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> **The JMA serves as a bridge between early-career professionals and the wider EAACI community**

Q1 As Chair of the Junior Members Assembly (JMA), how are you helping ensure that early-career clinicians and researchers can play a meaningful role in shaping the future of allergy and clinical immunology within the European Academy of Allergy and Clinical Immunology (EAACI)?

The JMA serves as a bridge between early-career professionals and the wider EAACI community. Our goal is not only to provide educational opportunities but also to ensure that junior members actively contribute to scientific discussions, guideline development, research initiatives, and leadership activities within the Academy.

We are strengthening junior representation across EAACI task forces, working groups, and scientific committees, while creating mentorship opportunities that connect emerging talent with established experts. Through dedicated educational programmes, research collaborations, and networking initiatives, we aim to empower young clinicians and researchers to become future leaders who will shape the direction of allergy and clinical immunology in Europe and beyond.

Q2 This year's Congress theme is 'Vision Zero: A Future Free from Allergy and Asthma Burden'. What role do you believe the next generation of allergy specialists will play in achieving this ambitious goal?

The next generation of allergy specialists will be instrumental in transforming this vision into reality. They are entering the field at a time of unprecedented advances in precision medicine, biologic therapies, digital health, and AI, all of which have the potential to improve patient outcomes and disease prevention.

Beyond adopting new technologies, young specialists will play a key role in generating high-quality research, promoting evidence-based practice, reducing healthcare inequalities, and strengthening multidisciplinary collaboration. Achieving a future with a significantly reduced allergy and asthma burden will require innovation, advocacy, and international cooperation, and junior members are uniquely positioned to drive these changes over the coming decades.

Q3 The JMA has become an increasingly visible part of EAACI. What opportunities at this year's Congress would you particularly encourage junior delegates to take advantage of?

The EAACI Congress offers an exceptional range of opportunities for junior delegates. I would strongly encourage them to participate in JMA sessions, educational tracks, hands-on workshops, and networking events designed specifically for early-career professionals.

Presenting research, engaging with experts during scientific sessions, and connecting with peers from different countries are invaluable experiences that often lead to future collaborations. I would also encourage delegates to explore mentorship opportunities and become involved in EAACI

activities beyond the Congress itself. Building professional relationships and becoming an active member of the EAACI community can have a lasting impact on career development.

Q4 You have contributed to several recent EAACI and Allergic Rhinitis and its Impact on Asthma (ARIA) guideline initiatives. What are the most important updates in allergic rhinitis management that clinicians should be aware of? Are these applicable across Europe, or are they more region-specific?

Recent EAACI and ARIA initiatives continue to emphasise a patient-centred and evidence-based approach to allergic rhinitis management. One of the key developments is the increasing use of integrated care pathways and precision medicine principles to tailor treatment according to disease severity, symptom control, and patient preferences.

Another important aspect is the growing emphasis on real-world evidence, digital health tools, and patient-reported outcomes to support treatment decisions. Allergen immunotherapy remains the only disease-modifying treatment and continues to play a central role in appropriately selected patients.

While the core recommendations are broadly applicable across Europe, local adaptations may be necessary depending on allergen exposure patterns, healthcare systems, treatment availability, and reimbursement policies. Nevertheless, the underlying principles of diagnosis, symptom control, and integrated airway management are universally relevant.

Q5 There is growing recognition of the close relationship between upper and lower airway diseases. How is the concept of united airway disease influencing both clinical practice and research priorities?

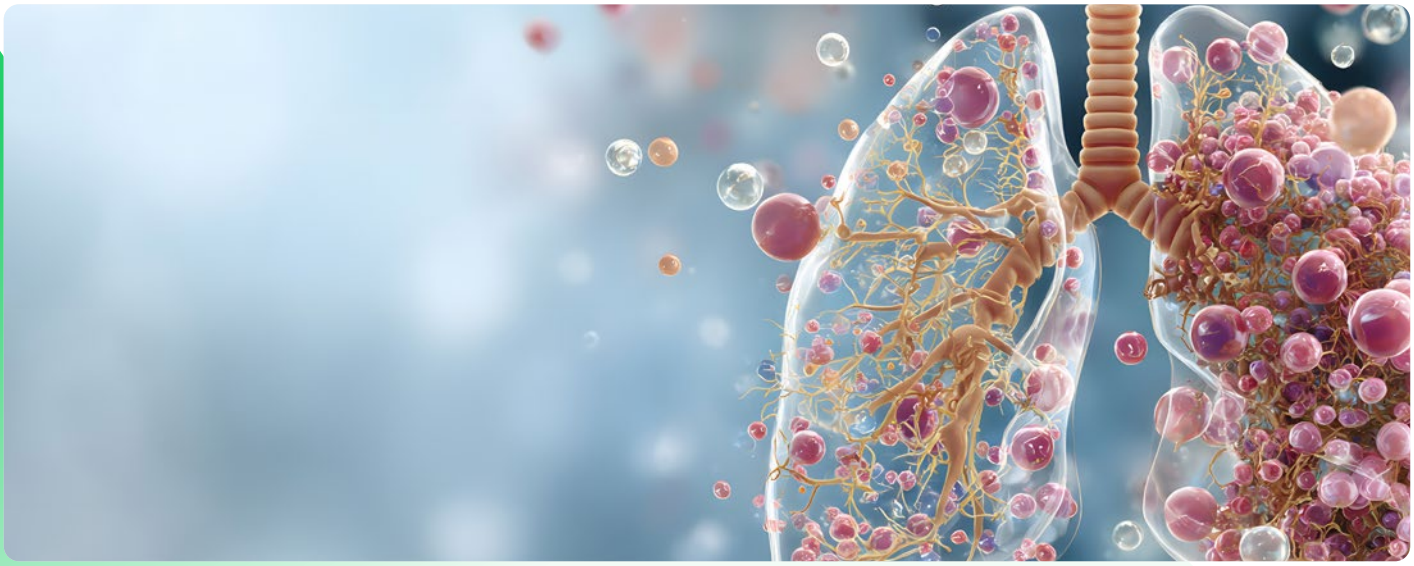
The concept of united airway disease has fundamentally changed how we understand and manage respiratory disorders. We now recognise that conditions such as allergic rhinitis, chronic rhinosinusitis, and asthma are closely interconnected through shared inflammatory mechanisms.

In clinical practice, this means adopting a more holistic approach, assessing both upper and lower airway involvement rather than treating each condition in isolation. Effective management of upper airway disease can positively influence asthma control and overall patient outcomes.

From a research perspective, there is increasing focus on identifying common disease pathways, biomarkers, and therapeutic targets that address airway inflammation as a whole. This integrated approach is helping to advance precision medicine and improve care for patients with complex airway diseases.

Q6 Your recent work has focused on conditions such as chronic rhinosinusitis, olfactory dysfunction, and other upper airway disorders. Which areas do you feel remain under-recognised despite their significant impact on patients' quality of life?

Olfactory dysfunction remains one of the most under-recognised conditions in upper airway medicine. Loss or impairment of smell can profoundly affect nutrition, safety, emotional wellbeing, social interactions, and overall quality of life, yet it is often underestimated in routine clinical practice.



Similarly, chronic rhinosinusitis is frequently perceived as a minor condition despite its substantial impact on sleep, productivity, mental health, and daily functioning. The burden experienced by patients can be comparable to that of many other chronic diseases.

There is also a growing need to recognise the psychological and social consequences of chronic upper airway disorders. Greater awareness, earlier diagnosis, and more comprehensive patient-centred management strategies are essential to address these unmet needs.

Q7 For junior clinicians and researchers attending EAACI 2026, what advice would you give for building a successful career in allergy and clinical immunology while making the most of the educational and networking opportunities available at Congress?

My advice is to remain curious, proactive, and open to collaboration. Scientific knowledge and clinical expertise are fundamental, but building meaningful professional relationships is equally important for long-term career development.

Attend sessions outside your immediate area of interest, engage with experts, ask questions, and introduce yourself to colleagues from different disciplines and countries. Present your work whenever possible and seek feedback as an opportunity for growth.

Most importantly, become actively involved in the EAACI community. The Congress is not only a place to learn about the latest scientific advances: it is also a platform to build networks, discover mentors, develop collaborations, and contribute to the future of our specialty. The connections and experiences gained at EAACI often become defining moments in a young professional's career.