

Ten minutes with Zisis Kozlakidis, Head of Laboratory Services and Biobanking at the International Agency for Research on Cancer, World Health Organization



FIRST AND FOREMOST, ARE THERE ANY KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO OUR READERSHIP?

In my experience, during such emergency situations, the role of leadership concentrates primarily in facilitating the flow of clear and unambiguous information; to be able to identify which information is critical, identify the direction of travel and then enable the flow of additional information as needs arise. This pandemic is asynchronous, in other words it's not happening all over the world all at the same time, and some colleagues experience it earlier, and some much later. The leadership challenge lies in distilling the lessons learned from the former and transferring this accrued knowledge to the latter in a timely and effective manner.

TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

The pandemic has affected directly a number of aspects of work. On the academic side I am a lead editor for the COVID-19 special topic and related publications through the Frontiers Publishing House,¹ including 15 participating journals, such as *Frontiers in Medicine*, *Frontiers in Public Health*, *Frontiers in Health Communication*, and more. That includes quite a lot of manuscripts (in the high hundreds) that have to be processed through the standard peer-review process, and also involves identifying the ones that actually need to be out there. They need to be fast-tracked and moving very quickly because they're of high clinical impact. On the clinical side, we have supported a number of global pathology initiatives, such as the COVID Digital Pathology Repository (COVID-DPR) led by the National Institutes of Health, USA.²

At the International Agency for Research on Cancer, World Health Organization, I am head of Laboratory Services and Biobanking. Part of my role is to lead a network, called BCNet, of 34 laboratories in 22 low and middle-income countries.³ These laboratories are established institutional facilities actively involved in biomedical research. Over the last 2 or 3 months almost all of them had to shut down normal operations, pivot their focus and reopen in preparation for the outbreak, most

Biography

Dr Zisis Kozlakidis, PhD, MBA, FLS, is the head of Laboratory Services and Biobanking at the International Agency for Research on Cancer (IARC/WHO). He is responsible for one of the largest and most varied international collections of clinical samples in the world, focusing on gene–environment interactions and disease-based collections. This WHO infrastructure supports multinational efforts in making prevention and treatments possible and delivering those to resource-restricted settings.

Dr Kozlakidis was awarded the 'UK Healthcare Innovator' award in 2018 by the Institution of Engineering and Technology (IET) for his work in viral diagnostics. He is Fellow of the Linnean Society, UK, and a Turnberg Fellow of the UK Academy of Medical Sciences. He is on the editorial board of several peer-reviewed journals, including *Frontiers* journals (*Public Health and Oncology*), *Innovations in Digital Health*, *Diagnostics and Biomarkers* and others.

Dr Kozlakidis is scientific advisor at PTEN Research, council member of the BBMRI-ERIC pan-European biomedical research infrastructure and past president of ISBER. He holds visiting faculty positions in the UK (Cass Business School, City University of London) and in China (Medical School, Central South University, Changsha, China).

of them as centralised laboratories for the diagnostic testing of COVID-19 patients, in their respective geographical regions. There was a lot of support needed, and that's why I said earlier the information flow was critical, because our colleagues needed steady access to accurate information. How should these laboratories now prepare for this pandemic? Their situation is very different to Europe. To mention one such difference, they are in resource-restricted settings. They obviously need to have the highest clinical impact, but they don't have the same capacities in terms of staff, in terms of logistics or laboratory supplies, to be as reactive as Europe has been, or the USA.

In that sense the pandemic really changed our way of working. Normally we would receive at least twice weekly different types of shipments of samples collected from research participants and patients from across the world as part of international research projects—to be tested immediately or kept for future testing. During the outbreak the borders are closed, and we are not receiving any samples because they might be potentially infectious and that's absolutely fine. We continue to fulfil our role by remaining faithful to our principles and by supporting our colleagues in the different settings, because often relevant information would come to us first.

WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

I've been fortunate to work both in hospital and academic settings in the past, in high and low-income countries. In terms of leadership there is an expression I really like by F Scott

Fitzgerald, ‘the test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function’.⁴ That is absolutely true in this pandemic, where a lot of information can surface very quickly, all at the same time, and yet not always congruent. How you bring all this data together so that it makes sense is a true mark of leadership. My past work experience in very diverse settings has proven critical in that respect.

WHAT ARE YOU FINDING THE BIGGEST CHALLENGES?

The biggest challenge at the moment is to maintain the spirit of international collaboration. One of the decisions taken early on in the course of the pandemic—and that was absolutely a correct decision—was to close down borders and impose controls on the amount of traveling taking place. However, this can also be perceived as a message of limiting international collaborations, because colleagues now have to focus urgently on a particular region, delineated by closed borders and/or restricted population movement(s). I think the greatest challenge is how to maintain this international collaborative spirit, such as sharing experiences and, when needed data. We have seen that when it works well, it works really well with great impact. My take on this is that the perception of borders is not always physical. It certainly is a physical presence, but at times it can also be reflected in behaviours. So maintaining physical borders while enhancing the spirit of international collaboration at the same time, remains a big challenge.

ANY PARTICULAR SURPRISES?

I think the surprise (and relief) was the way that the public reacted and accepted the necessary actions. It helped that medical knowledge was translated by the appropriate experts into arguments that everybody can understand and appreciate, making this an inclusive decision-making process.

ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

It is amazing to see how many people stand up when they’re called, and willing to offer their services well beyond the call of duty. This was not just a rare, one-off occurrence in one location or in one particular situation. This has been mirrored across many places, by many colleagues globally time and again. For example the recently retired healthcare professionals who came back to NHS service during this difficult period. This mobilised spirit is a very positive outcome of the whole situation. In a lot of cases we rediscovered who we really are and what we have to do.

HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

I listen carefully. A lot of times people actually want to be heard, and they really appreciate that they’re listened to. That talks to the compassion side. The kindness on the other hand can be challenging as sometimes from a leadership perspective, you just have to take the decision and that might be perceived as unkind. As my mother says, you have to keep demonstrating kindness by your actions. You just follow it through.

ARE THERE ANY READINGS THAT YOU FIND HELPFUL FOR INSPIRATION AND SUPPORT THAT YOU WOULD RECOMMEND TO OTHERS?

Oh, yes, absolutely! I would definitely recommend a book called ‘The Ghost Map’ by Steven Johnson.⁵ It’s about a

cholera outbreak in London of Victorian times, in the 1850s. It’s the story of how the physician had to work together with the reverend who is the community leader to try and crack the problem of how to stop cholera from spreading in the community. It really talks to what’s happening now. We can provide all the medical and clinical information, but unless we work together with community leaders in all the different locations, it’s not going to work—or at least it’s not going to work as we anticipate. I think this is a really nice book... and it’s got a happy ending. They sorted it out.

WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

I’m looking forward to a lot of strengthened collaborations at the end of this. We’ve had a number of difficult situations that we had to deal with together. I think we’ve dealt with them as effectively as possible.

You see leaders in a completely different light under duress. In some cases, this has been really eye-opening. You understand that actually there is a lot more to an individual than originally you might have thought, and it’s perhaps time to take a step further and try to work with them in the longer-term once this pandemic is over.

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