

# WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 81: 4 August 2025

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in the second half of July.

## FROM OUR DIRECTOR

Dear Colleagues

I hope everyone is having a bit of a summer break during these warm August days. Our Institute members continue to publish impactful studies - do have a look at all the excellent recent examples reported below. Some have travelled as far as Indonesia, Australia and Canada, to attend international meetings and disseminate their findings - well done to all. Special congratulations to Victoria Tzortiou Brown, elected the next Chair of the Royal College of General Practitioners - we look forward to an ever-closer relationship with the College.

I am delighted to announce some more new leadership roles across our Institute:

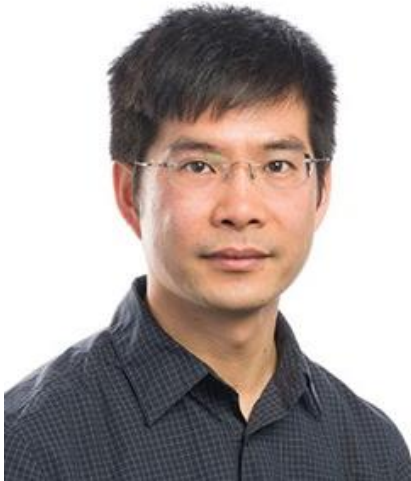
First, we have refreshed the leadership teams of some of our Centres, with these new leads taking up their roles from 1 August.

In our **Centre for Evaluation and Methods**, Beth Stuart is taking over from Rhian Gabe as Centre Lead, and Boby Mihaylova from Beth Stuart as deputy Centre Lead. Huge thanks to Rhian for all your hard work!

In our **Centre for Preventive Neurology**, Petra Petrosi is the new deputy Centre lead, supporting our current Centre lead, Ruth Dobson.



And in our **Centre for Primary Care** we have made several new Unit lead appointments to support Centre leads Jianhua Wu and Anna De Simoni. Jianhua and Rohini Mathur will co-lead the Clinical Effectiveness & Health Equity Unit, Deborah Swinglehurst and Steph Taylor will continue to co-lead the Primary Care Research Unit, and Julia Hippisley-Cox and Sarah Finer will co-lead the new Unit for Predictive and Precision Medicine.



We also have new leads for two of our teaching programmes. Georgina Mathlin has been appointed Programme Director for the MSc Forensic Mental Health: Research & Practice, and Sania Shakoor as Deputy Programme Director for the MSc Psychological Therapies online.



I wish them all well in these exciting and important new roles and look forward to working closely together.

With best wishes

Fiona

## MEET WIPH

### MEET- MEREDITH HAWKING (Lecturer in Social Science, CPC)

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

I am a Lecturer in Social Science, and Education Lead for CPC. Currently I lead the fantastic Food Improvement Goals in Schools FIGS team engaging with health policy around school food, universal free school meals, and obesity. I also teach qualitative methods and co-production on the Health Data in Practice MSc, and co-lead the Thinking Between the Lines network for qualitative health researchers. I enjoy supervising my PhD students, who are bringing social science perspectives to health data in exciting and innovative projects.

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

Getting my lectureship was something I am very proud of, and a big step in my career. A slightly more unusual achievement was becoming a Guinness World Record holder (for the largest simultaneous hand hygiene lesson at multiple venues) for a hand washing intervention I organised in schools. I still have the certificate in the attic!

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

As a qualitative researcher with an interest in narrative, it's probably unsurprising that I like data collection and hearing people's stories. I find working with others really fulfilling, and love it when someone challenges or inspires me to think

differently about a problem. One of the best parts of my job is coming up with and bouncing around new ideas for research or fun impact projects with my team.

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

With my sister I have developed some board games, so maybe an entrepreneur if we had a dragon's den style investor. I have turned our FIGS research findings into a card game for New Scientist Live in October, which will be fun to share with the public.

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

I love watching and playing all sports (the pic is of me at Wimbledon this year) and I play netball every Wednesday, whether it is snowing or a heat wave. I also like being sociable and trying new things, going to the theatre, comedy and live music.

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

I met my future husband on my first day at QMUL and 10 years later we both still work here!



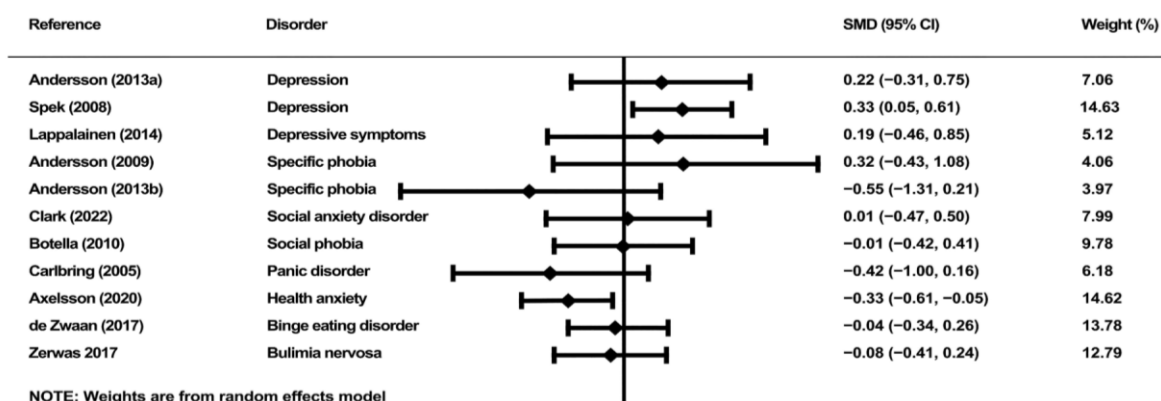
## GENERAL INSTITUTE NEWS

**Effectiveness of internet-based v traditional cognitive behavioural therapy**

16 July (Ava Kanyeredzi. Centre for Psychiatry and Mental Health)

Investigating the long-term effectiveness of internet-delivered cognitive behavioural therapy (iCBT) v traditional CBT, a systematic review of randomized controlled trials (RCTs) finds no significant difference between mode of delivery from 11 CBT studies for depression, anxiety disorders, and eating disorders. Depressive disorders responded best to iCBT. Adherence was higher in face-to-face CBT (86.68%) than iCBT (70.06%), with therapist-guided iCBT improving completion rates (79.09%) compared with self-guided formats. iCBT demonstrated treatment effectiveness even in the long term, but dropout rates were higher, particularly in unguided formats, suggesting that therapist support may be crucial for ensuring participant adherence.

Fig. 2. Meta-analysis of the standardized mean difference (Hedges' g) in RCTs assessing the effect of iCBT versus face-to-face CBT on depression, anxiety, and eating disorders.



### Victoria Tzortziou Brown elected as RCGP Chair

16 July (Victoria Tzortziou Brown. Centre for Primary Care)

Our congratulations to Dr Victoria Tzortziou Brown, who has been elected by the Royal College of General Practitioners Council as the next Chair of the College. She will take up office for a three-year term in November. Victoria is currently the RCGP Vice Chair for External Affairs, and was awarded an OBE for services to general practice in the 2020 New Year Honours.



Royal College of  
General Practitioners

### Understanding patient pathways to Mother and Baby Units

16 July (Nikolina Jovanovic. Centre for Psychiatry and Mental Health)

Health and Social Care Delivery Research

## Understanding patient pathways to Mother and Baby Units: a longitudinal retrospective service evaluation in the UK

A 3-site retrospective service evaluation of the accessibility of English Mother and Baby Units (specialised psychiatric facilities for women during/after pregnancy) examines type of admission, referral process, and simple or complex pathways (contact with 1 clinician or service, or  $\geq 2$  clinicians/services) to unit admission. Most admissions were post-partum, admitted through emergency, informal and complex pathways, with 6wk average admission length. Ethnicity was the only significant factor associated with the simple/complex care pathway. Patients of Asian ethnicity had more emergency admissions than those of Black and White ethnicities, but Black patients were 6.24x less likely to encounter  $>2$  services before unit admission, suggesting either more direct

## Journals Library

### Computerised clinical decision support systems for disease detection in primary care

17 July (Christina Derksen, Fiona Walter, Suzanne Scott. Centre for Cancer Screening, Prevention and Early Diagnosis)

A systematic review of 99 studies (mostly in high-income countries) identifies a wide range of interrelated barriers affecting the uptake and use of clinical decision support systems (CDSS) for early disease detection in primary care, ranging from IT and workflow barriers to wider system issues. Recommendations for development and primary care teams, commissioners and policymakers highlight the complexity of the implementation task. Authors note that although their recommendations can be used to improve implementation of CDSS, their findings emphasise the need to carefully reflect on the feasibility of CDSS in primary care, starting at the point of design and development. They conclude that primary care teams and patients need to be closely involved in all steps of the development and implementation of CDSS.

SYSTEMATIC REVIEW

Open Access



The implementation challenge of  
computerised clinical decision support systems  
for the detection of disease in primary care:  
systematic review and recommendations

Christina Derksen<sup>1</sup>, Fiona M. Walter<sup>1</sup>, Adriana B. Akbar<sup>2</sup>, Asha V.E. Parmar<sup>2</sup>, Tyler S. Saunders<sup>1</sup>,  
Thomas Round<sup>3</sup>, Greg Rubin<sup>4</sup> and Suzanne E. Scott<sup>1</sup>



### NIHR Annual report features ULEZ impact

17 July (Chris Griffiths and the CHILL team. Centre for Primary Care)



Congratulations to the CHILL team, whose work showing the impact of the ULEZ on children's health in London and Luton is featured in the 2024-25 National Institute for Health and Care Research Annual Report highlights: 'The study's findings, published in March 2025 in BMJ Open, highlighted the benefits of the ULEZ, with many families noticing safer roads and cleaner air bringing health improvements such as alleviated symptoms of asthma.'

### Digital intervention reduces depression and anxiety in young Ukrainians displaced by war

17 July (Dennis Ougrin. Centre for Psychiatry and Mental Health)

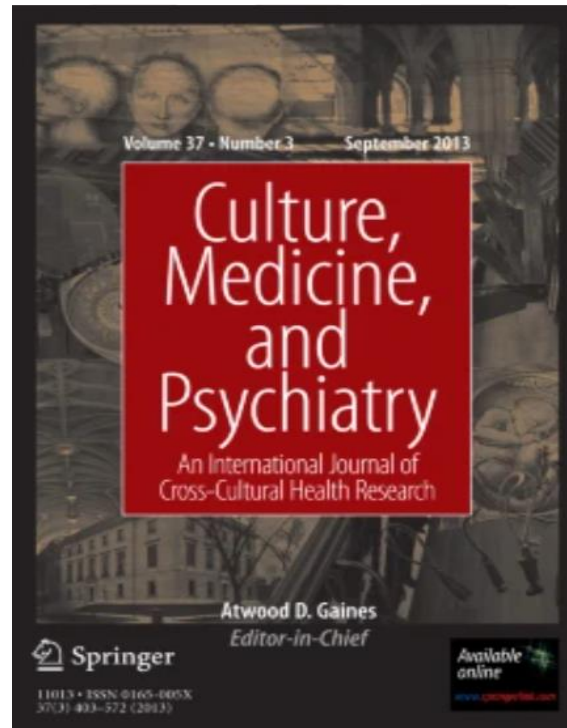
Results from an RCT delivering a brief problem-solving digital mental health intervention to 709 young Ukrainian refugees show significantly reduced symptoms of depression and anxiety, both at one and four months after the intervention. The research, published in The Lancet Primary Care, demonstrates that a small, low-cost, scalable intervention delivered in schools through mobile devices may support the mental health of millions of displaced young people. In an accompanying commentary, academics in Germany said: "The research team included internationally recognised experts in child and adolescent mental health and Ukrainian professionals residing in both Ukraine and Poland....The intervention offers a foundation for building much-needed stepped-care approaches in which youths are screened for mental health difficulties and offered a timely and needs-oriented intervention." A Lancet Primary Care podcast features the authors discussing their work.



### Integration of Islamic Psychology with Acceptance and Commitment Therapy

18 July (Imran Khan. Centre for Primary Care)

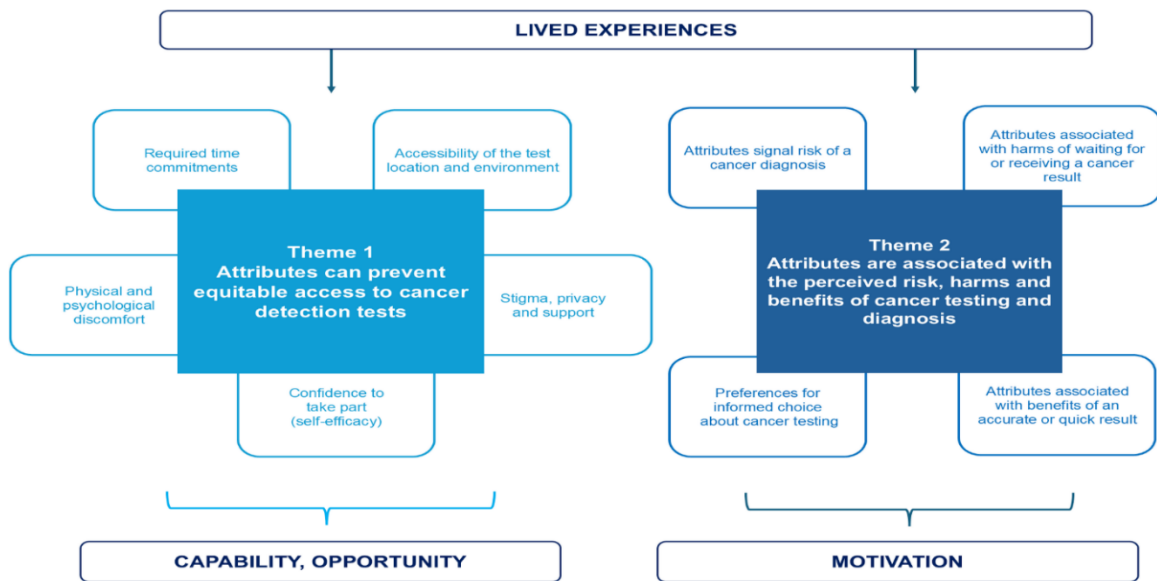
Muslims encounter barriers in accessing mental health services, because of fears of stereotyping, stigma, and expected NHS incongruence with religious beliefs, with many making connections between religious attributions and mental health issues and considering religion a source of support. Researchers have developed an initial framework to integrate an Islamic model of the self with acceptance and commitment therapy (ACT), using a case example to illustrate points of congruence between ACT and Islamic principles. They suggest that their approach could enhance access to healthcare for Muslim patients via the NHS, but say further work is needed to develop a practical tool for therapists to deliver an Islamic based therapy for Muslims using ACT as a framework.



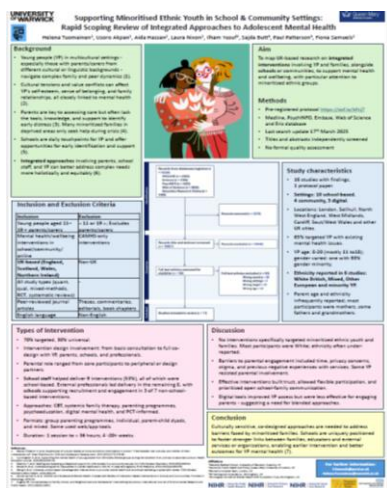
### **How early cancer detection tests influence people at risk of socioeconomic disadvantage**

18 July (Stefanie Bonfield, Evangelos Katsampouris, Suzanne Scott, Stephen Duffy, Fiona Walter, Sammy Quaife. Centre for Cancer Screening, Prevention and Early Diagnosis)

A qualitative interview study explores how early cancer detection tests influence experiences and participation in individuals at risk of socioeconomic disadvantage. Results show that attributes of early cancer detection tests prevented equitable access due to conflicts with lived experiences, such as caring responsibilities, reduced mobility, concerns about being stigmatised, and not being physically or psychologically able to undergo procedures. More invasive forms of testing conducted by a doctor in a hospital were perceived to indicate greater cancer diagnosis risk, with higher perceived risk being associated with preferences for attributes perceived to deliver an accurate or quick result. Inequitable uptake may persist if individuals do not perceive a sufficient reason to test, are not confident to take part, or doubt the ability of sample tests to accurately detect signs of cancer.



**International School Psychology Association conference**  
 18 July (Fiona Samuels, Centre for Public Health and Policy)



At the ISPA conference in Portugal, Fiona Samuels and colleagues from Birmingham presented a poster: *Supporting minoritised ethnic youth in school and community settings: Rapid scoping review of integrated approaches to adolescent mental health*. They also delivered an oral presentation on their work co-creating integrated mental health interventions with young people, parent/carers, teachers/school staff for ethnic minority youth in schools in Tower Hamlets.

**Barriers to breast screening**

19 July (Gemma Hutton, Shuping Li, Sammy Quaife, Adam Brentnall, Stephen Duffy, Judith Offman, Jo Waller, Centre for Cancer Screening, Prevention and Early Diagnosis)

An online survey of 1074 non-attenders from 15 NHS breast screening programmes in England finds that the most frequently endorsed barriers to breast screening were: difficulties making a convenient appointment (30%), concern that a man may do the mammogram (28%), worry about the mammogram being painful (27%), previously experiencing pain during a mammogram (26%), having too many other things to worry about (25%) and the appointment being located too far away (23%). Researchers say these barriers could be targeted to increase screening uptake, including increasing appointment availability and proximity, reinforcing the message that breast screening is a female-only environment as well as developing interventions to reduce and manage pain during breast screening.



### International Health Economics Association Congress

20-22 July (James Buchanan, Florian Tomini, Martin Vu. Centre for Evaluation and Methods)



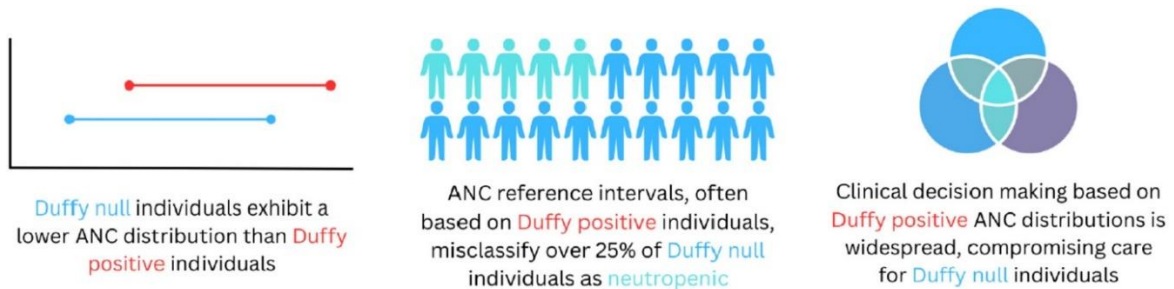
A team from the CEM Health Economics and Policy Research Unit delivered presentations at the 2025 IHEA Congress in Bali, Indonesia. James Buchanan and Martin Vu presented on 'A Micro-costing Analysis of Genomic Newborn Screening in England', and Florian Tomini spoke on 'Optimising Blood Management Systems in England: Evaluating the Impact and Cost Efficiency of Electronic Blood Transfusion Systems in NHS Hospitals'. James also contributed to a panel on Women in Economics: Barriers and Strategies from Entry to Leadership.

### Narrative review of the Duffy antigen

21 July (Stephen Hibbs. Centre for Primary Care)

The null variant of the Duffy antigen is a non-pathological mutation that is partially protective against *Plasmodium vivax* and results in a lower absolute neutrophil count (ANC) without increasing the risk of infection. In many regions, neutropenia has been defined by the ANC distribution of Duffy-positive individuals, which may

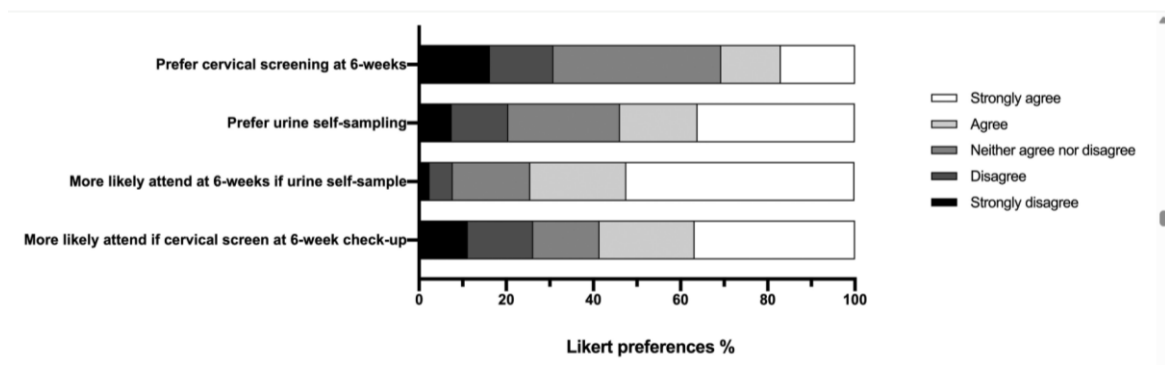
be unsuitable for decision-making in Duffy null individuals. A new review describes the association between Duffy status, *Plasmodium vivax* exposure, racial or ethnic groupings and ANC, and recommends changes required to health practices for equitable care for Duffy null individuals.



### Clinician-taken cervical samples or urine self-sampling at 6wks postnatal

21 July (Kim Chu. Centre for Evaluation and Methods)

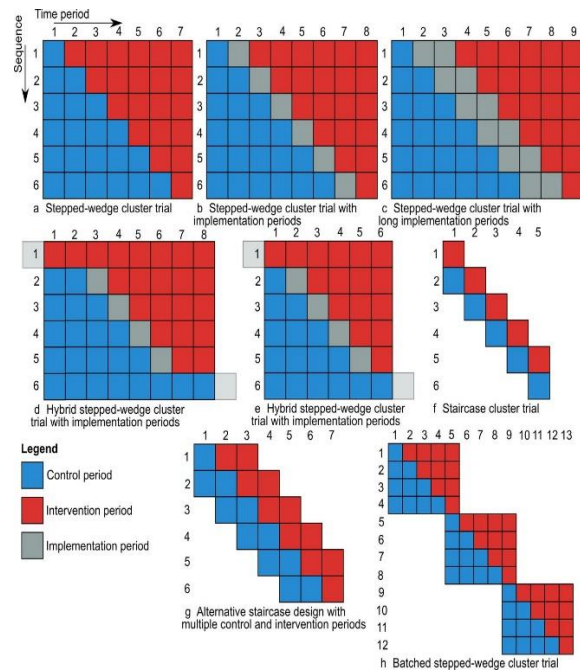
UK guidelines recommend delaying cervical screening due during pregnancy to 12wks postnatal, despite a lack of supporting evidence. Using a cross-sectional questionnaire, researchers examine the feasibility of a clinical study of cervical screening and urine self-sampling for human papillomavirus (HPV) at 6wks postnatal. Responses from 454 participants shows that 58.6% would be more likely to undergo cervical screening if offered at 6wks postnatal, and 74.4% expressed increased willingness if urine self-sampling were offered. Authors recommend that pilot clinical studies should test the feasibility and acceptability of screening at 6wks postnatal.



### Improving design of staggered implementation cluster randomised trials

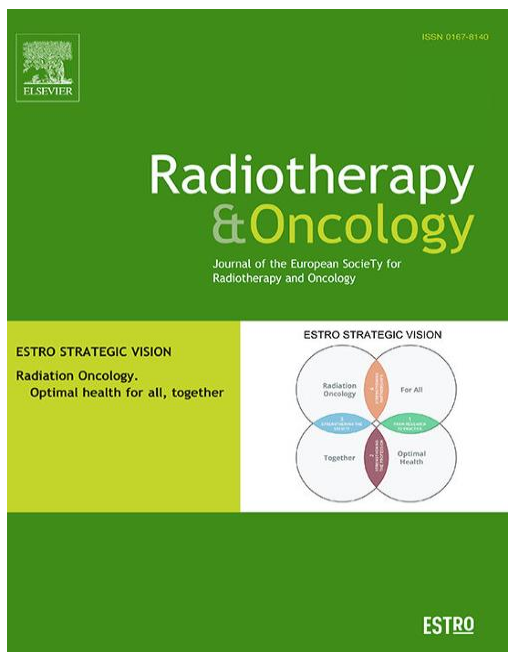
23 July (Richard Hooper. Centre for Evaluation and Methods)

In stepped-wedge cluster randomised trials, all clusters (eg. clinics or hospitals) start in the control state, and switch to treatment in a random order until all clusters have received the intervention. The design allows for the incorporation of an experiment into the gradual roll-out of an intervention across clusters. In this Grand Rounds in Methodology [paper](#), authors discuss modifications to the stepped-wedge design that maintain a staggered roll-out, but which may improve some key characteristics, considering improving the timing of implementation periods, reducing the volume of data collection and allowing for the recruitment of clusters over the course of the trial.



### Trends and predictors of adverse events after breast radiotherapy with a boost

23 July (Jo Haviland. Centre for Evaluation and Methods)



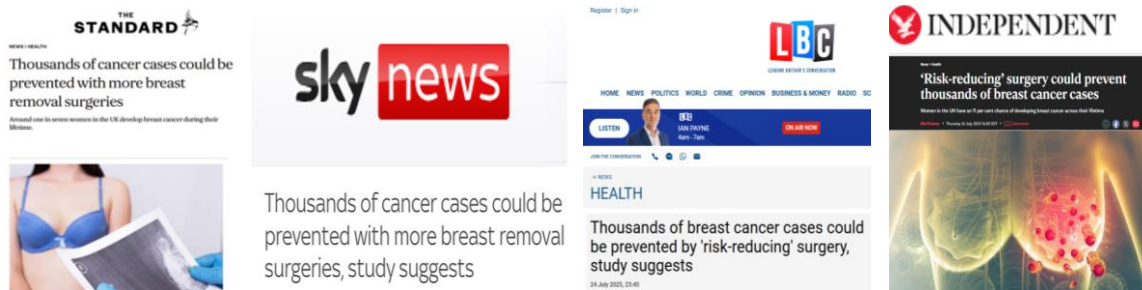
A longitudinal [analysis](#) describes prevalence and baseline predictors of patient-reported adverse events (AEs) from the IMPORT HIGH phase II RCT. Of 1078 patients, at 5 yrs 35.4% reported no moderate/marked AEs. Most common moderate/marked 5yr AEs were overall change in breast appearance (33.7%) and having a smaller breast (29.1%). Arm and breast symptoms peaked at 6month assessment, with breast symptoms improving but arm symptoms persisting over 5yrs. Body image-related AEs improved from baseline. Younger age and anxiety were the commonest baseline predictors of AEs, informing support strategies for patients receiving whole breast and boost radiotherapy

### When is preventive mastectomy cost-effective for women at higher breast cancer?

24 July (Ranjit Manchanda, Lea Mansour, Samuel Oxley, Caitlin T Fierheller, Ashwin Kalra, Jacqueline Sia, Subhasheene Ganesan, Michail Sideris, Adam Brentnall, Stephen Duffy. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and methods)

More women who have a higher risk of breast cancer should be offered a mastectomy, according to authors of a new economic analysis. The [study](#) showed

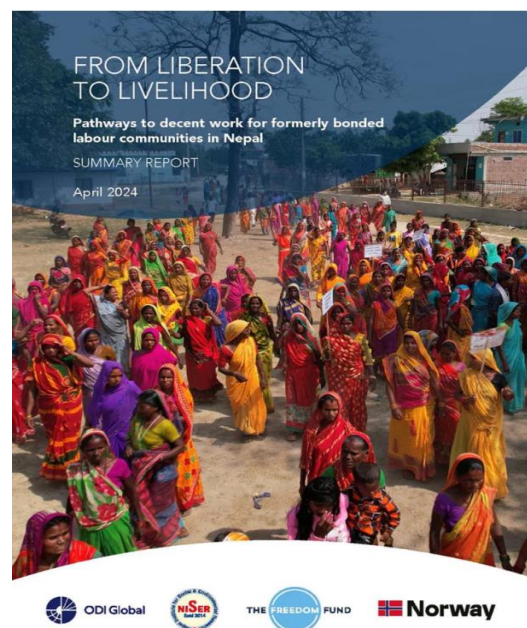
that risk reducing mastectomy (RRM) is cost-effective for women aged 30-55 who have a lifetime breast cancer risk over 35%. Offering the surgery for these women could potentially prevent 6500 (around 11%) of the 58,500 breast cancer cases occurring annually in UK women. Outcomes were modelled based on a UK payer-perspective, with a lifetime horizon to age 80 and a threshold of £30,000/Quality Adjusted Life Year. Researchers say their findings support changing current practice to expand RRM access beyond the traditional *BRCA1*, *BRCA2*, and *PALB2* pathogenic variant carriers, to individuals at  $\geq 35\%$  lifetime risk. Current guidelines on who is offered mastectomy may need to be revised to reflect these new findings.



### Pathways to decent work for formerly bonded labour communities in Nepal

24 July (Fiona Samuels. Centre for Public Health and Policy)

An online [report](#): 'From Liberation to Livelihood: Pathways to decent work for formerly bonded labour communities in Nepal', describes research designed and led by the ODI Global and the research team from the Nepal Institute for Social & Environmental Research (Fiona Samuels, PI research lead). The study focuses on the economic and social drivers of labour conditions. While all 3 communities described have been declared liberated by the Government of Nepal, they continue to face different forms of exploitation. The report provides recommendations on how to address this exploitation, including through continued operationalising agricultural and legal reforms.



### Australasian Delirium Association Conference

24-25 July (Adam Gordon, Liz Sampson. Centres for Primary Care/Psychiatry and Mental Health)



Liz Sampson delivered the keynote speech: 'Delirium: The Public Health Emergency' on Day 1 of the ADA Conference in Cairns, Australia. Liz discussed the importance of considering delirium as a critical public health issue requiring systemic change, investment, and policy attention. On Day 2, Adam Gordon presented on 'Delirium in Care Homes: Complexity, Crises and the Case for Change'. The theme of this year's conference was 'Breaking Barriers to Great Delirium Care.'



### Digital health technology to manage people with cancer symptoms in Southern Africa

24 July (Kirsten Arendse, Valerie Sills, Natalie Tegama, Fiona Walter, Suzanne Scott. Centre for Cancer Screening, Prevention and Early Diagnosis)

An interview study in South Africa and Zimbabwe investigates whether digital health technology ('eHealth') has potential to expand access to healthcare, particularly for remote communities. The study explores barriers and facilitators to eHealth use by Health Care Workers in managing people with breast, cervical or colorectal cancer symptoms. Responses highlighted: lack of reliable infrastructure; use of personal mobile devices increased eHealth access, but at the expense of patient privacy and personal cost; eHealth improved access to information, but many tools were already in use, were poorly integrated into workflow, and their use disrupted consultations; and attitudes toward digital health formed a spectrum, from enthusiasm to complete opposition. Researchers say infrastructural challenges must be addressed, and tools must meet user needs and integrate into clinical workflow. They say their findings can be used to guide future eHealth design or implementation strategies that are more contextually suitable.



## Mental distress and wellbeing challenges among Japanese medical students

24 July (Ali Ajaz, Ania Korszun. Centre for Psychiatry and Mental Health)

Exploring how medical students experience mental health challenges and seek wellbeing under the influence of ableism, researchers using quantitative data from questionnaires find a high prevalence of anxiety and depression. Qualitative insights illustrated a nuanced understanding of wellbeing, ranging from basic self-care (eg eating and sleeping) to the pursuit of meaningful engagement. Many students expressed difficulties in discussing mental health concerns with familiar individuals, but development of trusted relationships was a potential strategy for fostering safe spaces, and may facilitate open dialogue about struggles and limitations—moving beyond a narrow focus on competence and achievement. The findings highlight the role of ableism in shaping distress and silence in medical education, pointing to the need for more inclusive and supportive learning environments.



## AI-Assisted Spirometry Interpretation in Primary Care

24 July (Steph Taylor. Centre for Primary Care)

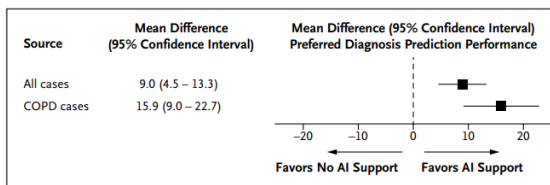


Figure 2. Estimates of Study Group Effects on Primary Outcome.

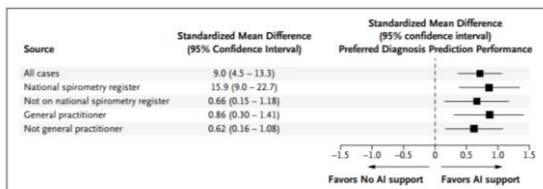


Figure 3. Estimates of Study Group Effects on Preferred Diagnosis Prediction Performance According to Minimization Variables.

An RCT evaluating whether AI decision support software improves spirometry interpretation performance by primary care clinicians finds that, in 133 GPs and nurses, addition of AI decision support software led to improvements in preferred diagnosis prediction performance in all (including COPD) cases. Differential diagnosis prediction and technical quality assessment performance also improved with the intervention, but pattern interpretation and clinician confidence levels did not. Authors conclude that adjunctive use of AI spirometry decision support software may help address the suboptimal interpretation of spirometry in primary care.



## The quality of dying in the UN Decade of Healthy Ageing

24 July (Liz Sampson. Centre for Psychiatry and Mental Health)

A Lancet Healthy Longevity piece explores challenges relating to WHO proposed criteria to monitor the quality of dying, noting that needs and priorities vary between individuals and carers, over time, and across conditions, communities and cultures. Authors aiming to define a concise, meaningful, and pragmatic set of indicators, that could be collected and applied universally across countries and over time, identify potentially measurable indicators and ambiguities in their use, and offer recommendations towards a practical measurement framework.

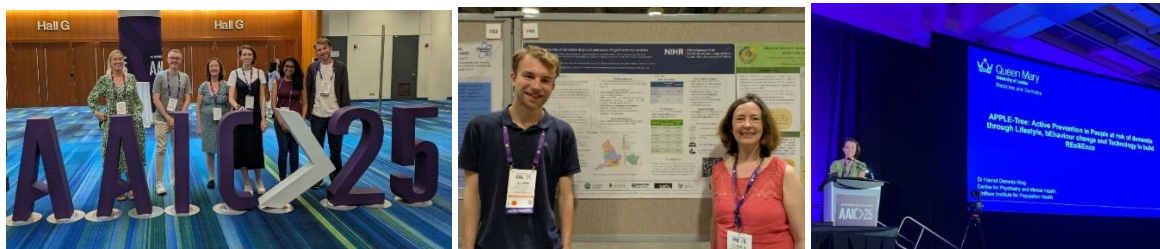
### THE LANCET Healthy Longevity



## Alzheimer's Association International Conference, Toronto

25 July (Christine Carter, Nathan Davies, Claudia Cooper, Harriet Demnitz-King, Malvika Muralidhar, Oliver Kelsey. Centre for Psychiatry and Mental Health)

A strong CPMH team was in attendance at this year's Alzheimer's Association International Conference in Toronto, displaying posters and speaking on their recent work. Harriet Demnitz-King presented preliminary findings from the Apple Tree Dementia Prevention Trial. Developed through academic-community collaboration, APPLE-Tree is the first secondary cognitive prevention programme shown to be effective when delivered remotely and by non-clinical facilitators, features making it scalable, cost-efficient, and accessible.



## 'Natural' salt?

28 July (Sonia Pombo. Centre for Public Health and Policy)



In a feature article in the Guardian, Sonia Pombo is consulted about the differences between much publicised “natural” and “premium” salts, and humble table salt. She said: “The evidence linking a high intake of salt to raised blood pressure is very well documented. Some of these companies

### Is it true that ... natural salt is healthier than table salt?

The mineral benefit in natural salt is 'laughable', says our expert. Just reduce your overall salt intake - and beware how much is hiding in bread and sauces

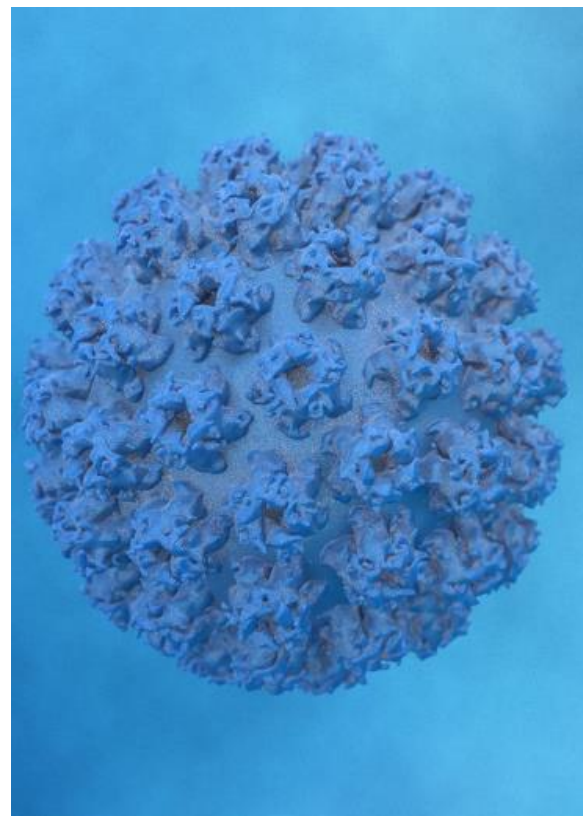


may try to convince the public they're better, but if you look at the tiny amounts of magnesium or potassium in these salts, it's laughable. If you want micronutrients, eat a piece of fruit." UK adults are advised to consume  $\leq 6\text{g}$  of salt a day, though current consumption is 40% higher than that. Sonia said: "We can survive and thrive on as little as 1g/day."

### Offering self-collection kits at routine GP appointments could prevent cervical cancer in 1,000 women a year

28 July (Anita Lim, Rebecca Landy, Jane Rigney, Bernard North, Peter Sasieni. Centre for Cancer Screening, Prevention and early Diagnosis)

Women who are overdue for cervical cancer screening are most likely to participate in screening when self-sampling kits are offered by healthcare professionals as part of routine GP appointments, according to a new WIPH-led [study](#). Results from the trial, conducted in 13 general practices in West London, showed that over half of people offered an at-home test during an unrelated GP appointment returned the sample. If this approach were adopted across the NHS, it is estimated that as many as 1,000 women would be prevented from developing cervical cancer every year. Home-testing kits for HPV will soon be offered to people in England who are overdue for cervical cancer screening, giving women and people with a cervix the option to stay up to date with cervical screening without having to have an internal examination.



### Optimal Cancer Referrals Made by Primary Care Clinicians

28 July (Olufisayo Olakotan, Judith Yargawa, Georgia Black. Centre for Cancer Screening, Prevention and Early Diagnosis)



Over 2 million patients in England are referred each year on urgent pathways to investigate suspected cancer, but consensus is lacking on what should be included in a referral to optimise diagnostic outcomes. A scoping review of 13 published studies suggests that symptom information (eg. duration, appearance, and descriptive qualities) was often missing from referrals. There was little research linking referral content to patient diagnostic outcome, but broad consensus existed about the benefit of conveying detailed information in referrals for suspected cancer, particularly comprehensive symptom description and relevant tests and clinical examinations. Authors say further research linking referral quality to diagnostic outcomes would be beneficial to drive improvement to diagnostic outcomes.

### **UK MS Society launch new children's book: What is MS to me?** 28 July (Alison Thomson. Centre for Preventive Neurology)

The UK MS Society have launched their new children's book: 'What is MS to me?' with a cuddly toy (Tingo, who is a nerve) as the main character. Alison Thomson was a key member of the co-production team (see image) for the book and story, which links directly to her Digesting Science project and research into supporting families affected by MS.



### **Eve Appeal visit to WIPH**

28 July (Ranjit Manchanda and the Women's Precision Prevention team. Centre for Cancer Screening, Prevention and Early Diagnosis)

The CCSPED Women's Precision Prevention (WPP) team hosted a delegation from charity funders, the Eve Appeal, to a presentation event on site at Charterhouse

Square. The multi-disciplinary research team shared updates across their studies, including PROTECT-C, PROTECTOR, DETECT-2, PRESCORES, NHS JBRCA, BRCA-DIRECT SBRI, ORIGIN, SECRETS, OVACATCH, and MISSION-O, along with their strategic vision. The 20 speakers included guests from Barts Health clinical gynaecological oncology. WPP Clinic teams covered care across the NEL Cancer network and management of high-risk women, including risk assessment, surveillance, and prevention. Ranjit Manchanda said: *We are looking to develop a closer collaborative working relationship with the Eve Appeal in the future.*



### Comments in the Times and Telegraph on vaping in teenagers

29/30 July (Peter Hajek. Centre for Public Health and Policy)

Peter Hajek has provided comments, published in the Telegraph and the Times, on a new study suggesting that 16-17 year olds who vape are also more likely to smoke than those who do not vape, and suggestions that these teenagers are smoking “at 1970s levels”. He said that it is more likely that the study finding “just shows that people attracted to vapes are also attracted to cigarettes, in the same way that, compared with teetotallers, drinkers of white wine are more likely to also try red wine”. He told the Times: “In England, smoking among 15 year olds has been tracked since 1982. In 1982, 25% were regular smokers. In 2018, 36 years later, the date of the last UK survey used in this study, 7% smoked. In 2022, after just five years, the figure was 3%. The decline in smoking has, if anything, accelerated.”



The Times  
One in three vaping teenagers also smoke cigarettes



### The fossil family and reproductive impasse during climate change

30 July (Heather McMullen. Centre for Public Health and Policy)



In a paper entitled “A Crude, Cruel Crisis: The Fossil Family and Reproductive Impasse during Climate Change”, Heather McMullen and colleagues explore how some people have centered biological reproduction as an ethical dilemma and political lever during climate collapse. Introducing the concept of the fossil family as a way of articulating the inseparability of the individual and ecological during climate crisis, they explore how attachment to the family, as an ideal and as a social and economic arrangement, is bound up with fossil capital. The authors understand the fossil family as a petrocultural phenomenon, where having children is considered both desirable and impossible amid carbon intensive regimes, and suggest opening to a more expansive notion of kinship, beyond the constraints of biogenetics, family, and fossil fuels.

**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)**