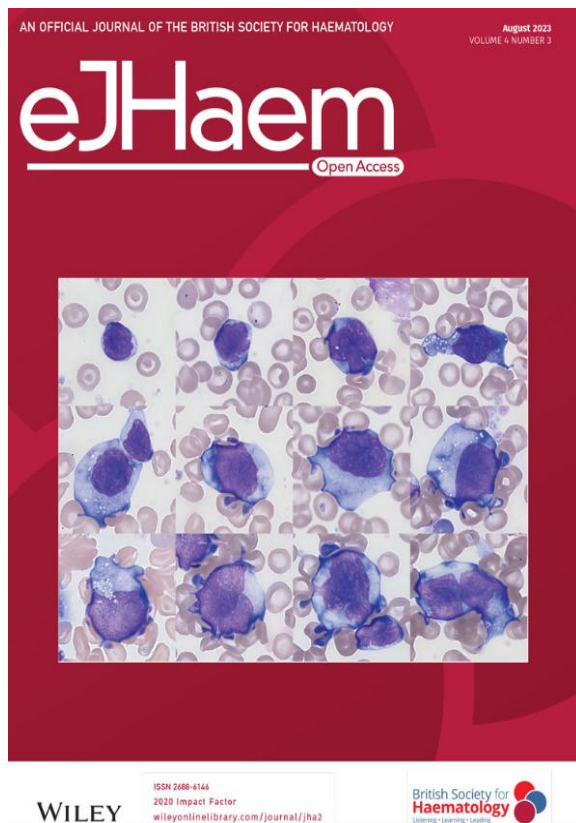
24 October (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

An international consortium of authors representing the European Commission Initiative on Breast Cancer (ECIBC) has conducted an analysis of aggregated data from 9 organised screening programmes in Italy, Spain, Norway, Ireland and the Czech Republic, to link performance indicators with incidence-based mortality (IBM). Higher coverage, detection rates, node negative proportion and episode sensitivity were linked to lower IBM, and higher interval cancer rate was linked to higher IBM. Recall rates showed a small, non-significant positive association. The study concludes that larger individual-level datasets are needed to validate the proposed framework for setting thresholds and potential causal inference.



Access disparities in NHS allogeneic haematopoietic stem cell transplants

27 October (Stephen Hibbs. Centre for Primary Care)

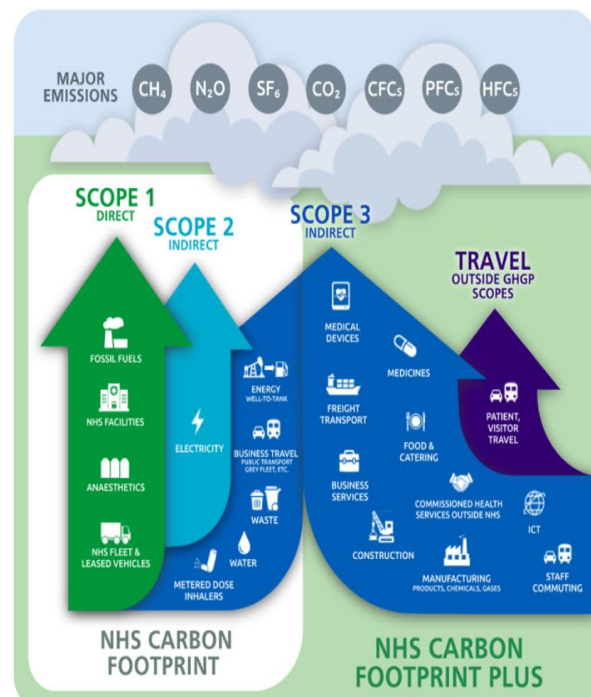


Using data from Barts Hospital transplant centre MDT meeting minutes, researchers examine sociodemographic disparities in access to allogeneic haematopoietic stem cell transplants (HSCT), analysing the odds of receiving HSCT among 254 patients with acute leukaemia. Results showed that 43% received allogeneic HSCT. Living in a wealthier area was associated with higher odds and living in more deprived areas had lower odds of receiving HSCT. Ethnicity was not associated with HSCT receipt. The study could not determine whether differences in HSCT receipt among individuals of varying socioeconomic status were due to donor availability, referral patterns, fitness assessments, or patient decision-making. Further investigation across cellular therapy assessments, decisions, referrals and receipt may illuminate factors that are directly amenable to change.

AI-related emissions missing from NHS carbon reporting

27 October (Duncan Reynolds. Centre for Primary Care)

Artificial intelligence (AI) is being rolled out across the NHS to improve efficiency, but its carbon footprint is largely invisible in mandatory Green Plan reporting. A JMIR paper provides examples of where AI-related emissions are omitted in NHS carbon reporting (eg: general practice survey data suggests that ChatGPT queries alone could release $\approx 349t$ CO₂e per year in primary care). The author proposes 3 potential measures: AI-specific carbon disclosure clauses in vendor contracts, inclusion of cradle-to-grave emission factors for AI hardware in Scope 3 reporting, and monitoring external AI traffic, which could allow trusts to assess whether AI adoption advances or undermines the NHS net-zero target.



Addressing under representation of Black men in health research

27 October (Drews Adade, Sarah Finer, Veline L'Esperance, Bernice Appiah. Centre for Primary Care)



The logo for Men's Health, featuring three horizontal lines to the left of the text "Men's Health" in a bold, red, sans-serif font.

In an [article](#) for *Men's Health*, Drews Adade shines a light on the silent health issues affecting Black men, and introduces our new Black Health Legacy Study team who are leading research to close the gap in genetic research. The study focuses on conditions like diabetes and heart disease that disproportionately affect Black, Black African, and Black Caribbean communities, comparing genetic data from a variety of ancestries. He concludes that “through community engagement, accessible education, and diverse genetic data, the goal is better diagnosis, better treatment, and better outcomes for everyone”.

Childhood and Adolescent Environmental Risk Factors for MS

28 October (Ruth Dobson. Centre for Preventive Neurology)

A review of 87 studies across 20 countries analysing environmental risk factors, including BMI, infections, vaccinations, and tobacco exposure updates evidence on paediatric environmental factors associated with the risk of developing multiple sclerosis (MS). Epstein Barr virus infection showed a significant positive association with MS risk. Normal body mass index was protective and breastfeeding showed limited protective associations. Adverse social experiences like bullying and sexual abuse, as well as active smoking and obesity during childhood and adolescence, antibiotic and chemical exposures, and vitamin D deficiency were linked to higher MS risk. Researchers conclude that the first 20yrs of life are a key window for prevention.



NHSE calls for more people of Jewish ancestry to access cancer gene testing

28 October (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

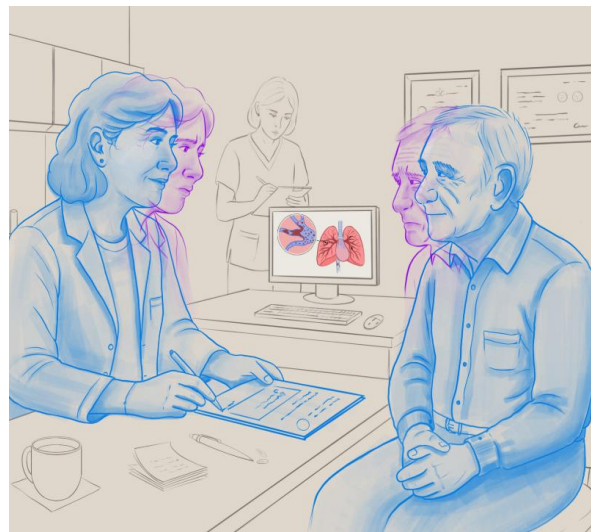


An ITV news [report](#) highlighting the success of the NHS Jewish BRCA gene testing programme has featured a participant who underwent a double mastectomy after a positive test from the programme and a subsequent cancer diagnosis, who credits the programme with saving her life. The 31 year old teacher said she would never have considered herself to be at risk of breast cancer without this programme. Ranjit Manchanda told ITV that 1:40 people in the Jewish population carry a fault in the BRCA gene, and that among the 40,000 people who have registered for the trial, 520 positive results have been reported and 345 referrals to a genetics unit have been made. The pilot programme closed to new registrations on 31 October.

Choosing words wisely after pulmonary embolism

28 October (Stephen Hibbs. Centre for Primary Care)

Pulmonary embolism (PE) survivors often endure significant psychological challenges, with $\approx 3\%$ presenting with PTSD at follow-up, and nearly 20% enduring anxiety or depression for up to 2yrs, with correlated quality of life reduction. This [article](#) observes that clinicians' choice of language can inflame or alleviate psychological distress. Best practice involves clear post-discharge lines of communication, and language that avoids frightening metaphors: "Clinicians should remember the first therapeutic intervention they employ: language."



Immunometabolic characteristics of developmental trajectories of depression symptoms

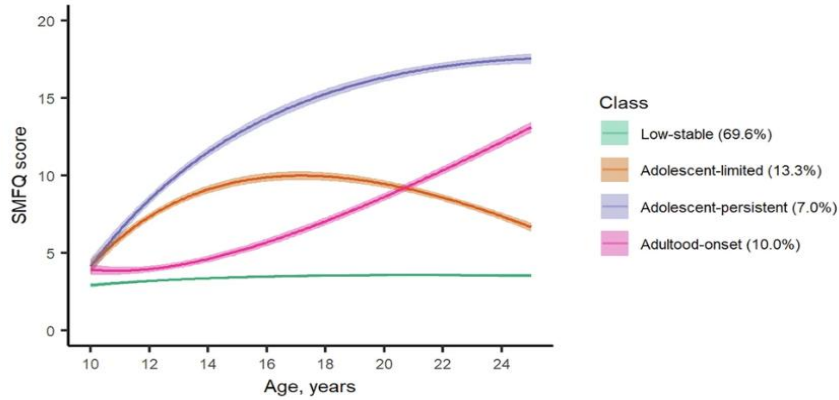
29 October (Daniel Stow. Centre for Primary Care)

Investigating the immunometabolic characteristics of developmental trajectories of depressive symptoms, researchers identify 4 trajectories in depressive symptoms scores measured in participants aged 10-25 in the [ALSPAC](#) study. [Results](#) show that, relative to a low-stable group, risk of depression and anxiety in adulthood was higher for all other groups, especially in adolescent-persistent and adult-onset groups. Depression-related trajectories varied in immunometabolic profile, with few or no alterations in the adolescent-limited group. The adult-onset group showed widespread classic immunometabolic changes, and the adolescent-persistent group was characterised by higher BMI both in childhood and

adulthood, with few other immunometabolic changes. The findings suggest distinct mechanisms and prevention opportunities for adverse cardiometabolic profile in different groups of young people with depression.

Fig. 1: Predicted marginal mean depressive symptom trajectories from childhood to early adulthood in the ALSPAC cohort.

From: [Immunometabolic blood biomarkers of developmental trajectories of depressive symptoms: findings from the ALSPAC birth cohort](#)



Lines showing predicted marginal mean depressive symptom trajectories with shaded areas representing 95% confidence intervals.

Expert comments on European prostate cancer screening study

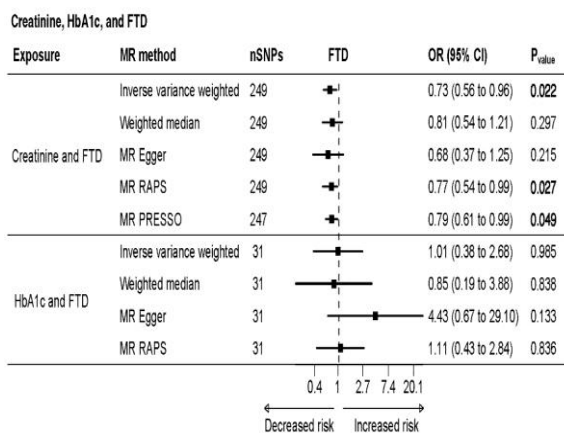
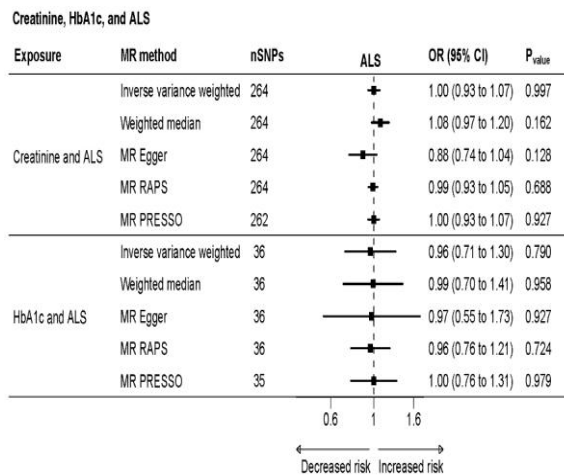
30 October (Rhian Gabe. Centre for Evaluation and Methods)

In expert comments on the publication of 23 year follow up data from The European Randomized Study of Screening for Prostate Cancer in *The New England Journal of Medicine*, Rhian Gabe said: “These results confirm prevention of prostate cancer death with repeat PSA testing, however concerns remain about the unnecessary biopsies and harms of overdiagnosis and overtreatment. Newer technologies provide great hope that these negative aspects can be addressed. Evidence from randomised controlled trials of prostate cancer screening strategies incorporating these new technologies is needed to inform UK screening policies.” Rhian’s comments were widely published, including in the [Independent](#), [LBC News](#), the [Sun](#), [Express](#) And Star, and [Yahoo News](#).



Prediagnostic factors for amyotrophic lateral sclerosis and frontotemporal dementia:

30 October (Carol Coupland, Julia Hippisley Cox. Centre for Primary Care)



To identify modifiable factors influencing the risk of amyotrophic lateral sclerosis (ALS) and frontotemporal dementia (FTD), researchers used adult UK primary care records to examine associations with low- and high-density lipoprotein cholesterol (LDL-C and HDL-C), total cholesterol, triglycerides, creatinine, creatine kinase. Higher LDL-C and total cholesterol levels were linearly associated with higher ALS risk, and age-stratified analysis showed a stronger association for total cholesterol in those aged ≥ 60 . Higher creatinine was inversely associated with FTD risk, and HbA1c showed a U-shaped association with FTD. Authors conclude that LDL and total cholesterol may provide insights into early disease changes or the aetiology of ALS, while creatinine and HbA1c may be relevant for FTD. Research in monogenic ALS and FTD is needed to determine whether these biomarkers inform targeted prevention or intervention strategies.

Book Launch: *Laughter, Power, and the Unconscious*

31 October (Maria Turri. Centre for Psychiatry and Mental Health)

A new book, “*Laughter, Power, and the Unconscious*”, co-authored by Maria Turri, offers paradigm-breaking insights into the psychological and sociopolitical dimensions of humour and comedy. Based on an audience experiment at Shakespeare's Globe, Maria and co-author Bridget Escolme (QMUL Professor of Theatre and Performance) develop a revolutionary theory of humour as manic defence, challenging Freud's classic formulations while engaging with contemporary humour theories.

LAUGHTER, POWER, AND THE UNCONSCIOUS

RESEARCHING EMOTIONAL RESPONSES IN A CONTEMPORARY AUDIENCE SPECTATING EARLY MODERN COMEDY AT SHAKESPEARE'S GLOBE

Maria Grazia Turri and Bridget Escolme



Challenges to equitable mpox vaccination in the UK outbreak response

31 October (Rosalie Hayes, Sara Papparini. Centre for Public Health and Policy)



A qualitative study of challenges to equitable mpox vaccination in the UK outbreak response, produced with community co-researchers, analyses interview and focus group results from people of diverse ethnicity, sexual identity and orientation with risk factors for mpox. Circumstances leading to exclusion in the UK mpox vaccination campaign included: lack of connection to sexual health services/ community organisations and advocates; feeling that the vaccine criteria are too restrictive; lacking trust in institutions (often because of structural racism); feasibility barriers; living outside London; and being in a relationship with someone with more risk factors. The findings highlight the need for more inclusive vaccine campaigns, and consideration of whether shared barriers to engagement require tailored solutions.

A case surveillance system for people with psychosis in the global south

31 October (Tessa Roberts. Centre for Psychiatry and Mental Health)

In the Global South, many people with untreated psychosis seek help outside formal health service settings. In the Msunduzi Municipality in South Africa, researchers conducted a preliminary mapping study, and established a surveillance system including all secondary mental health and primary care services, most informal providers (including traditional health practitioners, religious institutions) and a wide range of key informants. Authors say the mapping process established a platform for the ongoing PSYMAP study of untreated psychosis in South Africa, and that the infrastructure could be used to detect a representative sample of individuals with untreated psychosis.



Traditional medicine use for hypertension, diabetes & hypercholesterolaemia

1 November (Binur Orazumbekova. Centre for Primary Care)

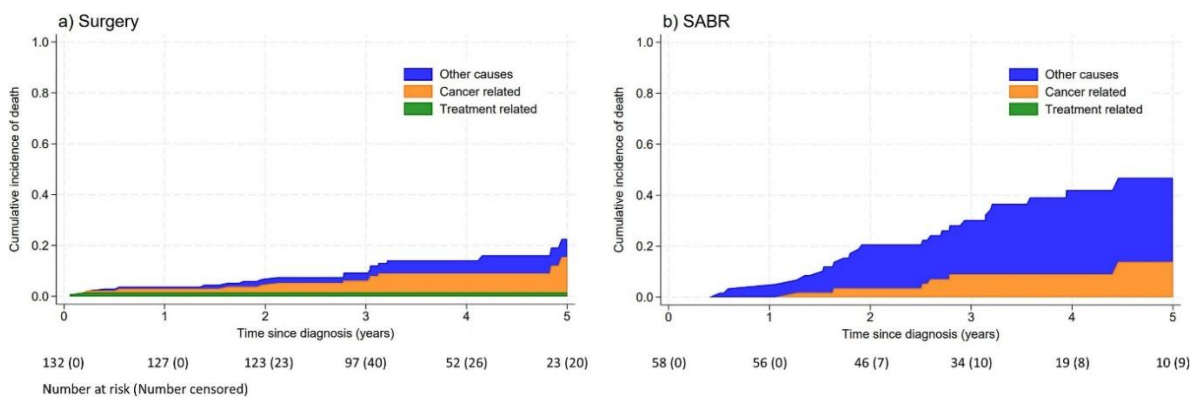


Using pooled data from 71 surveys in low and middle income countries, researchers identified individuals with diagnosed hypercholesterolaemia, diabetes or hypertension who reported use of traditional medicine, to estimate the association between traditional medicine use and individual characteristics. The prevalence of traditional medicine use was for diabetes 14.7%, hypercholesterolaemia 12.4%, and hypertension 8.1%. Most using traditional medicine for diabetes or hypercholesterolaemia also used biomedicine. The study demonstrates the high prevalence of traditional medicine use, and highlights the need to better understand the clinical interactions and risks of traditional medicine for improved cardiometabolic treatment.

Yorkshire lung screening trial: Surgery v stereotactic ablative radiotherapy

3 November (Hui Zhen Tam, Daniel Vulkan, Rhian Gabe. Centre for Evaluation and Methods)

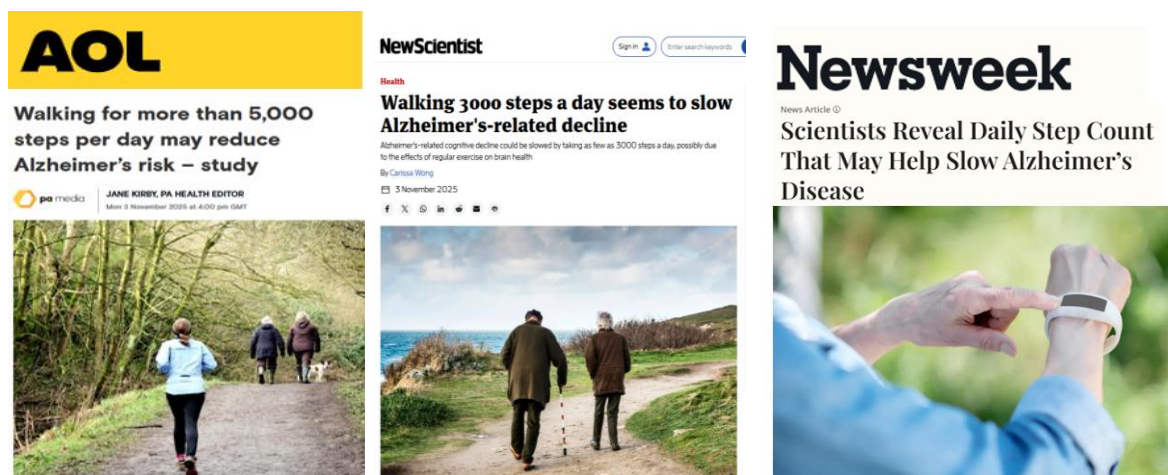
In 190 participants with screen-detected clinical stage I lung cancer in the Yorkshire Lung Screening Trial, researchers compared outcomes according to treatment be either surgery or stereoablative radiotherapy (SABR). Results showed similar cancer-specific survival between the two groups, but worse overall survival in those in the SABR cohort who were older, with worse performance status and fitness characteristics highlighting the need for further research. Authors say that as lung cancer sojourn time is estimated at around 5yrs, rates of overdiagnosis are probably higher in patients treated with SABR than with surgery, and further research may be needed to optimise inclusion and exclusion criteria for lung cancer screening.



Comments on study showing that exercise may slow Alzheimer's progression

3 November (Charles Marshall. Centre for Preventive Neurology)

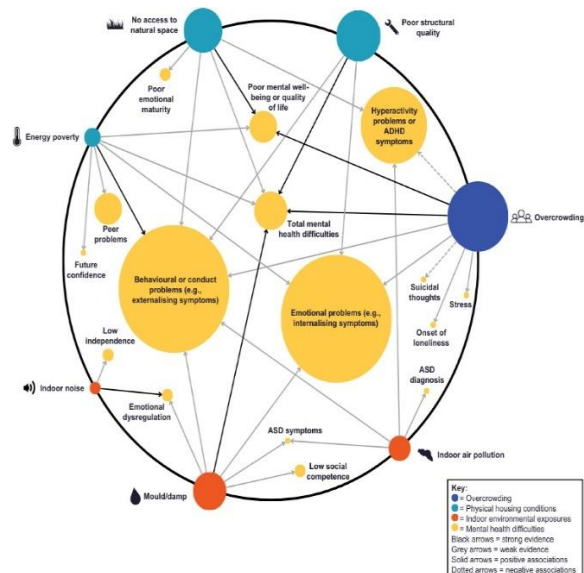
Expert comments from Charles Marshall on a new [paper](#) in Nature Medicine, showing that exercise may slow Alzheimer’s Disease (AD) progression, have been widely reported in the press. Reported in the New Scientist, Newsweek and other outlets, he said that the research provides strong evidence that moderate physical activity is associated with slower progression of the earliest stages of AD, and that this is linked to slower accumulation of tau protein, an important cause of brain cell loss. He cautioned: “With this type of observational study, it is always hard to be sure whether the physical activity is actually the thing causing the observed difference... we cannot be certain whether the people doing more exercise are healthier in other ways, nor whether the development of AD changes are influencing activity levels (reverse causality)”.



Mental health impact of adverse housing conditions on young people

4 November (Jessica Mitchell. Centre for Primary Care)

A systematic [review](#) of studies examining the link between adverse housing conditions and mental health in people aged 2-24 finds 27 studies showing an association, with overcrowding and mould or damp exposures being significantly associated with mental health problems. Authors conclude that adverse housing conditions have a negative impact on children and young people’s mental health, particularly on emotional or behavioural problems and mental well-being, and that policies to improve housing for families with children are likely to have mental health benefits for children and young people.



AWACAN-ED findings presented at the 15th AORTIC Conference in Tunisia

4 November (Fiona Walter, Suzanne Scott. Centre for Cancer Screening, Prevention and Early Diagnosis)

In a symposium at the 15th biennial African Organisation for Research and Training in Cancer (AORTIC) conference in Tunisia, Fiona Walter, Suzanne Scott, and the African aWareness of CANcer and Early Diagnosis (AWACAN-ED) team delivered an overview of key findings to date from AWACAN-ED programme, and discussed next steps for encouraging early diagnosis of breast, cervical, and colorectal cancer in sub-Saharan Africa. AWACAN-ED is an NIHR-funded global health research group focussing on advancing early diagnosis of cancer in southern Africa. The AORTIC conference brings together multidisciplinary specialists from the global cancer community with a shared goal of reducing the impact of cancer in Africa.



How can the Government help reduce obesity rates?

5 November (Kawther Hashem. Centre for Public Health and Policy)



Health and Social Care Committee

Wednesday 5 November 2025 Meeting started at 9.31am

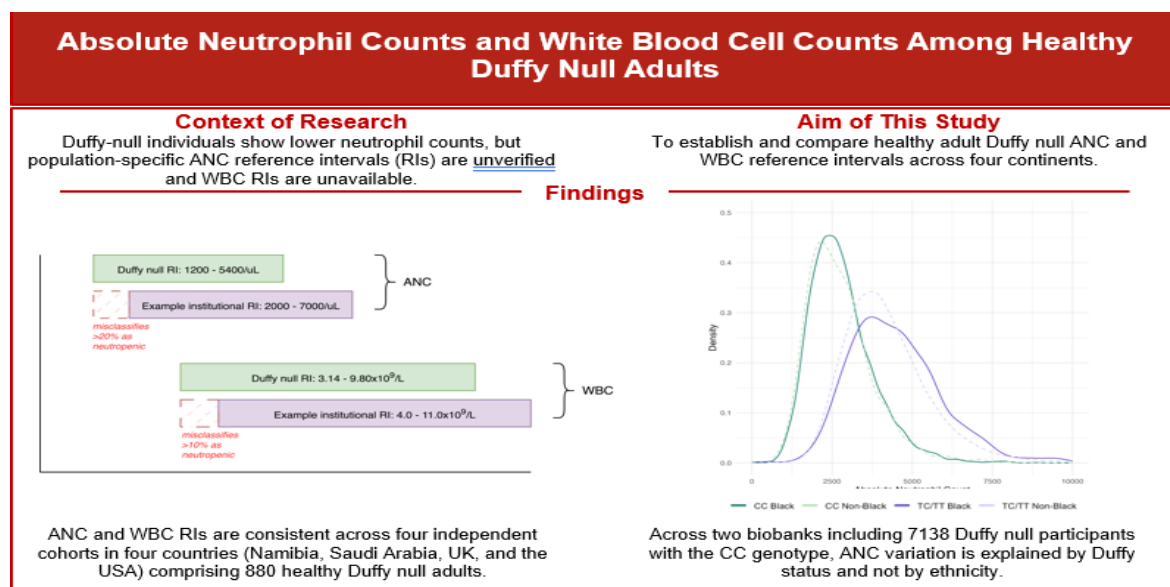


In a Health and Social Care Select Committee evidence session on Food and Weight Management, MPs have questioned experts on how the government could help to reduce obesity rates. Representing WIPH on the Expert Committee at the House of Commons, Kawther Hashem spoke about historical successes in salt reduction and the soft drink industry levy, and on food packaging and the need for mandatory regulation. She particularly highlighted the use of taxation to encourage product reformulation, and reducing thresholds for the sugar tax. Research on obesity rates shows that 64% of adults in England were living with excess weight (up from 53% in 1993).

Duffy null ANC and WBC reference intervals across 4 continents

5 November (Stephen Hibbs, Vanessa Apea. Centre for Primary Care)

The Duffy null variant lowers absolute neutrophil counts (ANC), but existing reference intervals are based on a single African American cohort, and no white blood cell count (WBC) intervals exist. To establish and compare Duffy null ANC and WBC reference intervals across 4 continents (Namibia, Saudi Arabia, UK and USA), researchers examined records from 8018 participants. Results showed that institutional reference intervals misclassified 27.9% (Namibia), 50.9% (Saudi Arabia), 26.0% (UK) and 21.7% (USA) as neutropenic. Biobank analyses confirmed that there was no significant difference in ANC between Black and non-Black Duffy null participants. Authors conclude that Duffy null individuals consistently exhibit lower ANC and WBC across ethnic groups and regions, and that current reference intervals overlook this variation, risking misdiagnosis and health inequities. Implementing Duffy-specific reference intervals is essential for equitable and accurate clinical decisions worldwide.



Centre for Preventive Neurology 2nd Annual Symposium

7 November

The Centre for Preventive Neurology hosted its 2nd Annual Symposium on 7 November in the Peston lecture theatre at the Mile End Graduate Centre. Following a keynote talk by Professor Siddharthan Chandran (Director, UK Dementia Research Institute), CPN researchers presented on the themes of Determinants of Health and Disease, Pathways for Early Detection, and Personalised Research Design. A Rapid Fire Presentations session featuring CPN Early Career Researchers was followed by a closing panel discussion on



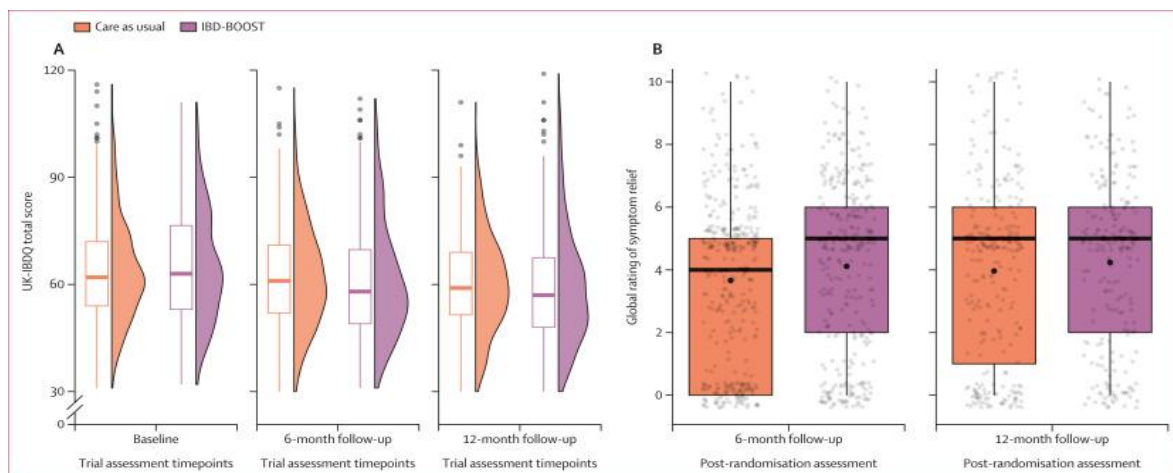
Implementing Research Findings in the Real World.



IBD-BOOST intervention for IBD fatigue, pain, and faecal incontinence

7 November (Fionn Cléirigh Büttner, Thomas Hamborg, Laura Miller, Borislava Mihaylova, Chris Roukas, Steph Taylor. Centres for Evaluation and Methods/Psychiatry and Mental Health/Primary Care)

A multicentre randomised controlled trial evaluated IBD-BOOST, a digital, interactive, facilitator-supported, self-management intervention for adults with inflammatory bowel disease (IBD), in comparison with usual care. Among 780 participants with high impact IBD-related fatigue, pain, and faecal urgency, 6 month results showed no statistically significant differences between those receiving the intervention and the care as usual group.



Women in Neuroscience UK Award

7 November (Ruth Dobson. Centre for Preventive Neurology)



Congratulations to Ruth Dobson, who has been named as the Leading Researcher of the year for Sex/Gender Research in Neuroscience at the UK Women in Neuroscience awards. The judges noted that Ruth’s research and clinical work “exemplify a deep commitment to equality and inclusion for all individuals with MS. Her research focuses on the impact of ethnicity, deprivation, and gender on MS outcomes, with particular emphasis on supporting people with MS through pregnancy”.

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

