#### **LETTER TO EDITOR**



# A Rose Amongst the Thorns: the Mission of the J Project in a Conflictual World

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Received: 3 February 2022 / Accepted: 29 April 2022 / Published online: 9 May 2022 © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

#### To the Editor:

The J Project (JP) physician education and clinical research collaboration program was established in 2004 by clinician scientists in Eastern and Central Europe (ECE) to increase awareness of primary immunodeficiency disorders (PIDs) and improve the complex care of patients with these conditions [1, 2]. By the end of 2021, 344 J Project meetings were organized (Table 1). The JP has created a collaborative, professional community of clinical immunologists, caring for more than 24,000 patients with PID and a remarkable number of joint publications [1–3].

While most of us live in a peaceful environment, the world is now full of conflict and unsolved legacies, and the area covered by our JP network is no exception. Many of these disputes concern politics and religion, culture and traditions, and some relate to the borders of countries, the citizens of which simply wish to live in peace. Those of us working in medicine, presumably with responsibility only for the physical and mental health of those we treat, are suffering from the consequences of local and global conflicts. We remember when many of our colleagues decided not to attend the 2<sup>nd</sup> J Project Congress in Antalya, Turkey, because of the conflict between their countries at the time. This is why we formulated a succinct message delivered at the 2<sup>nd</sup> J Project Congress in Antalya, reiterating that our meeting was dedicated to patients and peace. But, after 18 years of working together in the PID or inborn errors of immunity (IEI) field, the loudest and strongest message to come out

of the JP is that we are still together and growing in terms of the area covered, the countries and centers included, and we are developing across existing differences of various kinds between the 32 countries now involved in the project [1]. We are not alone in this endeavor. Indeed, we collaborate closely with the European Society for Immunodeficiencies, the Jeffrey Modell Foundation, and pharmaceutical companies, which provide educational grants for the organization of JP meetings [2].

We are not immune from the problems of a lack of engagement with this wonderful joint project, albeit in only a few countries or a few centers in some countries. We continually try to persuade the less active centers to re-engage in the Project and to bring them back into the fold. We hope to convince them that the JP exists primarily to help those who are lagging behind, and that the reward for our efforts is the diagnosis and treatment of more and more patients throughout Central Europe and Eurasia, including, recently, in Siberia and the Far East of Russia [3, 4]. Advanced centers should be keen to find new ways to help the less developed centers and to raise the global level of patient management and understanding of the importance of IEI throughout medical fields.

In a more global sense, the JP provides us with an excellent example of how to overcome differences and conflicts between countries and nations and to build collegiality and friendship through a focus on professional collaboration in our growing community, even during times of strife when tensions surround us. A prominent expression of our strength and reach is the increasing number of PID-focused meetings (Fig. 1), reflecting considerable ambition and enthusiasm and paving the way for improvements in the diagnosis and treatment of patients in our still largely neglected but rapidly developing field [5].



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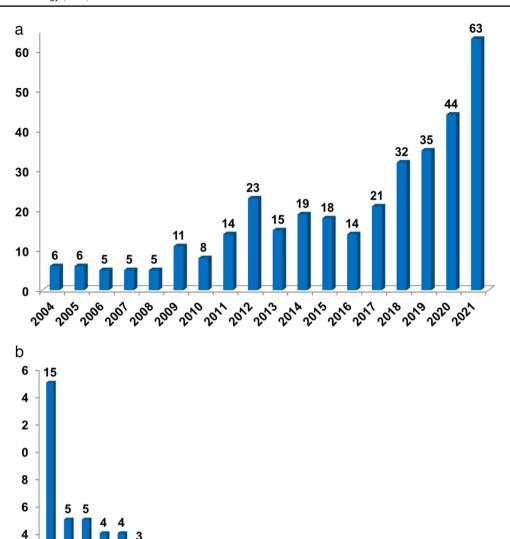
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Table 1 J Project meetings 2004–2021

1 2																	0107			
2	Albania	5							1					1			_		1	1
	Armenia	4															1	1	1	_
3	Azerbaijan	5								1					1			1	1	-
4	Belarus	8			-			1			1			1			1	1	1	_
10	В&Н	1					1													
9	Bulgaria	14		-			1				1		1	1 1	1 2		2	1	1	2
7	Croatia	1							1											
8	Czech Repub	14	1	1	-						1	2	1	1 1	1		1		1	2
6	North Cyprus	1																1		
10	Egypt	3						1	1				1							
11	Estonia	2						1			1									
12	Georgia	4															1	1	1	1
13	Hungary	28		_	2				1	1	2	4	1	2	2		1	4	2	5
14	Iran	18						1	1	1	2	2	2	2 1	-		1	1	2	-
15	Kazakhstan	11									1				1	. 4	2	3	2	2
16	Kyrgyzstan	5																	2	2
17	Kosovo	5													1	•	1	1		2
18	Latvia	5					1			1									1	2
19	Lithuania	9												1	1		1	1		2
20	Poland	19	1	1				1		1	2	1	1	1			1	1	4	2
21	R.Macedonia	∞	1			1				1						•	1	1	2	1
22	R.Moldova	13					1						1	1	-	. 1	2		3	4
23	Montenegro	1																		_
24	Romania	14	1	1	1	1		1		2	2		1	1				1	1	-
25	Russia	58				1		2	1	3	4	1	4	4 2	2		9	5	6	15
26	Serbia	2	1						1											
27	Slovakia	10								1	1	1	1	1 1			1	1		1
28	Slovenia	12				1		1			1	2	1	1 1	-		1		1	1
29	Tajikistan	-																	1	
30	Turkey	30						1		1	3	1	3	2 3	3		3	4	2	4
31	Ukraine	25	1	1		-	1	1	1	1	1	1	1	1 1			1	1	4	5
32	Uzbekistan	10														. 4	2	4	1	33
Edinburgh- ESID		1													1	_				
Lisbon- ESID		1														3	1			
Summary		344	9	9	5	5	5	11	8	41	23	15	19	18 1.	14 2	21 3	32	35	4	63

B&H Bosnia and Herzegovina, R Macedonia Republic of North Macedonia, R Moldova Republic of Moldova





Latvia

Lithuania

Slovakia Slovenia Slovenia Montenegro Belarus Georgia Azerbaijan Iran Macedonia Romania

Bulgaria

Fig. 1 a J Project (JP) meetings were organized between 2004 and 2021 in Eastern and Central Europe (ECE), Egypt, and part of Asia. The cumulative number of meetings was 344 giving an average of 19 meetings/year. The dynamic increase over the past 5 years was remarkable and did not correlate with the number of JP member countries (27 and 32 countries in 2017 and 2020, respectively). Rather, it may represent the devotion of leaders of JP centers in member countries to provide a better care for patients with PID. Over the past 2 years, however, the particular increase could be attributed to opening the scope of the JP to unique mechanisms of coronavirus infectious disease 2019 (COVID-19) in PID patients infected with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). A large number of JP centers have joined forces with the COVID Human Genetic Effort program coordinated by the Rockefeller Uni-

Moldova

Kazakhstan Kosovo Kyrgyzstan Czech Rep. Poland

Uzbekistan

2

versity and the National Institute of Health to extend participation in the COVID-19 research to the area of the JP. **b** JP meetings organized in 25 countries in 2021. An outstanding number of JP events were organized in Russia having the largest population among countries involved in the JP in ECE. However, both Hungary (estimated population (ep), 9,6 million) and Ukraine (ep, 43 million) organized 5 meetings, whereas 4 meetings were organized both in Turkey (ep, 84 million) and in the Republic of Moldova (ep, 2,6 million) suggesting the lack of correlation between meeting number and country population. In 11 countries one JP event were reported and 7 countries had no meeting at all. These data suggest remarkable differences in ambition or interest of leaders of JP countries in the JP at least in the past year. It is also likely that the JP is only one of the PID-related activities in the countries that have joined the Project over the past 18 years



Acknowledgements We thank the patients and parents of the patients for helpful collaboration and trust. We thank the healthcare professionals, especially clinicians and laboratory experts who supported the JP centers.

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**Author Contribution** LM designed this study and wrote the paper. All co-authors read the paper and approved its content.

Data Availability Data used in this study are available on request.

#### Declarations

**Ethics Approval** Not applicable.



Consent to Participate All authors approved to participate in this study.

Consent for Publication All authors approved publication of the manuscript.

**Conflict of Interest** The authors declare no competing interests.

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