Interview with the ECM Award winner 2022 and introducing the new ECM members

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This article presents the interview with the ERS Early Career Member Awardee 2022 (@MathioudakisAG) and provides a brief introduction to the new ECM members
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The Early Career Member (ECM) Award is intended to honour promising members of the European Respiratory Society (ERS) at an early stage of their professional career, based on their curriculum vitae, involvement in the ERS and potential for future scientific contributions. This award is given during the ERS International Congress, where the ECM Awardee is invited to give the Mina Gaga lecture during the ECM session. In this article, we present an interview conducted with the 2022 ECM Award winner, Alexander Mathioudakis, where he discussed his work and visions for the future and shared some tips for ECMs starting a career in respiratory research. We also provide a brief introduction to the new members of the ECM Committee (ECMC) from Assemblies 2 (Respiratory intensive care), 3 (Basic and translational sciences), 7 (Paediatrics) and 8 (Thoracic surgery and transplantation).

Interview with the ECM Awardee, Alexander Mathioudakis

Alexander Mathioudakis received the ECM Award at the ERS Congress 2022 in Barcelona, as a recognition for his remarkable contribution in the respiratory field (figure 1).

Alexander is a clinical lecturer in respiratory medicine at the University of Manchester and Manchester University NHS Foundation Trust (UK). He graduated from the Medical School of National and Kapodistrian University of Athens (Greece, 2011) and started his clinical training in Respiratory and General Internal Medicine at Health Education Northwest. He undertook a fellowship in guidelines methodology at Cochrane Iberoamérica and UK National Institute for Health and Care Excellence in 2016, followed by an academic clinical fellowship in respiratory medicine at the University of Manchester (2016–2018) and a PhD Studentship in the National Institute for Health and Care Research Manchester Biomedical Research Centre (2018).

His research is mainly focused on airway diseases phenotypes and personalised medicine, as well as the methodology of clinical research and evidence-based medicine. He has been involved as a co-leader/chair in international research projects in the area of airway diseases, such as the development of the ERS COPD Exacerbations Core Outcome Set and the DECODE-NET (DisEntangling Chronic Obstructive pulmonary Disease Exacerbations clinical trials NETwork).

He has been actively involved in various activities within the ERS, for example as a representative of Assembly 5 (Airway diseases, asthma, COPD and chronic cough) in the ECMC, a member of the

FIGURE 1 Alexander Mathioudakis, the ERS Early Career Member Award winner in 2022.

guidelines working group, and a co-chair/member of task forces developing official ERS documents. Currently, he is the Secretary of the Assembly 5 Airway pharmacology and treatment group (group 5.1).

Alexander was interviewed by two members of Assembly 5 (K. Son and E.M. Landt), in a virtual format, where he shared his experience as a successful ECM and provided insights for the future. The interview is presented below, together with some take-home messages for ECMs (table 1).

Congratulations on receiving the ERS ECM Award – what does winning this award mean to you?

Receiving the award was a great honour and privilege for me. I am deeply grateful to the ERS ECMC for selecting me for the award, in particular because I have been actively involved with the committee since its inception and have a strong belief in the great work that they are doing. The award is also a great source of motivation. Being officially recognised by the largest global respiratory society translates into visibility and support for my future research and funding applications. Clearly, this also brings a big responsibility, and I will strive to live up to the level of success that this award demands of me.

TABLE 1 Take-home messages for early career members

• Develop a vision around which research question you would like to tackle over the coming years and what skills, collaborations and resources are needed to achieve that.
• Pace your work and maintain a work–life balance to avoid burnout and enjoy work and life in the longer term.
• Take advantage of the great platform that the ERS has built to support training, development and networking.
• Join the ERS Assemblies that best fit your interests and complete the competency list on the ERS website to receive information on potential opportunities for active involvement.
• Attend the ERS Congress, as well as Assembly meetings and social events, to network with experts in the field and the Assembly leaders and facilitate your active participation in ERS activities.

Currently, you work on precision medicine – how do you think it will improve respiratory disease management?

The definition and classification of respiratory disease is based on the Oslerian paradigm, which is the basis of modern medicine, but is now outdated. Diseases such as COPD, asthma, bronchiectasis, pulmonary fibrosis, and their exacerbations, are complex and heterogeneous, and they should clearly not be treated uniformly. Precision medicine consists of a broad panel of tools and methodologies that facilitates a better characterisation of patients to personalise their management and it has already revolutionised respiratory medicine. For example, alpha-1-antitrypsin deficiency has been identified as a distinct endotype of COPD that is effectively treated with augmentation therapy. Other established treatable traits of COPD include airway eosinophilia that respond to inhaled corticosteroids, and type II respiratory failure that can be effectively managed with noninvasive ventilation. Similarly, precision medicine has allowed the development of targeted biological treatments for severe eosinophilic or allergic asthma, and immunotherapies for lung cancer. I believe that these precision medicine interventions are just the beginning. Precision medicine research continuously identifies new therapeutic targets that will allow the development of targeted treatments that will maximise the ratio of clinical effectiveness over risk.

I believe that the next big leap will be to redefine the diagnosis and management of acute respiratory presentations on a sound aetiological basis. Such presentations include acute infections and acute exacerbations of chronic respiratory diseases. What we now call a COPD exacerbation that we treat with bronchodilators, steroids and usually with antibiotics, will be diagnosed as a bacterial or viral infection, or as an exacerbation triggered by enhanced eosinophilic inflammation, poor treatment adherence, or by pulmonary embolism. This extra level of classification is urgently needed and will significantly improve the treatment and outcomes of patients.

How do you think that medical societies, such as ERS, can promote a broad implementation of precision medicine?

The ERS is committed to improving management of patients with respiratory diseases and their outcomes. Thus, the society has developed a strong pipeline to support research of high quality and clinical relevance, which ensures that the clinical practice is based on the best available evidence. Characterisation of respiratory diseases is promoted by international ERS clinical research collaborations such as SHARP, EMBARC, CADSET and CICERO, that assemble both expertise and all relevant stakeholders. The society also endorses pragmatic international clinical trials assessing novel treatments, including precision medicine interventions.

In parallel, the development of research expertise is promoted through the ERS fellowships programme, while the ERS journals, conferences and overall online presence represent a powerful platform for research, results, dissemination and scientific discussion. Importantly, ERS produces clinical practice guidelines, that are based on the best available evidence to guide clinical practice. Finally, together with patients who are represented by the European Lung Foundation (ELF), ERS advocates for resources to manage patients with respiratory problems and to conduct relevant research at the national and global level. This great infrastructure already promotes the development and implementation of precision medicine in the respiratory field. Of course, other organisations such as the World Health Organization (WHO), the American Thoracic Society (ATS), and the Asian Pacific Society of Respirology (APSR) have similar pipelines for novel research and evidence.

Precision medicine interventions, either diagnostic or therapeutic, are often expensive, and I think an important challenge that international societies need to help tackle is access to treatment and care all over the world.

You are a lecturer and a researcher, and you are involved in various activities within and outside the ERS – how do you manage your time effectively and prioritise opportunities?

Well, once early career researchers start developing their skills and network, they have numerous opportunities, various projects to delve into as well as leadership obligations. Therefore, time management and prioritisation become very challenging, but also very important. Pacing your work and maintaining a work–life balance is crucial to avoid burnout and to enjoy your work and life in the longer term. In parallel, it is very important to be reliable and to be able to deliver on the activities that you take on.

I think that the first step is to develop a vision around which research question you would like to tackle over the coming years and what skills, collaborations and resources are needed to achieve that. Judge every new opportunity on its merits and against your own vision. Here I have to highlight that sometimes an opportunity might be so amazing that you may choose to modify your vision, even though focus generally pays off.

For such decisions, it is sometimes important to involve someone you trust, but with more experience, such as your supervisor or mentor. I think if you have a vision and you are passionate about what you are doing, it is easier to be engaged and productive, and to minimise procrastination.

Who do you think has had the biggest influence on your career and why?

I am very lucky and privileged to have worked with and learnt from numerous outstanding academics from all over the world and I'm very grateful to all of them. I think my supervisor and mentor, Jørgen Vestbo, has clearly been the most influential. He is a role model, being impressively knowledgeable, approachable and supportive to early career researchers and clinicians such as myself. Beyond the clinical, academic and teaching skills, I find his approach on academic leadership and collaboration inspiring. He's always very open, kind, pleasant, resourceful, empathetic and guided by the available evidence. As a result, he is able to promote a great work environment, sound collaborations, and lack of conflicts.

An important thing he has managed is teaching me, to some extent, how to manage my time effectively and prioritise opportunities. I have been seriously privileged to have such a great supervisor who devoted so much time and effort to my training and development. This approach could make a real difference to any young academic and I really look forward to passing this on.

What do you consider to be the biggest achievement in your career (even if you haven't reached it yet)?

My vision is to drive change in clinical practice through a better characterisation of airway diseases and by the development and clinical validation of personalised treatments for patients. I'm proud that I have developed expertise in airway diseases and clinical research as well as evidence-based medicine methodologies. I have started producing work and knowledge that I hope will contribute to these objectives. Moreover, I am building strong international collaborations and networks with experts that share the same vision and are helping me in my work. My biggest aspiration is, through DECODE-NET, to develop a platform trial that will assess various precision medicine interventions for COPD exacerbations.

What advice would you give to ECMs who are currently starting a career in respiratory research?

I strongly believe that one of the most decisive factors determining the development of any aspiring young academic is their supervisor. I would strongly suggest young researchers seek a compatible supervisor who is prepared to support their training and supervision needs. A second piece of advice, especially for clinical academics, is to ensure that they have protected time for research training. It is very challenging to develop competitive academic skills and I do not think I would have been able to do that in my own time in-between busy clinical shifts.

Once ECMs have the time and an inspiring supervisor, they need to develop their vision around their research. As we discussed previously, research focus is very important. They should develop expertise in a specific disease or topic area, as well as in relevant research methods. These are both necessary to develop their own clinically relevant research questions and answer them. In parallel, I would strongly recommend young researchers to start building their local, national and international network. It is through the exchange of views and information that novel research ideas are developed, and it is through the collaborations between experts worldwide that large scale, inspiring projects can be delivered.

I would strongly suggest ECMs take advantage of the great platform that the ERS has built to support their training, development and networking, including the Congress, journals, research fellowships and active involvement in other activities of the society.

Where do you see yourself 5 years from now?

I hope that I will be a clinical academic, splitting my time between clinical practice and research. I hope to have developed my own research group within the respiratory division at the University of Manchester. I will be conducting precision medicine, randomised controlled trials in airway diseases, which will hopefully include the platform trial I mentioned earlier (DECODE-NET). In parallel, I will also use the best available data to answer clinically relevant questions around airway disease phenotyping and targeted therapeutics. One of the greatest things about doing research nowadays is the unprecedented access to data, including routinely collected clinical data as well as data from large observational studies and clinical trials. I believe that *post hoc* analyses of existing trials and data, as well as meta-analyses of individual participant data, are less expensive methods for answering important questions without causing unnecessary risks to patients.

You are a very active member of the ERS – can you tell us about your experience and if/how this involvement had an impact on your career?

I have had the privilege of serving the society from several different posts: as the secretary of group 5.1, ECM representative for Assembly 5, a member of the ECMC, a member of the guidelines group, a member of several task forces producing official ERS documents, a member of the CADSET (Chronic Airway DiSeases Early sTratification) clinical research collaboration, and as a section editor for *Breathe*. I am also a grateful fellowship recipient.

My engagement in the ERS activities has always been extremely pleasant and hugely impactful on my career. First of all, it was through the guidelines methodology fellowship and my engagement with the guidelines group that I developed my expertise in evidence-based medicine. In parallel, I had the opportunity to contribute to high-quality work, including clinical practice guidelines. Through ERS, I developed an international network of friends and collaborators that helped me to learn, to open my mind and to conduct high-quality research. Finally, engagement with the ERS has been a great addition to my CV, and significantly helped me to advance my career and get an academic position.

Do you have a message for ECMs wanting to be more active within ERS?

The ERS is very committed to promoting training and career development of ECMs and there are great opportunities waiting for everyone, independent of their expertise and their level of training. My message to ECMs is to join the ERS Assemblies that best fit their interests and to complete the competency list on the ERS website (https://my.ersnet.org/) to receive relevant information on potential opportunities for active involvement.

In addition, I would strongly recommend ECMs get in touch with the ECM representatives of their Assembly who are there to facilitate their active participation in the activities of the society. They should also attend the Congress, as well as Assembly meetings and social events, as they will have the opportunity to network with the Assembly leadership, who are also keen to engage with ECMs. They will also have the opportunity to network with people with similar interests, including international experts in their field.

ECMs will start learning about relevant opportunities as they get involved, and they should take advantage of these opportunities. I am sure that opportunities will continue to be provided if the ECMs can deliver on what was promised.

Introduction to the new ECM representatives

Every 3 years, elections are held for the position of ECM representative for each Assembly. The chosen candidates contribute to the development of activities within their Assembly and are also part of the ECMC (https://www.ersnet.org/the-society/leadership-and-committees/early-career-members-committee/). The ECMC members work together to ensure that ECMs are well-represented in ERS committees, councils and assemblies, and to provide them with opportunities for professional development and education. This year, four new elected ECM representatives from Assemblies 2, 3, 7 and 8 joined the ECMC. Below we provide a brief introduction to each representative.

Assembly 2: Christoph Fisser

Christoph Fisser is the new representative of the ECMs from ERS Assembly 2 (Respiratory intensive care). He is currently working as a pulmonologist, intensivist and lecturer at the University Medical Center Regensburg (Regensburg, Germany). His research focuses on extracorporeal life support, either for acute respiratory or severe cardiac failure. He is also involved in several projects about sleep-disordered breathing and cardiac arrhythmias. Within the ECMC, he is responsible for the fellowships and awards working group and the conference. In addition, he is the deputy head of the young German Respiratory Society.

Assembly 3: Sara Cuevas Ocaña

Sara Cuevas Ocaña is the new ECM representative of Assembly 3 (Basic and translational sciences) and the newly elected Chair of the ECMC. Sara is a postdoctoral researcher at the Nottingham Biodiscovery Institute, University of Nottingham (Nottingham, UK). She obtained her PhD in 2019 from Newcastle University (Newcastle, UK), where she developed *in vitro* models of cystic fibrosis using stem cells and gene-editing technologies. During her PhD, Sara was trained on directed differentiation of pluripotent stem cells into lung cells at the University of Toronto (Toronto, Canada), which she continues to explore now. Throughout her PhD studies and her current postdoctoral position, she has acquired extensive skills and interest in patient-specific disease modelling, in how genome engineering technologies can enhance our

understanding of lung diseases such idiopathic pulmonary fibrosis, and in how these models can be used as personalised drug testing platforms.

Assembly 7: Susanne J.H. Vijverberg

Susanne Vijverberg is the new ECM representative of Assembly 7 (Paediatrics). She is a pharmaceutical scientist and epidemiologist and holds a position as Assistant Professor in the Departments of Pulmonary Medicine and Pediatric Pulmonology at the Amsterdam UMC, AMC, University of Amsterdam (Amsterdam, the Netherlands). Her research focuses on developing precision medicine approaches for children with severe asthma using multidisciplinary approaches. She is the principal investigator of the PERMEABLE consortium (supported by ERA PerMed) and the PANDA study (supported by Lung Foundation Netherlands) and involved as a co-investigator in various other paediatric studies (*e.g.* PUFFIN, SysPharmPediA, PiCA). Furthermore, she is the current chair of the Young Investigator Board of the Netherlands Respiratory Society.

Assembly 8: Dorina Rama Esendagli

Dorina Rama Esendagli is the new ECM representative of Assembly 8 (Thoracic surgery and transplantation). She is an Assistant Professor in the Chest Diseases Department of the Medical Faculty at the Baskent University (Ankara, Turkey). She has been involved in pulmonology for 10 years and is interested in interventional pulmonology and lung transplantation, for which she received special training in 2018. She obtained her PhD in 2011 in "Tumor biology and immunology" at Hacettepe University (Ankara, Turkey). Her interests are immunological pathways regarding lung transplantation, chronic rejection and primary disease recurrences after transplantation.

Final remarks

This article presented the ERS ECM Awardee 2022 and the new ECM representatives of the ERS. If you want to know more about ERS activities and/or if you have any questions and ideas, you can contact the ECM representative of your Assembly – their contact details can be found in the ERS members' directory (https://www.ersnet.org/). You can also follow the ECMC and ERS social network pages to have information on the latest events and activities: Twitter (@EuroRespSoc and @EarlyCareerERS), Facebook (ERS Early Career Members group).

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