

**WOLFSON INSTITUTE OF POPULATION HEALTH
NEWSLETTER
ISSUE 71: 7 February 2025**

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

FROM OUR DEPUTY DIRECTOR

Dear Colleagues

I hope you enjoy this latest newsletter. Meet Dicky Lim (CPN), who shares his joy of wrestling big data and sometimes boulders, while occasionally yearning for the peace and wildlife of Antarctica. Fiona Samuels and colleagues (CPHP/CPMH) hosted visitors from Vietnam, Cambodia, Singapore and Indonesia to kickstart an NIHR project on global adolescent mental health.

Publications this month show areas of pressing need for more, and more equitable services. Lung cancer screening attendance is lower among current smokers and deprived populations - both groups at high risk of lung cancer death; and nearly two thirds of inpatients with dementia have behavioural and psychological symptoms, which are rarely adequately addressed. Other papers point to potential strategies for improving health equity, including an educational intervention that lowers salt intake and reduces blood pressure.

Other work shows how to create strong impact from research: training on genetic testing at endometrial cancer diagnosis, developed by Ranjit Manchanda's team (CCSPED) with NHS England, has been adopted by the European Society of Gynaecological Oncology, while Alastair Noyce has contributed to a Parkinson's Massive Open Online Course (MOOC).

I end with a plea: WIPH researchers had a bumper 61 publications in January - our highest ever monthly output compared with our previous record of 52 in May 2024. In two of the 61 papers, our authors gave their affiliation as 'Wolfson Institute of Preventive Medicine', and in three papers the Wolfson Institute of Population Health was not listed at all. Please would you check your affiliations on papers you may have in preparation, submitted, or in press. REF is approaching apace, and it is challenging to get affiliations changed after publication.

With best wishes

Claudia



MEET WIPH

MEET – DICKY LIM (Centre for Preventive Neurology)

How would you describe your roles and responsibilities?

All my work revolves around the DIADEM study- a project evaluating the utility of digital auditory biomarkers to support the diagnosis of people attending NHS memory clinics. I assist with recruitment, study coordination, data collection, sample processing, and analysis. The flashier parts of my role involve carrying out audiometry and phlebotomy, but there is always a backlog of admin to work through!

What has been your greatest professional achievement?

As a very early career researcher, securing my position as a research assistant here at QMUL has already marked a major milestone for me! The next item to check off my professional bucket list is to submit a paper for a scientific journal. My Master's dissertation is on the way to being prepared for publication and I have high hopes this can be completed soon.

What aspects of your role do you enjoy the most?

I really enjoy the patient-facing elements of my work. My research interests have always been related to dementia and biomarkers, and being able to work in proximity with dementia patients to carry out meaningful research is something in which I take a lot of pride. While I'm by no means an expert, I also really enjoy the data analysis aspect of my role using 'R' to wrangle large (and often messy) datasets.

What would be your second choice as a profession?

I'm slightly embarrassed to admit that I still entertain my childhood dream of travelling to Antarctica, just to be closer to penguins. The profession itself is less important than the destination, but I do lean towards becoming a wildlife photographer or a field biologist. However, the fact that I'm not great at handling cold weather and am highly seasick-prone means that my dream will have to wait for another day!

What do you enjoy doing outside work?

I'm a really big fan of bouldering and top rope! It's essentially a logic problem given a physical form (and gives me an excuse as an adult to play with rocks). On quieter days, I love bingeing TV and book series, playing games on retro consoles, and engaging in my creative hobbies, like piano and digital art.

Something most people don't know about you?

I would rank my headphones on the same level of importance as my wallet or house keys. In my recent Spotify Wrapped (a yearly round-up of my listening habits), the app estimated more than 110,000 minutes (roughly 76 days!) spent listening to music. Having something in the background keeps me focused and makes the downtime during my long commutes immensely more enjoyable - I can't live without it!



GENERAL INSTITUTE NEWS

M-BRIGHT Project: Inception Workshop

20-23 January (Fiona Samuels, Giuliano Russo, Jennifer Lau, Francois van Loggerenberg. Centres for Public Health and Policy/Psychiatry and Mental Health)

The NIHR-funded M-BRIGHT project inception workshop welcomed delegates from Cambodia, Vietnam, Singapore, Indonesia and across the UK. The 3yr project, co-led by Fiona Samuels and Hoan-Minh Dang (Vietnam National University), will focus on adolescent mental health in Cambodia and Vietnam, with the objective to build capacity and strengthen systems that underlie the provision of youth-targeted mental health services.



The Nutrition Society Winter Conference 2025

21 January (Nourhan Barakat, Amanda Shiach. Centre for Public Health and Policy)

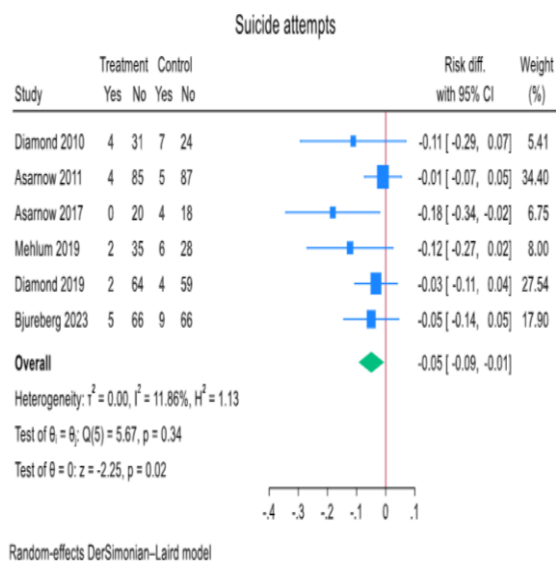


A team from the Research and Action on Salt & Obesity unit delivered presentations on Day 1 of the Nutrition Society 2025 Winter Conference in London. Nourhan Barakat presented on the reformulation of children's breakfast cereals, and Amanda Shiach spoke (on behalf of Monique Tan) on the nutritional composition and healthiness of out-of-home food and drink. The Nutrition Society aims to accelerate the development of evidence based nutritional science.

Mortality in adolescents after therapeutic intervention for self-harm

23 January (Dennis Ougrin. Centre for Psychiatry and Mental Health)

Investigating the effects of therapeutic intervention (TI) on future mortality in adolescents, a systematic review and meta-analysis of 24 trials with 3470 randomised participants finds that in the TI group v the comparator group, there were 6 v 15 deaths. The pooled risk difference for TI v comparator group on repeat self-harm was -0.07 and for suicide attempts -0.05 . Authors conclude that TI did not lead to reduced risk of future death in adolescents after self-harm, but say that this result needs to be interpreted with caution, noting that there were significant effects identified for TIs on both individual repeat self-harm and suicide attempts.



6 Effect of TI for self-harm versus comparator on individual suicide attempts in adolescents.

To adjust, or not to adjust, for multiple comparisons

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



Discussing whether and how to adjust interpretation of results from multiple hypothesis tests, Richard Hooper examines the balance between arguments against correction or adjustment for multiplicity, and regulatory requirements. Reflecting that the formal

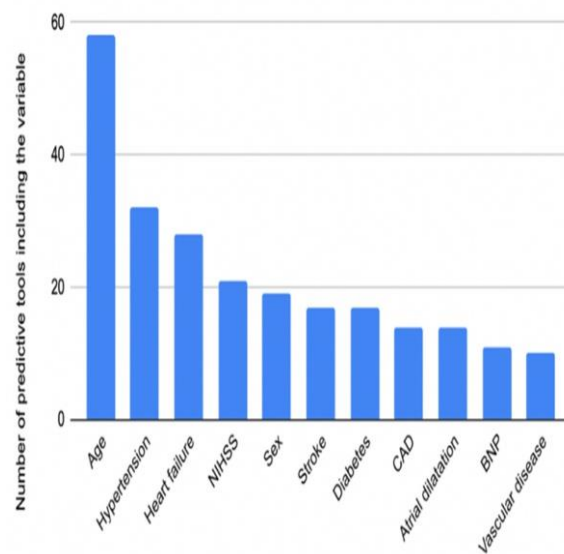


basis for adjustment is often control of error rates, and hence the problems of multiplicity may seem rooted in a purely frequentist paradigm, he considers whether this may be a restrictive viewpoint. Drawing together key threads from discussions on these issues, he also suggests further reading.

Predicting atrial fibrillation after a stroke event

24 January (Harriet Larvin, Jianhua Wu. Centre for Primary Care)

Authors of a systematic review assessing the performance of 58 models for predicting post-stroke atrial fibrillation (AF) find that 66% of these had high risk of bias. Three models showed excellent statistical performance, but when high-bias studies were excluded, only one model (SAFE) showed excellent discrimination. No models showed excellent discrimination when limited to external validation or studies with ≥ 100 AF events. Authors say prospective validation is needed to understand the effectiveness of these models in clinical practice before including them in clinical guidelines.



Yorkshire Lung Screening Trial: Adherence to community-based screening

25 January (Francesca Pesola, Rhian Gabe, Sammy Quaife. Centres for Evaluation and Methods/Cancer Screening, Prevention and Early Diagnosis)

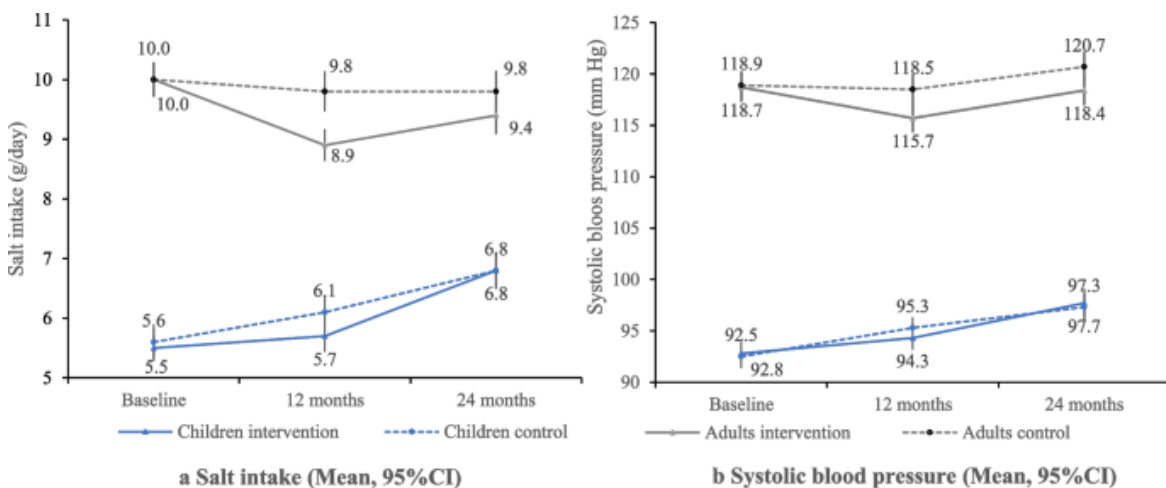


Using Yorkshire Lung Screening Trial data, researchers identify factors associated with adherence to screening rounds. Of 5975 patients invited for 2nd round biennial incident screening in a community setting, 5184 (86.8%) attended. Lower attendance was associated with socio-economic deprivation and current smoking, but not with sex, age, or ethnicity. Attendance was more likely in people with indeterminate or positive baseline scans v negative baseline scans. Researchers conclude that lower adherence among current smokers and those from deprived populations is concerning, due to their greater risk of lung cancer death.

Salt reduction: post-trial effect in schoolchildren and their families

27 January (Feng He, Jing Song, Changqiong Wang. Centre for Public Health and Policy)

To assess the ongoing impact of an education programme to reduce salt intake and blood pressure in schoolchildren and their adult family members after a 12month RCT, researchers compared the difference in salt intake change in intervention and control groups at baseline, and 12 and 24months. All 594 children and 1188 adult family members who completed the baseline survey were contacted 1yr after trial end. In adults, the difference between intervention and control groups for salt intake change was -0.38g/day at 24months v baseline (-0.83g/day at 12months), and for systolic BP change -2.19mmHg at 24months v baseline (-1.80mmHg at 12months). No significant changes were found in children. The effect of the education programme on adult salt intake faded, but the SBP lowering effect remained 12months after RCT completion.



ESGO adopts WIPH-developed training for genetic testing at endometrial cancer diagnosis 27 January (Ranjit Manchanda, Ashwin Kalra, Michail Sideris, Caitlin Fierheller, Jacqueline Sia, Sam Oxley, Subhasheene Ganesan. Centre for Cancer Screening, Prevention and Early Diagnosis)

A training module for implementing genetic testing at endometrial cancer diagnosis, developed and created by Ranjit Manchanda's team in CCSPED, has been adopted by the European Society of Gynaecological Oncology (ESGO). Genetic testing is now recommended for patients with an endometrial cancer diagnosis, to identify those with MMR deficiency and Lynch Syndrome. The free training course, developed in collaboration with NHS colleagues, has been hosted on an [NHS site](#) but is now also available through [ESGO](#). Talks are underway with the International Gynecologic Cancer Society to extend the course to reach an international audience by mid-2025.



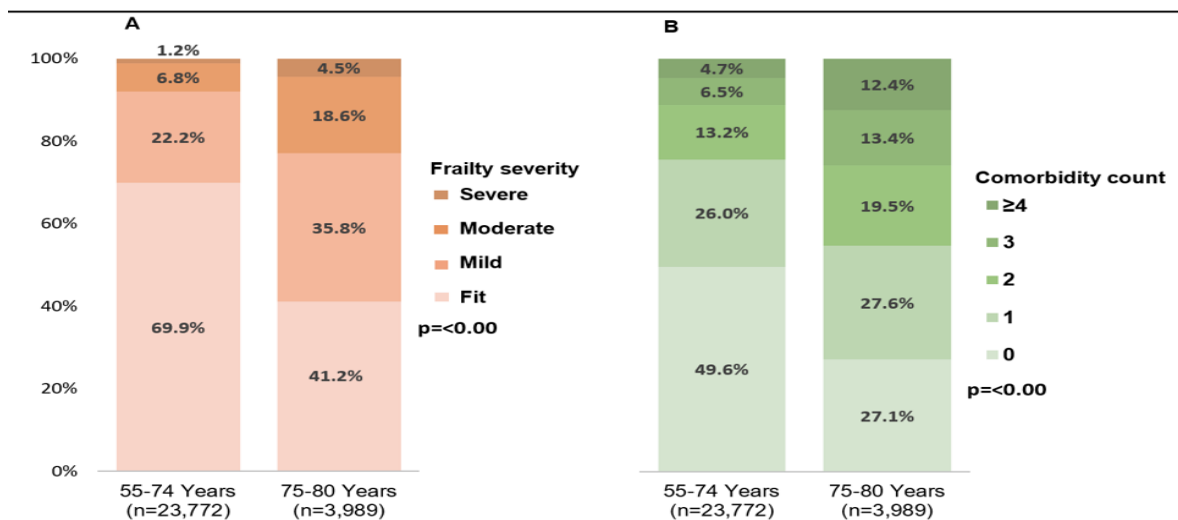
NHS eLearning course on Genetic testing for Lynch syndrome at endometrial cancer diagnosis

Genetic testing for Lynch syndrome at endometrial cancer diagnosis
Supporting gynaecology and gynaecological cancer care professionals to deliver genetic testing

Impact of frailty and comorbidity on lung screening uptake

27 January (Rhian Gabe, Hui Zhen Tam. Centre for Evaluation and Methods)

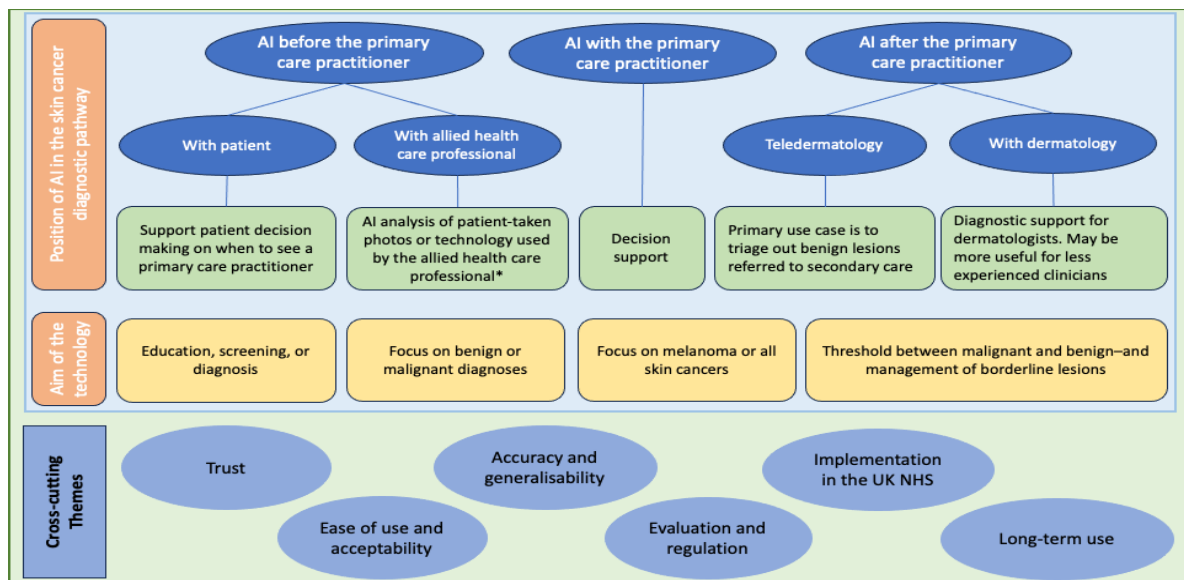
In the intervention arm of the Yorkshire Lung Screening Trial, researchers examine prevalence of frailty and comorbidity in those invited for screening, and evaluate the associations with response to risk assessment invitation and subsequent screening uptake. Of 27,761 invited, 24.1%, 8.5% and 1.7% had mild, moderate and severe frailty, respectively; in the 14,523 who responded to the telephone risk assessment invitation, frailty was associated with a higher response rate compared with fit individuals. Similar patterns were seen with comorbidity counts. After the telephone assessment, moderate and severe frailty were associated with reduced screening uptake. Given the strong association between frailty and reduced life expectancy, the results suggest that people with potentially more life years to be gained from screening may be less inclined to take part.



Views on AI technologies for early detection of skin cancers in primary care

28 January (Suzanne Scott, Jon Emery, Fiona Walter. Centre for Cancer Screening, Prevention and Early Diagnosis)

A qualitative interview study investigating barriers and facilitators in the implementation of AI technologies for the early diagnosis of skin cancers in primary care reports views of 29 stakeholders, including members of the public, skin cancer patients, health care professionals, and AI researchers. The *Nonadoption, Abandonment, and Challenges to Scale-Up, Spread, and Sustainability* framework was used to guide the analysis. No clear consensus was reached on where AI should be placed along the skin cancer diagnostic pathway. Concerns raised included the quality of data used to develop and test AI technologies, accuracy of technologies in clinical use with patients from a range of demographics, and the risk of missing skin cancers. Ease of use and not increasing health care services' workload were important considerations for participants. Health care professionals and AI researchers reported a lack of established methods of evaluating and regulating AI technologies.



Cochrane Review Update: Electronic cigarettes for smoking cessation

29 January (Peter Hajek. Centre for Public Health and Policy)

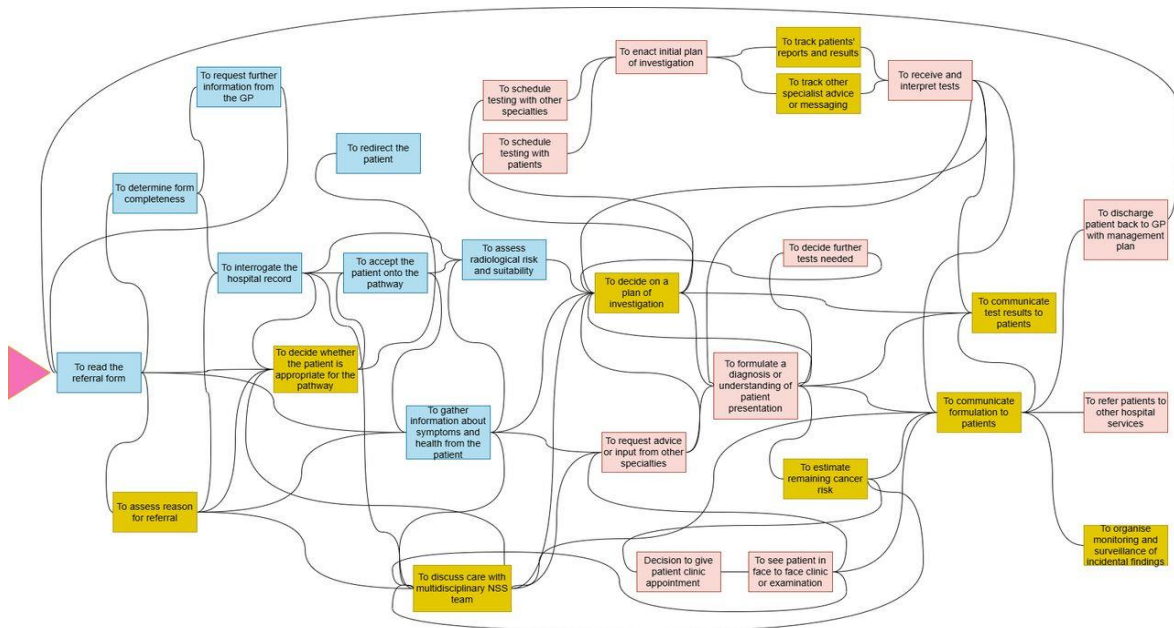


Two 2024 studies have been added in an update to the Cochrane Living Systematic Review on electronic cigarettes (EC) for smoking cessation. The review now includes 90 studies (including 49 RCTs) representing 29,044 participants, and reports on critical outcomes of abstinence from smoking after at least 6 months, adverse events, and serious adverse events. Researchers report that their 3 main comparisons (nicotine EC v nicotine replacement therapy, nicotine EC v non-nicotine EC, and nicotine EC v behavioural support only/no support) continue to show increased quit rates in people assigned to nicotine EC arms. There is high-certainty evidence that ECs with nicotine increase quit rates compared with NRT and moderate-certainty evidence that they increase quit rates compared with ECs without nicotine.

Non-specific cancer symptom pathways: organization and safety implications

29 January (Georgia Black. Centre for Cancer Screening, Prevention and Early Diagnosis)

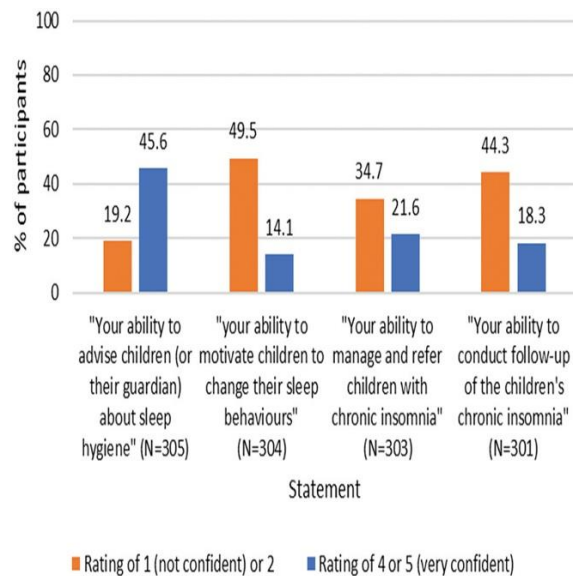
An analysis derived from a multisite ethnographic study of 4 NHS trusts uses observations, patient shadowing, clinician and patient interviews (n=54) and other sources to identify the functions of the NSS pathway and analyse their relevance to patient safety. Researchers identified and organised 29 NSS pathway functions into two clusters: pretesting assessment and information gathering, and post-testing interpretation and management. Safety-critical functions included assessing the reason for referral, deciding on an investigation plan, and estimating the remaining cancer risk. Variation in practice across sites revealed targets for an NSS pathway blueprint that would foster local development and quality improvement. Authors say that future research should investigate different models of generalist-specialist team composition.



Management of Chronic Insomnia in Young Children

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

An online survey of 295 UK Primary health care professionals exploring beliefs, current practice, and understanding of chronic insomnia (CI) in children aged <5 finds that consultations with families about CI were infrequent. They had received little to no professional education about CI, but 91.6% agreed that CI should be managed with behavioural approaches, and more than 85% of respondents recommend positive bedtime routines. Authors recommend improved training and awareness of evidence-based resources to support management in primary care.



Improving UK data on avoidable perinatal brain injury

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



Despite the need for high quality data to understand epidemiology and support improvement efforts in perinatal brain injury, authors of a review of data dictionaries of the 4 main UK perinatal data sources find that none of these currently captures the range of items relevant to brain injury. Researchers also consulted with a multi-professional group with expertise in neonatal/maternity care, statistics, and clinical negligence. The findings identify needs for standardising the definition of avoidable perinatal brain injury, resolving inconsistencies in capturing data, improving linkage of data across existing data sources, and co-designing a strategy for meaningful use of data, as the basis of efforts to reduce risk of avoidable perinatal brain injury.

Behavioural and psychological symptoms of dementia in acute hospitals

31 January (Nathan Davies, Liz Sampson. Centre for Psychiatry and Mental Health)

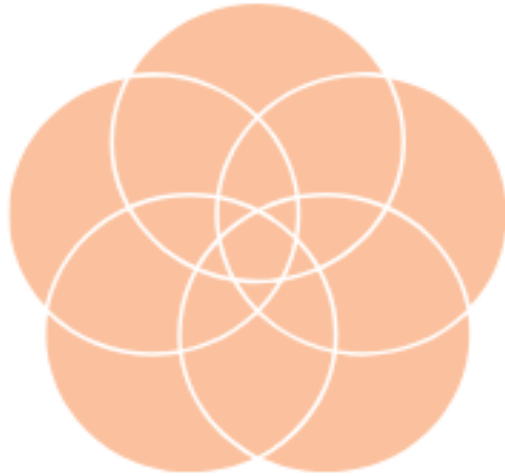
To determine the prevalence, risk factors, treatments and outcomes of behavioural and psychological symptoms of dementia (BPSD) in acute hospital settings, a systematic review identifies 30 articles. Pooled prevalence of overall BPSD (≥ 1 BPSD symptoms) was 60% in older inpatients with dementia, but subgroup analysis showed variations based on assessment tools. Common symptoms included aggression/agitation (39%), sleep problems (38%), eating problems (36%), and irritability (32%), with symptoms linked to delirium, pain, increased use of uncomfortable interventions, psychotropic medication uses and higher caregiver distress. Poor patient-staff interactions and fragmented discharge plans often led to frequent emergency admissions and hospital readmissions. Authors call for tailored BPSD management approaches, enhanced staff training, improved caregiver communication, and integrated discharge plans.



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ROSETA pilot trial results: supporting endocrine therapy adherence

31 January (Jo Waller. Centre for Cancer Screening, Prevention and Early Diagnosis)



ROSETA

Refining and Optimising a behavioural
intervention to Support Endocrine
Therapy Adherence

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A trial piloting procedures for an optimization-RCT (O-RCT) of the ROSETA (Refining and Optimizing Strategies to support Endocrine Therapy Adherence) intervention recruited 141 breast cancer survivors prescribed adjuvant endocrine therapy from 5 hospitals. Participants were randomized to combinations of 4 intervention components (SMS messages, information leaflet, guided self-help, self-management website). Criteria were set to inform the decision to progress to an O-RCT for consent rate, component adherence, and availability of outcome measures, with predefined cutoffs. Results show that 38.3% of participants consented, $\geq 50\%$ adhered to the minimum threshold set for each component, and 86.8% were satisfied with their trial experience. Some evidence existed for a negative main effect of the information leaflet on medication adherence. Researchers conclude that progression to a fully powered O-RCT of the ROSETA intervention package is feasible, but review of medication adherence measures is needed.

Inequities in prostate cancer referrals and diagnoses in North East London

4 February (Yin Zhou, Sara Papparini. Centres for Cancer Screening, Prevention and Early Diagnosis/Public Health and Policy)

A study of the 2-Week Wait (2WW) for suspected prostate cancer (PCa) patients referred to 2 NE London acute NHS Trusts from 2019-23 finds disparities in PCa incidence, stage and age at presentation, and socio-economic deprivation among Black men. Black men constituted a similar percentage of referrals compared with their overall ethnic representation (18%v14%), suggesting equitable access to the 2WW pathway, but as the study did not include diagnoses outside the pathway and Black men are more likely to be diagnosed in emergency settings, men with advanced metastatic disease at diagnosis may have been missed. Asian men (30% of the NEL population) constituted only 16% of referrals and 11% of diagnoses, suggesting a lack of equitable access to the 2WW pathway. These data highlight potential healthcare inequities in PCa referrals and diagnoses for both Black and Asian men.



New NICE ovarian cancer Quality standard

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



Ovarian cancer

Quality standard [QS18] Published: 21 May 2012 Last updated: 05 February 2025

Quality standard

The National Institute for Clinical Excellence (NICE) has published a new Quality standard [QS18] on ovarian cancer, featuring for the first time new guidance relating to surgical prevention and genetic testing. The guideline now states that risk-reducing surgery is the most reliable way of substantially reducing the likelihood of developing ovarian cancer in adults who have a 5% or more total lifetime risk, and that service providers must ensure that healthcare professionals are trained to discuss risk-reducing surgery with people who fall into this category. The QS also advises that adults newly diagnosed with non-mucinous high-grade epithelial ovarian cancer are offered panel germline genetic testing. The standard is endorsed by NHS England. Ranjit Manchanda was topic

This quality standard covers the recognition and initial management of ovarian cancer. It describes high-quality care in priority areas for improvement.

Next >

Last reviewed: 5 February 2025

This quality standard was updated and replaced the previous version published in 2012. The topic was identified for update following a review of quality standards. The review identified new guidance on ovarian cancer: identifying and managing familial and genetic risk. For more information, see [update information](#).

adviser on the Familial Ovarian Cancer Guideline, and his research is cited extensively in the evidence for the change.

Parkinson's Massive Open Online Course Launch

5 February (Alastair Noyce. Centre for Preventive Neurology)

The Parkinson's Massive Open Online Course ([MOOC](#)), a world first, free, self-paced innovative course, has been launched by the Wicking Dementia Centre and Menzies Institute for Medical Research at the University of Tasmania. Alastair Noyce, who has an honorary contract with U. Tasmania, helped design and record content for the course, and is still actively involved interviewing people for the course on subjects relating to Parkinson's Disease. The course is funded by the Parkinson's Research Foundation, and is accessible to everyone, including people with Parkinson's and their support networks, medical and allied health professionals and the wider global community.



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Dementia Research and Education Centre

Science Media Centre: 'Introduction to the news' media training day

5 February (Avi Chandra, Nikki Vickaryous, Esubalew Assefa, Amanda Dibden, Catlin Fierheller, Matejka Rebolj, Mel Ramasawmy, Emma Lidington, Nourhan Barakat, Lenny Buxton. CPN, CEM, CCSPED, CPHP, CPMH)



A team of 10 of our Early Career Researchers, each nominated by their Centre Leads, joined over 200 delegates to attend a Science Media Centre training day: *An Introduction to the news media*, held at the Institute of Psychiatry, Psychology and Neuroscience at King's College London. The programme included talks from journalists (including Tom Whipple, Science Editor at The Times, and Tom Feilden, Science and Environment Editor for the BBC Radio 4 Today programme), and scientists (including Prof Peter Openshaw, and Prof Sir Simon Wessely) who shared their experiences and advice.

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