

# WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 70 24 January 2025

**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 DEPUTY DIRECTOR

Dear Colleagues

I hope you enjoy reading about the fantastic work across WIPH - what a busy start to the year! So many of these successes are underpinned by collaborations across methodological and topic expertise, academic and professional services, as shown in our feature below, *Meet Yusuf Anifowoshe*, whose work supporting trials enables many applied health research programmes.

Highlighted research this fortnight showcases our expertise in prevention and care, from pregnancy (benefits of Vitamin D to maternal health by Matina Iliodromiti) to older age (supporting dementia early detection through understanding depression as a prodromal symptom by Charles Marshall; supporting quality residential care by Adam Gordon; and Beth Stuart's work showing that loneliness predicts multimorbidity). Congratulations to Garth Funston, who will lead a theme within a £10 million programme: the Cancer Data Driven Detection programme (CD3).

We are delighted to be welcoming Professor Julia Hippisley-Cox as the inaugural Professor of Clinical Epidemiology and Predictive Medicine to CPC from 1 Feb 2025. Julia is an internationally recognised expert in the development, validation and implementation of clinical prediction models and evaluation of risks and benefits of medicines. She co-founded the QResearch database, one of the world's largest and most comprehensive medical research databases, encompassing over 40 million patient records. She also developed clinical risk prediction tools such as QRISK, widely used in the NHS to assess risk of a heart attack or stroke to target prevention. I'm sure you will join me in extending Julia a very warm welcome to WIPH.

And finally: a plea to take a look at the FMD Staff Awards these award excellence across research, teaching and citizenship. Deadline for submission of nominations is 4pm on Monday 10 February. Please do nominate your colleagues!

With best wishes

Claudia



## MEET WIPH

### MEET - Yusuf Anifowoshe (Centre for Evaluation and Methods)

#### How would you describe your roles and responsibilities?

I lead a team of four research software engineers, overseeing the delivery of clinical trial applications and databases across FMD. This involves developing custom web applications, application programming interfaces, and database schemas to support clinical trial phases, as well as managing and integrating REDCap Electronic Data Capture and eConsent. My focus is on empowering researchers, clinicians, and participants with cutting-edge digital technology to enable the delivery of bespoke trials in compliance with Good Clinical Practice and ISO 27001.

#### What has been your greatest professional achievement?

I'm not sure I can pinpoint a 'greatest' achievement, but I have been part of some work that I am very proud of, notably my role as a member of the research software team for UNAIDS, where I helped estimate HIV prevalence in Africa. My contribution involved building a web application that allowed country teams to run analyses quickly and efficiently. The platform enabled teams to access rapid estimates and insights on HIV prevalence directly through the web, making the process much more accessible and streamlined.

#### What aspects of your role do you enjoy the most?

I particularly enjoy collaborating with a team, solving challenging problems, or creating impactful solutions. It is fulfilling to see how my work contributes to generating high quality evidence to improve health and healthcare, supporting the broader CEM and QMUL missions.

#### What would be your second choice as a profession?

I would have chosen to be a horologist or surgeon. The level of craftsmanship in watchmaking and the meticulous care in surgery both involve solving complex problems with remarkable accuracy. I have always been fascinated by the intricate details and precision required in both fields.

**What do you enjoy doing outside work?**

I enjoy playing sports, particularly tennis and football, which help me stay physically active.

**Something most people don't know about you?**

Perhaps that I am naturally more introverted, though it may not always be apparent. I have found that this allows me to listen more attentively and think critically before making decisions, which has helped me develop a leadership style that focuses on understanding and collaboration.



## GENERAL INSTITUTE NEWS

### **Piloting a minimum data set for older people living in care homes in England**

6 January (Adam Gordon. Centre for Primary Care)

Digital care records (DCRs) and health and social care datasets contain information that could provide a more complete picture of care home residents, but Minimum Data Sets (MDSs) for care homes do not currently exist in England. Through stakeholder development workshops, literature reviews, surveys, and public consultation, researchers developed an aspirational MDS. Using information from 727 residents from 45 care homes in 3 English Integrated Care Systems, they safely linked data from multiple sources and data owners to develop and implement a viable prototype MDS for English care homes. Authors say this work identified issues around data quality, governance, data plurality and data completion which will be essential to MDS implementation, but that standardisation across DCR systems would enable data to be used more effectively across the care home sector.



### **PROTECT-C App Workshop**

10 January (Ranjit Manchanda, Caitlin Fierheller, Tian Whenham, Subhasheene Ganesan, Priyanka Deshmukh, Antonetta Malan, Jacqueline Sia. Centre for Cancer Screening, Prevention and Early Diagnosis)

The PROTECT-C App workshop, organised by the PROTECT-C study team with the assistance of the Clinibee team, welcomed 17 participants on 10 January to provide feedback on the PROTECT-C app. The PROTECT-C study offers genetic testing to determine whether participants have a genetic change that increases their risk of breast, ovarian, bowel, and/or womb cancer. The team will use the feedback to iron out any potential issues with the app. The app provides information on genetic changes and cancer risk, and the possible advantages, disadvantages and results of genetic testing, to help participants decide whether to take the test.

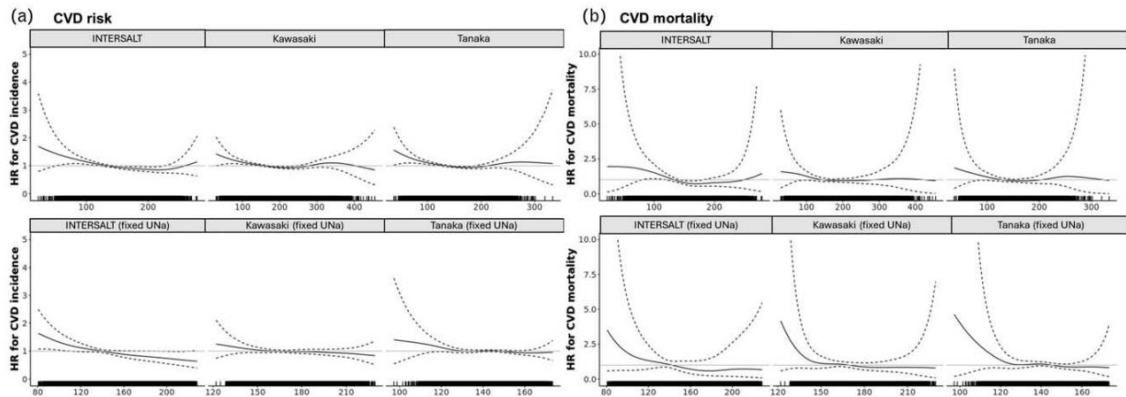


### **Dietary sodium intake estimates yield misleading associations with CVD/mortality**

10 January (Jing Song, Changqiong Wang, Sonia Pombo-Rodrigues, Graham MacGregor, Feng He. Centre for Public Health and Policy)

Testing whether the association of formula-estimated sodium intake from spot urine with cardiovascular disease (CVD) is independent of spot urinary sodium concentration, a new study examines data on 44,268 CVD events and 3251 CVD deaths in UK Biobank participants with spot urine sodium intake estimates derived using the INTERSALT, Kawasaki, and Tanaka formulas. For CVD incidence, linear

inverse associations were observed for INTERSALT and Tanaka estimates, and a U-shaped association for the Kawasaki estimates. When the sodium concentration term was fixed, inverse associations were seen for all 3 formulas. For CVD mortality, no association was observed, but a nonlinear association was identified for the INTERSALT equation after fixing the sodium concentration. Authors say that the formula-estimated sodium intakes were associated with CVD incidence and mortality independently of spot urinary sodium concentration. They recommend that, to avoid generating misleading evidence, these formulas should not be used in studies associating sodium intake with CVD outcomes.



### Late-life depression an early indicator of dementia

11 January (Alvar Paris, Guru Amirthalingam, Tasvee Karania, Isabelle F Foote, Ruth Dobson, Alastair J Noyce, Charles R Marshall, Sheena Waters. Centre for Preventive Neurology)



A new study shows that, while having depression is known to increase the risk of developing dementia, it is also an early indicator of dementia, particularly in older people. The research found that people with depression were more likely to develop dementia than those without, but the chance of someone experiencing depression increased steadily in the 10yrs leading up to a dementia diagnosis. If depression were causing dementia, those experiencing depression for longer would be at greater risk, but in this study the link between depression and dementia became stronger just before dementia diagnosis. Charles Marshall said: 'Our results suggest that while treating depression earlier in life might have a small benefit on brain health, there may be more to be gained from using depression in later life as a way of identifying people who are in the early stages of dementia. An awareness of this could help to improve access to timely diagnosis and treatment of dementia.'

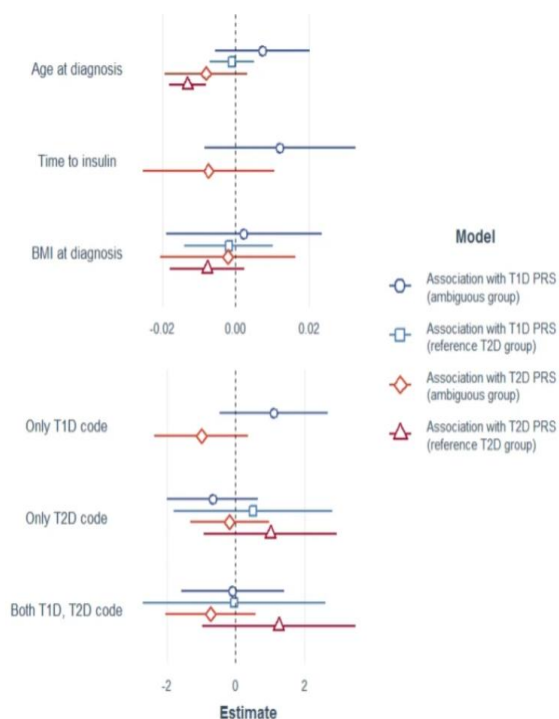
### **Does vitamin D supplementation reduce maternal adverse events?**

11 January (Matina Iliodromiti. Centre for Public Health and Policy)

A commentary on a 2024 [article](#) concluding that maternal vitamin D changes during pregnancy have a significant impact on maternal adverse events (MAE) suggests that the reported association was confounded, as no adjustment was made for obesity, season, smoking or socioeconomic status. Commentary authors also contend that the subject selection process was not described, so their representativeness of the larger population cannot be assessed and the results are potentially open to selection bias. They add that patients with missing values were excluded without testing whether 'missingness' was random, or introduced a systemic bias. The commentary concludes that the reported association between low maternal vitamin D status and increased risk of MAE cannot confidently be attributed to a cause-effect relationship, and that RCTs are needed to resolve this question.



**Type1 diabetes misclassification among British Pakistanis and Bangladeshis**  
 13 January (Gordon Paterson, Sam Hodgson, Meera Ladwa, Sarah Finer, and the Genes&Health Research Team. Centre for Primary Care)

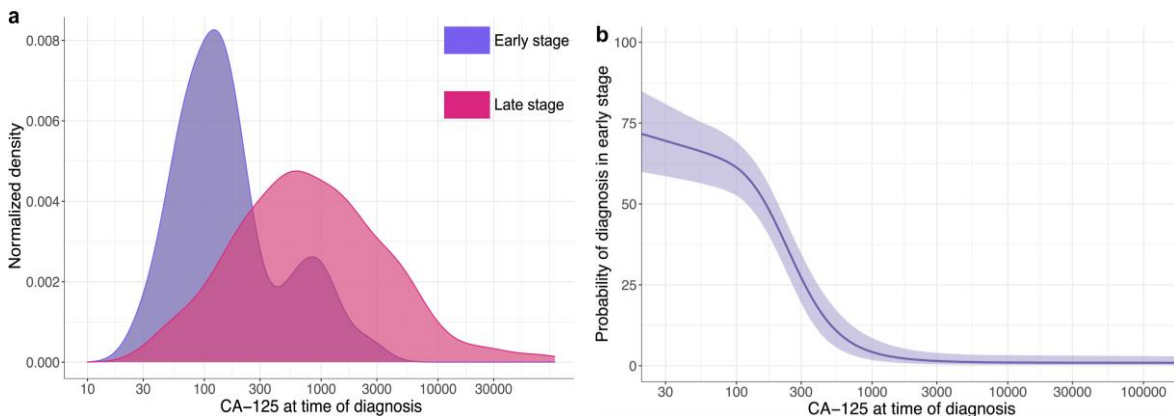


Using polygenic risk scores (PRSs) to investigate the rate of potential misclassification of diabetes amongst British Bangladeshis and Pakistanis, researchers combine data from the Genes & Health cohort and India to estimate the proportion of type 1 diabetes (T1D) cases with a diagnosis of type 2 diabetes (T2D). The study found no significant association between the T1D or T2D PRS and BMI at diagnosis, time to insulin, or the presence of T1D or T2D diagnostic codes amongst the T2D or ambiguous cases, suggesting that these clinical features are not helpful in diagnosing ambiguous cases. Authors conclude that robust identification of T1D cases and appropriate clinical care may require routine measurement of diabetes autoantibodies and C-peptide.

## Estimating the ovarian cancer CA-125 preclinical detectable phase

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

Investigating the interval during which ovarian cancer (OC) is detectable prior to clinical diagnosis (the preclinical detectable phase - PCDP), a new study reports on exploratory analyses from the United Kingdom Collaborative Trial of Ovarian Cancer Screening (UKCTOCS). Findings showed that 93% of 541 women with high-grade serous cancer (HGSC) secreted CA-125 into the circulation. Median CA-125 PCDP duration for clinically-diagnosed HGSC was 15.2 months, of which 11.9 months was in early stage. The median HGSC in-vivo tumour doubling time for cancers secreting CA-125 was 2.9 months. Authors say that the 12-month window for early stage detection and short tumour doubling time of HGSC provide a benchmark for evaluating novel screening approaches, including need to reduce diagnostic workup interval, and that their findings provide urgent impetus for clinicians to reduce intervals from presentation to treatment onset.

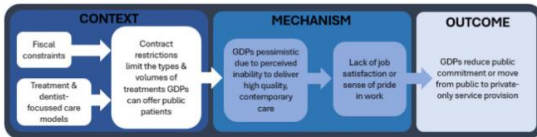


## Factors influencing dentists' participation in primary dental care services

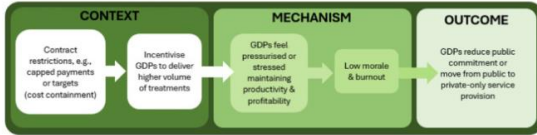
13 January (John Ford. Centre for Primary Care)

A literature review of health system contexts and mechanisms influencing general dental practitioners' participation in state funded, contracted primary oral healthcare finds systems contexts including system emphasis on treatment over prevention, low priority for oral healthcare, funding constraints, and change implementation with minimal clinician consensus. At operational level, contracts can restrict GDP decision-making and ability to deliver high quality and holistic patient care. Key underlying mechanisms were feelings of ceded clinical and entrepreneurial control, stress and demoralisation, mistrust of the system and feeling undervalued. Authors say that their findings may provide a good starting place for leveraging health system change (including better GDP engagement), and may increase participation in publicly funded systems.

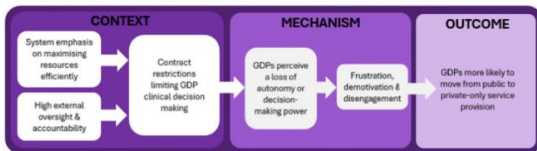
### CMOC 1: Quality care and job satisfaction



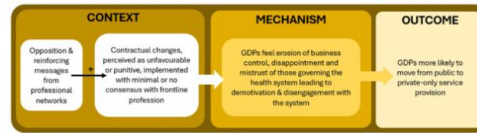
### CMOC 2: Pressure, demoralisation, and burnout



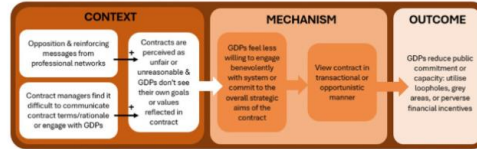
### CMOC 3: Clinical autonomy and control



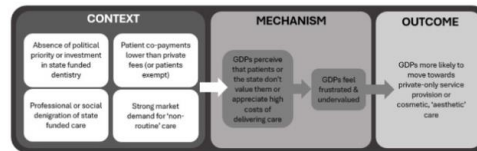
### CMOC 4: Consensus, business control and trust



### CMOC 5: Transactionality and opportunism



### CMOC 6: Value of state funded dental care



## Role of clinical pharmacists in UK primary care for older people

14 January (Abi Woodward, Victoria Vickerstaff, Nathan Davies. Centres for Psychiatry and Mental Health/Evaluation and Methods)

A review exploring how clinical pharmacists in UK primary care support older people and people with dementia finds that research focused on the experiences of underserved groups (eg: people with dementia or from minority ethnic backgrounds) is lacking. Stakeholder perspectives from both healthcare professionals and patients emphasised positive outcomes of clinical pharmacist involvement, including reducing other practitioners' workloads, and improving patient safety, but communication gaps, concerns about competence from other healthcare professionals, and the need for clear role definitions emerged as challenges. The review provides insights into what makes an effective clinical pharmacist service, such as training and communication, and identifies gaps in evidence.



## The Doctor Podcast

14 January (Megan Tjasink. Centre for Psychiatry and Mental Health)

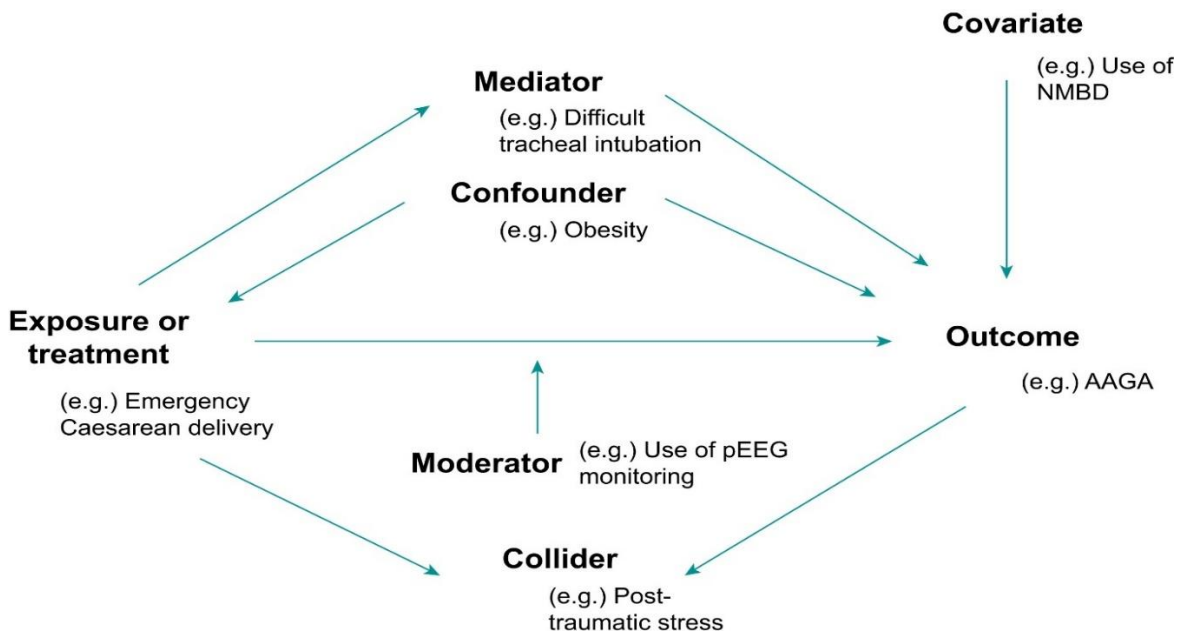


In the second episode of the Doctor Podcast, entitled *Life in Colour*, Megan Tjasink and Sabina Dosani (U. East Anglia) discuss the important role of art therapy and the creative process in health and healing, for both patients and clinicians. Megan also discusses how an art therapy-based approach can help to address burnout and mental distress in the healthcare workforce. The Doctor podcast series is hosted by the BMA and features conversations inspired by stories featured in The Doctor magazine.

### Clinical research principles and observational studies

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

As part of a series on core concepts in statistics and research methods, a new paper provides an overview of clinical research designs, focusing on the statistical principles of observational research. The paper aims to enable readers to classify clinical research designs in anaesthesia and critical care, understand the ethical principles governing clinical research, strengths and weaknesses of observational and experimental research methods, statistical approaches to minimise confounding and bias in observational data, and the purpose and broad content of relevant reporting standards for clinical research studies.



### One year on: Impact of the NHS Jewish BRCA testing programme

16 January (Ranjit Manchanda. Centre for Cancer Screening, Prevention, and Early Diagnosis)

In the first year since its launch, the Jewish BRCA gene testing programme has delivered over 25,000 saliva test kits across England to people with Jewish ancestry, with 11,000 tests returned and 2.1% of results testing positive for the BRCA gene mutation. The programme offers free testing for adults in England with at least one Jewish grandparent, regardless of religious practice. Men and women of Jewish heritage have increased risk of carrying a mutated BRCA gene, which has a 50% chance of being passed on to children through either parent, and increases risk of breast, ovarian, prostate and pancreatic cancers. The programme, part of the NHS England 10-Year Cancer Plan, is offered through the NHS in partnership with Jnetics and Chai Cancer Care. WIPH Professor, Ranjit Manchanda, who has been developing the Jewish BRCA testing programme and led the Jewish population BRCA testing *Genetic Cancer Prediction through Population Screening* study for over 15 years, said: 'It is incredible to see this come to fruition. This has been a promising start to the campaign, which can prevent many more cancers and save many more lives than we did earlier.'

## Hundreds of people with Jewish ancestry found to have BRCA gene mutation

As part of the programme, anyone over 18 in England with Jewish ancestry is offered a saliva test

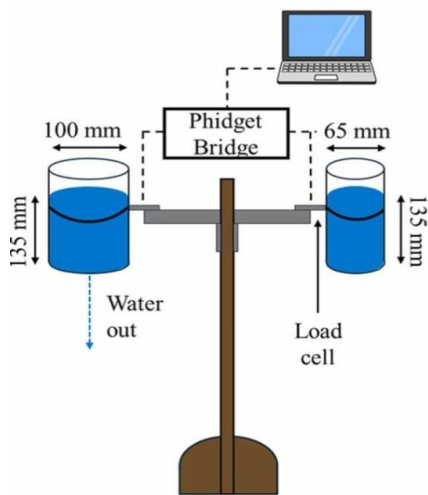


**INDEPENDENT**

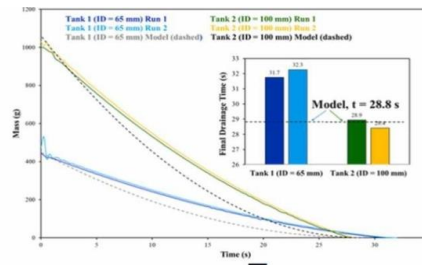
## Implementing and evaluating generative AI in chemical engineering education

16 January (Eleanor Keiller. Centre for Psychiatry and Mental Health)

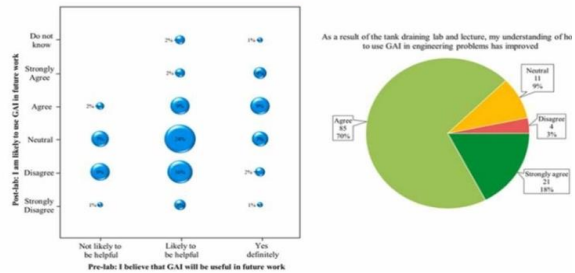
Using the IDEE (Identify desired outcomes, Determine level of automation, Ensure ethics, Evaluate effectiveness) framework, authors developed an educational chemical engineering laboratory session, augmented by the use of generative artificial intelligence (GAI). Year 1 chemical engineering students were tasked with using ChatGPT to derive a model predicting the drainage profile of water from a tank, and to then test the model's validity experimentally in a lab session and analyse the data. From pre- and post-lab surveys, 8 themes were identified, including one showing a strong awareness of the need for criticising output, of the potential pitfalls associated with its use, and concerns over the quality of the output. Authors say the work provides both a case study for the integration of GAI into chemical engineering curricula, and a valuable insight into student perceptions on the use of this technology more generally.



Students generate model with ChatGPT



Students' perceptions analysed



## Complications in people with alcohol use disorder and type 2 diabetes

16 January (Rohini Mathur. Centre for Primary Care)



A study comparing diabetes complications in people with and without alcohol use disorder (AUD) prior to a type 2 diabetes (T2DM) diagnosis in primary care in England finds that those with AUD had nearly double the rates of most of the diabetes complications investigated than people without AUD. The study included 543,509 people, of whom 2.8% had an AUD code. Results showed that people with AUD had higher rates of end stage renal disease, lower limb amputation, stroke, cardiovascular disease mortality, and all-cause mortality (but not myocardial infarction) compared with people without AUD.

## The policy of introducing physician associates in the UK

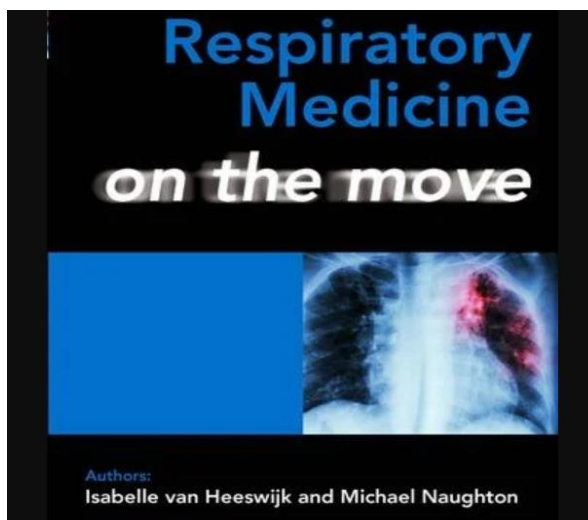
17 January (Giuliano Russo. Centre for Public Health and Policy)

Physician associate responsibilities in the UK have expanded significantly and in a largely unregulated manner, with some high-profile failings generating concerns over patient safety and consent, and professional bodies that were initially in favour now expressing serious concerns. With a curtailment of the roles and responsibilities of physician associates seeming likely, researchers have conducted a review of published literature and official documentation about the policy. Authors say their case study highlights the need for an approach that considers both the potential benefits and pitfalls of integrating new roles like physician associates into a healthcare system, and that failure to do so has created a new occupational group with unrealistic expectations and has further demoralised an already unhappy medical profession.



### **Respiratory Medicine on the Move**

17 January (Michael Naughton. Centre for Primary Care)



A new revision textbook on respiratory medicine, co-authored by Michael Naughton and published on 17 January, is the latest addition to the 'Medicine on the Move' series. The book provides an overview of respiratory medicine for those in the early years of their medical careers, in a concise and easy to access format. Publishers say the convenient distillation of the specialty in note form, and the section including questions and answers, make the book ideal for busy medical students and junior doctors, regardless of learning style.

### **Loneliness & social isolation: association with multimorbidity in older adults**

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

A retrospective cohort study of data from 6031 adults in the English Longitudinal Study of Ageing finds a bidirectional association between loneliness and multimorbidity. Loneliness was measured using the 3-item UCLA scale, and social isolation was based on cohabitation status, frequency of contact with children, relatives, and friends, and social organisation membership. Results showed that loneliness was associated with increased risk of incident multimorbidity, but social isolation was not, and multimorbidity was associated with increased risk of incident loneliness, but not significantly associated with subsequent risk of incident social isolation. Authors suggest that interventions targeting loneliness may prevent or delay multimorbidity and also improve wellbeing for people with multimorbidity.



### **Factors affecting cancer care delivery in primary care**

17 January (Dipesh Gopal, Steph Taylor. Centre for Primary Care)

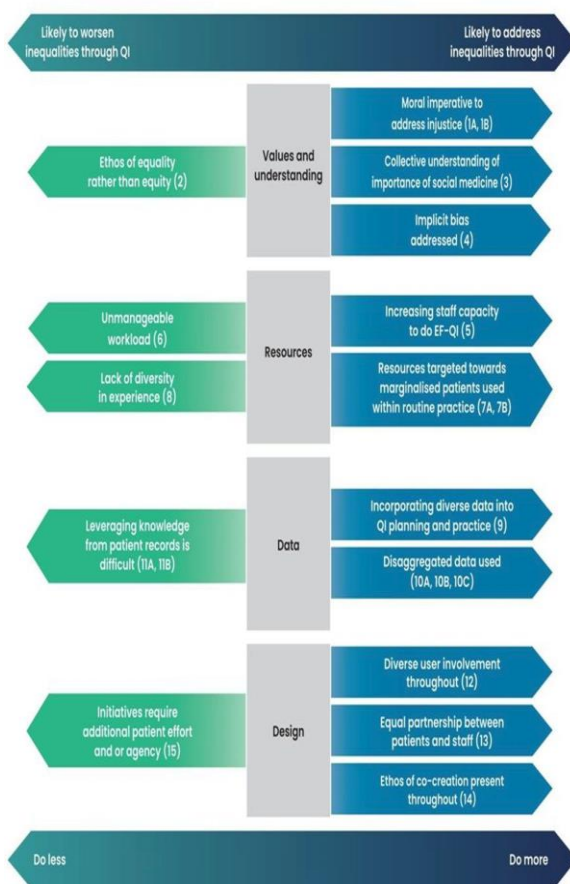
Using data collected via remote semi-structured interviews with 15 primary care staff, researchers identify both facilitators and barriers affecting cancer care delivery at different levels in English primary care. Factors identified were: (i) at patient level, acceptance of healthcare and understanding of cancer, (ii) at clinician level, personal experience with cancer and knowledge; (iii) at general practice level, care coordinators and cancer registers, and (iv) at system level, lack of healthcare resourcing and political inaction.

The factors, including both facilitators and barriers, affecting delivery of cancer care in English primary care.

<b>CLINICIAN</b> Consultation specific	<b>External to consultation</b>
Trust Communication skills including managing uncertainty Lack of understanding of role of primary care	Personal experience with cancer Emotional capacity Expertise/knowledge
<b>PRACTICE</b> People specific	<b>Infrastructure</b>
Local Leadership Mentorship Autonomy over appointment length and clinic sizes Local knowledge of support	Administrative support Cancer registers Review dates MDT meetings Software and Accurx
<b>SYSTEM</b> Primary care specific	<b>External to primary care</b>
Insufficient acute appointments against delivering continuity of care Lack of time, money, and resourcing (including staff) to deliver care	Healthcare resourcing: primary, secondary, community service resourcing Political in/action on delivering healthcare Primary care not seen as part of MDT team delivering cancer care Diverse and cultural beliefs about cancer Poverty

## Impact on inequalities of quality improvement in healthcare

19 January (Lucy Johnson, Georgia Black, John Ford. Centres for Primary Care/Cancer Screening, Prevention and Early Diagnosis)

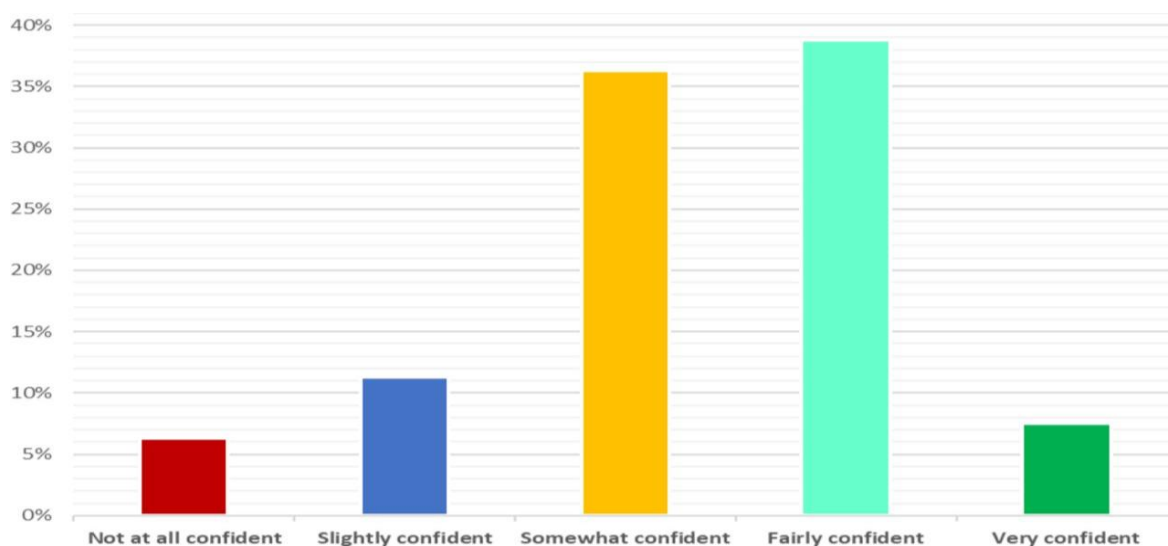


Quality improvement (QI) aims to improve care, but QI projects that ignore equity may maintain or worsen inequalities. To explore contexts in which QI approaches increase or do not change health inequalities in healthcare organisations, 36 records were identified from a literature search of QI projects considering health inequalities, with 5 describing circumstances in which QI may increase inequalities and 15 where it may reduce them. Authors then developed context, mechanism, and outcome configurations (CMOCs) that describe and explain the conditions under which QI projects can contribute to health inequalities or improve them, and organised these into four clusters: values and understanding, resources, data, and design. Providing examples of when, why and for whom equity-focused QI occurs, authors say their results can help guide policymakers and practitioners to embed a health equity focus in QI projects in healthcare organisations.

## Assisted reproduction technology in multiple sclerosis

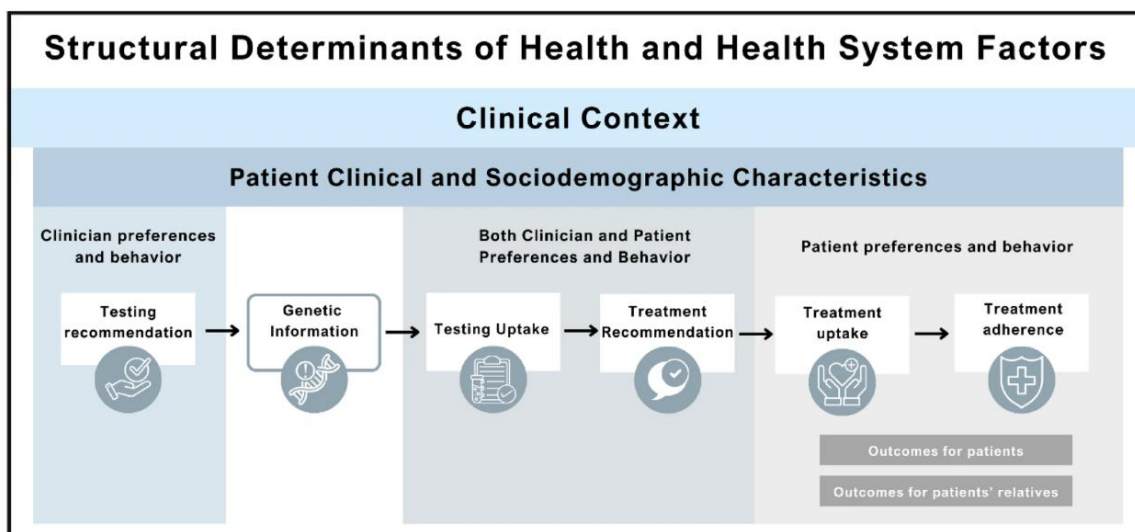
19 January (Ruth Dobson. Centre for Preventive Neurology)

Investigating current practice around Assisted Reproduction Technology (ART) counselling in women with MS, researchers created and distributed a survey about advice on IVF to neuroinflammatory specialists and allied healthcare practitioners. From 128 anonymous responses, 85% had been asked about IVF at least annually, with 59% aware of at least one woman with MS under their care having undergone IVF in the previous year. Fewer than half felt confident in IVF counselling, 1 in 10 expressed a need to know more about ART in MS, and 1 in 5 said they would advise women with MS that undergoing IVF poses an increased risk of relapse. Authors recommend that neurologists should support women with MS to undergo ART where indicated, advise that ART has not been found to increase relapse rates in women with MS in 2 recent large studies, aim for optimal inflammatory disease control in the months before ART using pregnancy-compatible DMT, and recommend that women with MS should remain on DMT where appropriate, taking into account the published guidance. They hope this guidance can help neurologists across the UK and internationally with communication and shared decision-making in this area.



### **Incorporating preferences into health economic models of genomic medicine** 20 January (James Buchanan. Centre for Evaluation and Methods)

Exploring approaches for incorporating preferences of patients, caregivers and clinicians related to the uptake and delivery of genomic medicine technologies and services into model-based economic evaluations of genomic medicine, researchers developed a conceptual framework to consider preferences in health economic models. Using 14 studies identified in a literature review, they determine how preferences have been incorporated into model-based economic evaluations of genomic medicine interventions. The framework situates preference data in the context of health system, patient, clinician, and family characteristics, with preference data sourced from clinicians, patients and families affected by a condition or intervention, and the general public. Authors say their study provides critical insights for researchers seeking to incorporate preference information into model-based health economic evaluations, and that including preference data may improve alignment between predicted and real-world uptake and more accurately estimate welfare impacts.



## Delirium prevention in hospices

21 January (Trevor Sheldon. Centre for Public Health and Policy)

Exploring the behaviours of hospice in-patient staff in relation to delirium prevention, researchers carried out observations and conducted interviews and document reviews at 2 UK in-patient hospice units. Results showed that delirium prevention was not embedded into routine assessment and care decision-making. Hospice clinicians engaged in many delirium prevention behaviours, but without delirium prevention as an explicit aim. Patients' reduced physical capability and clinicians' behavioural norms related to prioritising patient comfort limited some delirium prevention behaviours. Authors identify a need to increase clinicians' understanding of the potential for delirium prevention, to support inclusion of delirium prevention in making decisions about care, and to embed routine review of delirium risk factors in practice.



## Acceptability of tecovirimat treatment for mpox

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



Tecovirimat, an antiviral treatment for smallpox, was approved under 'exceptional circumstances' as a treatment for mpox by the EMA in 2022, but as clinical efficacy studies are ongoing, little is known about its acceptability to treat mpox. A focus group study of 13 participants from communities at higher risk and with experience of mpox illness has found that very few were aware of tecovirimat as a treatment option, and none were offered it during their mpox illness. Results suggest that offering tecovirimat to people with mpox is acceptable, but uptake depends on knowledge of treatment options, trust in medicine and medical professionals, and provision of relevant information and choice. To increase acceptability, clinicians should ensure patients are aware of mpox symptom management options, address patient concerns upfront and in the context of non-stigmatising care, and communicate offers in a consistent and supportive manner.

### **£10 million funding for Cancer Data Driven Detection Programme (CD3)**

22 January (Garth Funston. Centre for Cancer Screening, Prevention and Early Diagnosis)

Funding of £10 million has been announced by Cancer Research UK and partners for the Cancer Data Driven Detection programme (CD3), which will access and link data from sources such as health records, genomics, family history, demographics, and behavioural data, to develop advanced statistical models to accurately predict who is most likely to get cancer. WIPH researcher Garth Funston will co-lead one of the three funded projects, a research programme focused on multicancer risk prediction. Using data from tens of millions of UK patients, the team will apply a range of methods, including AI approaches, to develop models which provide the risk of an individual developing 12 types of cancer. The models will support informed decision making by patients on prevention and screening activities, and at the national level will target preventive interventions and tailor future multicancer detection screening programmes to maximise benefits and minimise harms. The research team will also examine the potential impact of using these models to select patients for cancer prevention and screening interventions.



£10m funding for new programme to help identify individual cancer risk

The clinician



*"While cancer prevention and early detection initiatives have often focussed on single cancer types, I'm interested in looking at multicancer prevention and detection approaches."*

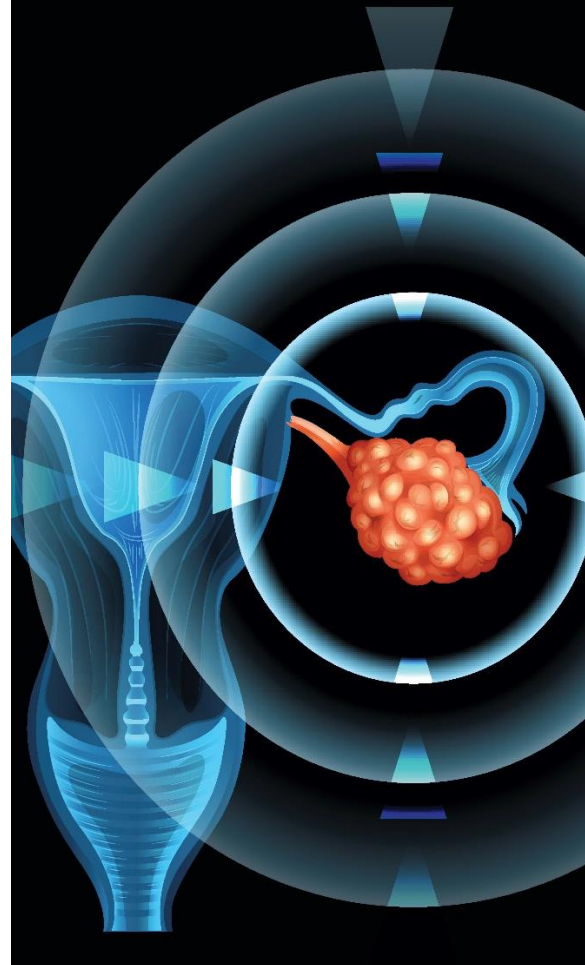
Dr Garth Funston, GP and Clinical Senior Lecturer in Primary Care Cancer Research at the Wolfson Institute of Population Health.



## Survival after interval/delayed cytoreduction surgery in ovarian cancer

22 January (Oleg Blyuss. Centre for Cancer Screening, Prevention and Early Diagnosis)

Using data from 2498 patients from 22 centres in 12 countries, a retrospective cohort study evaluates the impact on survival, tumour resectability, and post-operative morbidity, of using more than 3 cycles of neoadjuvant chemotherapy following cytoreduction or no surgery for ovarian cancer. The study included women with stage III-IV ovarian cancer, undergoing interval (after 3-4 cycles of chemotherapy) or delayed ( $\geq 5$  cycles) or no cytoreduction surgery with chemotherapy alone ( $\geq 5$  cycles), with mean follow up of 57, 69, 39 months respectively. Results show that patients undergoing interval v delayed cytoreduction were more likely to achieve no residual tumour mass, but had a greater proportion of minor and major morbidity. Statistically significant greater overall survival was associated with interval v delayed cytoreduction. Authors say that in high volume centres with appropriate surgical resources early maximum effort cytoreduction surgery with no residual tumour mass is critical to increase overall survival.



## Overcrowding affects almost half of families with children in NE London

23 January (Marta Wilk, Gill Harper, Nicola Firman, Carol Dezateux. Centre for Primary Care)

Using novel methods linking information on property floorspace from the Energy Performance Certificate register with de-identified data from GP health records indicating how many people are registered at an address, researchers have shown that household overcrowding affects 46% of families with children in NE London. In some neighbourhoods in Tower Hamlets, Newham, Havering, and Barking & Dagenham, 70-79% of households with children are living with less than 16.6m<sup>2</sup> per person. In households with children, homes were >5x more likely to be overcrowded,

and had an average of 22m<sup>2</sup> per person less. This was more marked if the property was privately rented rather than owner occupied, and if the oldest household member was from a South Asian or Black ethnic group rather than from a White ethnic group. The research demonstrates the viability of a 'space standard', and the novel de-identified data linkage method will enable future research into the impacts of household overcrowding on people's health.



**Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to [j.a.mackie@qmul.ac.uk](mailto:j.a.mackie@qmul.ac.uk)**