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Citation: EMJ Repro Health. 2026;12[Suppl 1]:86-88. https://doi.org/10.33590/emjreprohealth/D1721S0L

Q1 You are playing a key role at this year's International Society of Gynecological Endocrinology (ISGE) Congress. What was your vision in shaping the scientific programme?

My vision was that gynaecological endocrinology touches every moment of life, from the fertilisation of the oocyte to the death of the individual. In women, hormones are a fundamental part of not only the reproductive system, but also the function and development of the entire body. Every organ expresses oestrogen, progesterone, and androgen receptors. Every cell in the body is influenced by hormones.

We must also think about adolescence and the dramatic changes that occur throughout this period of life. These changes do not only affect gonadal function, but also personality development, body development, and the way an individual grows into adulthood. Hormones influence the capacity to reproduce and the way a woman thinks, lives, feels, and develops her identity.

That is why our society must bring together not only gynaecologists and endocrinologists, but also paediatricians, neurologists, psychiatrists, psychologists, and experts in metabolism, bone health, gut function, and cardiovascular medicine. Every system in the body is influenced by hormones.

Without hormonal support, a woman could not face pregnancy, delivery, or the physiological stresses that come with these events. Nature has protected the female body in remarkable ways, and hormones are central to that protection. They also help the body adapt to stress, both acute and chronic, which can dramatically affect health and reproductive capacity.

When you think of all this together, you can understand why it is essential to have a meeting like this: to exchange knowledge across disciplines and to understand the full impact of endocrinology on the female body.

> **Nature has protected the female body in remarkable ways, and hormones are central to that protection**

Q2 From your leadership perspective, where is gynaecological endocrinology heading over the next 5–10 years?

Over the next 5–10 years, we have several priorities.

First, we must better address adolescence and early female development, making these transitions easier, safer, and more protected. Second, we must continue improving contraception, making sexuality and conception safer. Through contraception and hormonal therapies, we can also help protect women from the later development of disease.

We must remember that the female body evolved for a very different life pattern: early menarche, early pregnancy, repeated pregnancies, breastfeeding, and then the natural end of fertility. Today, society has changed completely, but the biology has not changed at the same pace.

One very important point is that fertility declines years before menopause. Women often think, 'Menopause happens around 50 years of age, so I still have plenty of time', but that is not correct. Fertility may be lost

7–8 years before menopause, and if menopause comes early, fertility may end much sooner than expected. For example, if menopause happens at age 50, fertility may already be markedly reduced in the early 40s. If menopause occurs at the age of 40 years, fertility may decline significantly in the early thirties. The problem is that no woman knows exactly when her menopause will occur, and prediction is difficult.

We must encourage women to achieve their reproductive goals within the optimal reproductive window. However, for that to happen, society must also support them. Women must have the possibility to work, to live fully, and to become pregnant without being penalised.

Another major issue is that menopause itself has changed in meaning, because women now live so much longer. Around 200 years ago, most women did not live long beyond menopause. Life expectancy was below 50 years.

It is only in the last century that women began living well into their 60s, 70s, 80s, and beyond. In Italy, for example, the average life expectancy for women is now close to 88 years. This means that in just one century, we have effectively discovered postmenopausal life.

After menopause, women lose hormonal protection. You cannot change the genes or regenerate ovarian function once menopause has occurred, so we have had to learn how to help women live longer and better in this phase of life.

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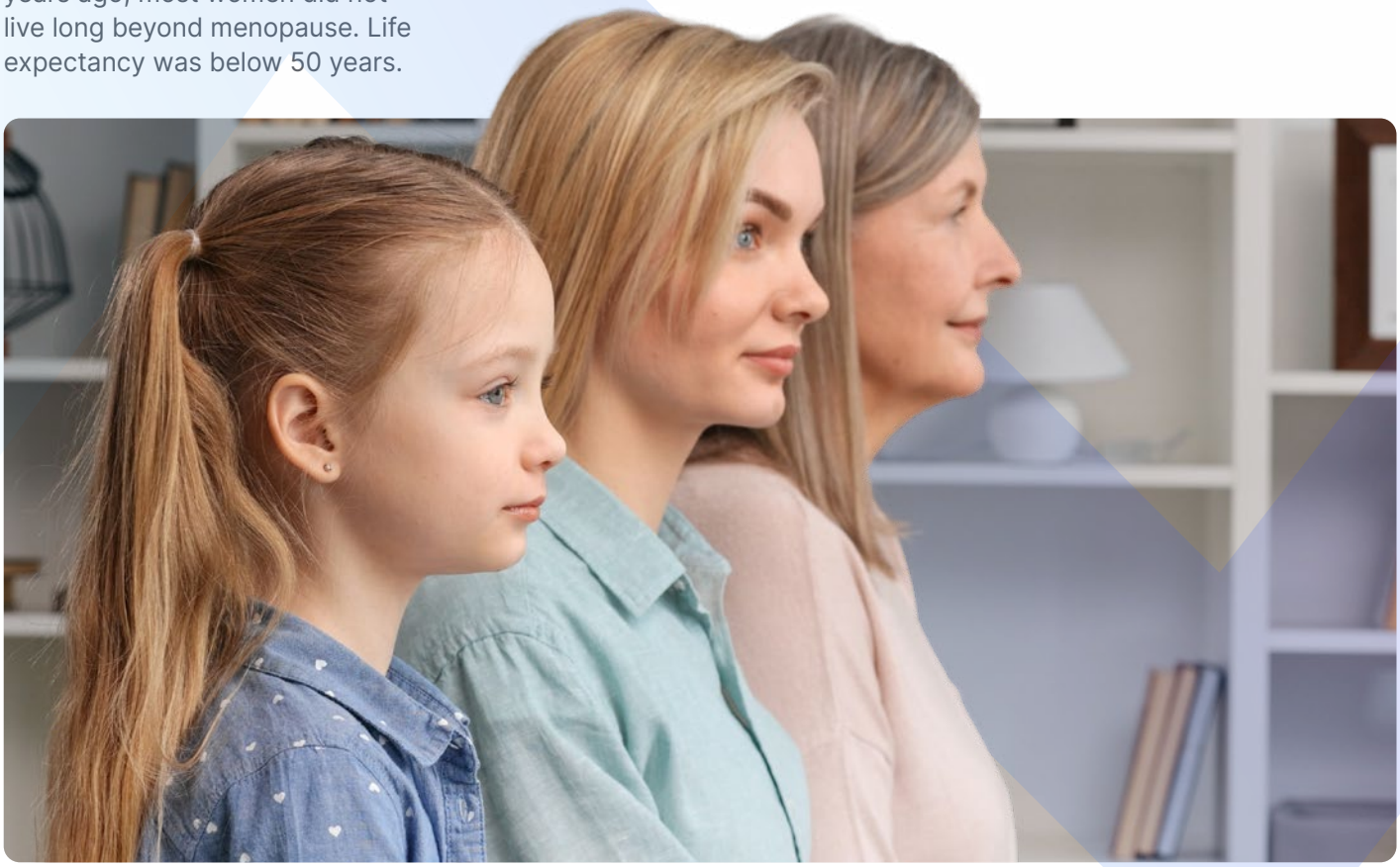
That is why we discovered that hormone therapy can protect women, not only the genital tract and sexuality, but also the heart, the bones, and the brain. Hormone therapy can help a woman maintain her femininity, her mobility, her cognitive function, and her quality of life for decades after menopause.

Unfortunately, the Women's Health Initiative (WHI) damaged the field for more than 25 years. People became convinced that hormone therapy increased the risk of myocardial infarction, stroke, and cancer. While that was not the case, universities stopped teaching hormone therapy properly for years. Doctors were trained to view menopause as something 'natural' that women should simply accept, but menopause is natural in the same way that infection is natural; it does not mean we should not treat it when treatment can improve lives.



Q3 At this Congress, which emerging topic do you think deserves the most attention?

It is difficult to choose one single topic, because the programme is extremely broad. If you look through it, you will find major topics, including contraception, endometriosis, adenomyosis, abnormal uterine bleeding, adolescence and development, ageing, pelvic organ changes, gynaecological cancers, hormone-sensitive cancers such as breast cancer, menopause, fertility, and pregnancy protection.

Each person will be drawn to the area closest to their own expertise. I am particularly interested in the effects of hormones on the brain and other tissues, so I naturally follow those sessions.

Q4 What areas do you think the Congress should prioritise in the future?

Contraception, menopause, pregnancy protection, reduction of pre-eclampsia, reduction of recurrent pregnancy loss, and the prevention of unnecessary abortion through better reproductive care.

Q5 Having witnessed decades of evolution in the field, what gives you the greatest optimism, and what concerns you the most?

My concerns have changed over time. In the earlier years, many diseases, such as endometriosis, were poorly recognised. We had to define and characterise them properly as part of female reproductive and endocrine health.

Then, we focused greatly on the development of contraception, both to prevent unwanted pregnancies and to reduce abortion. We are not 'pro-abortion'; we want to protect women so they can have a healthy and satisfying sexual life without unnecessary risk or complication.

Now, we are moving beyond efficacy alone and focusing more on safety. For example, in contraception we have learned that only a few women, such as those with polycystic ovary syndrome or hyperandrogenism, truly need strong anti-androgenic approaches. For most women, we should be moving towards more natural oestrogens and well-selected progestogens that provide contraception without harmful androgenic effects.

In menopause, we have also learned that the old idea of oral treatment is not necessarily the best approach. If possible, we should use more physiological routes, especially transdermal oestrogen, which more closely matches the body's normal circulation and avoids some liver-related effects.

Another important development is the use of natural progesterone, not only to protect the endometrium, but because progesterone has major effects on the brain and nervous system. It plays a role in myelination and neural protection in ways that synthetic alternatives may not replicate as well.

This, to me, is a major direction for the future: more physiological, more natural, and more targeted hormonal treatment across the lifespan. In some cases, systemic treatment also needs to be combined with local therapy; for example, local oestrogen or androgen treatment at the vaginal level, to preserve vaginal function and quality of life.

Q6 If you had to summarise the core message of this Congress in one sentence, what would it be?

Hormones are essential to protect human life, maintain human health, and make the transmission of life possible.