## EULAR Research Interview Series

# Opportunities and challenges in rheumatology research in Hungary

*Interview with Professor Zoltán Szekanecz on career perspectives for young Hungarian RMD researchers, opportunities to level the research playing field across Europe, and improving care. He is a Professor of Medicine, Rheumatology and Immunology in the Department of Rheumatology at the University of Debrecen in Hungary.*

**EULAR: Prof. Szekanecz, how did you launch your career as a rheumatologist physician-scientist?**

I developed my interest in rheumatology during my medical studies when I did research on cartilage. After graduation, I spent some time in the U.S. and England, where I developed a deep appreciation for research on rheumatic and musculoskeletal diseases (RMDs). It was difficult to do research in Hungary due to a lack of research instruments and funding. My time abroad gave me a real boost. After two years in the U.S., I came back with 21 publications and was determined to follow the research path. By that time, opportunities in Hungary had much improved, so I was able to continue my research activities back in my country. I built collaborations across Europe that helped me to implement high-quality research projects.

**EULAR: What barriers to RMD research in Hungary do you see today?**

Hungary has experienced a significant delay in the development of RMD research, and for many years, Hungary could not be part of larger international projects such as BeTheCure or AutoCure. At the same time, the centres we have don't necessarily collaborate effectively. We have only just begun to build a national network for rheumatology-related research to help address this.

I would say that a lack of funding is one of the most important barriers. In past years, our Central-Eastern European countries did not have the same chance to receive large European research grants compared to Western countries. Therefore, for us, it is extremely difficult to reach the criteria required for a EULAR Centre of Excellence. Hopefully, this may change in the future.

Second is the issue of the environment our rheumatologists are working in. They spend most of the day in the clinic, and there is very little time to do research. You either do research in the evening or early in the morning.

Part of the problem is how we evaluate university productivity. I never believed in the three dimensions of university life, which are teaching, research, and patient care. It is unrealistic to expect people to perform all three with equal dedication and quality. In the U.S., I did not have to do patient care or teaching; I could focus on my research. We don't provide the opportunity to focus on one of these

**IN NUMBERS**

**Rheumatology Research in Hungary**

Population: 10 Million

GDP: 27,200 per capita

Rheumatologists: 1000

Rheumatology hospitals/departments: 31

Arthritis patients on biologics: 12,000

Research centres with international publications: 15

Research groups: 27

Related publications with IF: 400

PhD theses in rheumatology: 20

Research grants awarded: 50

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*Data sources*:

Szekanecz Z, Anic B, Héjj G, Holc I, Hunka A, Kucharz E, Machold K, Mayer M, Pahor A, Puchner R, Rovensky J, Senolt L, Tuchynova A, Vencovsky J, Smolen JS. Opportunities and challenges in rheumatology research in Central Europe. Arthritis Res Ther 19: 196, 2017. [Epub 2017 Sep 4]

Szekanecz Z, Nagy Gy. Rheumatology research in Hungary. Hung Rheumatol 59 (Suppl): 32-36, 2018.

areas. For example, there is little mentoring and incentive for young students who want to pursue a Ph.D. Having a Ph.D. does not necessarily get you a higher salary.

On top of that, being an excellent scientist in Hungary doesn't help with career promotion and advancement because you have to perform well in the other two dimensions. This leads to a huge burn-out rate already in the early-career stages.

**EULAR: How do the research inequities and challenges affect the quality of care for people with RMDs in your region?**

The challenges I mentioned directly affect the quality of care for people with RMDs. I consider this the main reason why it is important to close RMD research gaps across Europe. We want to ensure that people with RMDs get the same quality and level of care. Take biologics and other targeted therapies, for instance. In Hungary, these effective drugs became available in 2006, but they had already been available in Western countries about a decade before. Having access to these treatments improved rheumatology care enormously and, in many cases, meant better functional ability and quality of life for patients with RMDs.

In Hungary, many hospitals lack a research focus. Research findings and evidence-based recommendations don't get translated into improved patient care. Another problem is a lack of interest in research and opportunity among young rheumatologists. They face a large workload in routine clinical practice that leaves them little time for research. In University clinics, the situation is slightly different. Research is more integrated, and their standards are higher. However, we need a higher sensitivity for the importance of research from the very beginning.

**EULAR: Despite the persisting challenges, where do you see improvements in Hungarian rheumatology research in the past few years.**

We already see more young students that want to be involved in rheumatology compared to some years ago. Many of them got some experience abroad. They have international connections and bring their knowledge back to Hungary. That is fantastic and makes me very optimistic.

In recent years, the EU and specifically EULAR have made grants more accessible for countries like Hungary. Our research group is now involved in three large EU research projects, and we were also involved as collaborators in projects funded by FOREUM.

I also see that the impact factors of the scientific articles from our region are increasing. When I was a student, it was almost impossible to publish in the Annals of the Rheumatic Diseases or other top rheumatology journals, but now the numbers are going up. Researchers from our region are also very appreciated in Western countries because they are very diligent and dedicated. The collaboration between Eastern and Western European laboratories right now is fantastic. Before, we did not have the resources in our region, so students went to the U.S., the U.K., or the Netherlands, to get research experience. Today, more local research opportunities attract students to stay within the region, and collaborations with Western research centres continue to enable us to strengthen our local research efforts.

**EULAR: What advice do you give young researchers who want to establish themselves in the field?**

Finding a good mentor within or outside the country is most important. I usually advise my students to get some research experience abroad, for example, as visiting scientists in top laboratories in Europe. Young researchers need motivation first. If that is combined with a good mentor and a good research environment both at home and abroad, those would determine success.

**EULAR: In 2020, EULAR launched its Virtual Research Centre (VRC) aimed at facilitating research to improve the lives of people with RMDs. To do so, the Centre provides research**

**resources and services, infrastructure, and training. How do you think could EULAR's VRC help to address some of the country-specific research challenges you are facing in Hungary?**

I don't think there is a one-size-fits-all solution. The research support needs for researchers in the U.K., for example, are different from those in Hungary. It is critical to involve all European regions in developing the VRC and its research support offerings.

On a political level, it is imperative to advocate for the importance of our work in the European arena, and EULAR is already doing a great job there. The bridge EULAR builds across European countries is essential to establish a map of the most pressing needs.

It would also be helpful to rethink EULAR's approach to its Centre of Excellence award. Different requirements regarding the number of publications with impact factors are critical, so those countries with less developed rheumatology research environments can compete. This would provide additional incentives for young scientists in countries like Hungary.

On a more practical level, I see a need for start-up support that allows young scientists who have just finished medical school or their residency to develop their research careers. Funding has been an issue, and we hope that, with development, Hungary could also participate in more EU- or EULAR-related projects. In combination with local and international mentoring opportunities, start-up support could make a real difference. Research mentoring programs are less developed or non-existent in Hungary. The VRC could potentially support local, country-specific mentoring programs in addition to pan-European ones.

The existing EULAR consultation service that gives researchers across Europe access to research experts is a great step forward. Another way to improve research equity is to ensure access to research papers through a form of journal library, where every journal, every book in the field of rheumatology can be accessed through EULAR.

I look forward to seeing the VRC evolve. I think the VRC is a great initiative and opportunity for emerging countries to get closer to the level of rheumatology research in ivy league countries such as the U.K., Netherlands, and Germany. Achieving a higher level of research equity across the EULAR member countries would be a great success. I have a lot of hope for the next generation of rheumatologists who are slowly establishing themselves in the international community.