

# WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 74: 25 April 2025

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

## FROM OUR DIRECTOR

Dear Colleagues

I'm sure you'll be very interested in the wide range of conference presentations and publications described in today's newsletter. A number of our academics have also contributed to news reports: Stephen Duffy commenting on projected lifetime cancer risks associated with CT imaging, and Chris Griffiths highlighting the health benefits of the London ULEZ scheme as France debates scrapping their own version. Do take up these opportunities to comment in national newspapers and elsewhere - this is very good for your profile.

Wednesday evening saw the FMD Staff Awards in the Garrod Old Library, and I was thrilled that so many of our Wolfson Institute colleagues were successful!

- Madison Stephens (CPMH), winner of the Student Experience Excellence Award
- The N<sub>2</sub>O: Know the Risks team led by Alastair Noyce and Laura Smith (CPN) won the Impact Award - Culture, civic, community and policy
- Avinash Chandra (CPN) won the Postdoctoral Research Assistant Award
- Megan Liddle (Director's Office) was runner-up for the VP Award for Excellence in Citizenship
- Suzanne Scott (CCSPED) was runner-up for the Inspirational Leadership Award
- The Dementia Diagnosis and Care in England team (CPMH) were runners-up for the Impact Award - Culture, civic, community and policy
- Georgia Black (CCSPED) was runner-up for the Research Supervisor of the Year Award
- Chris Mathews (CCSPED) was runner-up for the Research Support of the Year Award

Fabulous work everyone, and many congratulations!

Finally, please do join us for Claudia Cooper and Jennifer Lau's inaugural lectures on Thursday 8 May at 5:30pm in the Derek Willoughby Theatre, Charterhouse Square.

With best wishes

Fiona



## MEET WIPH

### **MEET - Georgios Karampatakis (Centre for Primary Care)**

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

I am a pharmacist by background, working as a postdoc researcher in health services. My main role is to assist with the design and delivery of the AD HOC study, a large NIHR-funded programme of work led by Anna De Simoni, aiming to develop and evaluate a digital intervention for adults with asthma in primary care. My work includes writing protocols, obtaining ethical approvals, data collection and analysis, writing up reports and peer-reviewed publications, and presenting findings to workshops and conferences. I am also involved in undergraduate teaching activities at the Centre, and in postgraduate supervision.

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

Being an early career researcher, I would say obtaining my PhD in pharmacy practice/health services research. It was a difficult time, as funding was running out and it was in the middle of a COVID-related lockdown, so my viva had to be done online - which was a quite bizarre phenomenon at the time.

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

I really enjoy interacting with patients and healthcare professionals when scheduling and carrying out data collection sessions. It is always interesting delving into the patient perspective, and trying to put yourself in their shoes, when studying/evaluating an intervention in healthcare. I treasure the moment papers are published, and always print my accepted manuscripts, to see how exactly they look. It is so rewarding to see your work published. I also enjoy teaching activities, and

the feeling that I am somehow contributing to the education our institution provides to students.

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

Possibly something in relation to agriculture or stock-farming. I feel very fortunate to have grown up in a quiet, rural area, and I love anything to do with nature and life outside the noise of large cities.

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

Spending time with my family, but I also enjoy running - ideally in different areas each time, as I like to explore different scenery or (at least) different neighbourhoods.

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

I am taking a career break to complete a graduate entry medicine course. Let's hope that the brain in the early 30's still functions to an adequate level to deal with studying!



## GENERAL INSTITUTE NEWS

### **Alzheimer's and Parkinson's Disease Conference, Vienna**

1-5 April (Dorsa Abdolkarimi, Viktoria Azoudiou, Sara Calhas, Avi Chandra, Yue Liu, Petra Priotsi. Centre for Preventive Neurology)

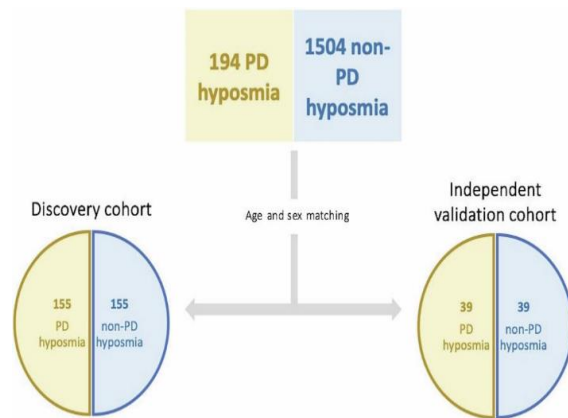
A CPN team delivered oral presentations and displayed posters at the Alzheimer's and Parkinson's Disease (AD/PD) 2025 Conference on Advances in Science and Technology in Vienna. Presentations included Avi Chandra on evaluating the link between hearing loss and AD neuropathology, Viktoria Azoidou on a pilot interventional study assessing the feasibility and effectiveness of the CUE1 device in PD, and Yue Liu on the association between blood metabolites, dementia, and regional brain changes. Sara Calhas presented a poster on Individualised risk prediction for dementia: deriving actionable information from multimodal health data, and Dorsa Abdolkarimi presented on Identifying a signature of inflammatory blood proteins predicting dementia. Petra Proitsi also attended, providing much appreciated support to her students.



### Hyposmia in Parkinson's disease

4 April (Eleanor Mitchell, Christian Mattjie, Jon Bestwick, Cristina Simonet, Alastair Noyce. Centre for Preventive Neurology)

To determine whether smell loss, a frequent early manifestation of Parkinson's disease (PD), is caused by PD, researchers trained and evaluated 8 machine learning models to distinguish between PD/non-PD hyposmia. Results show that, at best, 63% of PD cases were correctly identified, vs 50% accuracy by random guessing. Authors say the results suggest that PD-related hyposmia does not exhibit a unique pattern of odour selectivity distinct from general hyposmia.



### Celebrating 100 years of Yorkshire Cancer Research

5 April (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

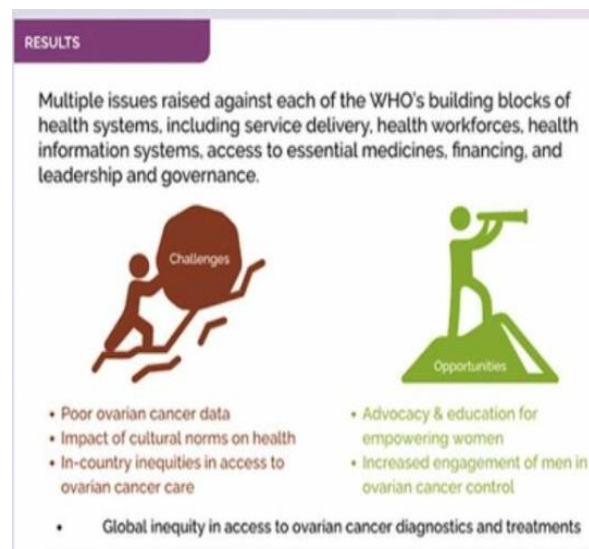


A publication celebrating 100 years of *Yorkshire Cancer Research* celebrates Ranjit Manchanda as a changemaker for his work leading the £3.8 million PROTECT-C trial. The trial will investigate the risks, benefits and feasibility of introducing genetic testing for all women, offering tests to thousands of Yorkshire women to find out if they carry inherited genetic changes that can increase breast, ovarian, bowel or womb cancer risk. Findings could transform the way women and their families find out if they are at high risk of cancer, and take steps to prevent it.

### Perspectives on ovarian cancer care from clinicians in 24 LMICs

7 April (Garth Funston. Centre for Cancer Screening, Prevention and Early Diagnosis)

In the Every Woman study, interviews with clinicians from 24 low and middle income countries (LMICs) investigate perspectives on challenges and opportunities in ovarian cancer care, identifying 6 main themes: Poor Ovarian Cancer Data, Inequity in Access to Treatment, In-Country Inequities in Access to Care, Role of Cultural Norms on Women's Health, Increased Engagement of Men in Ovarian Cancer Control, and Advocacy and Education for Empowering Women. System-level challenges included delayed drug payments, lack of population-based cancer data, and limited imaging facilities, and at patient-level, disparities in access to specialists, limited medication affordability, poor symptom recognition, and reliance on alternative treatments. Authors conclude that culturally specific solutions are needed for LMIC cancer plans, and highlight the need to mitigate disparities in these regions.



### Outcomes after large loop excision of the cervical transformation zone

7 April (Matejka Rebolj. Centre for Cancer Screening, Prevention and Early Diagnosis)



A retrospective cohort study using data from the Danish Pathology Databank reports on the frequency of abnormalities before, at, and after large loop excision of the cervical transformation zone (LLETZ) in women aged 60-64. Of 1014 women undergoing LLETZ, 65% showed cervical intraepithelial neoplasia grade 1 or worse in their LLETZ specimen, with free resection margins in 39%; 54% had CIN2+ in a biopsy preceding the LLETZ and 56% had CIN2+ found in their LLETZ specimen. In 4% of women, the specimen showed cervical cancer v only 1% detected in the pre-LLETZ biopsies. Authors say that, due to persistent abnormal tests after LLETZ, extended



follow-up is still required for a large proportion of women in this age group.

## London ULEZ success highlighted as France debates scrapping their version

8 April (Chris Griffiths. Centre for Primary Care)

As French law makers prepare to debate scrapping their version of a low-emissions zone, quotes from Chris Griffiths feature in a widely syndicated story by Agence France Presse on the effects of the London ULEZ: 'Introducing a clean air zone, in particular ULEZ, has wider societal benefits - It goes beyond just cleaning the air, it's about how we live.' He told AFP that the data are clear: 'the ULEZ has delivered a massive improvement in air quality beyond what was expected or predicted' adding that France's under-threat Zones a Faibles Emissions (ZFE) and >300 similar clean air schemes across Europe are vital solutions: 'They're the one public health tool that we have that is being shown to be effective.'

## Clean streets vs business woes: pollution charge divides Londoners

by Akshata KAPOOR



## 33<sup>rd</sup> European Congress of Psychiatry

8 April (Nikolina Jovanović. Centre for Psychiatry and Mental Health)

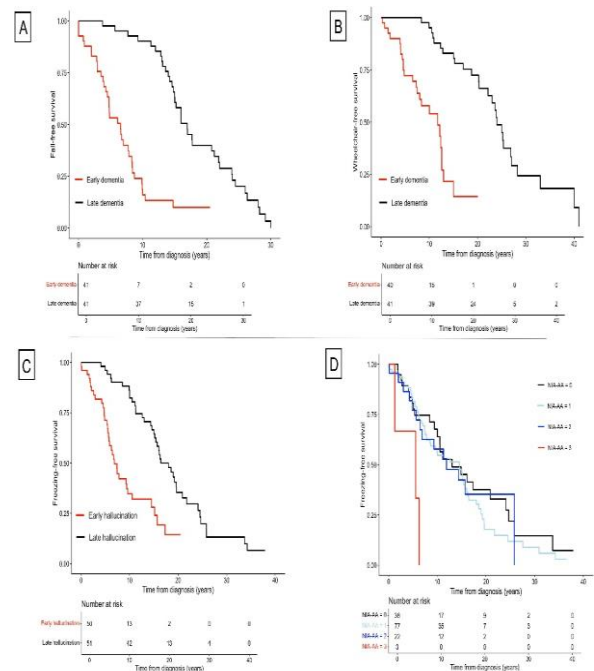


Nikolina Jovanović presented her latest research on addressing health inequalities in perinatal mental health care at the 33<sup>rd</sup> European Congress of Psychiatry meeting, held in Madrid from 5-8 April. The congress, supported by the European Psychiatry Association, brought together over 5000 mental health professionals from around the world, showcasing the latest scientific developments and practical ideas for transforming everyday clinical practice. This year's theme was 'Towards Real-World Solutions in Mental Health'.

### Gait dysfunction in Parkinson's disease

9 April (Eduardo de Pablo-Fernández. Centre for Preventive Neurology)

A study investigating the association between cognitive impairment and Alzheimer's disease neuropathological changes (ADNC) on gait disturbances in 140 Parkinson's disease patients finds that dementia increases risk of future falls, wheelchair dependence, severity of falls and freezing, and postural instability and gait difficulty. Results also showed that global Alzheimer's disease neuropathological changes and amyloid- $\beta$  deposition were associated with earlier and more severe gait freezing. Authors say that global burden of amyloid- $\beta$  deposition, associated with the development and severity of freezing of gait (FoG) symptoms, suggests a pathogenic role, with potential therapeutic implications.



### Embedding equity in healthcare service design - User Needs First Conference

9-10 April (Nevena Balezdrova. Centre for Preventive Neurology)

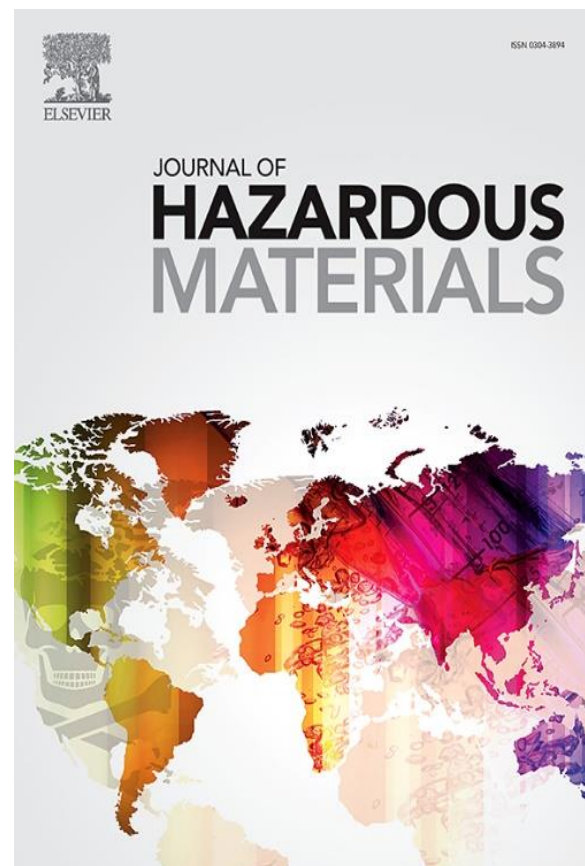


With help from the QMUL Policy Support Fund, Nevena Balezdrova attended the 'User Needs First' International conference in Amsterdam, presenting a poster on her work contributing to research and development of a co-design toolkit with minoritised groups. The project explores how participatory approaches and cultural sensitivity can help shape more inclusive co-design methods for healthcare services. Attending the conference offered the opportunity to connect the work to wider international conversations around participatory policy design and inclusive public service delivery.

### **Associations between vaping during pregnancy and perinatal outcomes**

10 April (Peter Hajek, Francesca Pesola. Centre for Public Health and Policy)

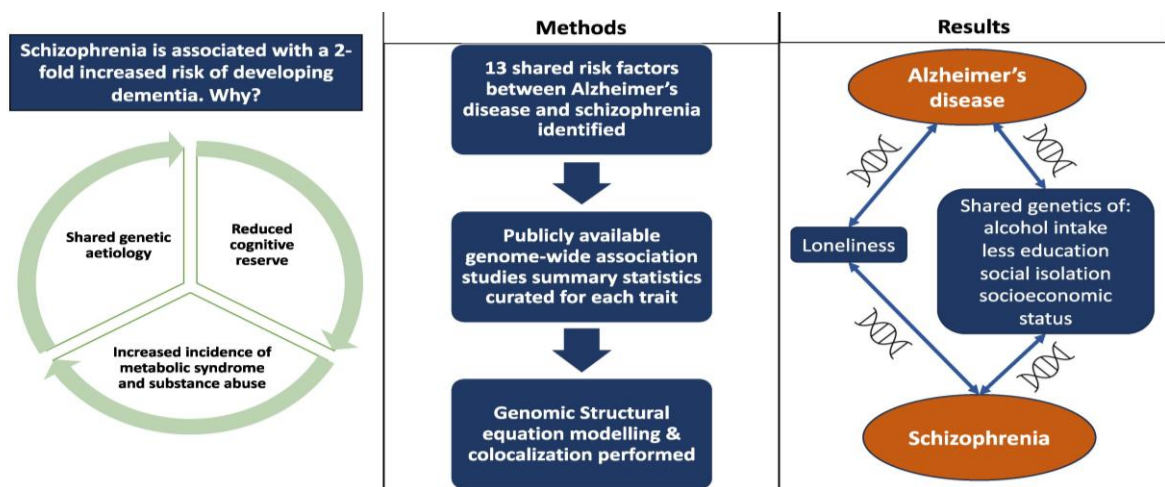
Responding to a review by Deprato et al claiming that vaping in pregnancy increases risk of adverse maternal and neonatal outcomes, authors of a published critique highlight important limitations and inaccuracies that limit confidence in the findings. They note that the review does not adequately consider that nearly all women who vape in pregnancy do so to stop or reduce smoking, and are former or current smokers, and that of the 26 studies reviewed, 23 were included in their own earlier review, which observed that none of these studies adequately assessed exposure to smoking. Critique authors say the included studies are not of sufficient quality to warrant a meta-analysis, especially in reporting outcomes that could be due to smoking as if they were due to vaping: 'We consider the conclusions of the Deprato review to be inappropriate and misleading.'



### **Alzheimer's disease and schizophrenia: genetic correlation and shared risk factors**

10 April (Charles Marshall, Ania Korszun, Isabelle Foote. Centres for Preventive Neurology/Psychiatry and Mental Health)

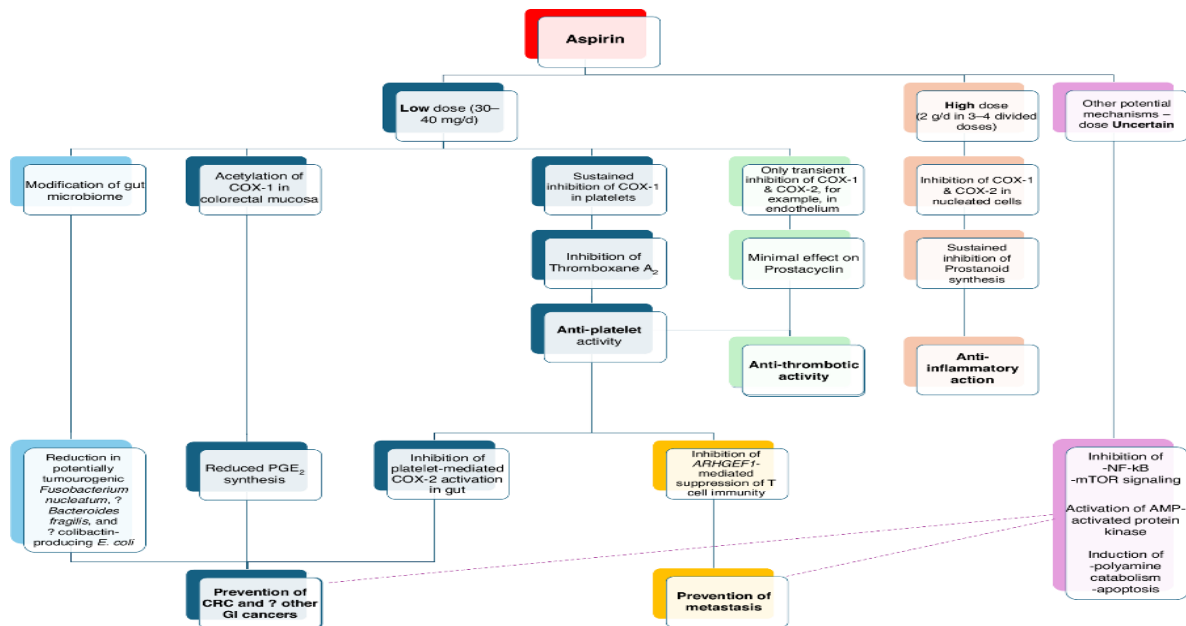
Investigating if overlapping clinical presentations between Alzheimer’s disease (AD) and schizophrenia reflect shared aetiology, researchers model genetic correlations between AD, schizophrenia, and 13 shared risk factors, to identify potentially overlapping biological pathways among these traits. Findings showed that schizophrenia and AD were not significantly genetically correlated, though both were significantly associated with loneliness, with colocalization suggesting that the loneliness-AD association was predominantly driven by a shared causal variant on Chromosome 11. Analysis of shared risk factors produced 4 latent factors representing clusters of shared genetics between socioeconomic, psychiatric, cardiometabolic and smoking-related traits. AD and schizophrenia were significantly associated with the socioeconomic latent factor. Authors say loneliness may play an important role in the association between schizophrenia and AD, and that shared genetics between socioeconomic traits may affect susceptibility to both AD and schizophrenia to a greater extent than trait-specific pathways.



### Aspirin and cancer metastasis

11 April (Mangesh Thorat. Centre for Cancer Screening, Prevention and Early Diagnosis)

Appraising the implications of recent findings showing the mechanism by which aspirin prevents cancer metastasis being mediated (through inhibition of Thromboxane A<sub>2</sub>), Thorat suggests that as aspirin seems to reverse suppression of T cell mediated adaptive immunity, it may have additive or synergistic effects with cancer immunotherapy, and it may be possible to further improve outcomes in patients on immunotherapy, or reduce immunotherapeutic agent dosages. He notes that if aspirin prevents certain cancer types from metastasising (rather than developing), the overall effect of reduced deaths due to these cancer types would be small, and detection of such signals in observational studies would be difficult. He surmises that current evidence does not, therefore, rule out the possibility that aspirin prevents development of metastases in many other cancers, and calls for clinical trials in cancer patients of immunotherapy for advanced disease to investigate whether aspirin improves objective response rates.



## Systematic screening for atrial fibrillation with non-invasive devices

11 April (Harriet Larvin, Jianhua Wu. Centre for Primary Care)

Systematic screening with non-invasive devices may improve diagnosis of atrial fibrillation (AF) and reduce adverse clinical events. A [review](#) of 32 studies (735,542 participants) examines new AF diagnoses associated with systematic AF screening, relative increase in new AF diagnoses with systematic screening v usual care, and effect of systematic AF screening on clinical outcomes v usual care. Incident AF diagnosis rate in prospective cohorts was 2.75%, with pooled relative risk in RCTs of 2.22. The use of age and N-terminal pro B-type natriuretic peptide or AF risk score classification led to higher new AF diagnosis yields than age alone. Pooled data from RCTs did not demonstrate an effect of screening on death, cardiovascular hospitalisation, stroke, or bleeding. Authors conclude that systematic screening for AF using non-invasive devices is associated with increased diagnosis of AF, but not reduced adverse clinical events.



## Marriage linked to increased dementia risk

11 April (Avi Chandra. Centre for Preventive Neurology)



Author



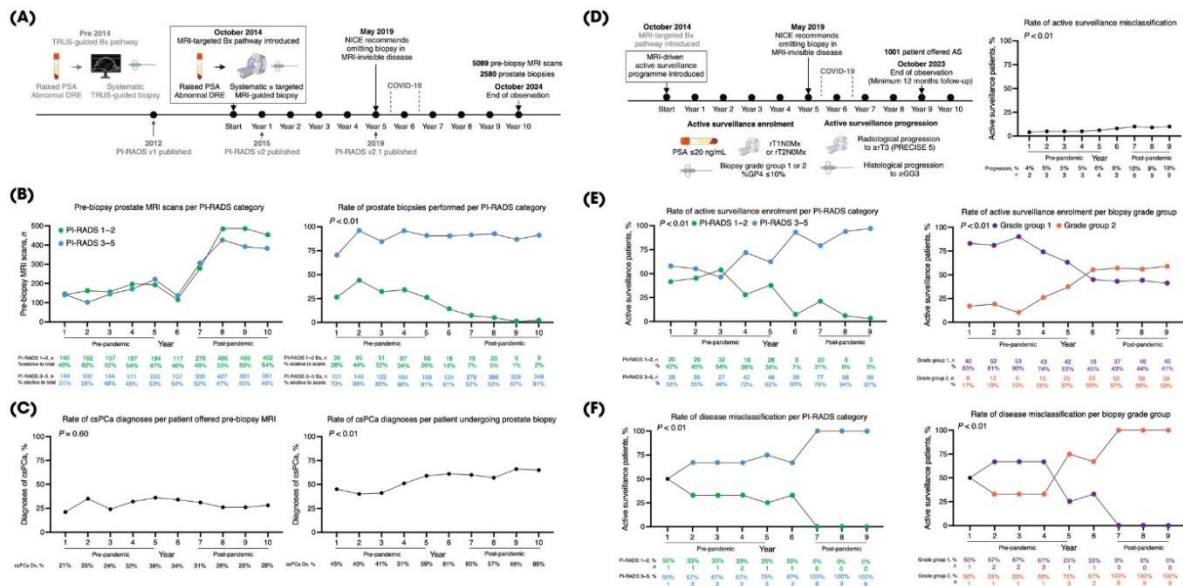
**Avinash Chandra**  
Postdoctoral Researcher, Neurology, Queen Mary  
University of London

Writing for *The Conversation* on a new paper led by Florida State University researchers suggesting that unmarried people are less likely to develop dementia, Avinash Chandra notes that married people are generally thought to have better health. He cites results from a 2019 study finding that unmarried people had 'significantly higher odds of developing dementia over the study period than their married counterparts', but says that the new paper, using one of the biggest samples to date to examine this issue, carries significant weight. The study challenges the idea that marriage is automatically good for brain health, suggesting instead that the effect of relationships on dementia is far more complex. He concludes: 'What matters might not be your relationship status but how supported, connected and fulfilled you feel'.

### **MRI-driven prostate cancer diagnosis and active surveillance: 10yr analysis**

14 April (Oleg Blyuss. Centre for Cancer Screening, Prevention and Early Diagnosis)

MRI in patients with suspected clinically localised prostate cancer (PCa) reduces unnecessary biopsies, with acceptable detection rates for clinically significant PCa (csPCa). Guidelines also recommended MRI for assessment and follow-up of PCa patients on active surveillance (AS). A 10yr analysis of the Cambridge University Hospitals MRI diagnostic and AS programmes finds that biopsy omission in patients without MRI-visible disease significantly enhanced diagnostic efficiency, maintaining stable csPCa detection rates per scan and increasing csPCa detection rates per biopsy - but also led to increased enrolment of patients with MRI-visible grade group (GG) 2 disease on AS, contributing to a significant rise in short-term progression to locally advanced ( $\geq T3$ ) or intermediate-unfavourable (GG  $\geq 3$ ) disease, indicating original disease misclassification. While  $\leq 10\%$  of patients are affected, the trend highlights a need to improve the risk-stratification element of the MRI-driven PCa pathway. Integrating complementary approaches (molecular imaging, tissue biomarkers) to capture relevant tumour biology could preserve the benefits of biopsy omission while safeguarding patient outcomes.



## Projected lifetime cancer risks associated with CT imaging

15 April (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

Commenting on a new [study](#) showing projected lifetime cancer risks associated with Computed Tomography (CT) imaging in the US, Stephen Duffy was widely quoted in the press. Based on 'very high quality numerical modelling' he notes that authors predict just over 100,000 cancers in the US as a result of radiation from 93 million CT exams - around a 0.1% increase in cancer risk over the patient's lifetime per CT examination. As lifetime risk of cancer in the general population is around 50%, the additional risk is small. 'Doctors do not order CT examinations unless they are necessary, and it seems to me that the likely benefit in diagnosis and subsequent treatment of disease outweighs the very small increase in cancer risk. If you are recommended to have a CT scan, it would be wise to do so.'

## The Telegraph

CT scans may increase your risk of cancer, US study suggests

Doctors should think twice before using the medical imaging technology for trivial conditions, say experts



## MailOnline

CT scans could be increasing your risk of cancer, new study finds

THE TIMES

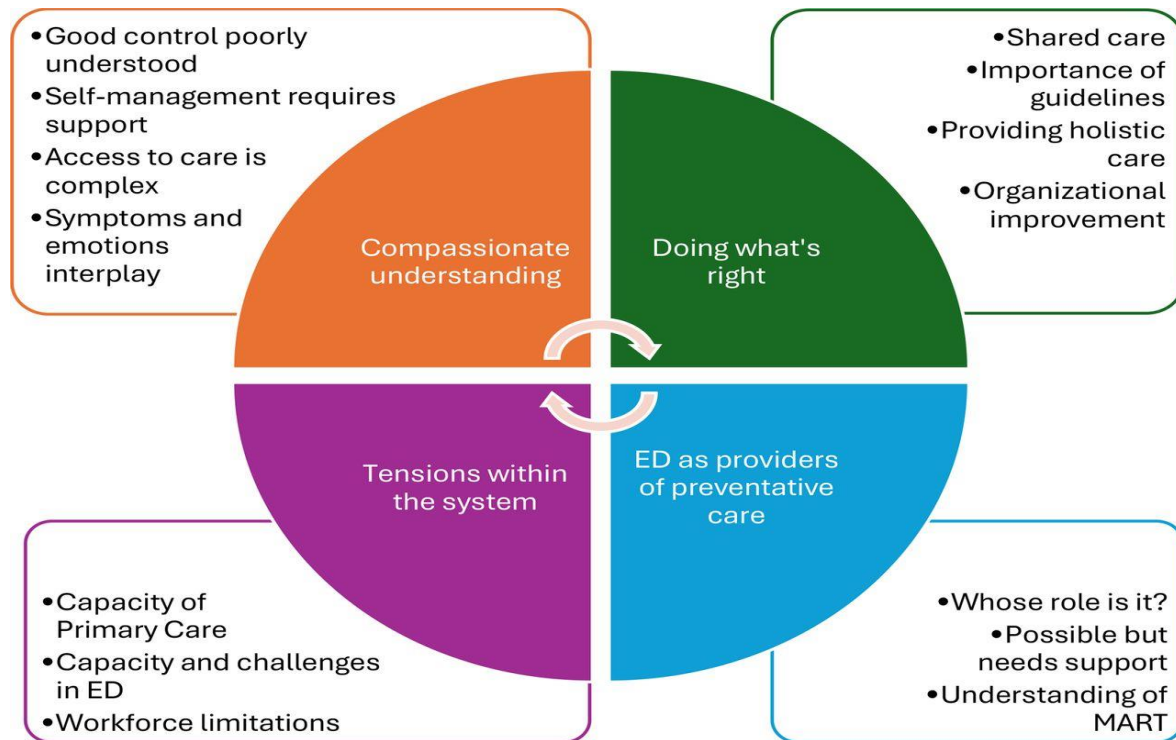
Rise in CT scans causing thousands of cancer cases, experts warn

## Emergency acute asthma presentations: optimising long-term management

16 April (Imogen Skene, Chris Griffiths, Benjamin Bloom, Paul Pfeffer, Liz Steed. Centre for Primary Care)

An interview study exploring beliefs, attitudes and behaviours of healthcare professionals (HCPs) caring for adults presenting to Emergency Departments with

asthma identifies barriers to potential opportunities to optimise asthma control, but finds that if guidelines and training were in place, HCPs may be willing to make changes. HCPs felt that long-term asthma management was best suited to primary care, but would be willing to prescribe alternative asthma treatments in the ED. Authors conclude that education for HCPs would raise awareness of new guideline-recommended asthma management regimes using combined inhaled corticosteroid/formoterol inhalers, to ensure that patients are advised appropriately on discharge.



### Interpreting services for S. Asian patients in general practice in England

16 April (Georgia Black. Centre for Cancer Screening, Prevention and early Diagnosis)

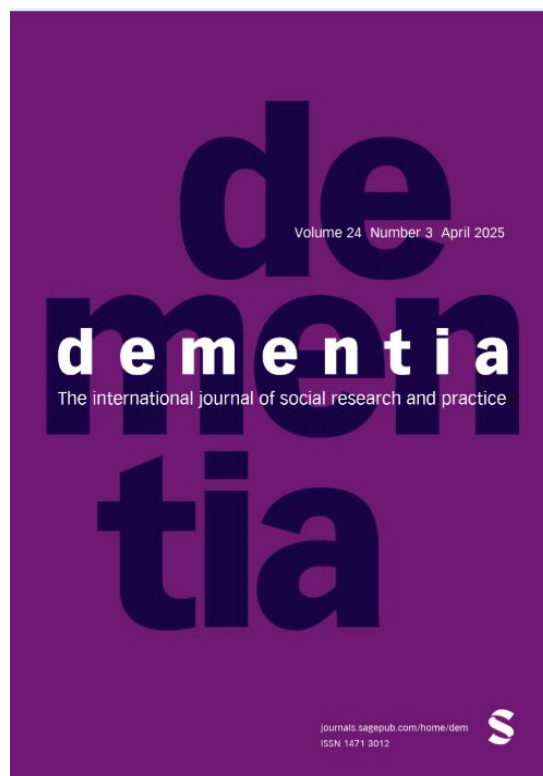


In a study to understand patient experiences and perspectives on healthcare interpreting services in general practice in England, researchers interviewed South Asian (Pakistani, Indian, Bangladeshi) patients, with results identifying challenges, including the onus on patients to arrange interpreting. The study also found a preference for face to face rather than remote interpreting. Authors provide recommendations on how to support the uptake of professional interpreting services for general practice.

### Navigating memory problems and mild cognitive impairment in later life

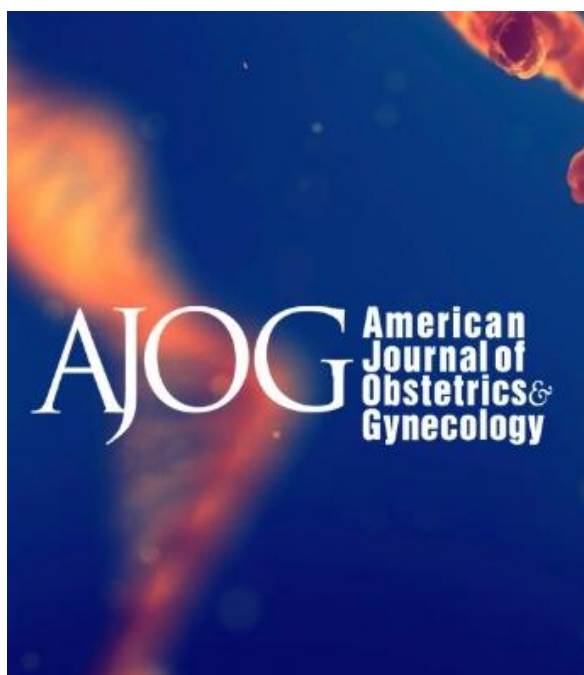
17 April (Christine Carter, Claudia Cooper. Centre for Psychiatry and Mental Health)

Exploring the experiences of people aged 60+ with cognitive concerns, and how memory impairment is understood in the context of ageing, an interview study finds that the subjective experiences of people with memory concerns are characterised by confusion, and that diagnostic labels compound this, rather than offering reassurance. Authors say their work highlights the importance of understanding the subjective experiences of memory concerns and Mild Cognitive Impairment (MCI), illustrates the effect of receiving/ not receiving an MCI diagnosis on an individual's identity and relationships with others, and reveals the complexity surrounding how people navigate age and memory difficulties, extending the ideas of liminality and including the 3<sup>rd</sup> and 4<sup>th</sup> age.



### **Uptake and patient-related outcomes of mainstreaming genetic testing**

23 April (Ashwin Kalra, Subhasheene Ganesan, Jacqueline Sia, Kyriaki-Barbara Papalois, Samuel Oxley, Lea Mansour, Caitlin Fierheller, Priyanka Deshmukh, Hamda Mohamed, Amanda Dibden, Oleg Blyuss, Michail Sideris, Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

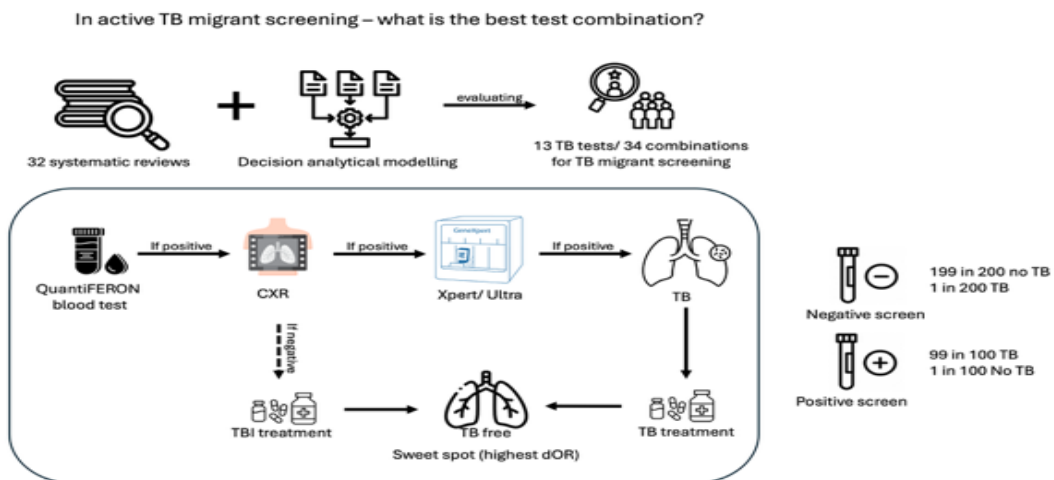


A systematic review and meta-analysis of 29 studies evaluating mainstreaming genetic testing (provided by non-genetics health professionals) for cancer susceptibility genes following cancer diagnosis examines uptake and patient reported outcomes. Results show 91% overall uptake of mainstreaming genetic testing across all cancer types. Mainstreaming was associated with high patient satisfaction, and low decisional conflict, regret, and post-test distress. Authors note that quality and quantity of evidence across different types of cancers varies significantly, and that more data are needed for endometrial, prostate, pancreatic, and colorectal cancer patients.

## Diagnosing TB in migrants

23 April (Dominik Zenner. Centre for Public Health and Policy)

Using a systematic review of reviews and decision tree analytical modelling, researchers demonstrate that integrating diagnostic tests for latent TB infection into TB screening algorithms would enable concurrent screening for both latent and active TB, and lead to better detection - even of active TB. Results show the best combinations of tests, and break with current strategies that presume that some tests are reserved for diagnosis of latent TB. Authors say their findings will be significant for policy makers and public health organisations, to inform on the best tests and algorithms for TB screening, particularly in large population groups and specifically for migrants.



## Launch of the Lancet Commission on Ovarian Cancer

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

The first official meeting of the newly formed Lancet commission on Ovarian Cancer was held on 23 April. As part of the commission, Professor Ranjit Manchanda will co-chair the working group on Screening, Prevention and Early Diagnosis (SPED), along with Professor Leigh Pearce (U. Michigan). The launch meeting was held in Nice.



## Avoidable attendance at emergency departments

24 April (Timothy Jamieson. Centre for Evaluation and Methods)



Using data on >10million attendances at English Emergency Departments, a regression analysis examines whether avoidable ED attendance is associated with patient characteristics and the quality, staffing, and availability (particularly extended hours) of their general practice. Applying a new, wider definition of avoidable, researchers used 'clinically appropriate' (vs the NHS definition of non-urgent), which identified 21.8% of ED attendances as avoidable. Attendances by deprived patients, those aware of early morning extended practice hours, and those whose practices had a higher proportion of patients able to access same-day GP appointments were less likely to be avoidable. The probability of avoidable attendance was lower for older, female patients, those living in more socioeconomically deprived or sparsely populated areas, and those closer to their practice than to the ED attended.

## FORTHCOMING EVENTS

### Inaugural Lectures of Professors Jennifer Lau and Claudia Cooper

Thursday 8 May 2025, 5:30pm Derek Willoughby Theatre, Charterhouse Square

All are welcome to attend the inaugural lectures of Jennifer Lau (Drawing the threads together: Young people, their mental health and social contexts), and Claudia Cooper (The best bits from 20 years trying to level the dementia care playing field). Jennifer will share key career research moments, using multi-disciplinary approaches to understand and address common mental health problems in childhood, adolescence, and young adulthood, and will reflect on her journey of academic freedom to pursue her interests. Claudia will describe work she has led, measuring inequalities in dementia prevention and care, and co-designing interventions to reduce them,



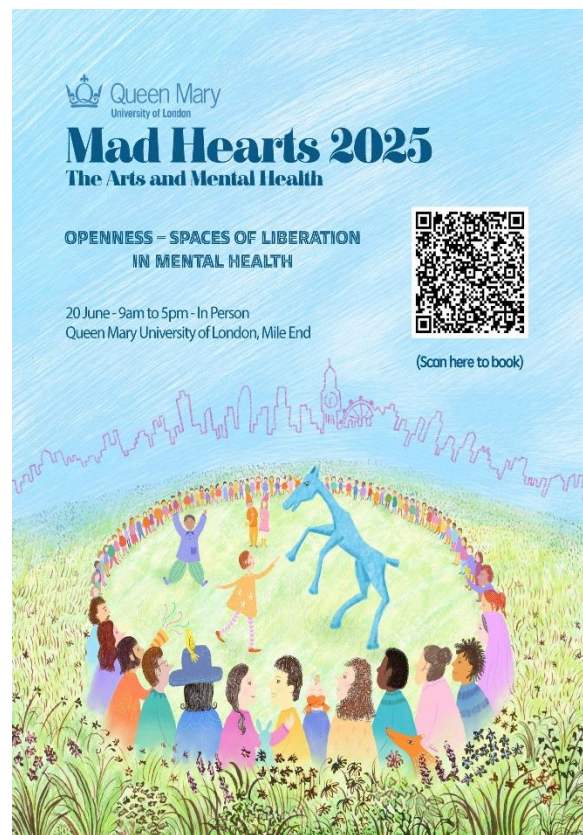
in particular the NIDUS-family intervention, shown to deliver better care and save on costs. The programme will be followed by a reception at 6:30pm. Register [here](#)



## Openness: Spaces of Liberation in Mental Health

20 June 2025

This one-day in-person event will explore productive, radical, contemporary encounters between the arts and mental health, bringing together clinical, artistic and research perspectives that offer a re-interpretation of contemporary mental health science and practice, with a view of imagining a different future. Highlights include a keynote from [Tony Cealy](#); an International Panel on Mad Experiments: 'Putting Madness at the centre of the scene' with members of the Mental Health and Social Justice Network from London and Trieste; and Participatory workshops in theatre, dance, music and creative writing. We welcome service users, mental health professionals, artists, researchers and anyone interested in the way the arts can contribute to mental health. The event is organised by the [MSc Creative Arts and Mental Health](#). For further information contact: [Maria Turri](#)



**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)**