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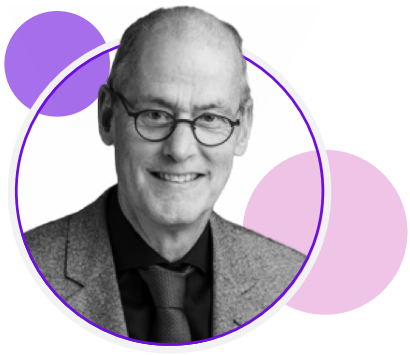

Menno de Rie

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Q1 Before specialising in dermatology, you earned a PhD in immunology, could you describe the path that first led you to immunology and then what influenced you to make the switch?

Immunology came into my path when I was studying medicine. I worked at the Immunology Lab of the Red Cross Blood Bank in Amsterdam for 6 months and enjoyed it very much. I must say, however, I was also a little bit disappointed by the internships that I did. I was thinking: "Oh, my god, is this really what I want to do for the rest of my life?" After these 6 months in the immunology lab, I was offered a PhD position and I decided to go for it and see where it took me. This was back in the 80s when immunology was becoming more important. It was really booming with the start of monoclonal antibodies, and breakthroughs in understanding blood diseases and other conditions. I thought there were a lot of things going on, so I decided to stay for about 6 years, finished my thesis, and then I met Rudi Cormane, a Professor of Dermatology and one of the founders of the European Society for Dermatological Research (ESDR).

He was an internal doctor but later became a dermatologist. His knowledge of skin and immunology was broad. He said to me: "If you're really interested in immunology, you have to dive into dermatology." He offered me a position to become a dermatologist in his department so that I could start doing research there as well. This was an offer that I couldn't refuse. Unfortunately, he passed away just a couple of weeks later. Fortunately, his successor Joannes Bos was also really into immunology. Together, we started working on psoriasis and the immunology of psoriasis, publishing many articles on it. That's how I became a dermatologist.

Q2 Given your research often explores the connection between immunology and dermatology, how have recent advances in immunodermatology influenced treatment options for chronic skin diseases like psoriasis?

'The development of monoclonal antibodies', which I worked on in the immunology lab, later developed into 'the use of monoclonal antibodies for treatment of diseases', which made a huge difference.

When I did my training as a dermatologist, we had 24 beds for treatments in the academic hospital. Now we don't have any beds anymore, because most of these patients are treated with monoclonals or biologicals, as we call them nowadays, which are monoclonal antibodies. So, with biologicals, we have so many more options for the treatment of chronic inflammatory diseases and a much better understanding of them. It's really taking off now. It all began with TNFs, but if you look at where we are today, especially with the latest advancements such as JAK inhibitors, it feels like the sky's the limit.

It's not just about injections or parenteral use anymore; creams with JAK inhibitors are also being developed. This could potentially allow us to move away from using corticosteroids for various

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skin diseases. So, we might be able to forget about the old treatments and start using JAK inhibitors instead.

The discovery that TNFs can be used to treat a wide range of skin diseases, including psoriasis, made a huge impact. A lot of industries started getting interested in investing in dermatology research, whereas before, no one in pharma really cared much about it, especially when it came to creams and ointments. It wasn't seen as a big market, and there weren't any major developments happening. But now, with the growing understanding of the pathogenesis of diseases, people have realised that there are many points where we can effectively target treatments and start addressing diseases at their root cause.

That made a huge difference. For me, as a dermatologist still involved in research and working closely with the pharmaceutical industry, things took an interesting turn in around 2007. Novartis approached me and said: "With your background in dermatology and your interest in immunology, would you be interested in leading our Translational Medicine Department for dermatology to develop new drugs?" I thought: "Why not?" So, we sold our house and moved to Switzerland. It was quite a change! I worked there for a few years with great enthusiasm and played a part in developing several drugs.

> If you have moderate-to-severe psoriasis, it's affecting your quality of life equal to or more than having a heart attack

Q3 When did the shift happen with JAK inhibitors and TNF inhibitors?

There's a lot going on between the development of TNF inhibitors and the more recent JAK inhibitors, which started around 5 years ago. Now, we're also seeing topicals being introduced, which is really the latest advancement. But in between the TNF- and the JAK inhibitors, we have the IL-17 inhibitors and IL-23 inhibitors. So, there are a lot of other biologicals that have been developed and are very successful as well.

I did most of my research together with the pharmaceutical industry and gave numerous lectures to dermatologists in the Netherlands and abroad about these new drugs coming to the market, making sure dermatologists understood how they worked.

Q4 A recent paper you co-authored, 'Review of literature and clinical practice experience for the therapeutic management of Morgellons disease', explores the current understanding of Morgellons disease. Could you outline the key takeaways from this review?

That comes from a PhD student I mentor, Patrick Kemperman, who's the first author of the article. He's doing his research on psychodermatology, specifically on Morgellons disease, which is a psychosis, meaning patients are under the impression that there are skin infestations, which is not true. But since they think that there are infestations, they want to get treated for it. The patients start scratching and trying to convince dermatologists that there are microbes in their skin that must be treated, but the problem is in their mind, so you have to treat them with antipsychotics.

The takeaway message is that you have to do a very thorough investigation of these patients to ensure there isn't a genuine skin infestation. Often, the issue lies 'between the ears', so to speak. The first step is to recognise this. Additionally, it's crucial for dermatologists to collaborate with a team, particularly psychiatrists,

> To look at the efficacy of a new drug, we always incorporate a scale to assess its effects on quality of life

to help educate patients that their condition requires a different approach, that the focus should be on their mental health.

Q5 How would you say the awareness is around psychodermatology? Is that a relatively new aspect of being a dermatologist that you have to be aware of?

While it's not a new concept, there's an increasing focus on it. People are beginning to recognise the importance of psychodermatology. As dermatologists, we understand how much a skin disease can impact someone's life and contribute to their suffering, perhaps even more so than in other specialities. Having a skin condition is visible to others, which amplifies the impact. For example, if you have moderate-to-severe psoriasis, it's affecting your quality of life equal to or more than having a heart attack.

This growing understanding of the significance of psychodermatology and its impact on quality of life has resulted in increased attention in the field. For instance, to look at the efficacy of a new drug, we always incorporate a scale to assess its effects on quality of life because we recognise that treatment of the skin is not equal to treatment of the quality of life of patients; these are distinct aspects that require separate consideration.

Q6 In your role as Treasurer, you have a unique perspective on EADV's priorities. How does the organisation balance its commitments to research, education, and public awareness within dermatology and venereology?

EADV is an organisation based in Lugano, Switzerland, where 37 people are working to make all this possible. The congress is our main activity and also the financial driver of our organisation. We try to serve our dermatologists in many ways, but everything we do is focused on the improvement of care for our patients. We do not only organise an annual congress and symposium, but we also produce two journals, make podcasts, organise summer schools and leadership trainings for young dermatologists, run an advocacy initiative etc., and have a wide range of other activities ultimately helping dermatologists to improve the care for our patients. In addition, we decided to support the development of European guidelines so that patients are more or less treated in the optimal way.

Q7 How does the EADV support young dermatologists and researchers entering the field, and what initiatives have been most successful in nurturing the next generation of specialists?

We have leader development programmes. At this congress, you'll notice that we have special sessions dedicated to young dermatologists and residents, and they organise their own programme based on what they feel is important. It's all about prioritising what truly resonates with them.

We also make it possible for them to come to these meetings that EADV organise. We offer reduced rates and provide over 190 grants totalling around a quarter of a million Euros each year. We support individuals from underdeveloped countries, allowing them to participate at minimal cost, and we provide facilities for students as well. We're doing everything we can to attract young people because they are the future.

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Q8 What sessions are you most looking forward to at the EADV Congress 2024? What do you think will be the highlights and what new topics have you seen emerging this year compared to the last couple of years?

That's a challenging aspect. What I find appealing is the emphasis we need to place on being mindful of our environment. This doesn't just mean being cautious about energy use and our footprint when organising a congress, but also raising awareness among dermatologists so that when they return to their practices, they start questioning the materials they're using. They should consider whether their methods are truly sustainable and what the consequences are for our environment.

So, that I think, is a very new aspect of our organisation and our Congress, and we put a lot of effort into it. For instance, the plenary lecture that will kick off this afternoon will be given by a renowned researcher and adventurer who has travelled the world in a hot air balloon and more. He aims to raise awareness about the importance of being mindful of our actions and ensuring the safety of our planet. To me, this is a crucial topic that we must prioritise right now.

There are also a lot of developments in the field of treating inflammatory diseases. While it's not a completely new area, there are constantly new drugs on the market. For me, however, the environment is my top priority right now, and that's a very personal stance.

Q9 Are there any sessions on the programme that, say you did have all the time in the world, would be the ones you would make a beeline for?

The late-breaking sessions are the ones I find very interesting because there you hear talks about things people have done, studied, etc., that have not yet been published. Late-breaking sessions are where you can get to know the latest and the hottest pieces of work in the field.