

The International Society of Gender Medicine: an updated history of a long journey

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International Society of Gender Medicine

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The International Society of Gender Medicine (IGM) was founded in 2006 in Berlin with the aim of promoting gender medicine in research, training and patient care. The first board was composed by five of the seven founding members: Marianne Legato (United States), Maria Grazia Modena (Italy), Vera Regitz-Zagrosek (Germany), Karin Schenck-Gustafsson (Sweden), and Jeanette Strametz-Juranek (Austria).¹ The first elected President was Vera Regitz-Zagrosek, one of the main experts in the field. The initial structure included a rotation of presidential advisors and the organization of conferences which took place annually, starting from Vienna (2007), then Stockholm (2008), Berlin (2009), Tel Aviv (2010). In 2011, with the idea of enlarging the Society and establishing an important contact with the American Organization for the Study of Sex Differences (OSSD), the conference was, for the first and only time to date, co-organized by IGM and OSSD in the United States in Baltimore.

Due to economic difficulties, after a series of attempts and renunciations, the 7th IGM Conference took place again in Berlin (2015), and subsequent meetings were in Sendai-Japan (2017) and Wien (2019). In May 2021, during the Covid-19 pandemic, the Italian Network for Gender Medicine organized a webinar entitled 'Gender differences in COVID-19 pandemic around the world'.²

In 2022, the 10th IGM Congress took place in Padua. The meeting, attended by approximately 360 people, included 45 invited speakers, 47 oral communications and 108 posters covering basic, translational and clinical research. Three awards were conferred by The Italian Scientific Committee to the best young presenters. In addition, during the General assembly were elected as board members with voting rights: Annamaria Moretti (Italy), Alessandra Carè (Italy), Leeor Shachar (Israel), Masahiro Akishita (Japan), Gillian Einstein (Canada), Alexandra Kautzky-Willer (Austria) and Ineke Klinge (Netherlands), being Annamaria Moretti voted as President of the IGM. The Congress clearly highlighted how attention to sex and gender is relevant in the biological, psychosocial and clinical aspects of all medical specialties. Furthermore, the relevance of developing strategies against discrimination and inequalities emerged and, in consideration of the difficult pandemic period, the

importance of politics in taking into account sex and gender differences, was also emphasized.³

As early as October 2007, the IGM Society has had a Statute approved by the Board of Directors which, alongside a series of rules, lists the main goals to be achieved. Currently, in light of the changes and development of gender medicine worldwide, a revision of the statute is underway. In fact, over the years the Society has grown constantly, advancing the understanding of gender medicine and bringing together scientists and doctors of different backgrounds and disciplines. The IGM network now includes many national societies, individual members and networks of professionals dedicated to implementing gender medicine in their specific setting.

The National Societies that are now part of the IGM are the Austrian Society of Gender-Specific Medicine, the Canadian Organization for Gender and Sex Research, the Dutch Society for Gender and Health, the German Society for Gender Specific Medicine, the Israel Society for Gender and Sex Conscious Medicine, the Italian Research Center for Gender Health and Medicine, the Japanese Association for Gender-Specific Medicine, Ukrainian Society for Gender and Anti-Aging Medicine, The Foundation for Gender-Specific Medicine (USA) plus numerous independent members from states where national societies do not exist, with a total of more than 700 members.

So, based on the various competences of members and societies, going from endocrinology, oncology to cardiology and pneumology, from medical sociology, psychology to geriatric medicine and others, the IGM can well face the transversal dimension of the gender-specific medicine with the main aim to improve the understanding of sex and gender differences. To this end, the IGM promotes the involvement of additional nations and cooperation with other gender medicine societies by favoring interdisciplinary research and hopefully involving new young members, either researchers or clinicians. The key objective is encouraging gender-specific clinical and basic research and transferring the results into clinical healthcare.

Finally, it is important to highlight the Italian law no. 3/2018 which, for the first time in Europe, guarantees

the inclusion of “sex and gender” in all medical specialties, in research, training and dissemination among all health professionals and citizens (article 3 “Application and dissemination of gender medicine in the National Health Service”).⁴ In a not too far future, it is hoped that this Italian law can represent a useful model for all other nations interested in the development and application of gender medicine, a strategic goal towards a personalized medicine.

References

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Conflicts of interest statement. Alessandra Carè is a member of the board of the International Society of Gender Medicine, and Annamaria Moretti is the president of the International Society of Gender Medicine.

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