

Meet Panagiotis Anagnostis, our 2024 Clinical Endocrinology Journal Foundation Awardee



Dr Panagiotis Anagnostis, from Thessaloniki, Greece, is our 2024 Clinical Endocrinology Journal Foundation Awardee. He will deliver his Award Lecture in Stockholm at ECE 2024. Read on to learn more about his career in endocrinology, his advice for future endocrinologists, and what you can look forward to hearing him talk about at the Congress.

Please tell us about your current role

I currently work as a postdoctoral researcher and clinical scientific collaborator at the Menopause Clinic of the Unit of Reproductive Endocrinology, 1st Department of Obstetrics and Gynecology, Aristotle University of Thessaloniki (AUTH). As well as menopause and premature ovarian insufficiency, this clinic also covers a wide range of diseases in the field of female reproductive endocrinology, such as polycystic ovarian syndrome, female infertility, disorders of the pituitary gland and postmenopausal osteoporosis.

I also actively participate as a tutor for many MSc programmes in AUTH and at the National and Kapodistrian University of Athens.

How were you inspired to work in endocrinology?

I completed my basic medical training and received my PhD from the Medical School of AUTH. My specialty training in Endocrinology, Diabetes and Metabolism was at Hippokration Hospital in Thessaloniki. The ESE International Endocrine Scholarship Programme enabled me to undertake postdoctoral training in London, UK at St Mary's Hospital, Imperial College of London, and at menopause clinics in Queen Charlotte's and Chelsea and Westminster Hospitals. I subsequently also obtained an MSc from the Open University of Cyprus.

The people who first inspired me were my mentors, Asterios Karagiannis and Vasileios Athyros. They initially taught me how to combine scientific research activity with optimal clinical management of patients, mainly in the field of cardiovascular disease prevention.

I am privileged to have worked with my supervisor, Dimitrios Goulis, who inspired me in reproductive endocrinology and gave me the opportunity to be involved in the field of menopause, which engages my favourite topics, bone metabolism and cardiovascular disease, mostly lipid metabolism.

I should also mention my professors in London, John C Stevenson and Nick Panay, who strongly inspired me with their impressive scientific achievements in the field of menopause and provided me with the opportunity to attend their menopause clinics in London, as well as to participate in the authorship of many scientific papers.

What will you discuss in your Award Lecture at ECE 2024?

It is universally accepted that a menopause occurring at an age greater than two standard deviations below the mean (49–51 years) is considered as ‘premature’. The age of 40 years has widely been agreed as the cut-off point for defining ‘premature menopause’, also known as ‘premature ovarian insufficiency’ (POI), which involves 1–3% of the postmenopausal population. Moreover, a broader limit of 45 years has also been adopted in order to define ‘early menopause’ (EM), aiming to include women with an age at menopause of 40–44 years, which involves 10% of women.

An accumulating body of evidence shows that EM and POI share common risks, mainly involving cardiovascular disease, musculoskeletal health and dementia, leading to increased mortality. Therefore, a shift of the age threshold to <45 years to define ‘premature menopause’ may provide a broader coverage of these women, supporting the need for prompt administration of hormone replacement therapy.

What is likely to be the next breakthrough in your area of interest?

Menopausal hormone therapy (MHT) has nowadays regained interest and its role in the management of postmenopausal health has been restored, after the initial publications of the Women’s Health Initiative trials and the consequent ‘ballyhoo’. The next major breakthrough would be the development of non-hormonal agents, such as the neurokinin-3 receptor antagonist fezolinetant, especially for women with contraindications to MHT. Another breakthrough would be genetics regarding the aetiopathology of both premature and early menopause.

What are the biggest challenges in your field right now?

Funding for women’s health and overcoming myths regarding potential risks associated with MHT are the biggest challenges in the field of menopause, especially in Greece. Another global challenge would be to consider early menopause as a risk-enhancing factor for cardiovascular disease, as it is for POI. This would necessitate a more aggressive and holistic approach to these patients in order to minimise the risk of cardiovascular disease in later life.

What are you most proud of in your career, and in life in general?

I am proud of my family, my wife and my two sons, as well as my parents, who have strongly supported my efforts for all these years.

What is the most enjoyable aspect of your work?

I would say overcoming barriers and myths regarding the management of postmenopausal health, trying to provide the optimal evidence-based approach.

What are you most looking forward to at ECE 2024?

Of course, I am looking forward to delivering my lecture. This would be one of the most important moments in my scientific and academic life. I am also looking forward to meeting my professors and colleagues there.

Why should people join ESE?

ESE is one of the most well-organised societies worldwide, providing many opportunities, especially for young endocrinologists, including access to the latest endocrine research (through its high impact journals, scientific events, webinars, etc.), and a wide range of grants and awards.

What words of wisdom do you have for aspiring endocrinologists?

Endocrinology is indeed a wonderful specialty. Understanding the physiology of the endocrine system is prerequisite for optimal daily clinical practice. Endocrinologists should become familiar with the best available evidence-based medicine and apply it as the basis for their clinical decisions. 'Beliefs' and 'thoughts' should be avoided. Moreover, choosing our collaborators carefully is of paramount importance in order to achieve high quality scientific work. In terms of funding, start by applying for small grants, and then try to build up your own research profile, in order to aim even higher. Finally, having published almost 250 papers that are available on PubMed, my main advice is 'never give up' (author means authority)!

Is there anything else you would like to add?

I would like to thank ESE for the three prestigious awards that I have been granted so far, and their contribution to my scientific evolution since 2013.