

## Cambridge Branch Newsletter – May-June 2021

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### BRANCH MEETINGS

#### AUDIENCE FOR PROFESSOR BARKER TALK TOPS THE HUNDRED MARK

An interesting and stimulating talk – as ever – from Prof Roger Barker was the highlight of our recent Branch Meeting on April 23. Fittingly for our Branch's Honorary President, he attracted one of our biggest virtual audiences yet, with 60 logins and probably upwards of 100 people participating. He started by describing how, when he came to Cambridge at the end of the last century, it was the widely held view that although Parkinson's varied a bit, it was essentially the same condition. "That seemed to me not to be the case, and that it was much more heterogeneous," he said. "In some people it progressed quite quickly, in others it was



virtually benign." This prompted the setting up of the CamPaIGN\* study, which gathered data on People with Parkinson's (PwP)

across the whole county of Cambridgeshire – the first study of its kind, at least since the emergence of L-dopa medication in the late 1960s. CamPaIGN established various things, not least that the death rate amongst PwP was exactly the same as if you didn't have the condition. "More people die with Parkinson's, rather than of it," Prof Barker said.

\*(CAMbridgeshire PArkinson's Incidence from Gp to Neurologist)

The real challenge of stratifying Parkinson's data is to use that to deliver better therapies for every individual, he said. To do this means finding what is driving the differences in speed of progression, some possibilities being age, genes and inflammation.

Inflammation might be caused by the immune system. And we know that people taking immunosuppressant drugs – of which there are many available – experience a lower incidence of Parkinson's. This could be because of the drugs, but it could be caused by the condition they have, for which they are taking the drugs. To find out if suppressing the immune system can slow progression, the ideal people to have in trials would be those more likely to progress quicker. So stratification can feed into potential clinical practice. Similarly, a gene called GBA increases the risk of getting Parkinson's and also of doing less well with it. Again, knowing this holds out the prospect of developing more personalised therapies.

One exciting development in the potential treatment for Parkinson's involves the use of stem cells (as with the TRANSEURO project which Prof Barker coordinated). Here dramatic progress is being made in the production of stem cells, which he estimates is now attracting worldwide investment of between \$1-2bn. Mass production of stem cells is becoming possible, which means that fairly soon, it will be possible to produce – in just three weeks – enough dopamine cells to treat the whole Parkinson's population of Europe!

And to end on another optimistic note, he reported that Brexit has not so far damaged pan-European research projects like TRANSEURO as he feared it might. If you missed his talk, see it on our YouTube channel at <https://youtu.be/B7iCj6XpP04>.

#### TOM PLAYS AGAIN FOR WPD

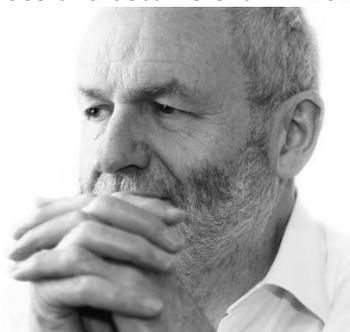
On Friday, April 9, our regular meeting was a celebration of World Parkinson's Day, on 11 April. Plenty of our members were joined by friends from the Peterborough Branch to hear our favourite guitarist Tom Bryans perform on various guitars plus his home made banjo! As ever, he was excellent and here's hoping we get to see him soon in the flesh! If you missed it, see the recording on our YouTube channel: <https://youtu.be/Y7dGn7X0gRw>

## NEWS, EVENTS & PEOPLE

### WELCOME TO OUR NEW CHAIR!

**A warm welcome to our new Branch Chair, Mark Goodridge. Here, he outlines his links with Parkinson's, and his views on the future.**

It's a pleasure to be your new Branch Chair, and my thanks go to Keith, who has kept me in touch with all your great work for many years. My first experience of Parkinson's was at a very early age as a result of my father's idea of helping with childcare. This was to take my sister and myself visiting the sick and infirm, and we got to know people with Parkinson's. Throughout my life I have known folk who have endured the condition. Much later, I was approached by a former colleague to become a trustee of Parkinson's UK. I then joined the Board in 2009 and became Chair in 2015.



I was born in Shetland and am proud of my links with the Shetland branch of Parkinson's. After studying in Cambridge, I worked in the steel mills of

Sheffield, and a steel mill on the Orinoco delta, before moving into the Shetland oil industry. Then in 1984, I founded my company, OE Cam, in Cambridge. The company is a team of behavioural scientists working with organisations across the UK and internationally. I have always been fascinated by the behaviour of organisations and so it's with secret delight that having seen Parkinson's from the top down, I can now see it from the bottom-up!

We have much to be proud of being part of Parkinson's UK, with the research, clinical development and support it provides for all affected by Parkinson's. For me, our branches are our bedrock. From them comes the friendship, the community, the shared experience and the therapies, all so important to our well-being. It is why it is critical to get the right balance between the national office and our local branch.

The Cambridge Branch is strong and effective and I'd like to see us reach out to more people who are affected by Parkinson's: the recently diagnosed, who can still be left on their own after the bombshell of a diagnosis; the younger onset folk, who have to face the condition while also having to deal with work

and family commitments; and those living outside the city and for whom travel is too great a challenge. One result of COVID is that it has taught us how to work remotely, and we can build on this to engage and support others.

I live with my wife Ann, in Hilton, near St Ives but Cambridge is my centre. I chair the Cambridge Philharmonic Orchestra and Choir and am a Trustee of the Cambridge Academy Trust schools. In my spare time I enjoy restoring my 1949 tractor, woodwork and the delightful demands of the grandchildren.

### A 33 YEAR JOURNEY WITH PARKINSON'S

**A former Chair of our Branch, John Ardley, died at the end of 2019, after living with Parkinson's for more than 30 years. He was just 40 when diagnosed. Here, his wife Margaret looks back on some of her stand-out memories, many relating to the Cambridge Branch.**

One day, shopping, John's signature on a cheque was refused, and at Hinchingsbrooke Hospital, Parkinson's was diagnosed. We found it difficult to believe at the age of 40. A 'Friendly Visitor', Sue Colquhoun, invited us to join the Cambridge Parkinson's Group, and eventually John became Chairman.

We set about fund-raising to pay for a Parkinson's nurse and were delighted when Jacqueline Young was appointed. She organised meetings at Davison House where a Parkinson's clinic was also held: the carers had a speaker or social time in one room, while Lorna Woor staged activities for those with Parkinson's. John particularly enjoyed making sloe gin! Margaret Sharman, who was also on the committee, started a lunchtime meeting at Barnabas Court which is still running today.

John was now on medication, and although he did not have a tremor, he was becoming very stiff. His work (for what is now DEFRA) took him to Brussels every week, representing the UK at Common Market meetings. But I was most concerned when he was sent to Moscow in the middle of winter. It was -27 degrees and his moustache froze!

After retiring at 50, he joined a consultancy and worked from home. Writing and speaking became

difficult but a computer and emails helped. Over the years, John held various positions, including Chairman of Swavesey Parish Council, governor of Swavesey Village College, and editor of the village magazine. He was awarded the OBE for his services to charity and his work in the Civil Service.

One occasion I remember was when he was a judge at a rose show in St Albans, and he knew he couldn't smell, because of Parkinson's. But the actress Susan Hampshire, also a judge, kindly said she would cover fragrance. John judged their form!

Other regular Parkinson's events we enjoyed included the David Rayner meetings, the singing group on Saturdays – John suggested calling it the 'Movers and Shakers' – and breathing exercises that we started.



Our daughter Helen (pictured with John and Margaret) did the Great North Run to raise money for Cambridge and St Ives Parkinson's groups, and every year ran the fun run with our grandsons. John rarely complained, and retained his sense of humour to the end. In hospital for the last time, Helen's sister Gillian took him for a coffee from the machine. "Haven't they got a gin and tonic?" he asked.

### **PARKINSON'S UK LOOKING FOR VOLUNTEERS**

Parkinson's UK is leading a nationwide drive to build teams of volunteers who can work in their local area to address the needs of people affected by Parkinson's. They will need to commit to around 10 hours a month. Parkinson's UK will provide training on speaking to politicians and other decision makers, and volunteers will work with fellow campaigners, so they can share ideas and experiences. Together as a team we will urge decision makers to push for better services.

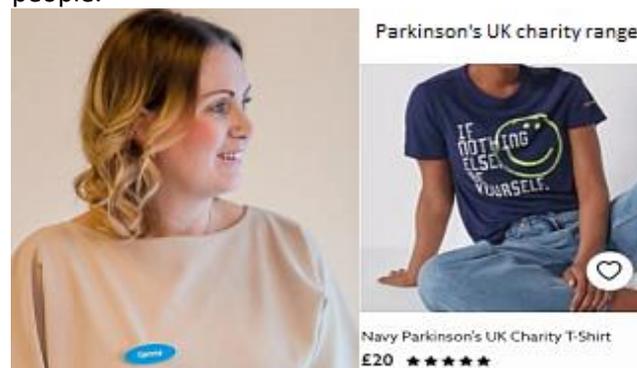
Volunteers will need a passion to improve their local area for PwP, great listening and communication

skills, plus the ability to explain complex information simply. It represents a great opportunity for you to do something meaningful for people affected by Parkinson's within your area.

If you would like to know more about the role before applying, contact us on 020-7963-9328 or email [volunteering@parkinsons.org.uk](mailto:volunteering@parkinsons.org.uk). Please read the role description fully before completing the application pack. Applications can be submitted to [volunteering@parkinsons.org.uk](mailto:volunteering@parkinsons.org.uk).

### **GENNA DESIGNS T-SHIRT FOR NEXT AFTER DIAGNOSIS IN HER 30's**

You might have spotted people wearing Genna's Next T-shirts on World Parkinson's Day (April 11). This followed a Parkinson's diagnosis in 2016 for Genna Douglas, a children's wear designer for the Next high street fashion chain. Now 39, she came up with the idea to design a clothing range to raise awareness of Parkinson's, especially in younger people.



Result: an exclusive range of [T-shirts and tote bags](#) that went on sale recently, with all profits going to Parkinson's UK. You can find out more about Genna's story and view her Parkinson's UK range [here](#). "By partnering with Next we're hoping to tackle misconceptions about Parkinson's and help more people like Genna to use their talents and experience to transform lives," Parkinson's UK said.

### **THANKS TO MARGARET, MYRA AND THE TWO MIKES AS CAROLINE REJOINS COMMITTEE**

We are saying big thanks to four of our committee members, Margaret (Steane), Myra (Moore) and two Mikes, Crofts and Brown, who are all standing down. Margaret and Myra have put in many hours helping to run the Branch and they will be missed. And Mike Crofts for years managed our website, mostly single-handed. Many thanks – and enjoy your break! Mike Brown is a more recent committee member, but played an important role stepping in as acting chair

for a brief period. Personal circumstances have prompted his departure. Many thanks to all! And the good news: Caroline (Bent) is rejoining the committee, after standing down for a year. She will be organising our meeting speakers.

### LECTURE CENTRES ON PSYCHOSIS

One particularly unpleasant and disturbing symptom of Parkinson's, which until now has not been widely discussed, is psychosis. This was the subject of the Gretschen Amphlet Memorial (GAM) Lecture, given on March 24 by two researchers from King's College, London, Dr Sagnik Bhattacharyya and Dr Latha Velayudhan, specialists in neurological conditions and psychosis.

Up to 60% of PwP develop psychosis as their condition progresses, and it is frequently very distressing for both the sufferer and their families. Current Parkinson's psychosis treatments have significant side effects. The two doctors are researching cannabidiol, a component of cannabis, which they hope will provide an effective treatment for Parkinson's psychosis. It is known to have antipsychotic effects, ironically, as the main element in 'High Street' cannabis, tetrahydro-cannabinol (THC), can itself cause psychosis!

Now, a new trial is getting under way, backed by £1.2m from Parkinson's UK's Virtual Biotech company, to put this to the test. It will focus on people with distressing psychotic symptoms such as delusions and hallucinations, who are not responding to other medication. The trial will feature participants taking a placebo, and perform MRI scans to see what effects on the brain cannabidiol is having.

This year's GAM lecture featured other people apart from the main two speakers, one being Francis Kay (pictured), whose late husband Mark had Parkinson's with psychosis for 12 years. Another was Emma Edwards, a Parkinson's nurse specialising in psychosis.

Mark's symptoms affected all his senses, Francis said. "He saw things that weren't there, like barbed wire or broken glass on the floor, and had invisible friends, including a family of meerkats who lived in the airing cupboard! He heard voices and music, and eventually lost all sense of time and reality. He woke

up one morning and told me he had an angel sitting at the end of his bed and asked me: am I dead? I had to explain that it was actually me on the bed and that if he thought I was a member of the celestial host, he should remember that I had never had any lessons in how to play the harp!

"All this made caring for him quite challenging, but there were periods of comedy," Francis said. "We laughed as much as we could together because that was a lot better than weeping. My



family and I were just about able to cope but we wouldn't have done anything like as well without Parkinson's UK, whose helpline I relied on – they were always there at the end of the phone to offer me support. I would urge anyone going through something like this to contact Parkinson's UK and use their resources. Of course, a better treatment could have transformed our lives and reduced the high stress levels we suffered."

Parkinson's nurse Emma Edwards described the problems that psychosis can lead to, especially stress, plus the increased risk of admission to a hospital or care home. "I feel that more education is needed on this topic for PwP, and I am so pleased Parkinson's UK is funding research into this area. We definitely need better treatments, which means easily accessible medicines with fewer side effects and that work well with Parkinson's medications."

## SCIENCE & RESEARCH

### YOU SAY TOMATOES, I SAY AN AFFORDABLE SOURCE OF L-DOPA

Scientists at a centre for research into plant and microbial science in Norwich have produced a tomato enriched in L-DOPA to create a potential new and affordable source of the key drug used in Parkinson's. The development of the genetically modified (GM) tomato is particularly significant for developing nations where access to pharmaceutical drugs can be problematic (go to 2<sup>nd</sup> column next page).

## VIEWPOINT

**Our sense of smell, like our other senses, embodies a mystery: how can electrochemical signalling in the brain result in something apparently so different as an experience of smell?**

But putting philosophical posers aside, smell – or more neurologically, the olfactory sense – plays an important part in the story of Parkinson's, but from two radically different vantage points.

The first is the fading and sometimes complete disappearance of the sense of smell, called anosmia, as an early symptom of Parkinson's. Of course, the sense of smell may lessen for other reasons like nasal congestion or inflammation, flu etc. But it is highly significant from a neurological point of view. That is because the entity in the brain that creates a sense of smell, the olfactory bulb, contains neurons that project directly from the nose into the brain, unprotected by the blood-brain barrier.

This makes the olfactory centre a vulnerable area for the whole central nervous system. Certain viruses are known to enter the brain through the olfactory pathway, and losing the sense of smell frequently indicates nervous system involvement (see 'It doesn't smell right' on page 6). Today, most of us know only too well that a symptom of COVID is the loss of a sense of smell.

Smell loss may be a harbinger of Parkinson's – hopefully not doom – but it looks certain that the sense of smell will become a valuable diagnostic tool for detecting Parkinson's early, potentially well before other more serious, disabling effects emerge.

Joy Milne has secured herself a place in medical history as the person who proved beyond doubt that it is possible to detect Parkinson's by smelling it on people who have it – even if they don't know that at the time (page 8). Joy's remarkable ability has resulted in a totally bona fide scientific technique for detecting Parkinson's. "Ground-breaking", "revolutionise diagnosis", and "game changer" are just three of the comments the research has received.

The question that always gets asked in connection with early diagnosis is: what good is it if we can't slow down progression? There is a chicken and egg aspect to this. And it now looks as if we have found one of them, perhaps the egg. If we find the chicken – something that slows down progression – Joy's sense of smell will truly have been a breakthrough in the whole medical treatment of Parkinson's.

Using tomatoes as a natural source of L-DOPA also offers benefits for people who suffer side effects from chemically synthesized L-DOPA, such as nausea and behavioural complications. The tomato was chosen as a widely cultivated crop that can be used for scaled-up production and potentially offer a standardised natural source of L-DOPA .

The John Innes Centre researchers modified the tomato by introducing a gene that synthesises L-DOPA in beetroot. L-DOPA is produced from tyrosine, an amino acid found in many foods, so the



research team inserted a gene encoding an enzyme that uses tyrosine to build molecules like

L-DOPA. This elevated the level of L-DOPA specifically in the fruit part of the plant and led to higher yields than those normally produced by the whole plant.

The levels achieved in the tomato fruit were 150mg of L-DOPA per kilo of tomatoes, comparable to those observed in other L-DOPA accumulating plants. Using tomatoes also avoided drawbacks that have previously hampered plant production of the drug.

The aim now is to create a production pipeline where L-DOPA is extracted from the tomatoes and purified into the pharmaceutical product. The researchers say that tomatoes can be grown with relatively little infrastructure, such as screen houses fitted with very narrow meshes, to stop pollen escaping via insects.

Local industry in a developing country could prepare L-DOPA from tomatoes, as it is soluble and easily extracted. So they could produce a relatively low tech but purified product that can be dispensed locally. This would solve a major problem for PwP from developing countries, where many cannot afford the daily \$2 cost of synthetic L-DOPA.

The most common form of the drug is produced by chemical synthesis, but natural sources are also available, mostly plant seeds. The seeds of the velvet bean, for instance, contain up to 10% L-DOPA, but it has some drawbacks.

## AIR POLLUTION LINKED TO SWISS CLUSTERS

A Swiss study of the Geneva area has shown that clusters of Parkinson's correlated significantly with air quality in urban versus rural areas. Many researchers believe Parkinson's results from a combination of genetic susceptibility and environmental factors, such as air pollution, but evidence supporting this claim has been inconsistent. The Swiss researchers compared clusters to air pollution levels, drinking water sources, and pesticide use, in an area where nearly a third of the land is used for agriculture.



The team chose the area partly because a neurologist noticed that several of his patients lived close together, and thought there might be localised clusters of the disease. They collected data on 1,115 PwP and 12,614 healthy controls, all residents in the area. From this, they identified six hotspots of increased Parkinson's occurrence, and eight 'coldspots' of lower-than-average occurrence. These locations did not overlap each other, and did not appear to be randomly distributed.

Most hotspots were in urban centres near Geneva, whereas coldspots occurred both in urban and less urban areas, but mostly along the area's outskirts. The researchers then compared maps of drinking water sources, pesticide exposure, and air pollution to the Parkinson's distribution. Water sources and pesticides did not show a correlation to Parkinson's occurrence, but air quality, measured by nitrogen dioxide (NO<sub>2</sub>) and fine particulate matter, did.

Although the number of PwP living in these areas amounted to only 6% of the study population, their location and disease diagnosis tightly correlated with their local air quality. Strangely, one coldspot was in an area with high NO<sub>2</sub> levels, for which there is no explanation as yet. It suggests that while air pollution is a dominant environmental factor in many areas, it is probably not the only culprit. Nonetheless, the link between air quality and Parkinson's prevalence was strong enough for the researchers to suggest that policymakers consider it when adjusting public health plans.

## IT DOESN'T SMELL RIGHT: COVID WEBINAR

A fascinating webinar took place in March featuring three scientists who have recently researched the subject of COVID-19 and its implications for Parkinson's. Their work was published in the Journal of Parkinson's Disease titled 'The COVID Pandemic Doesn't Smell Right'. The webinar was chaired by Prof Roger Barker, acting in his role as the Vice President of the World Parkinson's Coalition (pictured, top left), and the three scientists were David Finkelstein (top right), Leah Beauchamp (left) and Kevin Barham.

One striking similarity between COVID and Parkinson's is anosmia, the loss of ability to smell – according to their research, some 75% of COVID patients are affected. At the beginning, this was thought to have been caused by nasal congestion, as can happen with flu. But in fact there is very little congestion with COVID, and it came as a 'lightbulb' moment when the researchers realised that loss of smell was actually a symptom of the condition.

The olfactory system that processes smell is a vulnerable area for the central nervous system as it contains neurons that project directly from the brain into the nose, unprotected by the blood-brain barrier. Certain viruses are known to enter the brain through the olfactory pathway, which is why losing the sense of smell indicates nervous system involvement. It is also often one of the first non-motor symptoms of pre-clinical Parkinson's (together with others like disturbances in sleep, constipation, and anxiety).



Also, Parkinson's, and 'parkinsonism', have been linked previously to viral infections, the most relevant historical connection being the 1918 Spanish Flu pandemic. Then, a neurological condition called encephalitis lethargica, (sleeping sickness) occurred, and it is suggested this caused an increase in parkinsonism. There is no evidence that viruses directly cause Parkinson's, but a 'dual-hit hypothesis' suggests that a pathogen entering the brain can result in a neuronal insult, causing a neuro-

inflammatory response. It is thought the inflammation 'primes' the brain so that subsequent neuronal insults, like aging or exposure to toxins, will cause neurodegeneration. As Prof Barker said: is the virus getting into the brain through the olfactory system and killing cells when it gets there? Or, is the immune system, in fighting the virus, mis-recognising things in the brain and killing them? Finkelstein said he was leaning towards the virus getting directly into the brain, pointing out that some people with long COVID get better once they have had a vaccination. This suggests the virus is in the brain, he said. But there could be other mechanisms at work, for example blood vessels, and as Prof Barker pointed out, the risk of blood clots is greatly increased by COVID.

Several findings support the concern that there is increased risk of Parkinson's and other neurodegenerative conditions following COVID. For example, viral particles have been detected in the cerebrospinal fluid and brain of people infected with the virus, suggesting the virus can affect nerve cells. It has also been demonstrated that dopaminergic neurons are 'permissive' to COVID, that is, they allow it to spread. This is of great concern given the loss of these neurons being central to Parkinson's.

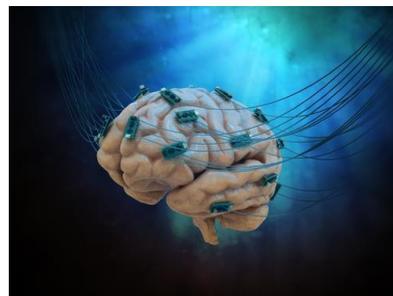
Beauchamp cited research on mice that demonstrated effects on the brain that had occurred via the olfactory bulb – and similar effects were then discovered when human brains were examined post-mortem. There are also increasing reports of neuro-inflammation, micro-haemorrhages, and hypoxia – all three are known risk factors for the development of neurodegenerative conditions. Finally, there have been two case reports of parkinsonism linked to COVID, one a 45-year-old man, the other a 35-year-old woman whose respiratory response to COVID was so mild she was not hospitalised. To watch the recording of the event, see [covid webinar](#).

### **DEEP BRAIN STIMULATION AND FOCUSED ULTRASOUND: THE STATE OF PLAY**

The last five years have seen several important advances in the field of deep brain stimulation (DBS), according to a recent webinar held by the American Parkinson Disease Association (APDA). The event was led by Dr. Alan Mogilner, who is Director of Neuromodulation at New York University.

There are now three companies producing DBS systems in the US: Medtronic, Abbott, and Boston Scientific, each offering a different range of options.

One advance in the whole field has been the recognition that DBS is suitable for people in the earlier stages of Parkinson's, not just the later. Dr Mogilner said it was possible that it is a case of the earlier the better.



Another development is the much longer lifetime of the power unit for DBS systems, which was previously around 3 to 5 years and is

now 10 to 15, and possibly even longer. Other advances include the option to have the operation unconscious, whereas previously you needed to be awake.

A multiple current control feature in Boston Scientific's Vercise system makes it possible to control several electrodes in the brain separately, with variable levels of power supplied to each. Also, the stimulation provided by the electrode can now be steered in a specific direction as opposed to projecting everywhere.

Abbott's Infinity system can be operated wirelessly, enabling the patient to use their own phone to control the level of stimulation. And Medtronic is pursuing the same route as Newronika (see below), with a closed-loop system that will be able to affect 'Local Field Potentials'. This effectively means the system is listening to what is happening in the brain and can change settings accordingly.

Dr. Mogilner also discussed the status of focused ultrasound (FUS), the other main brain technology that has proved very successful in controlling tremor. Not everyone is suitable for FUS – about 20% of people in the US have low skull density ratio which rules them out. And it can only be done on one side of the brain at the moment. But one advance that is expected is to use it on both sides within the next few years or so. To see the hour-long webinar, use this link: [Advances in DBS](#).

Meanwhile, the first patient has been implanted with a new kind of DBS called AlphaDBS, developed by Newronika. AlphaDBS is a 'closed-loop' system that records and interprets the bioelectrical brain activity in the areas where stimulation is delivered and alters moment-by-moment the amount of current the patient needs. Previously, DBS systems

have stimulated the brain continuously, even when that stimulation is not needed. The ability to close the loop is the most important advance in the last 25 years, according to Alberto Priori, Professor of neurology at Milan University and chair of Newronika's scientific advisory board.

Another research study, from China, suggests that the impact of DBS on motor function in PwP may be related to a patient's response to L-dopa, and also to the type of DBS administered. Patients who responded to L-dopa demonstrated better motor function after DBS was targeted on the globus pallidus interna region in the brain. But for L-dopa-resistant tremors, surgery targeting the subthalamic nucleus region produced better results.

### **JOY'S ABILITY TO SMELL PARKINSON'S LEADS TO DIAGNOSTIC BREAKTHROUGH**

Research prompted by Joy Milne's ability to 'smell Parkinson's' has led to a technique that can identify it by analysing compounds found on skin. A test to diagnose Parkinson's using a simple skin swab could be the result. Years ago, Joy (pictured) demonstrated a remarkable ability to distinguish Parkinson's in individuals, using her sense of smell, even before any symptoms had emerged. She did research on the subject with Dr. Tilo Kunath at in Edinburgh. Now scientists at Manchester University have developed a technique that works by analysing compounds found in sebum, the oily substance that protects the skin, and is 85% accurate.

High resolution mass spectrometry analyses the sebum of PwP to reveal subtle but significant changes as the condition progresses, in lipid (fat) processing and mitochondria, or power cells, of PwP.



This means the new technique will be useful not only in diagnosing Parkinson's but also in monitoring the development of the condition. The skin swab could provide an incredibly important new tool in clinical trials, helping researchers measure whether new, experimental treatments are able to slow, stop or reverse the progression of Parkinson's.

With the University of Manchester Innovation Factory, the team has patents filed for their diagnostic techniques and are planning to create a spin-out company to commercialise the new tests. They are also working to use this approach to develop tests for COVID-19 and are actively seeking investors interested in supporting the drive to bring this technology to market.

### **SCRATCH 'N SNIFF**

**Just announced: a new 'scratch and sniff' technique has been developed by London University's Dr. Ahmed Ismail. A tiny capsule containing pungent oil is placed between two strips of tape, then activated by crushing the capsule and pulling the strips apart. It can present a user with several aromas, and is far cheaper than the current scratch and sniff system, costing around £2-3 compared with £20. A majority of PwP who tested it preferred it to the conventional system.**

### **CAMBRIDGE BRANCH COMMITTEE MEMBERS**

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### **USEFUL CONTACTS**

Parkinson's Local Adviser – 08088-000303 email [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk)

Facebook: [www.facebook.com/parkinsonsukcambridge/](https://www.facebook.com/parkinsonsukcambridge/)

Twitter: <https://twitter.com/CambBranchPUK>

Help Line 0808-800-0303 (free phone call) Specialist advisers can answer questions on any aspect of Parkinson's

Parkinson's Nurses in our area: for help and information contact the Parkinson's Nurse Team on 0330-726-0077

Addenbrooke's Hospital Parkinson's Nurses 01223-349814

Branch Website: <https://www.parkinsonscambridge.org.uk>

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