Congress Interview

EMJ is delighted to introduce an interview with María Torres, President of the European Academy of Allergy and Clinical Immunology (EAACI), and Head of the Allergy Department, Malaga Regional University Hospital, Spain. As the driving force behind the EAACI Congress 2025, Torres shares her insights on the Congress's focus on planetary health, the latest innovations in drug allergy, and how EAACI is supporting the next generation of clinicians and researchers in the field.



María Torres

President of the European Academy of Allergy and Clinical Immunology (EAACI); Head of the Allergy Department, Malaga Regional University Hospital, Spain.

Managing antibiotic resistance and improving diagnosis and care for patients with drug allergies is absolutely critical Citation:

As the President of the European Academy of Allergy and Clinical Immunology (EAACI) Congress 2025, how would you describe your vision for this year's congress? What key themes or innovations are you most proud to bring to the forefront?

The focus of the EAACI Congress 2025 programme is planetary health and a sustainable future. We anticipate that our Congress in Glasgow, UK, will attract a record number of delegates from across the globe.

This year's conference will spotlight both clinical and experimental aspects of allergology, with a strong emphasis on the 'One Health' approach and the impact of environmental exposure on human disease. The programme's theme aligns closely with the Academy's growing focus on environmental science, an area in which allergology plays a particularly prominent role.

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> Q2 Drug allergy has long been a central focus of your research. How is the EAACI Congress 2025 addressing the global burden of drug hypersensitivity and improving diagnosis and risk stratification?

Drug allergy has been the main focus of my research for about 25 years. The increasing global prevalence of drug allergies has traditionally been attributed to longer life expectancy and a higher consumption of medications with allergenic potential. However, this alone may not fully explain the rising incidence of the condition.

Other contributing factors could include greater public awareness, as well as the presence of damaged epithelial barriers in the gut or skin, which may promote sensitisation to external agents such as chemical compounds.

At the Glasgow Congress, we will address all of the key aspects of drug hypersensitivity, including epidemiological trends, diagnosis, and management, with a particular focus on *in vivo* desensitisation techniques. Regarding diagnosis, we'll explore the promising role of nanotechnology in developing new devices and reagents that can more accurately distinguish between individuals who are allergic and those who are not allergic.

Additionally, as part of EAACI's broader awareness initiatives, we will launch a new campaign at the Congress that focuses on delabelling, antibiotic resistance, and how accurate allergy diagnosis can support public health systems. Awareness campaigns are extremely important to us, especially because managing antibiotic resistance and improving diagnosis and care for patients with drug allergies is absolutely critical. **Q3** You've previously spoken about the role of AI in allergy care. How is the EAACI Congress 2025 helping lead the conversation around AI's potential for predictive modelling, diagnosis, and personalised treatments?

EAACI is making tremendous efforts to integrate AI into the healthcare of individuals with allergic diseases. This emerging technology holds great potential, particularly in diagnosis. For example, AI can aid in accurately predicting the likelihood of a positive test result based on a patient's specific set of symptoms and signs. It is also highly useful in classifying different types of skin lesions.

Al is being applied to telemedicine as well, allowing for improved monitoring and follow-up of patients. At the Congress in Glasgow, we will feature several Innovation Hub sessions where the role of Al in allergy care will be a key topic of discussion.

Moreover, EAACI is developing a practical initiative on the application of AI in allergic diseases, in collaboration with the American Academy of Allergy, Asthma & Immunology (AAAAI).

We are already using AI in clinical practice, particularly to achieve more precise diagnosis and management. Looking to the future, especially after the lessons learned during the pandemic, we see that telemedicine and AI will play an increasingly important role in helping us care for our patients in a more efficient and accurate way.

Q4 What emerging diagnostic tools or biomarkers are you most excited about this year, especially those with real potential to enter clinical practice for asthma and allergic rhinitis?

Confirming the diagnosis of allergic rhinitis or allergic asthma remains challenging, particularly when it comes to assessing the clinical relevance of IgE sensitisations. This is a major unmet need in allergology. Understanding the relevance of IgE sensitisation is essential for identifying patients who may benefit from allergen immunotherapy, which is the only treatment that can actually modify the course of the disease.





In recent years, EAACI has made significant efforts to standardise nasal, bronchial, and allergen provocation tests. These procedures are extremely valuable in identifying individuals who are truly allergic among patients with chronic respiratory diseases. However, there are global shortages of allergen extracts for provocation testing, and these procedures can sometimes induce uncomfortable or even severe symptoms in patients.

As a result, we are also exploring the potential of *in vitro* procedures to assess the clinical relevance of IgE sensitisation in respiratory diseases. In particular, the basophil activation test is showing great promise, and we expect to see very positive results from ongoing research in the coming year. **Q5** Recruiting and mentoring talent is a growing challenge for many research centres. How is the EAACI Congress 2025 creating opportunities for young professionals to engage, collaborate, and grow in the field of allergy and immunology?

For nearly two decades, EAACI has been actively supporting the development of young professionals through a wellestablished and highly engaged Junior Member Assembly Board. This board organises a wide range of activities specifically designed for our youngest members. These include scientific initiatives, such as the Junior Member Poster Session and the Junior Member Case Report Session during the Congress, as well as the EAACI Allergy College for students. We also recognise the importance of networking and community, which is why we host social events like the Junior Member Party at the Congress.

Beyond the Congress, we offer additional scientific opportunities through our various sections and interest groups. One key programme is our Clinical and Research Fellowship, which allows junior members to undertake educational and research placements at leading centres across Europe.

We also support focused initiatives like the Skin Allergy Club, which is organised annually by the Dermatology Section and provides a dedicated space for junior members who have a special interest in allergic skin diseases to learn, connect, and grow.

Q6 The EAACI is known for bridging basic science and clinical practice. How are omics technologies, AI, and big data helping transform the field, and how is the EAACI helping to translate these advances to the bedside?

We are still a long way from seeing omics science, big data, and Al fully integrated into routine clinical practice. For several years now, we have been collecting data across various variables and disciplines, with the goal of categorising patients into specific disease phenotypes and endotypes. The integration of data from different omics domains allows us to classify individuals not only by their clinical symptoms, but also by the underlying disease mechanisms. However, analysing such vast datasets requires powerful computational tools, which are not yet available in all settings.

Al has the potential to support this process by evaluating and interpreting complex data more efficiently. EAACI is strongly committed to disseminating these advances throughout the scientific and medical community. However, it will still take some years before these innovations can be fully translated into clinical practice.

As Deputy Editor of the Allergy journal, you have an excellent view of research trends. What topics do you believe are underexplored or represent the next frontier in allergy and immunology?

Most areas of allergy and clinical immunology still require further research and investigation. There are some specific conditions, such as hereditary angioedema and mastocytosis, that have historically been considered rare. As a result, they were somewhat neglected; however, they are now receiving increased attention from both scientists and clinicians.

This renewed interest is largely driven by the development of novel medications that have the potential to significantly improve a patient's quality of life and disease control. **Q8** Finally, as we prepare for the EAACI Congress 2025, what would you say to young researchers or clinicians attending for the first time?

I think they should expect a truly great Congress; I would even say the best Congress in the field this year. It's an outstanding opportunity to learn new things, share your research and clinical experience, and connect with colleagues from all over the world.

I would encourage first-time attendees to ask questions, engage with speakers, and participate in every social event and networking opportunity. These moments are incredibly valuable. Networking is one of the key pillars of our annual Congress. It's a space where people from very different disciplines come together to find not just the first solution, but the best solution for allergic diseases.

Attendees in Glasgow should feel that they are part of a global community of researchers, clinicians, allied healthcare professionals, and patients. Together, we are all working to move the field of allergology and clinical immunology forward.

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