

Alexander Katoulis

Second Department of Dermatology-Venereology, National and Kapodistrian University of Athens Medical School; Attikon General University Hospital of Athens, Greece

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Q1 You currently serve as a Board Representative to the European Academy of Dermatology and Venereology (EADV) Executive Committee, as well as sitting on the Education Committee. What are the main priorities for the EADV at the moment, and where do you see the Academy having the greatest opportunity to shape the future of European dermatology?

I was privileged to serve the EADV at a historical point in its almost 40-year history: in 2026, the number of members climbed to over 15,000, and the number of participants in the Annual Congress was greater than 20,000. The EADV has become one of the most respectful and impactful dermatologic societies worldwide. This creates a great opportunity and responsibility "to drive the future of dermatology by leading progress, empowering a diverse professional community, and setting new standards of excellence." In this context, the main priorities for the EADV are to promote education, clinical care, and research in dermatology; to be collaborative, inclusive, and trusted; and to outreach every corner of Europe and beyond.

Q2 Dermatology is becoming an increasingly broad and specialised field. From your perspective within the EADV, how can the Academy ensure that dermatologists across Europe continue to have access to consistent standards of training and clinical practice?

Today, European dermatology is on the frontline of world dermatology. Most importantly, this is the collective accomplishment of all European dermatologists, who are continuously trained to practice dermatology at the highest level. This is a result of an innate European spirit of excellence that inspires not only the leadership of EADV, but all national societies and every single dermatologist on our continent. So, in my opinion, the EADV has set the pace and should continue to organise congresses of high scientific level; provide a wide variety of educational opportunities, such as courses, workshops, a school for residents, webinars, etc.; fund the opportunity for clinical or research fellowships; and promote research with generous research grants, among others. All members of the EADV have access to these opportunities, so I am very optimistic about our common future.

Q3 You are Co-Chair of the EADV Hair Diseases Task Force. What prompted the EADV to establish a dedicated task force for hair diseases, and what gaps in European dermatology is it intended to address?

Hair diseases, and most notably alopecia, are the number one hot topic in dermatology today. At the same time, a dedicated EADV task force for hair diseases was surprisingly missing. The aim of this Task Force is to bring together European hair experts and provide a platform of cooperation for the creation of tools to assist education, clinical practice, and research in the respective field. We are currently working to produce practical recommendations, expert opinions, and focused overviews on different hair diseases and on important drugs in our

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armamentarium. We have already started to fill the existing gap, due to the lack of European guidelines for most important hair diseases.

Q4 Scarring alopecias remain particularly challenging because hair loss can become irreversible. What are the most important developments in our understanding of these conditions that you think should change the way dermatologists approach them?

Scarring alopecias, although far less common than non-scarring ones, cause significantly greater psychosocial burden because of their irreversible nature. Better understanding of these conditions is the most important step for their effective management. Current advances in immunology unveil their underlying pathogenetic mechanisms, genetic studies decode the genetic predisposition, and hormonal influences are recognised, such as the role of androgens in frontal fibrosing alopecia and fibrosing alopecia in a pattern distribution. The hair follicle is an impressive and complex mini organ, and decrypting it may elucidate the mechanisms of skin functions and regeneration.

Q5 The EADV recently published a position statement on lichen planopilaris (LPP), and the Hair Diseases Task Force has also worked on folliculitis decalvans (FD). What do these recent initiatives tell us about where the evidence base for scarring alopecia currently stands?

Treatments for alopecia are difficult to evaluate and compare. Until recently, there were no reliable and validated activity and severity scoring indexes. Today, we have such severity indexes for all important types of alopecia. In addition, the spontaneous remission or regrowth, commonly seen in alopecia areata, and the irreversibility (regardless of treatment) of hair loss in scarring alopecia undermine a subjective efficacy assessment. As a result, properly designed studies, especially RCTs, are lacking in alopecia, making it difficult to produce evidence-based guidelines for treatment. Therefore, our aim was to gather and critically evaluate clinical experience with the use of therapeutic modalities, topical and systemic, and provide a position statement or an expert consensus for the treatment of LPP and FD so far, but also for frontal fibrosing alopecia and discoid lupus erythematosus shortly.

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Q6 There has been growing recognition of an overlap between FD and LPP. How is this changing the way clinicians think about the classification and management of cicatricial alopecias?

This is a relatively new concept of great significance. Until today, primary scarring alopecias were classified, on a histopathological basis, into lymphocytic, neutrophilic, and mixed. The concept of the Folliculitis Decalvans and Lichen Planopilaris Phenotypic Spectrum (FDLPPPS) breaks the traditional boundaries between lymphocytic alopecias, like LPP, and neutrophilic alopecias, such as FD. Furthermore, it is increasingly recognised that different types of alopecia (two or more) may co-exist, develop sequentially, or transform into another type in the same patient. This should prompt a brand-new approach, both in the classification (pathogenetically based) and in the treatment (individualised and adaptive over time) of alopecia.

Q7 At the recent EADV Symposium, you highlighted drug-induced hair loss as a relatively common but under-recognised cause of alopecia. Why is it so frequently missed, and what should clinicians be looking for when taking a patient's history?

Drugs are the modern ‘Great Imitator’ in dermatology, as they can reproduce nearly every skin disease. This is the reason that drug history should be an integral part of history taking in dermatologic patients. However, hair loss, a common reason for dermatologic consultation, is not commonly associated with drug administration by physicians. We should bear in

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mind that several commonly used drugs are a frequent cause, especially of telogen effluvium. Chemotherapeutics are the most important cause of anagen effluvium, and even androgenetic alopecia and scarring alopecias can be induced by drugs.

Q8 More broadly, what do you think are the biggest unmet needs in the diagnosis and management of hair and scalp disorders, and where could research make the greatest difference over the next 5 years?

We are living in a rapidly advancing world, and dermatology needs to adapt and actively participate in these changes for the benefit of our patients. In my opinion, the biggest unmet needs are: reclassification of hair diseases on pathogenetic grounds; early and reliable diagnosis (trichoscopy can significantly contribute) to prevent irreversible hair loss; and early (during the window of opportunity), individualised, and adaptive treatment approaches, taking into consideration that hair diseases may co-exist in the same patient. The big challenge for research is unlocking the mysteries of the hair follicle and providing effective and safe targeted therapies for hair diseases.

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