

**WOLFSON INSTITUTE OF POPULATION HEALTH
NEWSLETTER
ISSUE 88: 26 November 2025**

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

FROM OUR DIRECTOR

Dear Colleagues

As we head towards December, we have a very full few weeks in store, with student assessments alongside graduation ceremonies and festive gatherings.

Do meet James Buchanan (below). Our growing team of health economists, ably led by Boby Mihaylova, who is also deputy lead of our Centre for Evaluations and Methods, make such valuable contributions to research across not only our Institute but also the Faculty. Thank you to all the members of the Health Economics and Policy Research Unit for your superb work.

As always, this newsletter highlights the fantastic impacts you are all having with your publications, conference presentations and dissemination events.

The big news this week has been around the launch of the £42 million TRANSFORM trial, the largest prostate cancer screening trial in 20 years, which featured in most major news outlets. The QMUL trial team is being led by Rhian Gabe and includes members of CEM and CCSPED. After a couple of years of hard work, it is very exciting that the first patients are being recruited.

With extraordinary timing, the UK National Screening Committee meets this Thursday to review the evidence, so expect a lot more press coverage in the coming days.

On the subject of cancer screening, the work of Peter Sasieni (CCSPED) and his colleagues was celebrated in a special feature in The Times, following the discovery of the link between cervical cancer and HPV, through the challenge to identify the subset of HPV strains that present high risk, to proving the efficacy of the vaccine. Congratulations Peter!

With best wishes, Fiona



MEET WIPH

MEET JAMES BUCHANAN, Senior Lecturer in Health Economics (CEM)

How would you describe your roles and responsibilities?

I joined the CEM Health Economics and Policy Research Unit in 2023. My role is to lead on work on the health economic aspects of precision diagnosis and treatment and translation research across the Barts Biomedical Research Centre, with a particular interest in understanding the costs and benefits of genome sequencing in people with cancer and rare diseases.

What has been your greatest professional achievement?

Shortly after I joined QMUL, NHS England called for tenders to undertake a mixed methods process and impact evaluation of the world-leading 'Genomics England Generation' Study, which is sequencing the genomes of 100,000 newborns in England to diagnose >200 conditions. With colleagues across several institutions, we put together a short notice bid, and were awarded the funding - a fantastic start to my QMUL career. I have been able to leverage this funding to develop a programme of work focusing on the health economics of genomic newborn screening. QMUL is now the international leader on health economic work in this space.

What aspects of your role do you enjoy the most?

My role is very collaborative, and I have enjoyed getting to know colleagues in all corners of WIPH. My research often involves combining several disparate datasets (eg. clinical data, genetic data, imaging, sociodemographics) to answer a broader research question, and I enjoy the process of uncovering new insights in this manner - it sometimes feels like detective work. I also find student supervision really fulfilling, and enjoy helping students develop their skills and find a path forward in their

careers. I have also been fortunate to travel widely throughout my research career. My work has taken me to every continent except South America, but I'm hoping to tick this off my list with a health economics conference in Ecuador in 2027!

What would be your second choice as a profession?

I'm an economist by training, so I have had to read widely to get up to speed on topics related to genetics, genomics and precision medicine. One of my favourite authors on this topic is Richard Dawkins (particularly "The Selfish Gene"). I find it fascinating that evidence from the natural world can be pieced together to understand evolutionary processes over time. So my second choice profession would be evolutionary biologist.

What do you enjoy doing outside work?

With two young daughters, my main role outside work is transporting children to dance lessons etc! I love watching sport (particularly football, though Aston Villa have historically brought me more pain than joy). I enjoy photography and cooking, and one of my favourite things in a rare child-free moment is to wander around Oxford (where we live) with my camera, capturing the beautiful scenery.

Something most people don't know about you?

Almost every day I try to complete 32 Wordle puzzles in under 2mins (google "Duotrigordle"). I haven't managed it yet (my best is 2:03) but I'm getting closer!



GENERAL INSTITUTE NEWS

Cochrane Review of e-cigarettes for smoking cessation

10 November (Hayden McRobbie, Peter Hajek. Centre for Public Health and Policy)

A Cochrane Review of 104 studies including 30,366 adult smokers compares the safety, tolerability, and effectiveness of Electronic Cigarettes (ECs) in helping people who smoke tobacco quit. Evidence showed that ECs can aid in smoking cessation, and that ECs with nicotine increase quit rates at 6 months or longer compared with nicotine replacement therapy (NRT) and non-nicotine ECs. None of the synthesised evidence provided a clear indication that serious adverse events are increased by EC use, but more long-term data are needed, as this conclusion relates specifically to people using ECs to stop smoking, and not to people who have never smoked. In some studies, reduced toxicant concentrations and biomarkers of harm were

observed in people who smoked and switched to vaping, consistent with reductions seen in people who stopped smoking without ECs.

Nicotine EC compared to NRT for smoking cessation						
Patient or population: people who smoke cigarettes, aged 18 or older Setting: various settings Intervention: nicotine EC Comparison: NRT						
Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Events with NRT	Events with Nicotine EC				
Smoking cessation at 6+ months	Study population		RR 1.51 (1.25 to 1.82)	2703 (9 RCTs)	⊕⊕⊕⊕ HIGH	-
Preferentially assessed with biochemical validation	6 per 100	9 per 100 (8 to 11)				
Adverse events at 4 weeks to 6 to 9 months	Study population		RR 1.00 (0.73 to 1.37)	2241 (7 RCTs)	⊕⊕⊕⊕ MODERATE ^a	-
Assessed by self-report	31 per 100	31 per 100 (23 to 42)				
Serious adverse events at 4 weeks to 1 year	Study population		RR 1.22 (0.73 to 2.03)	2950 (8 RCTs)	⊕⊕⊕⊕ LOW ^b	2 studies reported no events; effect estimate based on the 5 studies in which events were reported
Assessed via self-report and medical records	7 per 100	9 per 100 (5 to 14)				

Co-designing videos on large language models in healthcare and research

11 November (Mel Ramasawmy. Centre for Cancer Screening, Prevention and Early Diagnosis)

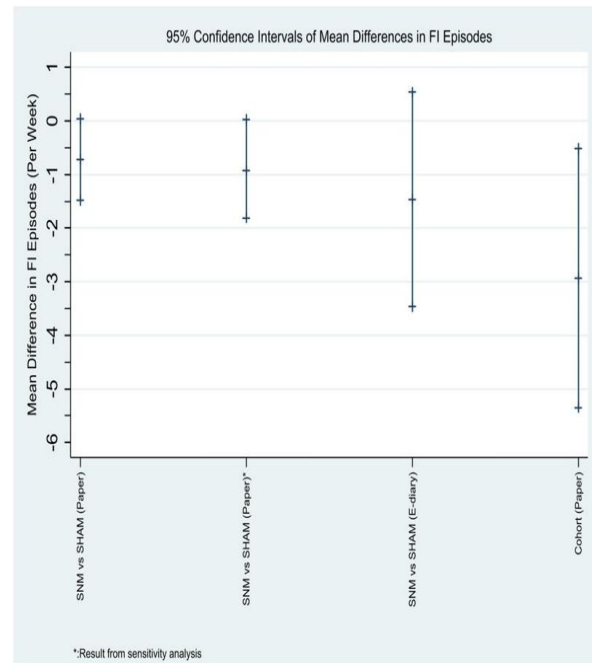
Large language models (LLMs), a type of artificial intelligence trained on vast amounts of unstructured text data to generate coherent context-specific human language, are increasingly used in health care and research. Working with a group of Public and Patient Involvement and Engagement (PPIE) contributors in Tower Hamlets, and with colleagues from other universities, WIPH researchers have co-created video resources to support the public to engage in and use LLM research more safely. The collaboration has co-produced animations explaining LLMs and how they are used in healthcare and research. Researchers hope these will be useful to LLM projects seeking to recruit more diverse PPI members.



Effectiveness of subsensory sacral neuromodulation for faecal incontinence

11 November (Claire Chan, Jo Haviland, Richard Hooper. Centre for Evaluation and Methods)

An RCT evaluating the clinical effectiveness of sacral neuromodulation (SNM) treatment in adults with refractory faecal incontinence (FI) reports results, but with a caveat of severe trial delivery disruption due COVID. In 39 patients recruited, 19 completed 58 week follow-up. Results showed that SNM conferred a non-significant reduction in mean FI episodes/week compared with sham treatment, though improvements were observed in FI symptoms at 58wks compared with baseline. Authors say the SUBSoNIC trial failed to find conclusive evidence of the experimental efficacy of SNM, but demonstration of experimental efficacy remains important as SNM is a high-cost and invasive therapy.



Alzheimer's Society: Pioneering Progress Series

11 November (Claudia Cooper, Jessica Budgett, Charlotte Kenten. Centre for Psychiatry and Mental Health)



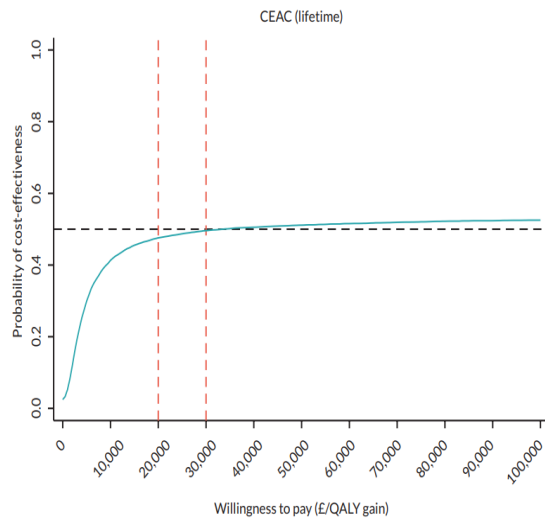
At the inaugural conversation in the Alzheimer's Society 'Pioneering Progress' series spotlighting women shaping the future of dementia research and care, Claudia Cooper took part in a panel exploring how women are influencing the dementia landscape. Jessica Budgett and Charlotte Kenten discussed the centre for inequalities and the GRACE programme, which aims to ensure access to dementia care in the community and care homes. GRACE, co-led by Jessica and Claudia, is the next stage of the resources originally developed through the NIDUS project.

Cost-effectiveness of e-cigarettes for smoking cessation in homeless centres

12 November (Francesca Pesola, Peter Hajek. Centre for Public Health and Policy)

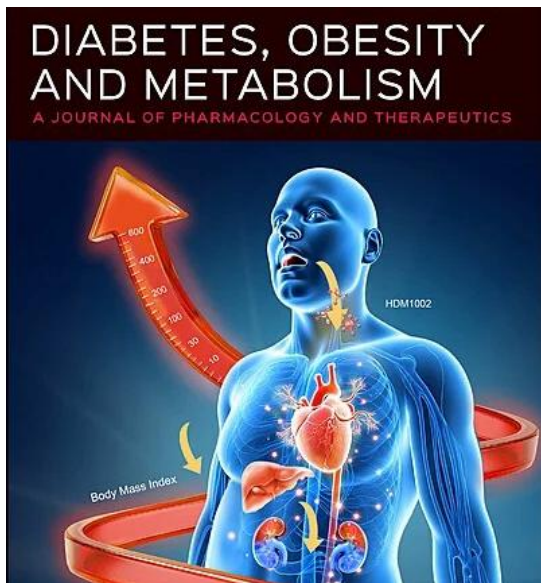
In the SCeTCH multicentre randomised controlled trial, 475 adults accessing 32 homeless support centres across Britain who smoked daily received either an e-cigarette intervention or usual care. Findings show that the e-cigarette group v the usual care group cost £181,000 extra per participant to gain one extra quality-adjusted life-year (QALY). Compared with the UK standard highest acceptable rates (£20,000-30,000 per QALY), the probability of e-cigarette intervention being cost-effective was considered very low. The analyses conclude that e-cigarette intervention is unlikely to be cost-effective, compared with usual care, in this trial setting and population.

Cost-effectiveness acceptability curve of model-projected results.



Ethnic differences in effectiveness of diabetes medications to prevent CVD

12 November (Rohini Mathur. Centre for Primary Care)

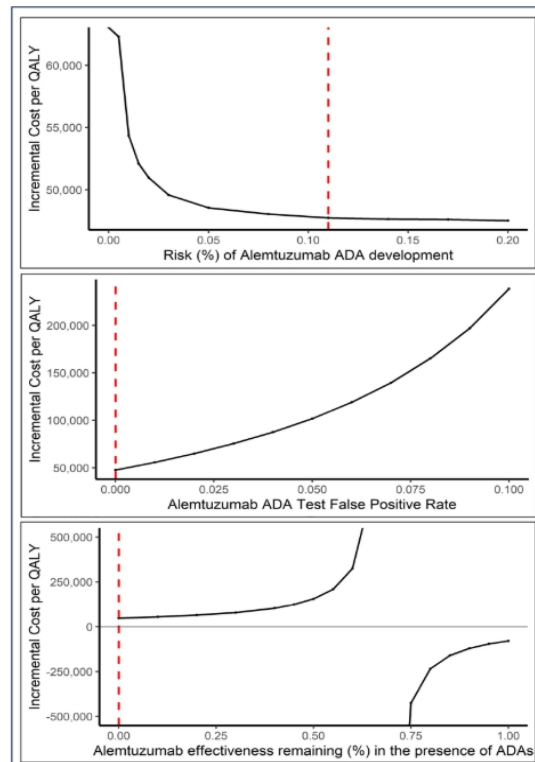


Using e-health records of >91,000 UK adults with type 2 diabetes, researchers investigated ethnic differences in the effectiveness of second line diabetes medications [sulfonylureas (SU), dipeptidyl peptidase-4 inhibitors (DPP4i), sodium-glucose cotransporter-2 inhibitors] to prevent major adverse cardiovascular events. In this cohort (72.3% White, 14.2% South Asian, 6.0% Black), the study found weak evidence suggesting a greater effect of DPP4i than SUs against major events in Black people, particularly for heart failure hospitalisation, but no evidence of other ethnic differences in treatment effects.

Testing for alemtuzumab antidrug antibodies to guide MS treatment

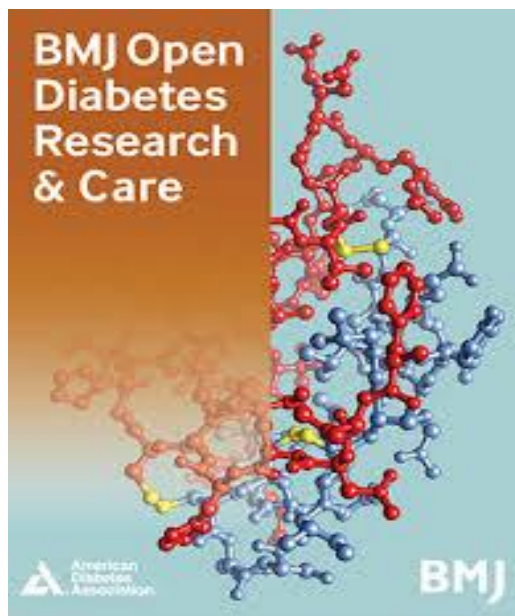
12 November (Timothy Jamieson, Florian Tomini, Boby Mihaylova. Centre for Evaluation and Methods)

In an evaluation of testing for alemtuzumab antidrug antibodies to guide MS treatment, researchers project disease progression, quality of life and cost outcomes in people with relapsing-remitting MS. Results show that switching to alemtuzumab anti-drug antibody test-directed treatment resulted in 0.02 fewer MS relapses per person, prolonged time to secondary progressive disease by 0.06yrs, and yielded an additional 0.02 life yrs. At £25/test, incremental cost per quality adjusted life year gained was £47861, with the additional cost arising from increased time on disease-modifying therapies (DMTs). Authors conclude that anti-drug antibody testing to inform MS treatment switching could improve clinical outcomes, but its cost-effectiveness depends on anti-drug antibody risk, its impact on drug efficacy, and DMT costs.



Machine learning model for predicting diabetic foot ulcer recurrence

12 November (Zhiqiang Huo. Centre for Primary Care)



To develop a machine learning (ML) model to predict 3yr recurrence risk in patients with diabetic foot ulcer (DFU), researchers assigned data from 494 patients with DFU to training and test sets. Intersecting features were selected to construct the final feature set, and seven ML models were employed to develop predictive models. The extreme gradient boosting (XGBoost) model demonstrated superior predictive performance, strong predictive accuracy, and clinical relevance in assessing DFU recurrence risk. Authors say that further multicentre validation with a larger sample size is needed to improve its generalizability and clinical applicability.

European Society for Medical Oncology AI Conference

12-14 November (Oleg Blyuss, Judith Offman. Centre for Cancer Screening, Prevention and Early Diagnosis)

At the 2025 ESMO Artificial Intelligence conference in Berlin Judith Offman and Oleg Blyuss presented posters: Judith's eposter was entitled 'The impact of AI on reader behaviour in cancer detection: a scoping review', and Oleg's poster was 'Optimizing Prognostic Models for Early Breast Cancer Recurrence Using Real-World Data and Machine Learning'. The ESMO Congress is a premier global oncology platform, affording participants the opportunity to connect with peers who are driving progress in cancer diagnosis, treatment, and survivorship.



Cambridge University showcase on reproduction and sustainability

13 November (Heather McMullen. Centre for Public Health and Policy)

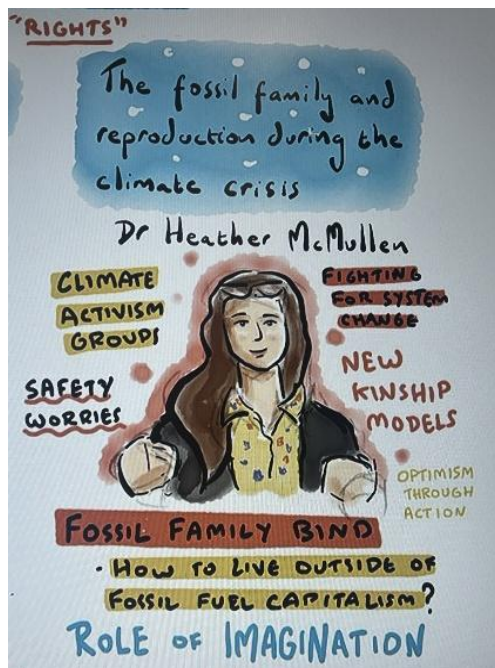


Image courtesy of Alex Cagan @ATJCAGAN

At a showcase event hosted by Cambridge Zero and Cambridge Reproduction, an interdisciplinary group of researchers explored 'Reproduction & Sustainability: Individuals, Populations & Systems'. Heather McMullen presented the concept of the 'fossil family' from a paper she published with colleagues in earlier 2025 in Environmental Humanities. Across the day participants explored questions on reproduction and the environment from the perspectives of biological sciences, politics, architecture, law, anthropology, cultural studies and public health, with the aim of widening understanding, developing new collaborations, and expanding thinking at the intersection of sustainability, climate change and reproduction.

Black Health Legacy community stakeholder launch

13 November (Sarah Finer, Veline L'Esperance. Centre for Primary Care)

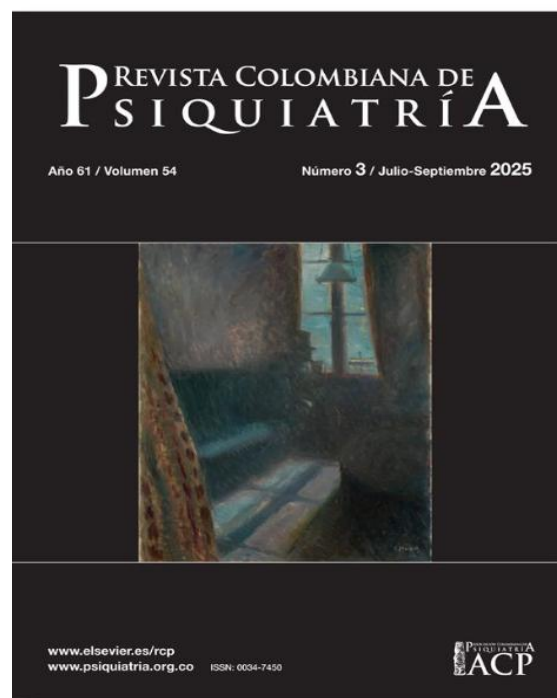
Community leaders, researchers, and clinicians came together at the Black Health Legacy project community stakeholder launch in London, to explore collaborative approaches to reducing health inequalities. Project co-leads Sarah Finer and Veline L'Esperance delivered the keynote presentation, introducing the project and discussing how the lack of Black inclusion in health data directly fuels inequalities. Black Health Legacy is a research study for and led by Black, Black African and Black Caribbean people in the UK, aiming to find ways to prevent, diagnose and treat health conditions for future generations through genetic research.



Financial Hardship and youth comorbid depression/anxiety in Latin America

13 November (Diliniya Stanislaus Sureshkumar, Catherine Fung, Victoria Bird. Centre for Psychiatry and Mental Health)

A case-control study of 1705 young people from deprived urban areas in Colombia, Argentina, and Peru explores the association between financial hardship and comorbid depression and anxiety symptoms, to identify whether resilience modifies this relationship. Using questionnaire data, results showed that high resilience was associated with a lower chance of comorbid depression and anxiety symptomatology, especially among participants who reported financial hardship more than a year ago. Authors say their work reinforces the need for financial support programmes and community interventions targeting economically vulnerable youth, to prevent adverse mental health outcomes.



Alzheimer's Research UK London Network: Dementia Research in London

13 November (Claudia Cooper, Nathan Davies, Harriet Demnitz-King, Joanna Brown, Charles Marshall, Avinash Chandra, Laura Smith. Centres for Psychiatry and Mental Health/Preventive Neurology)



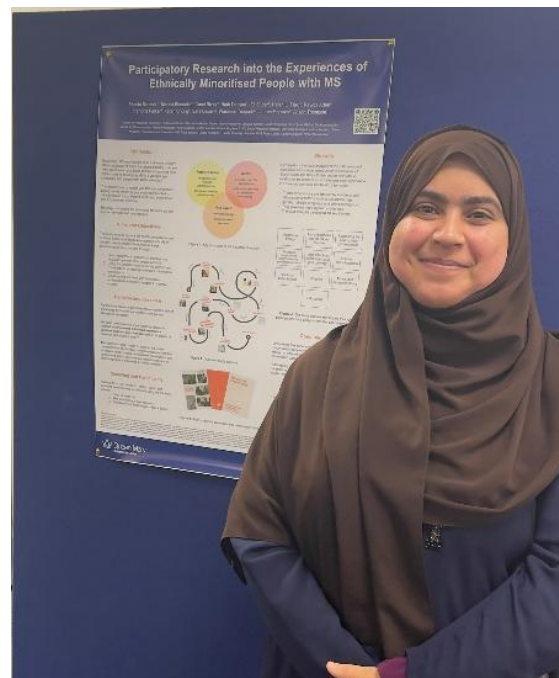
Dementia Research in London, a PPIE event held on behalf of the Alzheimer's Research UK (ARUK) London Network, was hosted by QMUL on 13 November. Co-organised by Laura Smith and Joanna Brown, it brought together people living with dementia in London, dementia community organizations, and researchers from the ARUK London Network, and explored ways to involve people affected by dementia in different types of research, and future directions for dementia research in London. Claudia Cooper, Nathan Davies, and Charles Marshall took part in a panel discussion on 'Valuing Lived and Learned Experience in Dementia Research', and presentations were made by Avi Chandra (on bringing AI into memory clinics to improve patient care) and Harriet Demnitz-King (reducing the risk of dementia: policy recommendations from an expert panel).



Structural Inequalities in the Clinical Neurosciences course

14 November (Sharifa Battashi. Centre for Preventive Neurology)

At the City St George's University of London *Structural Inequalities in the Clinical Neurosciences* course, Sharifa Battashi presented a poster on the Participatory Multiple Sclerosis Study, showcasing the research process and emerging findings to an audience of researchers, healthcare professionals, and medical students. The poster prompted questions from attendees on how peer researchers were recruited, how their involvement was sustained throughout the research process, and how they contributed to dissemination activities. Sharifa said the discussions offered a valuable opportunity to share learnings from the study, and discuss how lived experience can be better embedded in research.



IBD Boost intervention: process evaluation results contradict RCT results

14 November (Steph Taylor. Centre for Primary Care)



RCT results comparing usual care v IBD-BOOST (a digital self-management intervention targeting fatigue, pain and urgency/faecal incontinence in people with inflammatory bowel disease), found no statistically significant effect on primary outcomes. In a parallel process evaluation, researchers gathered qualitative data through semi-structured interviews, and quantitative data from the intervention platform's built-in analytics. Results from this evaluation revealed perceived benefits in symptom understanding and developing new management strategies. The intervention was well-received, patients reported improvements in quality of life, and there was strong patient support for the IBD-BOOST intervention to be freely available to all individuals with IBD.

HIV/AIDS knowledge and behavioural change among migrant workers

14 November (Fiona Samuels. Centre for Public Health and Policy)

The EMPHASIS (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) programme has been implemented across Bangladesh, India, and Nepal. Using individual-level data to estimate the programme's impact on HIV-related knowledge and preventive behaviours among migrant workers, an evaluation shows that participation in EMPHASIS significantly increased correct knowledge of HIV transmission, reduced misconceptions, and improved partner communication, which translated into higher condom use and fewer unsafe sexual practices. Effects were stronger among women. Authors say the findings show that peer-led, information-based interventions can improve health behaviours in mobile populations, and that integrating such approaches with gender empowerment and mobile health services offers a promising model to address HIV vulnerability in cross-border migration settings.

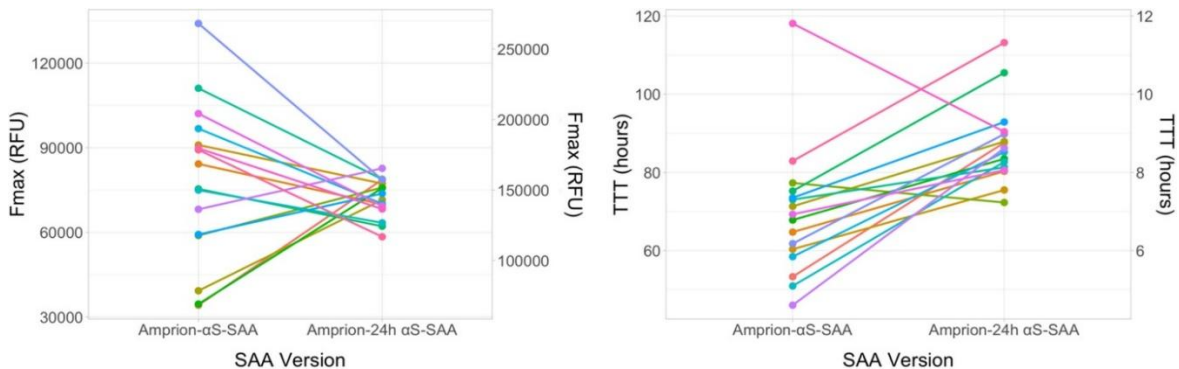


populations

Role of α -Synuclein seed amplification as a disease progression marker

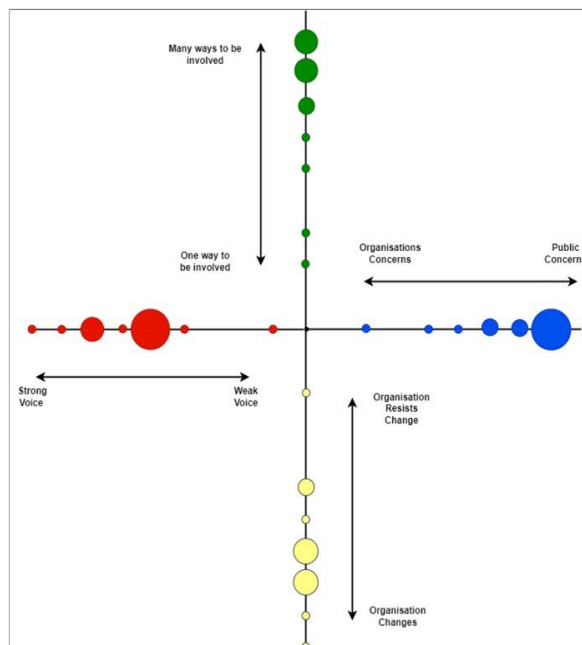
14 November (Daniel Belete, Christian Mattjie, Brook Huxford, Jon Bestwick, Alastair Noyce, Cristina Simonet. Centre for Preventive Neurology)

As a diagnostic biomarker for Parkinson's disease (PD), α -synuclein seeding amplification assay (α -synuclein SAA) has shown promise. Assessing the relationship between the assay and PD-specific clinical outcome measures, researchers used data from 279 individuals with sporadic PD. Findings did not show a relationship between α -synuclein SAA and disease progression, but did identify an association with REM Sleep Behaviour Disorder Screening Questionnaire assessments.



PPIE in AI and big data healthcare research

14 November (Duncan Reynolds. Centre for Primary Care)



A study exploring meaningful Public and Patient Involvement and Engagement (PPIE) uses AI-Multiply (an interdisciplinary UK-based research project using artificial intelligence and routine health data to investigate trajectories of multiple long-term conditions and polypharmacy) as a case example. Three themes were identified: Differing priorities between public contributors, Movement on both sides, and The importance of established guidance. Authors say many PPIE issues in this context relate to applying existing good practice in complex projects and that strong PPIE leadership, early expectation-setting, and consistent facilitation are critical for success.

Variation in the efficiency of English general practices

17 November (Augustine Onwunduba, Jianhua Wu, Helena Painter, Helen Pearce, John Ford. Centre for Primary Care)

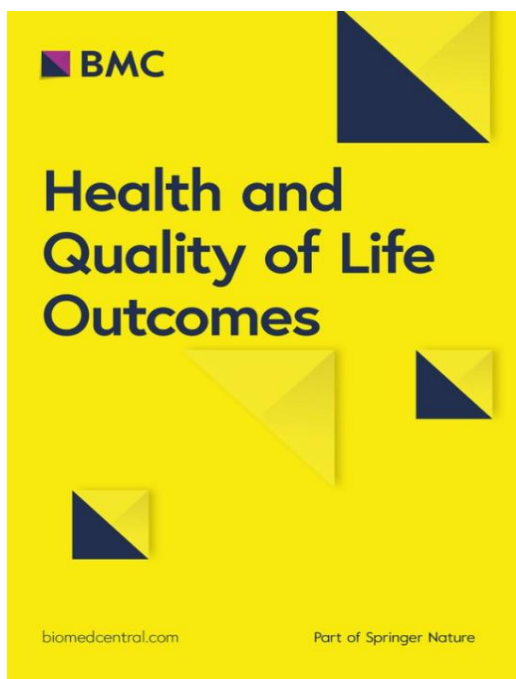
A cross-sectional study using 2023 NHS data assesses practice efficiency in English general practices by comparing input v output (funding and workforce v clinical quality, patient experience, and service volume). Of 5069 practices, 1117 were classified efficient, 2773 neutral, and 1179 inefficient. Efficiency was lower in practices with larger patient lists, with higher percentages of patients with chronic conditions or aged ≥ 65 , located in higher deprivation areas, that dispensed medications, or which held an alternative provider medical services contract. Efficiency was higher in urban practices and those with a higher % of mixed or other ethnicity patients. Authors conclude that smaller practices are more efficient, and so policies that encourage practice mergers may not deliver the efficiency gains expected.



EUROPEAN
JOURNAL OF
GENERAL
PRACTICE

QoL and capability wellbeing measurements for chronic depression

17 November (Esubalew Assefa, Philip McNamee, Yan Feng. Centres for Evaluation and Methods/Psychiatry and Mental Health)



A new study assesses the psychometric properties of a health-related quality of life measure (EQ-5D-5L) and a capability wellbeing measure (ICECAP-A), as instruments for economic evaluation. Researchers used data from 365 English patients with chronic depression from a cluster randomised controlled trial, and administered the 2 measures at trial baseline and 12-month follow-up. Results showed that both instruments have good validity and responsiveness, but authors recommend the ICECAP-A measure in economic evaluation for medical interventions to improve the psychosocial wellbeing of adults with chronic depression, due to its structural validity and better responsiveness compared with EQ-5D-5L.

Individual-level interventions to mitigate burnout risk in health professionals

18 November (Ania Korszun. Centre for Psychiatry and Mental Health)

A review evaluating effectiveness of individual-level interventions to mitigate burnout in healthcare professionals examines RCT results including 9330 participants. Results show that, among physicians, professional coaching was probably effective in reducing some aspects of burnout, particularly when sustained for more than 4wks. Mindfulness-based interventions may not be effective in physicians, but may reduce burnout among nurses, midwives and a mixture of HCP roles. Authors found that most trials were unblinded, with subjective outcomes, and there was substantial heterogeneity among interventions and populations, despite stratifying by role.



RCPsych Perinatal Faculty Annual Conference

18 November (Nikolina Jovanović. Centre for Psychiatry and Mental Health)



Perinatal Faculty
Psychiatry Conference 2025

Presenting at the RCPsych Perinatal Faculty Annual Conference, Nikolina Jovanović spoke on health inequalities in perinatal mental health care, exploring disparities in service access, experiences of care, and wider health and social outcomes. Reflecting on findings from the latest MBRRACE report, she also discussed possible reasons behind unequal maternal health outcomes, drawing on recent data from the DHSC and her own published research. A conference highlight was a talk by Raj Mohan, RCPsych Joint Presidential Lead for Equity and Equality, who shared key College initiatives developed to advance mental health equity in the UK and globally.

Improving Maternal Safety: Birth Trauma Association national conference

18 November (Marcus Cabrera-Dandy. Centre for Public Health and Policy)

At the 2025 Birth Trauma Association national conference, focusing on improving maternal safety, Marcus Cabrera-Dandy presented his work on 'OdonAssist: A novel intervention for assisted vaginal birth'. He also participated as a panel member in the session on 'Reducing harm from instrumental births'. The conference was held at BMA House in London.



Building our entrepreneurial ecosystem for social ventures and impact

18 November (Deborah Swinglehurst. Centre for Primary Care)

Participating in a panel discussion on *Building our entrepreneurial ecosystem for social ventures and impact*, organised by the QMUL Innovation and Entrepreneurship Hub as part of Global Enterprise Week, Deborah Swinglehurst shared her experience of working with Care City and local public and professional communities on 'Let's Talk Differently about Medicines' (LTDAM). LTDAM is a collection of stories inspired by encounters with research participants and the findings from the APOLLO MM (Addressing the Polypharmacy Challenge in Older People with Multimorbidity) study. Deborah is working with David Miller, QMUL's Senior Social Venture Manager, and colleagues to secure routes to scale up and broader impact.



Co-production of falls management in care homes

19 November (Adam Gordon. Centre for Primary Care)

A qualitative evaluation of management of falls in care homes explores factors influencing key principles of co-production in a series of workshops, with input from stakeholders including care home residents, relatives and staff, health and social care staff. Potential reputational risks, confidence levels and limited involvement of residents, relatives and care home staff in a variety of roles were identified as barriers. Authors recommend that future studies in care homes should consider organisational power dynamics and create safe spaces, providing opportunities for inclusive participation.



‘Healthy’ snack bars loaded with hidden sugar

19 November (Research and Action on Salt and Obesity team, Centre for Public Health and Policy)

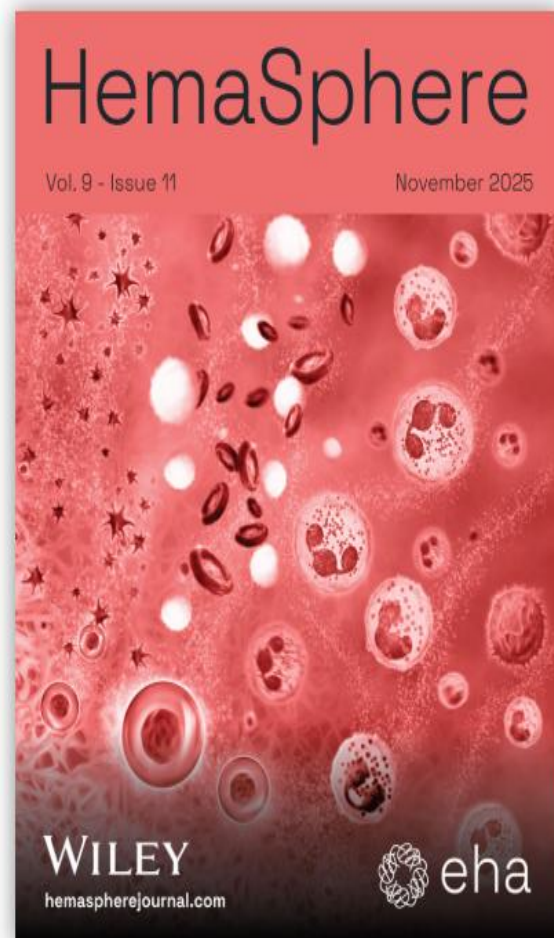
A nationwide survey by the Research on Action on Salt and Sugar exposes misleading ‘healthy’ labels on snack bars, finding that 37% are high in sugar, even using the UK’s generous traffic-light labelling system. The team examined 458 products sold across 10 leading UK supermarkets, and found that 54% were high in saturated fat, with the average bar containing 7g of sugar per serving. Published to coincide with Sugar Awareness Week, the report calls for clear front of pack warning labels to end the health halo effect on shoppers, targeted levies on foods high in fat, salt, and sugar, greater transparency from “food giants”, and stronger regulation to protect children’s health. This story was widely covered in the press.



De-diagnosing chronic lymphocytic leukaemia

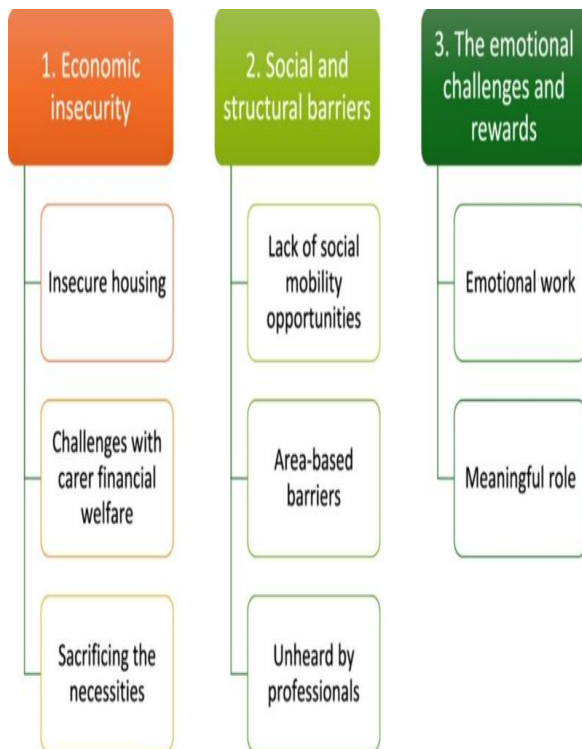
19 November (Stephen Hibbs. Centre for Primary Care)

A new paper questions current diagnostic criteria and considers what other diagnostic approaches are possible for chronic lymphocytic leukaemia (CLL). Authors provide a poignant patient story about how a label can change a life, even though the underlying 'so-called' disease has no other impacts, and conclude that the current diagnostic paradigm constitutes overdiagnosis. Building a case for reducing harm by changing CLL diagnostic criteria, they suggest work to better identify the lowest risk prognostic groups who could be safely discharged without a diagnostic label, and to establish a framework of intentional non-investigation for some with asymptomatic lymphocytosis. They conclude that the current approach to CLL diagnosis was pragmatically constructed by clinicians, rather than reflecting absolute scientific truths, and that clinicians must collectively take the brave step of changing diagnostic criteria to fix the harms caused by CLL overdiagnosis.



Experiencing socioeconomic deprivation as a UK carer

19 November (Abi Woodward, Nathan Davies. Centre for Psychiatry and Mental Health)

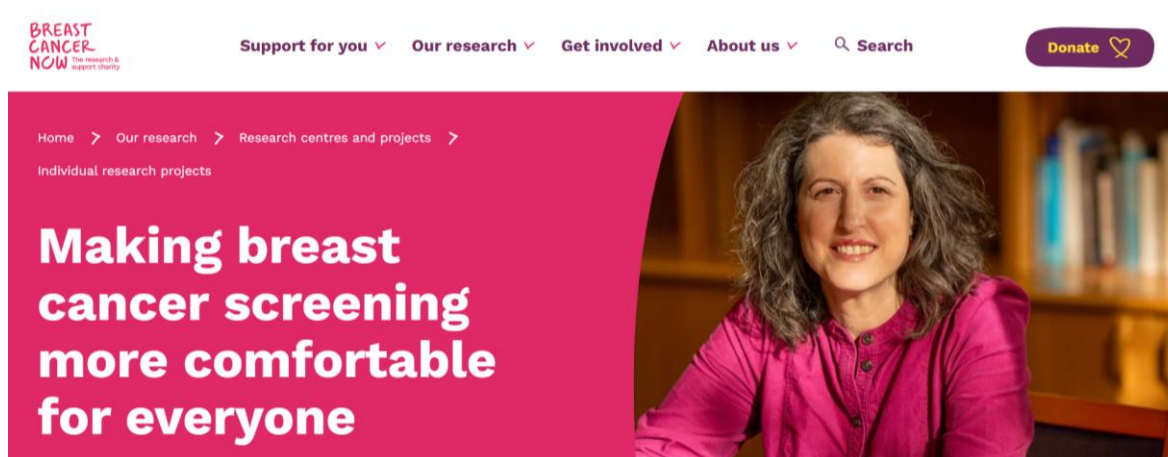


Informal unpaid carers make up $\approx 7\%$ of the UK population, but this percentage is higher among people experiencing socioeconomic deprivation. New research reports results from 1-1 interviews with carers experiencing socioeconomic deprivation in London and Sheffield. Results show that carers experiencing socioeconomic deprivation face additional challenges and barriers in their ability to provide care, such as more emotional work, making sacrifices of necessities due to financial constraints, and feeling unheard. Authors recommend policy changes to better support this population financially and enable social mobility, and the development of interventions and support resources for carers to use to feel empowered and maintain good well-being.

Reducing pain in breast screening: the REPAIRS study

20 November (Judith Offman. Centre for Cancer Screening, Prevention and Early Diagnosis)

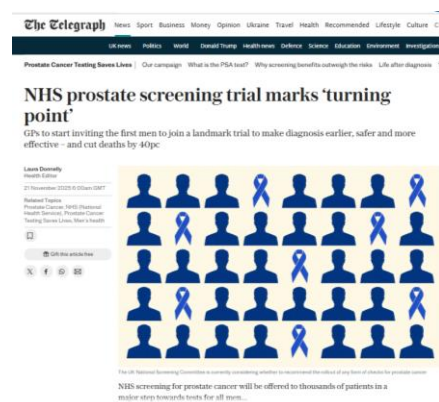
A press release from the charity *Breast Cancer Now* reports on the Reducing Pain in Breast Screening (REPAIRS) study, which it is funding to explore how breast screening could be made more comfortable. Judith Offman and colleagues will interview women from different ethnic backgrounds, and work with a community advisory group of women from Somali/African and S. Asian populations in NE London, and to identify practical ways to make screening more comfortable and encourage more people to attend their appointments. Around 3 in 10 women in England do not attend breast screening when invited.



TRANSFORM prostate cancer screening trial issues first invitations

21 November (Rhian Gabe. Centre for Evaluation and Methods)

The first letters have been sent from GPs inviting men to participate in the £42 million **TRANSFORM** trial, the biggest prostate cancer screening trial in 20yrs. TRANSFORM will compare the most promising tests and provide definitive evidence about the best way to screen for prostate cancer. Because Black men have double the risk of other men, they will comprise at least 1in10 participants invited. In the first stage, researchers will compare 4 potential screening options, including fast MRI scans, genetic testing to identify men at high prostate cancer risk, and PSA blood testing. Trial co-lead, Rhian Gabe, said: “Over 50,000 people in the UK are diagnosed with prostate cancer each year. We are looking for the best way to screen men for prostate cancer so that, one day, all men at risk are invited for regular tests to find aggressive cancers in time for a cure.” The launch was widely covered in mainstream press.



How APPLE-Tree could support behavioural and lifestyle goal attainment

21 November (Elenyd Whitfield, Claudia Cooper, Harriet Demnitz-King, Sedigheh Zabihi, Rachel Morse, Amaani Ahmed, Alexandra Burton, Anna Betz. Centre for Psychiatry and Mental Health)

A process evaluation investigates how the APPLE-Tree (Active prevention in people at risk of dementia through lifestyle behaviour change and technology to build resilience) dementia prevention intervention might support behavioural and lifestyle goal attainment. Researchers analysed data from interviews and participant goal records, and used randomly selected video-recordings of sessions to rate fidelity. The work generated 3 themes: building capability and motivation; connecting with other participants and facilitators; and flexibility and a tailored approach. Facilitator records showed that participants met a mean of 5.1 of 7.5 (68.3%) goals set. Authors conclude that



the intervention supported behaviour change through increasing knowledge and providing space to plan, implement and evaluate new strategies, and make social connections. Feedback indicated that the intervention was flexible and inclusive of diverse preferences and needs.



The Times: Stopping Cancer in its tracks

22 November (Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)



A retrospective feature in *The Times* on the development of the HPV vaccine celebrates the work of researchers, from the discovery of the link between cervical cancer and HPV, through the challenge to identify the subset of HPV strains that present high risk, to proving the efficacy of the vaccine. The article highlights the 2021 results from a CRUK-funded study led by Peter Sasieni, showing conclusively that the vaccine reduced cervical cancer by nearly 90% in women in their 20s who were offered the vaccine at age 12/13. Peter said: “Seeing those results for the first time made my whole career seem worthwhile”.

Pharmacist prescribers in hospital settings

24 November (Adam Gordon. Centre for Primary Care)

An ethnographic study of pharmacist prescribing in an inpatient multidisciplinary team (MDT) setting investigates underlying mechanisms related to prescribing practices in hospital settings. Findings show that pharmacist prescribers significantly enhance patient care through collaboration and proactive engagement in MDTs, but systemic barriers, particularly IT-related inefficiencies and hierarchical dynamics, limit their full potential. Authors suggest that training in emotional intelligence and improved interdisciplinary support may enhance effectiveness, and that addressing systemic issues could optimize prescribing efficiency and reduce cognitive load.



Groundbreaking conversation on MS Care

24 November (Isabelle Symes, Sharifa Battashi. Centre for Preventive Neurology)



Groundbreaking conversation on MS care

South Asian & Black British experiences

Attendees from the MS team at WIPH shared insights from the Participatory MS study, at a webinar organised by The Asian MS (a national support group for Asian people with Multiple Sclerosis). Lauren Hopkins and Saf Hussain (peer researchers) spoke about their role in the study, highlighting how peer research contributes to shaping more inclusive MS studies. The session also included presentations from Isabelle Symes on her study examining perceptions of MS risk and prevention, and Sharifa Battashi on findings from the Participatory MS Study. Attendees (primarily people living with MS) generated thoughtful discussion about healthcare inequalities, study outputs, and the importance of community engagement in MS research

New episode of Thinking In Between Podcast

25 November (Stephen Hibbs. Centre for Primary Care)

The latest episode of the Thinking in Between podcast discusses 'Ethics and Ethnography', welcoming 4 experienced ethnographers working in health and social care research (Catherine Pope, U Oxford; Nicola Mackintosh and Fawn Harrad-Hyde, U Leicester; and Shadreck Mwale, U West London). The episode covers the value of ethnography as a research approach, issues encountered when ethnographic research plans are reviewed during research governance processes, learning from the "Ethics and Ethnography" symposium (held March 2025 at the University of Oxford), what ethnographers can do now when navigating research governance, and where change is possible moving forward.

Thinking In Between



Predictors of suicidal ideation in UK doctors

25 November (Ashvin Kuri. Centre for Preventive Neurology)

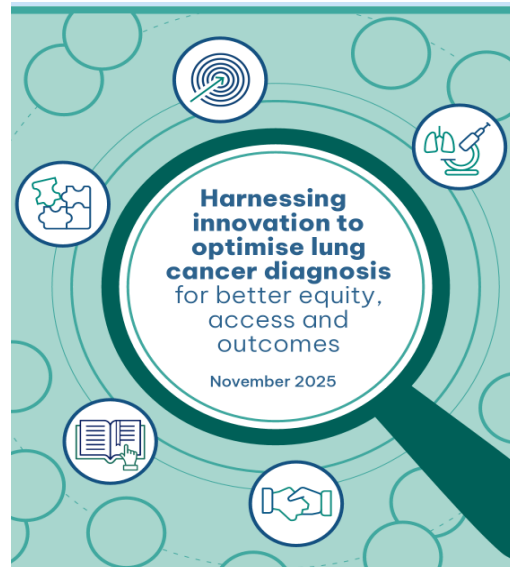


To ascertain whether depression severity is the largest determinant of suicide ideation risk among doctors, researchers analysed data from doctors presenting to NHS Practitioner Health and Patient Health Questionnaire scores. Findings showed that in this national cohort of doctors, depression severity was strongly associated with suicidal ideation, but disability and lack of a partner were also independently linked to increased risk, suggesting that suicidal ideation is not solely driven by symptom severity. Authors conclude that social and functional factors may help identify higher-risk individuals and inform targeted support.

Lung Cancer Policy Network launches new report

25 November (Fiona Walter. Centre for Cancer Screening, Prevention and Early Diagnosis)

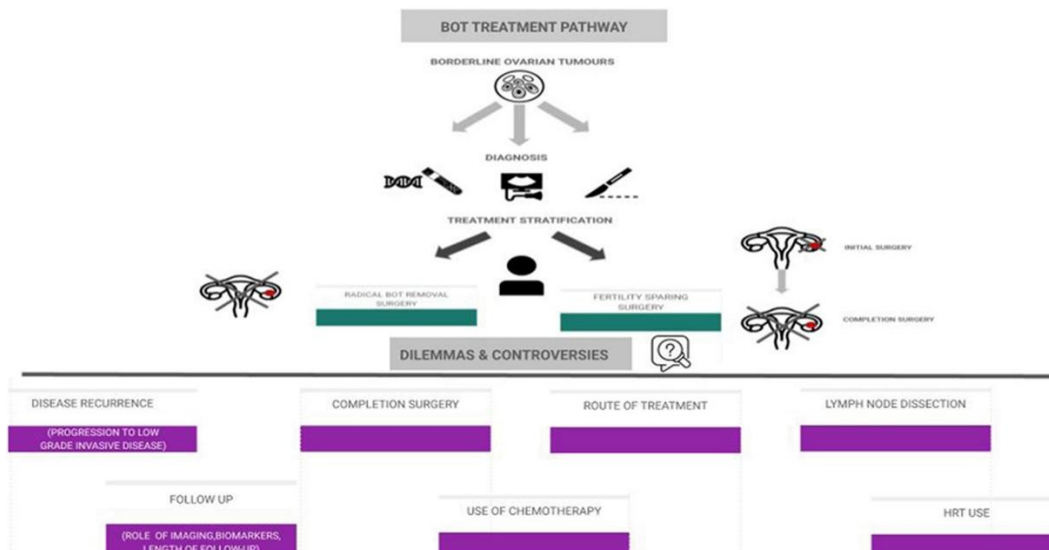
A new report from the Lung Cancer Policy Network, *Harnessing innovation to optimise lung cancer diagnosis for better equity, access and outcomes* explores why optimising lung cancer diagnosis is essential to improve equity, access and outcomes. The report, developed through an extensive review of existing literature and consultations with global experts including Fiona Walter, proposes that health system leaders and decision-makers should streamline all phases of the diagnostic process through a multi-pronged approach, to ensure efficient and equitable referral, treatment and care.



Borderline ovarian tumours

25 November (Michail Sideris, Sam Oxley, Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

A comprehensive review of published evidence finds that borderline ovarian tumours (BOTs) have excellent prognosis, that conservative surgery carries a higher risk of recurrence, and adjuvant treatment and lymphadenectomy have a minimal role in BOT treatment. The evidence suggests that HRT should be offered for menopausal symptoms and is a safe option for mucinous tumours, but caution is advised for HRT in serous BOTs and residual disease. Patients at high risk of malignancy/advanced disease should be managed in specialist centres. Authors say that more clarification is needed on modality, length, and place of follow up, and that the role of serum biomarkers for prognosis and hormone replacement is unclear.



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

