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Broj: 1841/8-1
Podgorica, 15.11.2022. godine

**Univerzitet Crne Gore
Odbor za doktorske studije
n/r predsjedniku – prof. dr Borisu Vukićeviću**

Poštovani,


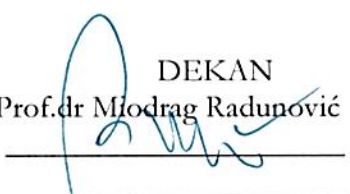
U skladu sa članom 41 i 55 Pravila doktorskih studija, i tačkom 3.8. Vodiča za doktorske studije, u prilogu akta dostavljamo obrazac D2 uz Prijedlog Odluke Vijeća o imenovanju Komisije za ocjenu doktorske disertacije dr med Emira Muzurovića, pod nazivom „Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije“ sa pratećom dokumentacijom.

S poštovanjem.


**MEDICINSKI FAKULTET
DEKAN,**
Prof. dr Miodrag Radunović

ISPUNJENOST USLOVA DOKTORANDA

OPŠTI PODACI O DOKTORANDU			
Titula, ime, ime roditelja, prezime	Dr Emir (Muharem) Muzurović		
Fakultet	Medicinski		
Studijski program	Medicina		
Broj indeksa	6/07		
NAZIV DOKTORSKE DISERTACIJE			
Na službenom jeziku	Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije		
Na engleskom jeziku	Parathyroid hormone and calcitonin response after calcium infusion in patients with primary hyperparathyroidism before and after parathyroidectomy		
Naučna oblast	Endokrinologija / Interna medicina		
MENTOR/MENTORI			
Prvi mentor	Prof. dr Snežana Vujošević	Medicinski fakultet Podgorica, Univerzitet Crne Gore	Interna medicina - endokrinologija
Drugi mentor	Prof. dr Milan Petakov	Medicinski fakulteta Univerziteta u Beogradu	Interna medicina - endokrinologija
KOMISIJA ZA PREGLED I OCJENU DOKTORSKE DISERTACIJE			
Prof.dr Aneta Bošković, redovni profesor		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Interna medicina - kardiologija
Prof. dr Snežana Vujošević, redovni profesor		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Interna medicina - endokrinologija
Prof. dr Milan Petakov, redovni profesor		Medicinski fakultet Univerziteta u Beogradu	Interna medicina – endokrinologija
Prof. dr Milica Martinović, redovni profesor		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Patološka fiziologija i laboratorijska medicina
Prof. dr Snežana Pantović, vanredni profesor		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Medicinska biohemija

Datum značajni za ocjenu doktorske disertacije	
Sjednica Senata na kojoj je data saglasnost na ocjenu temu i kandidata	21.04.2021. godine
Dostavljanja doktorske disertacije organizacionoj jedinici i saglasnost mentora	10.10.2022. godine
Sjednica Vijeća organizacione jedinice na kojoj je dat predlog za imenovanje komisija za pregled i ocjenu doktorske disertacije	09.11.2022. godine
ISPUNJENOST USLOVA DOKTORANDA	
U skladu sa članom 38 pravila doktorskih studija kandidat je dio sopstvenih istraživanja vezanih za doktorsku disertaciju publikovao u časopisu sa (SCI/SCIE)/(SSCI/A&HCI) liste kao prvi autor.	
Spisak radova doktoranda iz oblasti doktorskih studija koje je publikovao u časopisima sa (upisati odgovarajuću listu)	
<p>1. Muzurović Emir, Tomšić Zibar Karin, Vujošević Snežana, Petakov Milan. Parathyroid hormone and calcitonin response during the calcium infusion test in patients with primary hyperparathyroidism. Hormones (Athens). 2022 Jun;21(2):261-270. doi: 10.1007/s42000-022-00353-2. https://pubmed.ncbi.nlm.nih.gov/35102498/</p>	
(dati spisak radova koji sadrži: prezimena i imena autora, naziv naučnog rada, ime izdavača, mjesto i godinu izdavanja, DOI, link ka radu i dokaz za JRC)	
Obrazloženje mentora o korišćenju doktorske disertacije u publikovanim radovima	
<p>Dio istraživačkog materijala koji proističe iz doktorske disertacije, publikovan je u vidu rada 2022. godine u renomiranom međunarodnom biomedicinskom časopisu "Hormones" (indeksiran u SCI/SCIE, impakt faktor 3.41). U radu je publikovan dio rezultata koji je ukazao da odgovori PTH i CT tokom kalcijum infuzionog testa (CIT-a) kod pacijenata sa primarnim hiperparatiroidizmom (PHPT) mogu biti dodatna dijagnostička metoda tokom evaluacije pacijenata sa sumnjom na PHPT. CIT može imati ulogu tokom dijagnostike PHPT, kao i u preoperativnoj diferencijalnoj dijagnozi, tj. predikciji patohistološkog nalaza (adenom ili hiperplazija).</p> <p>Mišljenje nezavisnih, usko specijalizovanih, recenzentskih komisija gore navedenog časopisa, koje su ocijenile naše istraživanje kao izuzetno značajno, još jedna su potvrda sveukupnog doprinosa rezultata disertacije boljem razumijevanju mjesta odgovora PTH i CT tokom kalcijum infuzionog testa kod pacijenata sa PHPT.</p>	
Datum i ovjera (pečat i potpis odgovorne osobe)	
U (navesti grad), (navesti datum)	 DEKAN Prof.dr Miodrag Radunović 

Prilog dokumenta sadrži:

UNIVERZITET CRNE GORE

MEDICINSKI FAKLTET

Broj: 1633/1A

Podgorica 10.10.2022 .godine

P O T V R D A

Potvrđuje se da je dr med Emir Muzurović predao 7 primjeraka doktorske disertacije, pod nazivom „ **Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije**“ dana 10.10.2022.godine i ista je zavedena pod brojem: 1633.

Potvrda se izdaje u svrhu pregleda i ocjene doktorske disertacije.

ŠEF STUDENTSKE SLUŽBE
Sonja Vukićević, diplomirani pravnik



UNIVERZITET CRNE GORE
MEDICINSKI FAKULTET
Broj: 1841/8
Podgorica, 09.11.2022. godine

Na osnovu člana 64 stav 1 tačka 9 Statuta Univerziteta Crne Gore, (Bilten UCG br.337/2015 i br 447/2018), člana 41 i 55 Pravila doktorskih studija (Bilten UCG broj: 513/20 i 561/22), inicijalnog predloga Komisije za doktorske studije Medicinskog fakulteta broj: 1633/2 od 12.10.2022 godine i tačke 3.8 Vodiča za doktorske studije Univerziteta Crne Gore, Vijeće Medicinskog fakulteta na sjednici održanoj 09.11.2022. godine, donijelo je

O D L U K U

I

Kandidat dr med Emir Muzurović, ispunjava formalne uslove za ocjenu doktorske disertacije: „**Odgovor paratiroidnog hormona i kalacitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije**“.

II

Predlaže se Komisija za ocjenu doktorske disertacije dr med Emira Muzurovića, pod navedenim nazivom: „**Odgovor paratiroidnog hormona i kalacitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije**“ u sastavu:

1. **Prof. dr Aneta Bošković**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: interna medicina;
2. **Prof. dr Snežana Vujošević**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: interna medicina;
3. **Prof. dr Milan Petakov**, redovni profesor Medicinskog fakulteta Univerziteta u Beogradu, naučna oblast: interna medicina;
4. **Prof. dr Milica Martinović**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: patološka fiziologija i laboratorijska medicina;
5. **Prof. dr Snežana Pantović**, vanredni profesor Medicinskog fakulteta Univerziteta Crne Gore; naučna oblast: medicinska biohemija

III

Komisija za ocjenu doktorske disertacije je dužna da Vijeću Medicinskog fakulteta, podnese izvještaj koji sadrži ocjenu doktorske disertacije.

Obrazloženje

Dr med Emir Muzurović je predao doktorsku disertaciju pod nazivom: „**Odgovor paratiroidnog hormona i kalacitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije**“ dana 10.10.2022. godine.

Vijeće Medicinskog fakulteta je utvrdilo da kandidat ispunjava uslove iz člana 38 Pravila doktorskih studija, da kandidat dr med Emir Muzurović ima, kao prvi autor jedan rad sa rezultatima iz teze objavljen u časopisu sa SCI/SCIE liste. Samim tim su se stekli uslovi da se imenuje Komisija za ocjenu pomenute doktorske disertacije. Na osnovu svega navedenog, odlučeno je kao u dispozitivu ove Odluke.

VIJEĆE MEDICINSKOG FAKULTETA
PREDSJEDAVAJUĆI

Prof. dr Miodrag Radunović, dekan





Parathyroid hormone and calcitonin response during the calcium infusion test in patients with primary hyperparathyroidism

Emir Muzurović^{1,2} · Karin Zibar Tomšić³ · Snežana Vujošević^{1,2} · Milan Petakov⁴

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Abstract

Objective While activation of the calcium (Ca) sensing receptor (CaSR) suppresses parathyroid hormone (PTH) secretion, calcitonin (CT) secretion is stimulated via CaSR. The aim of this study was to evaluate PTH and CT responses during a calcium infusion test (CIT) in patients with primary hyperparathyroidism (PHPT).

Methods This pivotal prospective study included 64 patients (44 PHPT patients vs. 20 healthy controls [HCs], median age 57 [25–79] vs. 56 [39–74] years). All PHPT patients underwent parathyroidectomy (PTX). A week before and 1 month after PTX, the CIT was performed (bolus infusion of Ca gluconate 0.2 ml/kg body weight), followed by plasma sampling for Ca²⁺, PTH, and CT at 0, 1, 2, 3, 5, 8, and 10 min.

Results PTH suppression was lower in PHPT patients compared to HCs (49.82 vs. 64.06%, $p=0.006$), but after PTX suppression, it was higher (76.3%, $p<0.001$). PHPT patients had attenuated CT response vs. HCs during the CIT (3.1- vs. 8.0-fold increase, $p<0.001$), but after PTX, it improved (5.8-fold increase). The PTH_{min} > 19.3 ng/l and CT_{max} ≤ 27.5 ng/l cut-off values predict diagnosis of PHPT (sensitivity 90.9%, 97.7%, and specificity 100%, 75%, respectively). Patients with adenoma had lower basal CT levels vs. hyperplasia both before and after PTX (4.5 vs. 6.8 and 5.4 vs. 7.9 ng/l, respectively, $p=0.008$, $p=0.018$).

Conclusion PTH and CT responses during the CIT in PHPT patients may be an additional diagnostic tool. The CIT could play a role in both the diagnosis of PHPT and in the differential diagnosis between adenoma and hyperplasia.

Keywords Parathyroid hormone · Calcitonin · Primary hyperparathyroidism · Calcium infusion test · Diagnosis · Differential diagnosis

Abbreviations

AUC	Area under the curve
BW	Body weight
Ca	Calcium
CaSR	Calcium-sensing receptor
Ca ²⁺	Ionized calcium

CI	Confidence interval
CIT	Calcium infusion test
CT	Calcitonin
CT _{max}	Maximum CT level
CT _{si}	Stimulated calcitonin increase
HC	Healthy control
HCT	Hypercalcitoninemia
ICMA	Immunochemiluminometric assay
IRMA	Immunoradiometric assay
MEN	Multiple endocrine neoplasia
Phos	Phosphate
PHPT	Primary hyperparathyroidism
PTH	Parathyroid hormone
PTH _{min}	Minimum PTH level
PTH _{sup} [%]	Percent of parathyroid hormone suppression
PTG	Parathyroid gland
PTX	Parathyroidectomy
ROC	Receiver operating characteristic

✉ Emir Muzurović
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Introduction

Primary hyperparathyroidism (PHPT) is the third most common endocrine disease [1] and a cause of high serum calcium (Ca) [2]. PHPT is characterized by a hypercalcemic state caused by excessive secretion of parathyroid hormone (PTH) from ≥ 1 of the four (or more) parathyroid glands (PTGs). In patients with PHPT, acute variations of serum Ca may influence PTH hypersecretion [1]. Given the frequent overlap of PTH levels between healthy subjects and patients with PHPT, many authors have investigated whether Ca-induced PTH suppression differs between these groups and whether it is a clinically useful test [3–5].

Since calcitonin (CT) is a hypocalcemic hormone, its role in PHPT has been insufficiently investigated. Literature on basal and stimulated CT secretion in patients with PHPT are scarce. However, initial studies have shown that patients with PHPT may have compensatory elevated levels of plasma CT [6]. There is also evidence that a significant number of patients with PHPT have concomitant hyperplasia of parafollicular C-cells [7]. In contrast, some authors have concluded that high levels of CT in patients with hypercalcemia are not suggestive of PHPT [8]. Different studies have shown that chronic hypercalcemia could lead to depletion of serum CT and CT content in thyroid C-cells [9–13]. There have also been indications that high levels of PTH may lower serum CT levels, but the mechanisms were not clear [14]. In addition, some recent data suggest that the occurrence of hypercalcitoninemia (HCT) in PHPT may suggest multiple endocrine neoplasia (MEN) 2A [12, 15].

Studies that have addressed the importance of Ca-stimulated PTH and CT levels in distinguishing different types of hyperparathyroidism, as well as their role in predicting pathohistological findings in PHPT, are rare to date [5, 11, 16].

Because the results of previous studies are equivocal and sparse and PTH levels often overlap between PHPT patients and healthy subjects, in this study, we evaluated the response of PTH and CT during a calcium infusion test (CIT) in patients with PHPT and healthy controls (HCs) and assessed their possible role in the diagnosis of PHPT and the differential diagnosis between PTG adenoma and hyperplasia.

Patients and methods

The study included 64 patients, 44 with PHPT (surgically confirmed) and 20 patients in the HC group (with similar gender and age distribution), aged 18 years or older (Table 1). All patients in the PHPT group were indicated for surgical treatment according to current guidelines [17].

The study did not include patients with the following: thyroid disorders (nodular goiter of the thyroid gland, suspected medullary or papillary thyroid gland carcinoma, chronic autoimmune thyroiditis); taking medications that could alter CT levels (omeprazole, glucocorticoids, beta-blockers, glucagon, etc.); neuroendocrine tumors; impaired renal function (estimated glomerular filtration rate < 90 ml/min, micro- and macroalbuminuria); vitamin D levels below the reference range; personal or familial history of MEN, and patients with known cardiovascular and respiratory diseases. After parathyroidectomy (PTX), we excluded patients who needed and who received Ca and vitamin D supplementation for more than 1 week postoperatively. Informed consent was obtained from all patients, and the Institutional Scientific Committee (including ethical board) approved the investigation.

In patients with a laboratory and clinically suspected diagnosis of PHPT, we used dual wash technetium-99 m sestamibi parathyroid scintigraphy with single photon emission computed tomography/computed tomography for preoperative localization of hyperfunctional parathyroid tissue. This was followed by basal laboratory evaluation (Ca, phosphate [Phos], albumin, ionized Ca [Ca^{2+}], and PTH and CT levels), with determination of calciuria and phosphaturia in 24 h urine, for the purposes of the study.

One week before PTX, each patient underwent a CIT. Venipuncture and blood samples were taken to determine the basal values of Ca^{2+} , PTH, and CT (between 7.30 and 8 a.m., following an overnight fast). In addition to basal measurements (0 min), immediately a CIT was performed (between 8 and 9 h a.m.). The CIT consisted of a rapid-bolus 30-s infusion of Ca gluconate 0.2 ml per kg body weight (BW) (Ca gluconate 10% [10 ml containing Ca gluconate 2.25 mmol = 90 mg Ca^{2+} ; Calcium-Sandoz®10%, Novartis Pharma Stein AG, Stein, Switzerland]), followed by plasma sampling for Ca^{++} , PTH, and CT at 0, 1, 2, 3, 5, 8, and 10 min. No adverse reactions were observed during the CIT. Two weeks before CIT, the following drug categories (that may affect Ca levels) were excluded: vitamin D, calcitonin, selective estrogen receptor modulators, Ca and Phos salts, Ca antagonists, diuretics, estrogen, and lithium. Selected patients also had not previously taken denosumab or bisphosphonates.

The preferred surgical approach was minimally invasive PTX, with bilateral neck exploration in some cases. After surgical treatment, the excised parathyroid tissue was sent for histological analysis, and the diagnosis of PHPT was confirmed by histopathology (PTG adenoma or hyperplasia). One month after the PTX, each patient in the PTX group underwent another CIT. In the HC group, each patient also underwent basal laboratory evaluation, and CIT, as described above.

correlation between Ca^{++} and CT at any points of the test in the PHPT and PTX groups.

The PTH and CT responses during the CIT are illustrated in Fig. 1 and Table 2. The first significant finding during the CIT relates to PTH suppression. PTH nadir was observed at 10 min in all groups (HC, PHPT, and PTX). In the PHPT group, PTH suppression was lower compared to the HC group (49.8 (27–78) vs. 64.1 (39–83)%, $p=0.006$), but after surgery, PTH suppression changed and was significantly higher in the PTX group compared to both the

PHPT group (76.3 [53–85] vs. 49.8 [27–78]%, $p<0.001$) and the HC group (76.3 (53–85) vs. 64.1 (39–83)%, $p<0.001$) (Fig. 1, Table 2). Regarding gender, PTH suppression before PTX was more pronounced in females (54 [27–78] vs. 46 [34–53] %, $p=0.029$).

In all study groups, patients reached the highest levels of CT at 1 min of the CIT. Compared to HCs, patients with PHPT had an attenuated secretory CT response during the CIT (PHPT vs. HC group: CTsi 3.1 (1–6.0) vs. 8.0 (2.3–17.2) fold CT increase, respectively; $p<0.001$). The secretory CT response significantly improved after surgery (PTX vs. PHPT group: CTsi 5.8 [1.5–14.6] vs. 3.1 [1–6.0] fold CT increase, $p<0.001$), but not to such levels as in the healthy group (PTX vs. HC group: CTsi 5.8 (1.46–14.63) vs. 8.0 (2.3–17.2) fold CT increase, $p=0.043$), 1 month after PTX (Fig. 1, Table 2).

No differences were observed ($p>0.05$) when comparing basal PTH and PTH levels at all points during the CIT before PTX, between patients with adenoma and hyperplasia. After PTX, during the CIT, PTH levels were significantly higher in patients with adenoma compared to those with hyperplasia at 2 and 5 min and with borderline significance at 3 min ($p=0.029$, $p=0.009$, and $p=0.096$, respectively), with gradual equalization of PTH levels at 8 and 10 min ($p=0.287$ and $p=0.922$, respectively) (Table 3).

Patients with pathohistologically verified adenoma had significantly lower basal CT levels vs. patients with hyperplasia, both before and after PTX (4.5 [2.0–27.4] vs. 6.8 [3.7–11.4] and 5.4 [2.5–19] vs. 7.9 [4.2–12.1], respectively, $p=0.008$ and $p=0.018$). The CIT performed before PTX did not display significant differences in CT levels between the patients with adenoma and hyperplasia at all points of the test ($p>0.05$ for all). However, CTsi was higher in patients with adenoma compared to those with hyperplasia, but not significantly (3.1 [1–6.0] vs. 2.6 [1.1–5.6] fold increase, $p=0.085$). CIT performed after PTX showed higher levels of CT in patients with adenoma vs. those with hyperplasia, with borderline or no statistical significance at 1, 2, and 3 min of the test ($p=0.052$, $p=0.042$, and $p=0.088$, respectively) (Table 3), but CTsi was higher in patients with adenoma vs. hyperplasia (6.1 (1.5–14.6) vs. 3.6 (1.9–6.4), $p=0.007$).

Before PTX during the CIT, the PTH nadir occurred at 3 min in patients with adenoma and at 8 min in patients with hyperplasia. After PTX, in patients with adenoma and hyperplasia, the PTH nadir was reached later, at 10 min of the CIT in both. In patients with PHPT, there was no difference in PTH suppression between patients with adenoma and hyperplasia (PTHsup(%), 52.9 [33–78] vs. 49.2 [27–62] %, $p=0.287$). In addition, PTH suppression after PTX was similar in patients with adenoma vs. hyperplasia (PTHsup(%), 75.9 [53–85] vs. 78.1 [62–82] %, $p=0.313$) (Fig. 2).

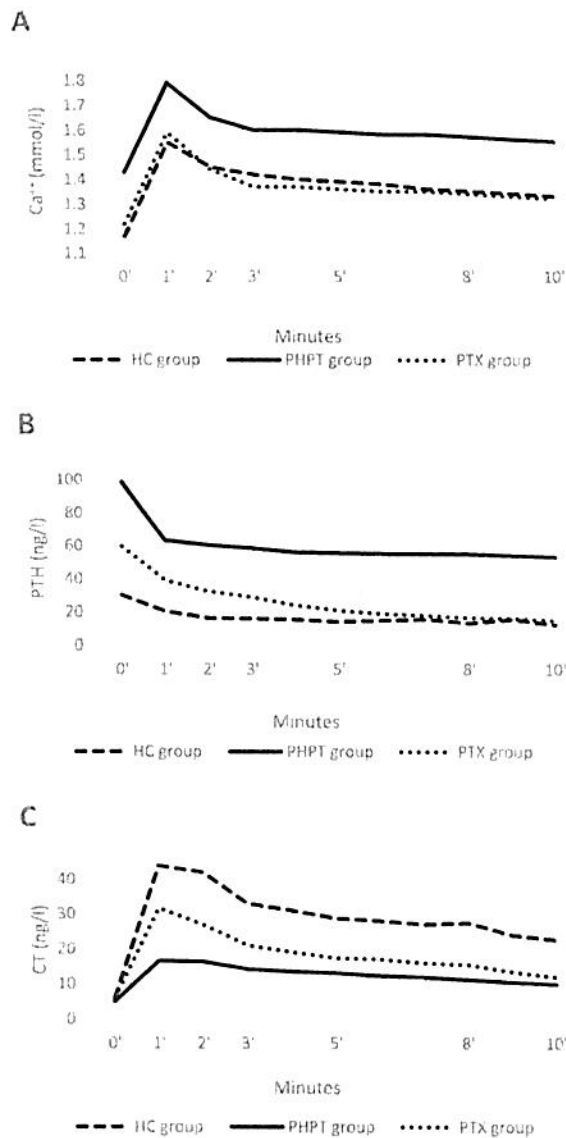


Fig. 1 Ca^{++} (1A), PTH (1B), and CT response (1C) during the CIT in the HC, PHPT, and PTX groups. **Abbreviations:** Ca^{++} , ionized calcium; CT, calcitonin; HC, healthy control; PHPT, primary hyperparathyroidism; PTH, parathyroid hormone; PTX, parathyroidectomy

The spectrophotometric method for determination of Ca, Phos, and Alb levels was used (Cobas 6000 Roche, Basel, Switzerland: reference ranges 2.15–2.65 mmol/l, 0.8–1.55 mmol/l, and 34–55 g/l, respectively), while ionized Ca levels were measured by direct potentiometry with ion-selective electrodes (9180 Roche, reference range 1.12–1.32 mmol/l). Corrected calcium Ca (c) was calculated using the following formula: Ca (c) (mmol/l) = Ca – (Albumin – 40) × 0.02. Ca and Phos in 24 h urine were measured using the photometric method (Roche C501, reference range 2.5–7.5 mmol/24 h and 13–42 mmol/24 h, respectively). Serum PTH and CT concentrations were assayed using immunochemiluminometric assay (ICMA, Cobas e411, Roche Diagnostics, reference range 15–65 ng/l) and immunoradiometric assay (IRMA-HCT; Automatic Gamma Counter, reference range 0–10 ng/l), respectively.

HCT was defined as basal CT level higher than 10 ng/l. PTHmin represents the lowest achieved level of PTH during the CIT, while CTmax represents the maximum achieved level of CT during the CIT. Percent of PTH suppression (PTHsup[%]) was calculated using formula: PTHsup(%) = 1 – (PTHmin / PTH 0' × 100). Stimulated calcitonin increase (CTsi) was calculated using formula: CTsi = CTmax / CT 0'.

Statistical analysis

We used the SPSS Inc. Released 2008. SPSS Statistics for Windows, Version 17.0. Chicago, USA: SPSS Inc. and the software MedCalc version 12.4.0.0 (MedCalc Software, Mariakerke, Belgium). Quantitative variables were presented as median (minimum, maximum) and nonparametric statistical tests were used. Nominal variables were presented

as frequencies. The difference between two independent numerical variables was tested using the Mann–Whitney test, and between two dependent variables using the Wilcoxon signed-rank test. The difference between categorical variables was tested using the χ^2 test or Fisher's exact test. Correlation analysis was performed using the Spearman test. Receiver operating characteristic (ROC) curve analysis was used to determine the ability of a given hormone (PTH and CT) to distinguish patients with PHPT from the HC group, as well as PTG adenoma from hyperplasia. The predictive value of a marker was assessed as the area under the ROC curve (AUC) with 95% confidence interval (CI). Optimal cut-off value was determined using Youden's index and sensitivity, and specificity associated with each cut-off was reported. Significance level was set at a two-sided $p < 0.05$.

Results

The demographical and biochemical features of patients of the study groups are shown in Table 1. As expected, patients with PHPT preoperatively had significantly higher levels of Ca, Ca²⁺, PTH, and calciuria in 24 h urine ($p < 0.001$ for all), and significantly lower phos levels ($p < 0.001$), compared to HC (Table 1). There was no statistically significant difference in basal CT levels between the PHPT and HC groups (median 5.0 [2.0–27.4] vs. 5.9 [3.1–9.2] ng/l, respectively, $p = 0.183$) (Table 1). Basal HCT was found in eight of 44 patients (18.2%) in the PHPT group, while there was no patient with basal HCT in the HC group.

In the HC group, we found a significant negative correlation between Ca²⁺ and CT at 5, 8, and 10 min of the CIT ($r = -0.544$, $p = 0.013$; $r = -0.538$, $p = 0.014$; and $r = -0.742$, $p < 0.001$), while there was no significant

Table 1 Demographic and biochemical features of the participants

	HC ($n = 20$) HC group (median [min, max])	PHPT patients ($n = 44$) PHPT group (median [min, max])	p
Age (years)	56 (39–74)	57 (25–79)	0.632
Gender (M/F)	5/15 (25/75%)	11/33 (25/75%)	1.0
Ca (mmol/l)	2.45 (2.35–2.55)	2.86 (2.57–3.29)	<0.001
Ca (c) (mmol/l)	2.34 (2.11–2.52)	2.75 (2.43–3.25)	<0.001
Ca ²⁺ (mmol/l)	1.17 (1.11–1.28)	1.40 (1.22–1.69)	<0.001
Phos (mmol/l)	1.13 (1.03–1.46)	0.79 (0.51–1.03)	<0.001
Urinary Ca (mmol/24 h)	6.39 (3.00–10.22)	10.71 (2.13–28.50)	<0.001
Urinary phos (mmol/24 h)	5.38 (2.22–19.66)	16.70 (3.01–42.50)	<0.001
PTH (ng/l)	41.30 (20.70–60.10)	115.10 (34.00–394.80)	<0.001
CT (ng/l)	5.95 (3.10–9.20)	5.01 (2.10–27.44)	0.183
Histology (Ad/Hyp)		34/10 (77/23%)	-

Ad, adenoma; Ca, calcium; Ca (c), corrected Ca; Ca²⁺, ionized Ca; Phos, phosphate; CT, calcitonin; HC, healthy control; Hyp, hyperplasia; PHPT, primary hyperparathyroidism; PTH, parathyroid hormone; PTX, parathyroidectomy. Mann–Whitney test and χ^2 test or Fisher's exact test were used.

Table 2 PTH and CT levels during CIT in the HC, PHPT, and PTX groups

	HC group (median [min–max])	PHPT group (median [min–max])	PTX group (median [min–max])	<i>p</i> *	<i>p</i> **	<i>p</i> ***
PTH (ng/l) – CIT						
PTH 0'	30.00 (18.50–48.10)	98.60 (35.40–397.70)	59.47 (25.37–84.87)	<0.001	<0.001	<0.001
PTH 1'	20.30 (13.00–89.60)	63.15 (15.00–237.00)	39.11 (16.97–59.40)	<0.001	<0.001	<0.001
PTH 2'	16.40 (12.00–28.00)	60.24 (14.60–224.40)	32.29 (14.14–52.80)	<0.001	<0.001	<0.001
PTH 3'	16.25 (9.50–22.60)	58.28 (16.10–200.0)	25.87 (13.20–44.32)	<0.001	<0.001	<0.001
PTH 5'	14.25 (9.00–20.70)	55.55 (11.80–186.30)	21.05 (8.48–33.81)	<0.001	<0.001	<0.001
PTH 8'	13.60 (10.60–35.40)	54.86 (11.20–180.50)	16.74 (7.54–29.48)	<0.001	<0.001	0.013
PTH 10'	12.70 (5.00–37.20)	53.31 (12.00–230.80)	15.09 (7.54–26.11)	<0.001	<0.001	0.187
CT (ng/l) – CIT						
CT 0'	5.95 (3.10–9.20)	5.01 (2.01–27.44)	5.85 (2.50–19.0)	0.183	0.167	0.429
CT 1'	44.00 (13.90–70.50)	16.55 (3.50–30.16)	31.60 (12.50–46.50)	<0.001	<0.001	0.160
CT 2'	42.00 (15.10–75.30)	16.28 (3.80–27.11)	26.85 (7.80–47.90)	<0.001	<0.001	0.009
CT 3'	32.95 (11.20–69.10)	14.17 (4.20–25.22)	21.00 (5.60–40.90)	<0.001	<0.001	0.003
CT 5'	28.70 (5.90–49.5)	13.03 (3.90–22.98)	17.40 (6.60–35.70)	<0.001	<0.001	0.005
CT 8'	27.45 (7.70–47.70)	11.17 (3.97–19.23)	15.50 (5.60–33.80)	<0.001	0.002	0.001
CT 10'	22.60 (6.80–41.3)	9.91 (3.90–18.29)	11.95 (4.60–31.13)	<0.001	<0.001	<0.001
Minimal values of PTH and maximal values of CT during the CIT						
PTHmin	10.95 (5.0–19.30)	52.98 (11.20–180.50)	15.10 (7.54–26.11)	<0.001	<0.001	0.001
CTmax	50.65 (15.10–75.30)	17.28 (4.40–30.16)	31.60 (12.50–47.9)	<0.001	<0.001	0.006

PHPT vs. HC group*, PHPT vs. PTX group**, PTX vs. HC group***

CIT, calcium infusion test; CT, calcitonin; CTmax, CT maximum; HC, healthy control; PHPT, primary hyperparathyroidism; PTH, parathyroid hormone; PTHmin, PTH minimum; PTX, parathyroidectomy. Mann–Whitney test was used between each group.

CT levels were significantly higher at all points of the CIT (1, 2, 3, 5, 8, and 10 min) after PTX compared to those before surgery in patients with adenoma ($p < 0.01$ for all). In patients with hyperplasia, CT levels after PTX compared to those before surgery were higher only at 1, 2, and 3 min ($p = 0.001$, $p = 0.004$, and $p = 0.041$), but later reached similar CT levels at 5, 8, and 10 min ($p = 0.88$, $p = 0.94$, and $p = 0.94$) of the CIT (Fig. 2).

To generate optimal cut-offs of PTH and CT values that could possibly differentiate PHPT patients from the HC group, ROC curve analysis was carried out. The PTHmin cut-off value that predicted a PHPT patient with 90.9% sensitivity and 100% specificity was > 19.3 ng/l (AUC 0.985, 95% CI: 0.962–1, $p < 0.001$) (Fig. 3). The CTmax cut-off value that predicts PHPT patients with 97.73% sensitivity and 75% specificity was ≤ 27.5 ng/l (AUC 0.91, 95% CI: 0.827 to 0.994, $p < 0.001$) (Fig. 4). There were no statistically significant PTHmin, CTmax, or CTsi cut-off values that could differentiate PTG adenoma from hyperplasia ($p = 0.83$, $p = 0.96$, and $p = 0.09$, respectively).

Discussion

This study showed that the levels of PTH suppression, CTmax, and CTsi during the CIT are valuable for the diagnosis of PHPT, while it also confirmed that basal values

of CT cannot be used for this purpose. In addition, stimulated levels of CT during the CIT were higher (borderline significance) in PHPT patients with adenoma compared to those with hyperplasia. Furthermore, patients with pathologically confirmed adenoma had significantly lower basal CT levels vs. patients with hyperplasia, both before and after PTX.

Some authors believe that PTG adenoma and normal parathyroid cells react in almost the same way to Ca [18]. Ca load suppresses PTH secretion in both adenomatous cells [19] and normal parathyroid cells [20]. Some evidence indicated decreased sensitivity of Ca-sensing receptor (CaSR) to extracellular Ca in patients with PHPT [21]. Although Ca-loading-induced PTH suppression in patients with PHPT has been the subject of research in the past [3, 22–26], the results were not consistent.

Initial studies have already cast doubt on the importance of Ca-loading tests to diagnose PHPT [23], but Titon et al. in their study demonstrated that the PTH suppression test (0.33 mmol/kg of BW Ca gluconate intravenously for 3 h) appears sufficiently reliable to differentiate patients with PHPT from the healthy population. In the Titon et al. study, a PTH cut-off value > 14 ng/l at the end of the CIT predicted a diagnosis of PHPT, with a sensitivity of 92% and specificity of 92% [26]. In their study, PTH suppression during

Table 3 Basal PTH and CT levels in patients with adenoma and hyperplasia and PTH and CT levels during the CIT in patients with adenoma and hyperplasia

	PHPT patients				<i>p</i>	
	Adenoma (<i>n</i> = 34) (median [min–max])		Hyperplasia (<i>n</i> = 10) (median [min–max])			
Age (years)	55.5 (32–79)		60.5 (25–76)		0.537	
Gender (M/F)	11/23 (32/68%)		0/10 (0/100%)		0.046	
Ca (mmol/l)	2.88 (2.57–3.29)		2.78 (2.62–3.05)		0.178	
Ca (c) (mmol/l)	2.76 (2.43–3.25)		2.72 (2.54–3.03)		0.207	
Ca ²⁺ (mmol/l)	1.41 (1.22–1.69)		1.38 (1.25–1.59)		0.107	
Phos (mmol/l)	0.79 (0.51–1.03)		0.85 (0.56–0.99)		0.663	
Urinary Ca (mmol/24 h)	10.70 (2.13–28.5)		10.84 (7.52–16.12)		0.425	
Urinary phos (mmol/24 h)	16.90 (3.01–42.5)		15.45 (6.12–36.43)		0.644	
PTH (ng/l)	112.04 (34.00–394.80)		119.61 (60.40–162.90)		0.955	
CT (ng/l)	4.47 (2.01–27.44)		6.78 (3.70–11.40)		0.08	
PTH (ng/l) – CIT	Before PTX	After PTX	Before PTX	After PTX	<i>p</i> *	<i>p</i> **
PTH 0'	99.66 (35.40–397.70)	60.17 (25.37–82.04)	95.10 (74.40–151.70)	55.23 (45.26–84.87)	0.823	0.966
PTH 1'	64.82 (15.0–237.0)	39.93 (16.97–59.40)	61.40 (37.22–176.10)	35.69 (23.57–49.97)	0.867	0.127
PTH 2'	60.24 (14.60–224.40)	32.69 (14.14–52.80)	57.86 (35.30–157.40)	28.53 (19.80–35.83)	0.823	0.029
PTH 3'	52.28 (16.10–200.00)	26.63 (13.20–44.32)	55.51 (37.10–168.0)	24.68 (19.11–28.55)	1	0.096
PTH 5'	55.79 (11.80–186.30)	22.25 (8.48–33.81)	50.55 (36.10–130.60)	18.94 (14.51–23.73)	1	0.009
PTH 8'	57.27 (11.20–180.50)	16.74 (7.54–29.48)	49.96 (36.90–113.20)	16.50 (10.92–21.96)	0.993	0.287
PTH 10'	58.23 (12.00–230.80)	14.60 (7.54–26.11)	50.21 (36.0–110.10)	15.57 (8.48–20.82)	0.823	0.922
CT (ng/l) – CIT						
CT 0'	4.48 (2.01–27.44)	5.40 (2.50–19.0)	6.79 (3.70–11.40)	7.95 (4.20–12.10)	0.008	0.018
CT 1'	16.55 (3.50–30.16)	32.70 (12.50–46.50)	16.50 (4.40–27.50)	26.60 (21.70–37.40)	0.9	0.052
CT 2'	16.24 (3.80–27.11)	29.10 (7.80–47.90)	17.90 (4.20–25.10)	23.70 (18.50–31.20)	0.978	0.042
CT 3'	13.90 (4.20–25.20)	23.75 (5.60–40.9)	16.30 (4.30–23.87)	18.75 (13.40–28.40)	0.538	0.088
CT 5'	12.39 (4.28–22.98)	18.90 (6.60–35.70)	14.43 (3.90–21.68)	13.80 (8.50–24.12)	0.450	0.104
CT 8'	10.62 (3.99–19.23)	16.40 (5.60–33.8)	13.13 (3.97–15.87)	12.25 (8.50–19.11)	0.327	0.378
CT 10'	9.42 (3.90–18.29)	13.35 (4.60–31.13)	11.14 (4.11–15.44)	11.30 (4.60–19.20)	0.341	0.370
PTHmin	55.79 (11.20–180.50)	14.60 (7.54–26.11)	49.30 (35.30–110.10)	15.57 (8.48–20.82)	0.845	0.812
CTmax	16.83 (4.50–30.16)	32.70 (12.50–47.90)	18.07 (4.40–27.50)	26.60 (21.70–37.40)	0.955	0.038

Adenoma vs. hyperplasia before PTX*; adenoma vs. hyperplasia after PTX**

Ca, calcium; Ca (c), corrected Ca; Ca²⁺, ionized Ca; CIT, calcium infusion test; Phos, phosphate; CT, calcitonin; CTmax, CT maximum; HC, healthy control; PHPT, primary hyperparathyroidism; PTH, parathyroid hormone; PTHmin, PTH minimum; PTX, parathyroidectomy. Mann-Whitney test was used.

the CIT was lower in patients with PHPT compared to HC (64 vs. 73%), which is consistent with our results, except that PTH suppression was slightly lower in both our groups, PHPT vs. HC group (50 vs. 64%, *p* = 0.006). In our study, which was easy to perform, safe, shorter in duration (10 min vs. 3 h), and with a larger number of participants (64 vs. 32 participants), the PTHmin cut-off value > 19.3 ng/l predicted PHPT with a sensitivity of 91% and specificity of 100%. Although CITs differ between studies (specifically, our study and the study of Titon et al.), these results showed similar achieved levels of Ca⁺⁺ at the end of the tests. Lips et al. in their study (nine patients with PHPT and 12 control subjects) reported that in patients with PHPT and HC, Ca-loading decreased PTH levels by 49 and 60%, respectively

[4], which is consistent with our results (PTHsup[%], 49 and 64%). Zhao et al. demonstrated in their study that PTH suppression < 73% could differentiate patients with mild PHPT from HCs (sensitivity 95% and specificity 99.9%, *p* < 0.001) [27]. In another study, similar results were obtained (PHPT vs. HC group, PTH suppression < 71.26%, sensitivity 89.3%, specificity 95.7%; *p* < 0.001) [28].

Cetani et al. pointed out that regulation of PTH secretion, which is mediated by CaSR, is altered in patients with PHPT largely due to a substantial reduction of CaSR expression that leads to changes in the PTH-Ca²⁺ set point [19]. In our study, in patients with PHPT, PTH suppression was greatest at 1 min of the CIT when Ca reached its highest levels, while in the second part of the CIT (from 5 to 10 min), the PTH

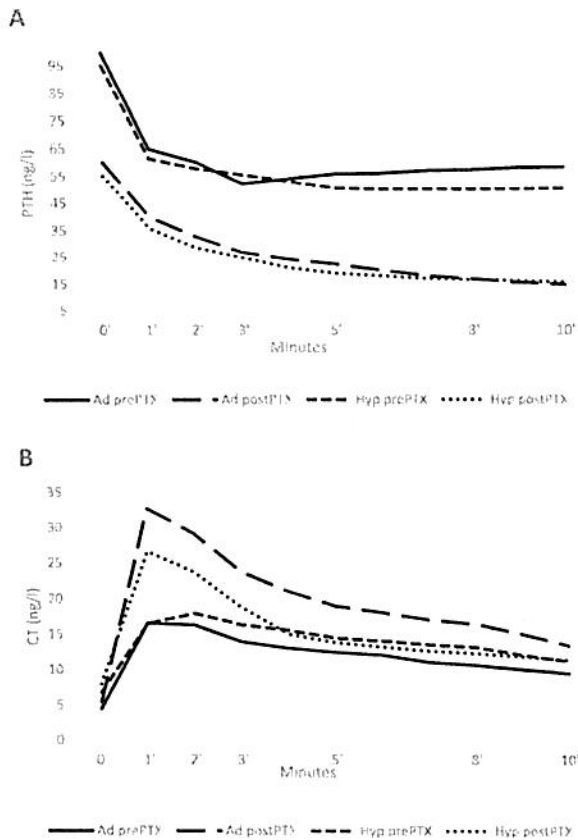


Fig. 2 PTH (2A) and CT response (2B) during CIT before and after PTX, adenoma vs. hyperplasia. **Abbreviations:** Ad, adenoma; CIT, calcium infusion test; CT, calcitonin; CTsi, stimulated calcitonin increase; HC, healthy control; hyp, hyperplasia; PHPT, primary hyperparathyroidism; prePTX, before parathyroidectomy; postPTX, after parathyroidectomy; PTH, parathyroid hormone; PTHsup[%], percent of parathyroid hormone suppression; PTX, parathyroidectomy

level reached a plateau. After PTX, the PTH level continuously decreased from the start to the end of the CIT without a noticeable plateau.

Hagag et al. in their study ($n = 32$ patients with PHPT, mean age 56 ± 2 years; 3 h oral Ca-loading test [OCLT] with 1 g of Ca [as gluconolactate]) evaluated the role of a preoperative OCLT in the differential diagnosis between hyperplasia and adenoma. They suggested that the OCLT could discriminate PHPT patients with adenoma from patients with hyperplasia [5]. If only PTHmin is considered, PTH suppression is not useful for the prediction of pathohistological findings in patients with PHPT. However, PTHsup(%) in HC group was about 62% in a study by Hagag et al., which was similar to our result (about 64%). Furthermore, OCLT in their study, as compared to our CIT, led to lower levels of PTH suppression in patients with adenoma (38 vs. 52%) but exhibited more pronounced suppression (58 vs. 49%) in

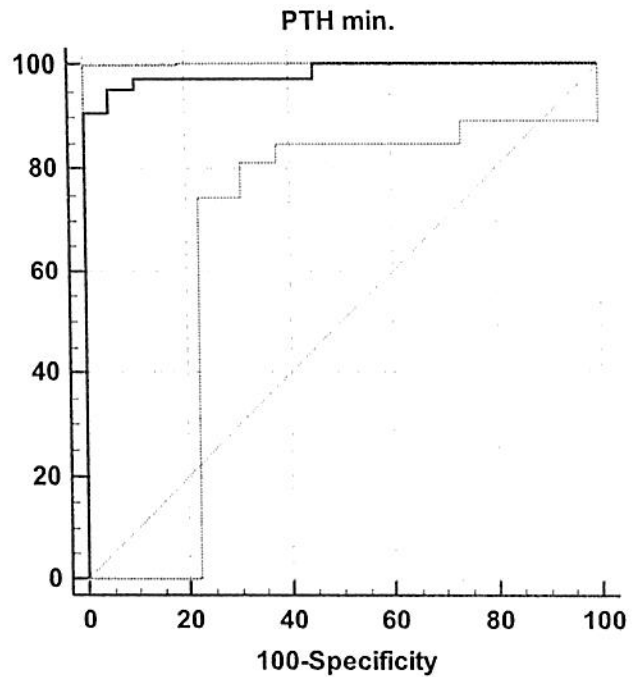


Fig. 3 AUC for PTHmin that differentiates PHPT patients from the HC group. **Abbreviations:** AUC, area under the curve; HC, healthy control; PHPT, primary hyperparathyroidism; PTHmin, minimum parathyroid hormone level

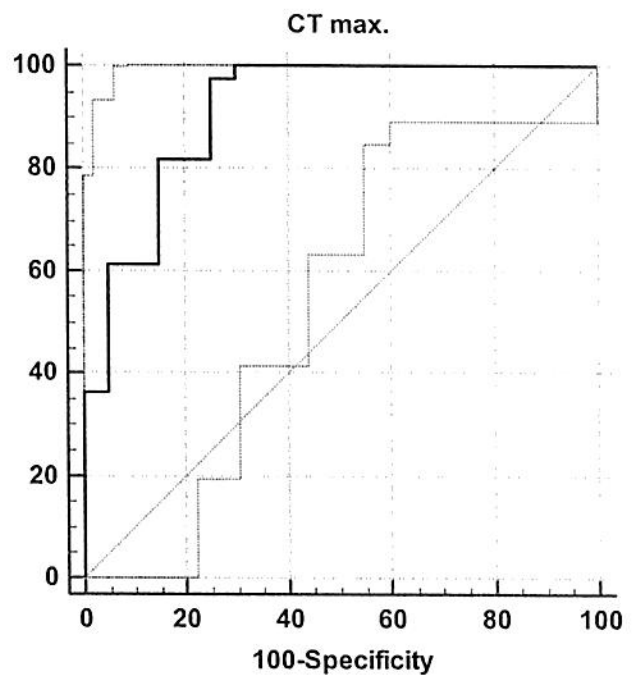


Fig. 4 AUC for CTmax that differentiates PHPT patients from the HC group. **Abbreviations:** AUC, area under the curve; HC, healthy control; PHPT, primary hyperparathyroidism; CTmax, maximum calcitonin level

patients with hyperplasia. It is possible that cells in hyperplasia respond less (in terms of PTH suppression) to rapid and short-term changes in Ca^{2+} levels (as in our parenteral CIT) than to slower and longer-lasting changes in Ca^{2+} levels, as in the OCLT. This difference in PTH suppression between parenteral or oral Ca-loading deserves attention for the purpose of establishing a differential diagnosis between adenoma and hyperplasia in PHPT patients. To date, this has not been investigated.

In patients with PHPT, HCT is expected as a compensatory response to hypercalcemia [6]. While activation of the CaSR suppresses PTH secretion, CT secretion is stimulated via CaSR [29]. Some principles of CT secretion have been shown in animal models [30, 31]. Wang et al. demonstrated that rapid induction of hypercalcemia resulted in a higher CT response compared to slowly reaching the same levels of calcemia [30]. Furthermore, repeated Ca stimulation led to a decrease in the CT response, but normalization of Ca levels (after 2 h) led to normalization of the CT secretory response to Ca in another animal study [31].

In a recent study, HCT was verified in 8.6% of patients with PHPT with a basal CT median of 4 ng/l [15]. In another study, basal HCT was very rare in patients with PHPT (1.6%) [12]. However, these authors concluded that HCT is an uncommon feature of PHPT without relation to clinical and laboratory features in this disease [12, 15]. In our study, basal HCT was slightly more frequent in patients with PHPT (18.2%), with slightly lower levels of basal CT in patients with PHPT vs. HC (5.0 vs. 5.9 ng/l), but this difference did not reach statistical significance ($p=0.183$), this finding being similar to that of the abovementioned studies [8, 15]. However, most studies have reported that hypercalcemia leads to depletion of CT content from parafollicular thyroid C-cells and depletion of serum CT, but the mechanisms have not as yet been elucidated [9–12]. Some data have also suggested that high concentrations of PTH in PHPT may have a direct suppressive effect on CT levels [14]. Obviously, this basal CT depletion is not significant enough to be used for the diagnosis of PHPT, but it could be useful in the prediction of pathohistological findings (adenoma vs. hyperplasia).

Tiegs et al. investigated the effect of a short Ca infusion (2 mg of Ca/kg of BW during 5 min) on CT secretion in patients with PHPT ($n=16$) and showed a reduced CT response compared to that in HCs [9]. Similar results were obtained using the Ca clamp technique in this group of patients [32]. One study performed an oral Ca test with 1 g of Ca gluconate (13 patients with adenoma and two patients with hyperplasia) and demonstrated attenuated CT response in the PHPT group compared to that in HCs ($p<0.05$) [16]. Our study confirmed the blunted CT response during the CIT. More precisely, in the HC group, we found an eight-fold CT increase, while in patients with PHPT, the CT response during the CIT was blunted (threefold CT increase)

compared to basal CT levels. The possible explanations for the decreased plasma CT response are the exhaustion of the synthesis-storage-secretion sequence in parafollicular thyroid C-cells or their desensitization to Ca [32]. Also, we found that the maximum achieved CT level during the CIT, CTmax of <27.5 ng/l, could be a predictive value for PHPT diagnosis (with sensitivity 98% and specificity 75%). This observation has not so far been evaluated in the literature.

Some authors have examined how PTX alters CT levels in patients with PHPT. Two studies evaluated CT response in a small group of patients with PHPT [11, 33]. Lambert et al. in their study (Ca infusion 15 mg Ca/kg of BW in 4 h) exhibited blunted CT response during Ca infusion (preoperatively 22, postoperatively six patients), which improved after PTX [33]. Taboli et al. also compared basal CT levels before and after PTX in 18 patients with PHPT and concluded that the decreased content of CT in parafollicular C-cells is a consequence of the prolonged period of hypercalcemia. However, Taboli's study has some limitations, namely, that they included only patients with PTG adenomas and that CT values were evaluated preoperatively during Ca stimulation but only basal CT values postoperatively [11]. The sigmoid curve is the best way to show the link between Ca^{2+} and CT; in PTX patients, the CT- Ca^{2+} curve is shifted in the direction expected for the HC group [34]. In our study, the CT response during the CIT recovered after PTX, but not to HC group levels. A possible reason is that the CIT was repeated as early as 1 month after PTX and perhaps this was not enough time for a complete recovery of the CT response.

Studies that evaluated the significance of preoperatively stimulated CT levels during the CIT for the purpose of differential diagnosis of adenoma from hyperplasia have not been performed to date. In this manner, we found that basal CT levels preoperatively were significantly lower in PTG adenoma patients compared to patients with hyperplasia. In contrast, CTsi was higher in patients with adenoma, but with borderline significance. Postoperatively, CT levels during the CIT in patients with PTG adenoma were significantly higher during the first half of the test (when Ca levels change rapidly) compared to the case of patients with hyperplasia, while in the second part of the test, CT levels were equalized in both groups. It is possible that parafollicular C-cells in patients with PTG hyperplasia are more exhausted during chronic hypercalcemia and therefore less responsive to additional rapid Ca stimulation compared to those in adenomas. This observation deserves further clarification.

One important advantage of our study is the fact that this was a prospective study that included the largest number of patients, to our knowledge, with PHPT who underwent a CIT (before and after PTX). Secondly, PTH and CT were examined together during the CIT in the same group of PHPT patients for the purposes of both diagnosis and differential diagnosis (adenoma vs. hyperplasia)

for the first time. Limitations are that this was a single-center study and, therefore, there is a possibility of selection bias. Secondly, since the number of patients with hyperplasia was not large and there was no male patient in this group, we were not able to examine gender differences. Third, in the PHPT group, we did not have many patients with mild forms of PHPT with Ca or PTH levels in the upper part of the reference range in whom this test would be of particular benefit. A fourth limitation of this approach is that postoperative CIT results (related to PTH levels) could be affected by extensive surgery, such as subtotal PTX in patients with hyperplasia, given the different amounts of residual parathyroid tissue after PTX. However, in our study, PTX of one PTG was performed in patients with adenoma, while in patients with hyperplasia in eight cases, the postoperative histological finding indicated that one gland was removed, while in only two cases, two glands were removed. Therefore, in our study, this was not of particular importance. Finally, vitamin D could also affect the secretion of PTH via the nuclear vitamin D receptor [35], but we did not divide patients by vitamin D level (due to an insufficient number of patients) and further assessed the effect of vitamin D levels on PTH and CT response during the CIT. We also initially excluded participants with vitamin D levels below the reference range.

In conclusion, we have carried out a standard parenteral short-time CIT that is well tolerated and easy to perform. PTH and CT responses during the CIT in PHPT patients could be an additional diagnostic tool. The CIT could play a role both in the diagnosis of PHPT and in the differential diagnosis between adenoma and hyperplasia. Although forgotten, CT as a hypocalcemic hormone deserves re-evaluation in patients with PHPT, especially during CITs that assess the secretory response of parafollicular C-cells. In our study, there are indications that this test may play a role in the prediction of the histological findings in patients with PHPT, and this is very important. To clarify this issue, a well-designed multicenter study should be performed with larger number of participants with adenomas and hyperplasia.

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Author contribution Study conception and design: EM and KZT; acquisition of data: EM and KZT; statistical analysis: KZT; analysis and interpretation of data: EM, KZT, SV, and MP; drafting of manuscript: EM and KZT; critical revision: MP. All authors approved the final version of the article, including the authorship list.

Data availability The data are available to "Hormones" upon request.

Declarations

Ethics approval The study was approved by the Scientific Committee of the University of Montenegro (Faculty of Medicine/Clinical Center of Montenegro).

Consent to participate Informed consent was obtained from all individual participants included in the study.

Conflict of interest The authors declare no competing interests.

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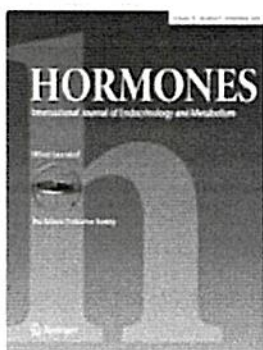
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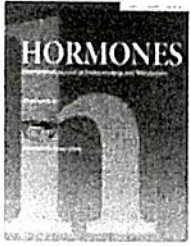
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Komisiji za doktorske studije

UNIVERZITET CRNE GORE MEDICINSKI FAKULTET			
Primjeno	10. 10. 2022		
Org. jed.	Broj	Prilog	Vrijednost
med	1633		

PODGORICA

PREDMET: Zahtjev za ocjenu doktorske disertacije

Poštovani,

U skladu sa Pravilima studiranja na doktorskim studijama Univerziteta Crne Gore podnosim zahtjev za ocjenu doktorske disertacije pod nazivom:

„Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije“

Završetkom doktorske disertacije i objavom rada u časopisu na SCI/SCIE listi koji sadrži dijelove sopstvenih istraživanja sprovedenih u okviru izrade doktorske disertacije, ispunila sam uslove za njenu predaju.

Ovim putem se obraćam komisiji za doktorske studije Medicinskog fakulteta da inicira prijedlog Komisije za ocjenu doktorske disertacije.

Uz zahtjev prilažem:

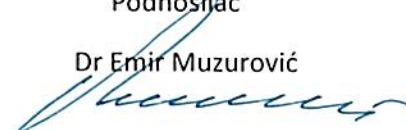
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- pisanu izjavu o autorstvu (Prilog 1 iz Uputstva o oblikovanju doktorske disertacije).

S POŠTOVANJEM,

U Podgorici, dana 10.10.2022.godine

Podnosišac

Dr Emir Muzurović



UNIVERZITET CRNE GORE

MEDICINSKI FAKULTET

Na osnovu odluke Senata Univerziteta Crne Gore br 03-2156/1-2 od 4.06.2020. godine imenovani smo za mentora i komentora za izradu doktorske disertacije kandidata dr Emira Muzurovića. U fazi predaje doktorske disertacije na pregled i ocjenu, u skladu sa Pravilima doktorskih studija Univerziteta Crne Gore, dajemo:

SAGLASNOST

Saglasna sam da kandidat dr Emir Muzurović može predati doktorsku disertaciju pod nazivom „**Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije**“ na pregled i ocjenu.

S POŠTOVANJEM,

U Podgorici, dana 10.10.2022.godine

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Prof. dr Snežana Vujošević



Komentor

3a Prof. dr Milan Petakov



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Potpisani-a: dr Emir Muzurović

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Izjavljujem


da je doktorska disertacija pod naslovom:

Odgovor paratiroidnog hormona i kalcitonina nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatiroidizmom prije i poslije paratiroidektomije

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Studijski program: Medicina

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Biografija i bibliografija

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Obrazovanje:

Osnovnu i srednju školu je završio u Bijelom Polju, kao nosilac diplome "Luča". Tokom 2007. godine završio je **Medicinski fakultet sa prosječnom ocjenom 9.53**. U oktobru mjesecu 2013.godine je položio završni specijalistički ispit, iz oblasti **Interne medicine, na Medicinskom fakultetu u Beogradu, odličnom ocjenom**. U toku 2017. godine položio završni ispit **uže specijalizacije iz oblasti Endokrinologije na Medicinskom fakultetu u Beogradu, ocjena 10**. Doktorske studije Univerziteta Crne Gore, tema **doktorske disertacije: "Odgovor parathormona (PTH) i kalcitonina (CT) nakon kalcijumske infuzije kod pacijenata sa primarnim hiperparatireoidizmom (PHPT) prije i poslije paratireoidektomije."**, trenutno u fazi pripreme za **ocjenu doktorske disertacije**.

Profesionalni angažman

- 2007-2008.godine- pripravnički staž u JZU DZ Podgorica,
- 2008-2009 godine- ljekar opšte prakse u JZU DZ Podgorica, služba HMP,
- 2009- i dalje- **Interna Klinika, Odjeljenje endokrinologije, KCCG**,
- 2009-2013 godine i 2015-2017.godine klinički staž/edukacija- specijalizacija Interne medicine u KCS i subspecijalizacija endokrinologije na Klinici za Endokrinologiju KCS,
- u periodu 2008-2010 godine angažovan kao stručni saradnik na predmetu Patološka fiziologija sa laboratorijskom dijagnostikom na Medicinskom fakultet u Podgorici, Univerzitet Crne Gore,
- Angažovan na **katedri predmeta Interna medicina na Medicinskom fakultetu Univerziteta Crne Gore** od 2017.godine, i dalje.
- Član 4. multidisciplinarna konzilijuma matične ustanove (KCCG): **Konzilijum endokrinologa KCCG, Konzilijum za neuroendokrine tumore KCCG, Konzilijum za insulinske pumpe KCCG, Konzilijum za lijekove KCCG.**

Usavršavanja:

- 2016 godina- **Presbyterian hospital/Weill Cornell New York City**
- u četiri navrata (2011-2016) **Salzburgu/Austrija**, oblast Interne medicine i endokrinologije, pod pokroviteljstvom AAF-a, u ukupnom trajanju od mjesec dana
- 2017 - **Akademiska Sjukhuset, Upsala, Sweden** usavršavanje iz oblasti neuroendokrinih tumora

- 2017- KCS Beograd, edukacija iz oblasti insulinskih pumpi.
- 2019- Cochin Hospital, Paris, France - edukacija iz oblasti tumora nadbubrenih žlijezda,
- 2019- KBC Rebro, Zagreb, Hrvatska - edukacija iz oblasti tumora nadbubrenih žlijezda.

Naučno-istraživački angažman

Zvanične kolaboracije i radovi sa naučnicima sa eminentnih svjetskih Univerziteta i bolnica: Harvard Medical School, Cambridge University, University College of London, Erasmus Center Rotterdam, Univerzitetski Klinički centar Ljubljana, KCS Srbije i KBC Rebro. Veliki broj radova objavljenih u eminentnim svjetskim časopisima (Q1,Q2), indeksiranim u međunarodnim bazama (Metabolism, Hypertension AHA journal, Lancet Gastroenterology and Hepatology, Hormones, Journal of Diabetes and Its Complications, International Journal of Cardiology, Angiology, Current Vascular Pharmacology, Endocrinology, Diabetes and Metabolism Case Reports, Current Pharmaceutical Design, Expert Opinion in Pharmacotherapy, Journal of Cardiovascular Pharmacology and Therapeutics, Current Opinion in Endocrinology, Diabetes, and Obesity, Gland Surgery, Current Medical Research and Opinion etc.).

Član sam Editorial board-a u SCI/SCIE časopisu *Journal of Cardiovascular Pharmacology and Therapeutics*.

Objavljeni naučni radovi na SCI, SCIE i AHCI listi (21 objavljen rad, 1 prihvaćen u fazi publikovanja):

1. **Muzurović E**, Tomšić KZ, Vujošević S, Petakov M. Parathyroid hormone and calcitonin response during the calcium infusion test in patients with primary hyperparathyroidism. *Hormones (Athens)*. 2022 Jun;21(2):261-270. doi: 10.1007/s42000-022-00353-2.
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6. Méndez-Sánchez N *et al.*; **Global multi-stakeholder consensus** on the redefinition of fatty liver disease. Global multi-stakeholder endorsement of the MAFLD definition. *Lancet Gastroenterol Hepatol*. 2022 May;7(5):388-390. doi: 10.1016/S2468-1253(22)00062-0.
7. **Muzurović E**, Mikhailidis DP, Mantzoros C. Non-alcoholic fatty liver disease, insulin resistance, metabolic syndrome and their association with vascular risk. *Metabolism*. 2021 Jun;119:154770. doi: 10.1016/j.metabol.2021.154770.

8. **Muzurović E**, van der Lely AJ, Gurnell M. AST to ALT Ratio and Peripheral Arterial Disease in a Hypertensive Population-Is There a Link? *Angiology*. 2021 Nov;72(10):905-907. doi: 10.1177/00033197211004387.
9. **Muzurović EM**, Vujošević S, Mikhailidis DP. Can We Decrease Epicardial and Pericardial Fat in Patients With Diabetes? *J Cardiovasc Pharmacol Ther*. 2021 Sep;26(5):415-436. doi: 10.1177/10742484211006997.
10. **Muzurović E**, Medenica S, Kalezić M, Pavlović S. Primary hyperparathyroidism associated with acquired long QT interval and ventricular tachycardia. *Endocrinol Diabetes Metab Case Rep*. 2021 Aug 1;2021:21-0016. doi: 10.1530/EDM-21-0016.
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20. **Muzurović E**, Stanković Z, Kovačević Z, Škrijelj BŠ, Mikhailidis DP. Inflammatory Markers Associated With Diabetes Mellitus - Old and New Players. *Curr Pharm Des.* 2021;27(27):3020-3035. doi: 10.2174/1381612826666201125103047.
21. **Muzurović E**, Vujošević S, Ratković M, Božović D, Radunović D. THE IMPACT OF SECONDARY HYPERPARATHYROIDISM ON ECHOCARDIOGRAPHIC PARAMETERS IN HEMODIALYSIS PATIENTS. *Acta Med Croatica.* 2016; 70: 32-40.

Recenzent u više SCI/SCIE časopisa (Q1-Q4):

- *Metabolism: Clinical and Experimental (Q1)*,
- *BMJ Open Diabetes Research and Care (Q1)*,
- *Cardiovascular Diabetology (Q1)*,
- *Drug Design, Development and Therapy (Q1)*,
- *Endocrine connections (Q2)*,
- *Angiology (Q2)*,
- *Current Vascular Pharmacology (Q2)*,
- *Therapeutic Advances in Endocrinology and Metabolism (Q2)*,
- *Journal of Cardiovascular Pharmacology and Therapeutics (Q2)*,
- *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy (Q2)*,
- *Microvascular Research (Q2)*,
- *Genes (Q2)*,
- *Annals of Nutrition and Metabolism (Q2)*,
- *Journal of Personalized Medicine (Q2)*,
- *International Journal of General Medicine (Q2)*,
- *European Journal of Medical Research (Q2)*,
- *Minerva Endocrinologica (Q3)*,
- *Journal of International Medical Research (Q3)*,
- *Grasas y Aceites (Q3)*,
- *Pteridines (Q4)*,
- *SAGE Open Medicine (Q4) itd.*

Predavač na više međunarodnih i domaćih kongresa. Osim maternjeg jezika aktivno se služim engleskim i ruskim jezikom.

Oženjen, otac 3 djece.

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Date: _____

Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju (Službeni list Crne Gore br.44/14) i člana 18 stav 1 tačka 3 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore, na sjednici održanoj 27. novembra 2014. godine, donio je

ODLUKU O IZBORU U ZVANJE

Dr sci med. ANETA BOŠKOVIĆ bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za predmet: Interna medicina na Medicinskom fakultetu.

 REKTOR
Prof. Radmila Vojvodić

CURRICULUM VITAE – prof.dr Aneta Bošković

Doktor medicine	Medicinski fakultet u Beogradu	1981/2-1987.
Magisterijum – kardiologija	Medicinski fakultet u Beogradu	1995/6-1998.
Doktorat	Medicinski fakultet u Beogradu	1999 - 2002.
Specijalizacija - interna medicina	Medicinski fakultet u Beogradu	1992 - 1996.
Subspecijalizacija – kardiologija	Medicinski fakultet u Beogradu	2000 - 2002.

Više edukacionih trening programa u zemlji i inostranstvu iz oblasti kardiologije, naročito prevencije kardiovaskularnih oboljenja i poremećaja ritma i smetnji provođenja i elektrostimulacije srca.

Nakon završenog pripravničkog staža, od 1988. do 1992. god. zaposlena u Domu zdravlja-Podgorica, a od avgusta 1992. godine u Centru za kardiologiju KC Crne Gore. Sada na poziciji načelnika Odjeljenja kardiologije sa Koronarnom jedinicom.

Sa još dvoje kolega (kardiologom i vaskularnim hirurgom) učestvovala u uvodenju nove metode - električne stimulacije srca u liječenju kardioloških oboljenja kod pacijenta u Crnoj Gori (formiranje Pejsmejker centra u KC Crne Gore).

Od strane Univerziteta Crne Gore izabrana

- 1999. za asistenta na predmetu Interna medicina Medicinskog fakulteta u Podgorici.
- 2004. u zvanje docenta
- 2009. u zvanje vanrednog profesora
- 2014. u zvanje redovnog profesora
- U septembru 2008. godine imenovana za koordinatora nastave na predmetu Interna medicina na Medicinskom fakultetu u Podgorici, a od 2004-2008 bila koordinator nastave na predmetu Osnovi kliničke prakse I i II Medicinskog fakulteta u Podgorici.

Kao član naučnih i organizacionih odbora učestvovala u radu Kongresa kardiologa i Kongresa interne medicine Srbije i Crne Gore. Održala niz predavanja po pozivu, naročito iz oblasti prevencije kardiovaskularnih oboljenja, dijagnostike i terapije koronarne bolesti, arterijske hipertenzije, srčane insuficijencije i elektrostimulacije srca, kao i objavila više radova u stranim i domaćim časopisima i prezentovala rezultate istraživanja na skupovima u zemlji i inostranstvu. Redovni predavač internacionalne škole o kardiovaskularnim bolestima u organizaciji Evropskog centra za mir i razvoj Univerziteta za mir Ujedinjenih nacija.

U više navrata bila mentor završnih radova studenata, jednom mentor i jednom komentor za magistrski rad, koji su uspješno realizovani, kao i komentor za doktorsku tezu koja je uspješno realizovana. U okviru postdiplomskih specijalističkih studija iz Interne medicine, trenutno mentor za izradu 2 doktorske teze i jednih polaznih istraživanja u okviru doktorskih studija na Medicinskom fakultetu u Podgorici.

Bila glavni istraživač i rukovodilac u 3 projekta odobrena od strane Ministarstva za nauku i prosvetu Crne Gore: »Prognostički značaj varijabilnosti srčane frekvencije kod bolesnika sa akutnim infarktom miokarda«, »Klinička efikasnost statina u sekundarnoj prevenciji koronarne bolesti« i »Prognostički značaj novonastale atrijske fibrilacije kod bolesnika sa akutnim koronarnim sindromom«.

U više navrata bila glavni istraživač za Crnu Goru u međunarodnim, multicentričnim, randomiziranim, dvostruko slijepim studijama kao što su CIBIS-ELD (prva studija te vrste izvedena u Crnoj Gori), CIBIS-ELD FOLLOW UP i TAO studija i na taj način doprinijela da se KC Crne Gore i Medicinski fakultet u međunarodnoj javnosti prepoznaju kao mjesta gdje se mogu izvoditi primijenjena medicinska istraživanja. Bila i glavni istraživač u HOPE LIKE studiji.

Član Radne grupe za izradu nacionalnih registara akutnog koronarnog sindroma, malignih neoplazmi, šećerne bolesti i cerebrovaskularne bolesti, kao i Radne grupe za izradu nacionalnih smjernica dobre kliničke prakse za arterijsku hipertenziju, koje su objavljene 2012. godine. Član Medicinskog odbora CAN-u, Udruženja kardiologa Crne Gore i Društva ljekara Crne Gore, kao i član European Society of Cardiology i European Heart Rhythm Association. Urednik Biltena Ljekarske komore Crne Gore od 2012. god. Predsjednik Udruženja kardiologa Crne Gore od 2016. god. Rukovodilac Montenegro podružnice UNESCO katedre za bioetiku u Crnoj Gori.

Radovi objavljeni u časopisima koji se nalaze u međunarodnim bazama podataka

1. M. Vukmirović, A. Bošković, Z. Bukumirić, I. Tomašević-Vukmirović, F. Vukmirović. Predictors and outcomes of new-onset atrial fibrillation in patients with acute myocardial infarction. *Vojnosanit Pregl* (In press) 2016 OnLine-First (00):257-257 ISSN 0042-8450 doi: 102298/VSP150224257V.
2. S. Mugoša, N. Djordjević, N. Djukanović, D. Protić, Z. Bukumirić, I. Radosavljević, A. Bošković, Z. Todorović. Factors affecting the development of adverse drug reactions to β -blockers in hospitalized cardiac patient population. *Patient Preference and Adherence* 2016; 10: 1461-9. ISSN: 1177-889X doi: 10.2147/PPA.S108579.
3. B. Knežević, Lj. Musić, G. Batrićević, A. Bošković, N. Bulatović, A. Nenczić, J. Vujović, M. Kalezić. Optimizing prevention and guideline-concordant care in Montenegro. *International Journal of Cardiology* 2016; 217:S32-S36. ISSN 0167-5273 doi: 10.1016/j.ijcard.2016.06.218.
4. S. Mugoša, Z. Bukumirić, A. Kovačević, A. Bošković, D. Protić, Z. Todorović. Adverse drug reactions in hospitalized cardiac patients: Characteristics and risk factors. *Vojnosanit Pregl* 2015;72(11):975-81. ISSN 0042-8450, doi: 102298/VSP140710104M
5. Bošković A, Belada N, Knežević B. Prognostic value of heart rate variability in post-infarction patients. *Vojnosanit Pregl* 2014; 71(10): 925-30. ISSN 0042-8450 doi: 102298/VSP1410925E.
6. Steg PG, Mehta SR, Pollack Jr CV et al; for the TAO Investigators. Anticoagulation with otamixaban and ischemic events in Non-ST-segment elevation acute coronary syndromes The TAO Randomized Clinical Trial. *JAMA*, doi: 10.1001/jama.2013.277165. Published online September 1, 2013. (Kolaborativni rad, TAO investigators are given in Appendix-Aneta Bošković).
7. Gelbrich G, Edelmann F, Inkrot S. and CIBIS-ELD investigators. Is target dose the treatment target? Uptitrating beta-blockers for heart failure in the elderly. *Int J Cardiol* 2012; 155(1): 160-6. ISSN: 0167-5273 doi: 10.1016/j.ijcard.2011.11.018. (Kolaborativni rad, CIBIS-ELD trial investigators-Aneta Bošković).
8. Dungen H-D, Apostolovic S, Inkrot S et al on behalf of CIBIS-ELD investigators and Project Multicentre Trials in the Competence Network Heart Failure. Titration of target dose of bisoprolol vs. carvedilol in elderly patients with heart failure: the CIBIS-ELD trial. *Eur J Heart Fail* 2011; 13: 670-680. doi: 10.1093/eurjhf/hfr020. (Kolaborativni rad, CIBIS-ELD trial investigators-Aneta Bošković).
9. Knežević B, Bulatović N, Belada N, Ivanović V, Dragnić S, Rabrenović M, Nikolić G, Musić LJ, Bošković A. Survival benefit of the late percutaneous coronary intervention in the patients after acute myocardial infarction who are or who are not treated with thrombolysis. *Bosnian Journal of Basic Medical Sciences* ISSN1512-8601, 2009; (9)1: 54-58.
10. Knežević B, Nikolić G, Dragnić S, Musić LJ, Bošković A. Successful treatment of cardiogenic shock by stenting of the left main coronary artery in acute myocardial infarction. *Vojnosanit Pregl* YU ISSN 0042-8450, 2008; 65: 769-73.



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Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju („Službeni list Crne Gore“ br 44/14, 47/15, 40/16, 42/17, 71/17, 55/18, 3/19, 17/19, 47/19) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 24.12.2019. godine, donio je

ODLUKU O IZBORU U ZVANJE

Dr Snežana Vujošević bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za oblast Internistička grupa kliničkih medicinskih predmeta, na Medicinskom fakultetu Univerziteta Crne Gore, na neodređeno vrijeme.

**SENAT UNIVERZITETA CRNE GORE
PREDSJEDNIK**

Prof. dr Danilo Nikolić, rektor

BIOGRAFIJA

Rodjena sam 20. 3. 1963. godine u Podgorici, Crna Gora. Osnovnu školu i gimnaziju završila sam u Podgorici sa odličnim uspjehom i diplomom „Luča“. Medicinski fakultet Univerziteta u Beogradu upisala sam studijske 1982./83. godine i na istom diplomirala 15. 10. 1987. godine sa prosječnom ocjenom 9. 14. Magistarski rad pod nazivom „Efekat glikoregulacije na pojavu dijabetes neautonomne neuropatije“ odbranila sam na Medicinskom fakultetu Univerziteta u Beogradu 17.12. 1997.

Doktorsku disertaciju pod nazivom „ Uticaj vegetativne neuropatije, na rane komplikacije u akutnom infarktu miokarda kod oboljelih od dijabetesa“ odbranila sam na Medicinskom fakultetu Univerziteta u Beogradu 30. 03. 2005. godine.

Završila sam više edukativnih programa u zemlji inostranstvu iz oblasti endokrinologije, u prevenciji gojaznosti i dijabetes melitusa.

PODACI O RADNIM MJESTIMA I IZBORIMA U ZVANJE

Obavezan ljekarski pripravnički staž obavila sam u Kliničko Bolničkom Centru „Dr Dragiša Mišović“ u Beogradu, Srbija, od 23. 3. 1988. godine do 12. 4. 1989. godine.

Po završetku pripravničkog staža radila sam kao klinički ljekar u Centru za dijabetes, Instituta za Endokrinologiju, Dijabetes i Bolesti Metabolizma, Beograd, Srbija do 31. 5. 1992. godine.

Kao klinički ljekar zasnovala sam radni odnos u JZU KBC Crne Gore 1. 6. 1992. godine. Specijalizaciju iz interne medicine počela sam 15. 01. 1994. godine na Medicinskom fakultetu Univerziteta u Beogradu i položila specijalistički ispit 30. 03. 1998. godine sa odličnim uspjehom. Od tada radim kao specijalista interne medicine na Odeljenju Endokrinologije Interne klinike.

Usmeni ispit u okviru uže specijalizacije iz Endokrinologije položila sam 27. 12. 2001. sa ocjenom 10 na Medicinskom fakultetu Univerziteta u Beogradu i nakon toga odbranila rad i od tada radim kao endokrinolog.

VD načelnik Poliklinike KCCG postala sam 20. 4. 2015. godine i od tada se nalazim na ovom radnom mjestu.

Asistent za predmet Interna medicina- oblast endokrinologija, Medicinskog fakulteta, Univerziteta Crne Gore, Podgorica, Crna Gora, izabrana sam 16. 3. 2001. godine.

U akademsko zvanje Docenta interne medicine- oblast endokrinologija, Medicinskog fakulteta, Univerziteta Crne Gore, Podgorica, Crna Gora, izabrana sam 30. 8. 2007. godine.

Na Medicinskom fakultetu, Univerziteta Crne Gore, Podgorica, Crna Gora, izabrana sam u akademsko zvanje Vanrednog profesora interne medicine-oblast endokrinologija 26. 6. 2014. godine.

Kao predavač sam angažovana na Medicinskom fakultetu za predmet Interna medicina, Klinička propedeutika oblast endokrinologija i imunologija. Osnovi kliničke prakse II na intergrisanom akademskom programu. Na Stomatologiji za predmet Opšta medicina oblast endokrinologija i imunologija. Visokoj medicinskoj školi u Beranama na predmetu Zdravstvena njega u internoj medicini sa internom medicinom. 1. 10. 2018.

Više puta sam bila mentor završnih radova studenata, dva puta mentor za polazna istraživanja doktorske disertacije, koji su uspješno realizovani. U okviru postdiplomskih specijalistički studija iz Interne medicine, mentor sam za oblast endokrinologija. Trenutno sam mentor jednom kandidatu za izradu polaznih istraživanja u okviru doktorskih studija na Medicinskom fakultetu u Podgorici.

Bila sam pomoćni istraživač u Nacionalnom naučnoistraživačkom projektu »Prognostički značaj novo nastale atrijalne fibrilacije kod bolesnika sa akutnim koronarnim sindromom«, koji je odobren 2012. god. odstrane Ministarstva za nauku Crne Gore.

Kao član naučnih i organizacionih odbora učestvovala sam u radu Kongresa endokrinologa u CrnojGori i inostranstvu.

Bila sam predsjednik organizacionog odbora prve zajedničke konferencije endokrinologa Crne Gore i Srbije same međunarodnim učesćem u Budvi u oktobru 2018. godine.

Učestvovala sam u sedam edukativnih kampova kao koorganizator i predavač za adolescente i odrasle sa dijabetes melitusom od 2012. godine.

Član sam Medicinskog odbora Kliničkog centra Crne Gore od 8. 12. 2016. godine.

RADOVI POSLE IZBORA ZA PROFESORA OD 2014. GODINE.

1. 2. Radovi objavljeni u časopisima

1. 2.1. Radovi objavljeni u časopisima koji se nalaze u međunarodnim bazama podataka

1. S. Vujović, S. Vujošević, S. Kavarić, J. Sopta, M. Ivočić, A. Savcanu, T. Brue, M. Korbonits, V. Popović. CANCEROUS LEPTOMENINGITIS AND FAMILIAL CONGENITAL HYPOPITUITARISM. *Endocrine*. 2016; 52(2): 231-5 ISSN 1355- 008X.

2. Stevović-Injac L, Jovanović-Perunović T, Vujosević S, Vodopić S. PSYCHIATRIC COMPLICATIONS DUE TO UNDERLYING CUSHING'S SYNDROME Case report. *Acta Clin Croat*. 2016. ahead of print

3. V. Prelević, D.Radunović, T.Antunović, M. Ratković, N. Gligorović-Bahranović, B. Gledović, S. Vujošević, M. Nedović-Vuković, N. Bašić-Jukić. INCREASED SERUM LEVEL OF IGF-1 CORRELATES WITH BETTER COGNITIVE STATUS IN END-STAGE RENAL DISEASE (ESRD) PATIENTS UNDERGOING HEMODIALYSIS. *TherApher Dial*. 2018 Apr;22(2):118-23. doi: 10.1111/1744-9987.12610. Epub 2017 Dec 7. PMID:29214734

4. SnežanaVujošević, NemanjaRadojević, NatašaBelada, NevenaMijajlović, Valentina Kalinić, SanjaBorožan, SanjaMedenica. CARDIOVASCULAR DIABETIC AUTONOMIC NEUROPATHY AS A RISKFACTOR FOR ELECTRICALCOMPLICATIONSIN ACUTE MYOCARDIAL ISCHEMIA. *SrpArhCelokLek*. 2019 Jan-Feb;147(1-2):23-6 DOI:<https://doi.org/10.2298/SARH171122020V>, UDC: 616.833:616.379-008.64; 616.127-005.8

5. SnežanaVujosević, DjordjijeKrnjević, Milan Bogojević, LjiljanaVučković, AleksandarFilipović, DuškoDunđerović, JelenaSopta. PRIMARYLEIOMYOSARCOMA OF THE THYROID GLAND WITH PRIOR MALIGNANCY AND RADIOTHERAPY: A CASE REPORT AND REVIEW OF LITERATURE. *World J Clin Cases* 2019. February 26;7(4):473-81.

1. 2.2. Radovi objavljeni u časopisima koji se ne nalaze u bazi podataka a imaju redovnu međunarodnu distribuciju i rezime na stranom jeziku

6. E. Muzurović, S. Vujošević, M. Ratković, D. Radunović, D. Božović THE IMPACT OF SECONDARY HYPERPARATHYROIDISM ON ECHOCARDIOGRAPHIC PARAMETERS IN HEMODIALYSIS PATIENTS. *Acta Med Croatica*. 2016; 70 (2): 32-40.

7. N. Radojević, S. Medenica, S. Vujošević, S. Savić. SUDDEN UNEXPECTED DEATH ASSOCIATED WITH HASHIMOTO'S THYROIDITIS AND THYMIC HYPERPLASIA. *Medico Legal Journal*. 2017; 85 (2): 111-2.

8. Mersiha Mulic, Suada Muminovic, Fadil Skrijelj, Mersudin Mulic, Snežana Vujošević. THE IMPORTANCE OF ANTHROPOMETRIC PARAMETERS IN PATIENTS WITH SUBCLINICAL HYPOTHYROIDISM. *Sanamed*. 2018; 13(1):23-30. ISSN-1452-662X
DOI:10.24125/sanamed.v13i1.200

9. Mulic Biljana, Mulic Mersiha, Muminovic Suada, Mulic Mersudin, Vujošević Snežana, Peco-Antić Amira. CALCURIARIA IN CHILDREN WITH PRIMARY MONO-SYMPTOMATIC NOCTURNAL ENURESIS. *Sanamed*. 2018; 13(3):281-6. ISSN-1452-662X DOI:10.24125/sanamed.v13i3.276

1. 3. Radovi na kongresima, simpozijumima i seminarima

1. 3. 1. Medjunarodni kongresi, simpozijumi i seminari

10. S. Vujošević, S. Borozan, S. Aligrudić, N. Radojević, S. Kavarić, K. Kazić, N. Miketić, O. Bošković, D. Božović. HYPOVITAMINOSIS D AND TYPE 2 DIABETES MELLITUS IN POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS. *World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases*, Seville, Spain 2014. Abstracts, P 444

11. Valentina Kalinić, Snežana Vujošević. POJAVA TIREOTOKSIKOZE IZAZVANE AMIODARONOM (kombinovana forma). Treći srpski kongres o štitastoj žlezdi, Zlatibor 2014. *Medicinski glasnik, zbornik sažetaka*, 38, ISSN 1821-1925.

12. E. Muzurović, S. Vujošević, M. Ratković, O. Bošković, D. Božović. POVEZANOST IZMEDJU NIVOVA PARAT HORMONA I EHOKARDIOGRAFSKIH PARAMETARA KOD PACIJENATA NA HRONIČNOM PROGRAMU HEMODIJALIZE. 4. Kongres udruženja za aterosklerozu Srbije, Beograd 2014. *Zbornik radova i sažetaka*, 106.

13. E. Muzurović, S. Vujošević, M. Ratković, O. Bošković, B. Gledović, D. Božović. KORELACIJA IZMEDJU VISOKO SENZITIVNOG C-REAKTIVNOG I EHOKARDIOGRAFSKIH PARAMETARA KOD PACIJENATA NA HRONIČNOM PROGRAMU HEMODIJALIZE. 4. Kongres udruženja za aterosklerozu Srbije, Beograd 2014. *Zbornik radova i sažetaka*, 107.

14. S. Borozan, S. Vujošević, A. Jušković, V. Vukićević. CHARCOT NEUROARTROPATIJA KAO KOMPLIKACIJA DIABETES MELLITUSA TIP 2-PRIKAZ SLUČAJA. 4. Kongres endokrinologa Srbije sa međunarodnim učešćem, Beograd 2014. *Zbornik sažetaka*, 70.

15. E. Muzurović, S. Vujošević, M. Ratković, O. Bošković, S. Kavarić, A. Djogo, B. Gledović, D. Božović. EHOKARDIOGRAFSKI PARAMETRI DIJABETIČARA I NEDIJABETIČARA NA HRONIČNOM PROGRAMU HEMODIJALIZE. 4. Kongres endokrinologa Srbije sa međunarodnim učešćem, Beograd 2014. *Zbornik sažetaka*, 97.

16. E. Muzurović, S. Vujošević, M. Ratković. UTICAJ PERIODA PROVEDENOG NA HRONIČNOM PROGRAMU HEMODIJALIZE NA VRIJEDNOSTI PARAT HORMONA. 4. Kongres endokrinologa Srbije sa međunarodnim učešćem, Beograd 2014. *Zbornik sažetaka*, 98.

17. S. Medenica, S. Kavarić, A. Djogo, D. Krnjević, E. Muzurović, N. Radojević, O. Bošković, S. Vujošević. EFFECTIVENESS OF TREATMENT WITH GLICLAZIDE MR IN DIABETIC TYPE 2 PATIENTS-CAN A FREE DRUG IMPROVE THE OUTCOMES? 3rd EYES meeting, Modena, Italy 2015. Abstracts, P164.

18. Sanja Borozan, Snežana Vujošević, Svetlana Aligrudić, Dragica Božović, Aleksandar Djogo. ASSOCIATION BETWEEN MENOPAUSAL AGE AND TYPE 2 DIABETES MELLITUS (T2DM) IN WOMEN WITH OSTEOPOROSIS (OS) AND HYPOVITAMINOSIS D, 10th EMAS Congress. ISSN 0378-5122. Madrid, Spain 2015. Abstracts, P69
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28. S. Medenica, S. Vujošević, S. Kavarić, O. Bošković, A. Djogo, Dj. Krnjević, E. Muzurović. RAZLIKE U METABOLIČKOM PROFILU NOVODIJAGNOSTIKOVANIH PACIJENATA SA

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33. E. Muzurović, S. Vujošević, N. Pevac, B. Došlić. FETALNA MAKROZOMIJA, MIKROINFLAMACIJA I ATEROSKLEROZA. 5. kongres endokrinologa Srbije sa međunarodnim učešćem, Beograd, 2016. Zbornik sažetaka, P 10D, 90.

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47. Vladimir Prelevic, DaniloRadunovic, TanjaAntunovic, Marina Ratkovic, NajdanaGligorovic-Barhanovic, SnežanaVujsčević. IGF-1 CORELLATES WITH COGNITIVE STATUS IN ESRD PATIENTS UNDERGOING HAEMODIALYSIS. 20th European Congress of Endocrinology, Barcelona, Spain *Endocrine Abstracts* (2018) 56 P663 | DOI: [10.1530/endoabs.56.P663](https://doi.org/10.1530/endoabs.56.P663) od DOI [plavoznakpitania](#)
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50. Sanja Medenica, Snežana Vujošević, Vesko Vujičić, Zoja Stanković, Sanja Čejović. POSSIBLE TRANSIENT CENTRAL DIABETES INSIPIDUS ASSOCIATED WITH METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS-RELATED PLEURAL EMPYEMA: A CASE REPORT. XXIX Congreso Chielano de Endocrinologia Y Diabetes. Chile 2018. Abstracts, P34

51. V. Kalinić, S. Vujošević, T. Murtezić, S. Vučinić, J. Markić. DA LI JE KLJUČ TERAPIJE REDUKCIJA TJELESNE TEŽINE I SPROVODJENJE FIZIČKE AKTIVNOSTI U NAFDL/NASH-U76. Kongres endokrinologa Srbije sa međunarodnim učešćem, Beograd 2018. Zbornik sažetaka, 03.11, 91.

1. 3. 2. Domaći kongresi, simpozijumi i seminari

52. Kalinić Valentina, Vujošević S., Hodža G. ANALIZA EFIKASNOSTI PRAVILNE REDUKCIONE ISHRANE I FIZIČKE AKTIVNOSTI NA PARAMETRE FUNKCIJE JETRE I INSULINSKU SENZITIVNOST KOD PACIJENATA SA DIJAGNOSTIKOVANIM SINDROMOM NEALKOHOLNE MASNE JETRE U GOJAZNIH OSOBA. XV Kongres društva ljekara Crne Gore sa međunarodnim učešćem. Časopis društva ljekara Crne Gore Medicinski Zapisi, Vol 64, broj 1, ISSN 04197747, Bečići 2015. 96

53. Aleksandar Djogo, Snežana Vujošević, Sreten Kavarić, Olivera Bošković, Djordjije Krnjević, Sanja Medenica, Teodora Vujović. POVEZANOST AUTOIMUNOG TIREOIDITISA SA NASTUPANJEM MENARHE KOD ŽENA SA PCO-SINDROMOM. XV Kongres društva ljekara Crne Gore sa međunarodnim učešćem. Časopis društva ljekara Crne Gore Medicinski Zapisi, Vol 64, broj 1, ISSN 04197747, Bečići 2015. 94

54. Snežana Vujošević, Sanja Medenica, Emir Muzurović, Sreten Kavarić, Aleksandar Djogo, Djordjije Krnjević, Olivera Bošković. PRIMJENA DERIVATA SULFONILUREJE SA MODIFIKOVANIM OSLOBADJANJEM KOD PACIJENATA SA DIABETES MELLITUS-OM TIP 2 U CILJU PROCJENE KVALITETA GLIKOREGULACIJE. II Kongres farmaceuta Crne Gore sa međunarodnim učešćem, Budva 2015. Zbornik sažetaka, P 194.

3. PEDAGOŠKA DJELATNOST

3.1.2. Korišćenje referentnog stranog udžbenika kod nas

a. Bračimir Jakšić, Željko Reiner, Boris Vučelić. Internamedicina

a. Božidar Vrhovac i saradnici. Internamedicina, ISBN: 978-953-178-989-9. Naknada Ljevak, Zagreb, godina 2008.

b. Dennis Kasper, Anthony Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson, Joseph Loscalzo. Harrison's Principles of internal medicine, 19th ed. (vol1&vol2) McGraw-Hill, Inc. USA ISBN-13: 9780071802154 ISBN-10: 0071802150

c. Williams Textbook of Endocrinology, 11th ed. Saunders, Elsevier, USA

3.4.1. Doktorske studije – mentorstvo

1. Mentor polaznih istraživanja doktorskih studija, „Uticaj gestacijskog dijabetesa melitusa (GDM) na ishod trudnoće“ dr Selim Agić

3. 4. 2. Na postdiplomskom studiju (kod magisterija i specijalizacija)

- Mentor, dr Zoja Stanković, specijalizantu interne medicine za potrebe KCCG- Podgorica- Od 01. 02. do 01. 07. 2015.
- Mentor, dr Ani Nenezić, specijalizantu interne medicine za potrebe KCCG- Podgorica- Od 01. 02. do 01. 07. 2015.

- Mentor, dr Milanu Popivodi, specijalizantu interne medicine za potrebe KCCG-Podgorica- Od 01. 09. do 31. 01. 2016.
- Mentor, dr Tanji Manojlović, specijalizantu interne medicine za potrebe KCCG-Podgorica- Od 15. 01. do 15. 05. 2016.
- Mentor, dr Nini Mikić, specijalizantu interne medicine za potrebe KCCG-Podgorica- Od 29. 05. do 29. 10. 2016.
- Mentor, dr Mariji Nikolić, specijalizantu infektologije za potrebe KCCG-Podgorica- Od 29. 06. do 29. 07. 2016.
- Mentor, dr Milanu Bogojeviću, specijalizantu interne medicine za potrebe KCCG-Podgorica- Od 17. 10. 2016. do 17. 03. 2017.
- Mentor, dr Miruni Kuzman, specijalizantu interne medicine za potrebe KCCG-Podgorica- Od 24. 10. 2016. do 24. 03. 2017.
- Mentor, dr Milanu Racić, specijalizantu interne medicine za potrebe DZ-Nikšić- Od 17. 05. 2017. do 17. 10. 2017.
- Mentor, dr Dejana Ašanin, specijalizantu interne medicine za potrebe DZ-Kotor- Od 19. 02. 2019. do 19. 07. 2019.

3. 4. 3. Mentorstvo na dodiplomskim studijama

1. Bubanja Violeta-Edukacija obojelih od osteoporoze 04. 02. 2015. Diplomski rad Visoke medicinske škole u Beranama
2. Šarkinović Elzana- Edukacija i samokontrola pacijenata obojelih od diabetes mellitusa Diplomski rad Visoke medicinske škole u Beranama 04.02.2015.
3. Čindrak Alma-Higijensko dijetetski režim kod obojelih od dijabetes melitusa Diplomski rad Visoke medicinske škole u Beranama 10.02.2016.
4. Šahmanović Benida-Korelacija diabetes melitusa tip 2 i sindroma policističnih ovarijuma (PCOS) Završni rad Medicinskog Fakulteta u Podgorici 26.05.2016.
5. Garović Ksenija-Uticaj subkličkog hipotiroidizma (SCH) na pojavu kardiovaskularnih bolesti Završni rad Medicinskog Fakulteta u Podgorici 26.05.2016.
6. Bogavac Sladjana-Njega pacijenta sa moždanim udarom 20. 09.2016.Diplomski rad Visoke medicinske škole u Beranama
7. Raičević Milan-Prijem i njega bolesnika sa hipopituitarizmom 27. 09. 2016. Diplomski rad Visoke medicinske škole u Beranama

Studijski program- Medicina

Student: Garović Ksenija 67/10

Tema: „Uticaj subkličkog hipotiroizma na pojavu kardiovaskularnih bolesti“

Datum odbrane: 26.05.2016.godine

Student: Šahmanović Benida 61/10

Tema: „Korelacija diabetes melitusa tip II i sindroma policističnih jajnika“

Datum odbrane: 26.05.2016.godine

Student: Đukić Anđela 21/11

Tema: „Hipertenzija kao signal endokrinog poremećaja“

Datum odbrane: 26.05.2017.godine

Studijski program- Visoka medicinska škola Berane

Student: Bujanja Violeta 401/10

Tema: „Edukacija oboljelih od osteoporoze“

Datum odbrane: 04.02.2015.godine

Student: Šarkinović Elzana 450/11

Tema: „Edukacija i samokontrola pacijenata oboljelih od diabetes mellitusa“

Datum odbrane: 04.02.2015.godine

Student: Čindrak Alma 276/08

Tema: „Higijensko dijetetski režim kod oboljelih od diabetes mellitusa“

Datum odbrane: 10.02.2016.godine

Student: Bogavac Slađana 32/13

Tema: „Njega pacijenata sa moždanim udarom“

Datum odbrane: 21.09.2016.godine

Student: Raičević Ivan 428/10

Tema: „Prijem i njega bolesnika sa hipopituitarizmom“

Datum odbrane: 27.09.2016.godine

Podgorica, 09.04.2019.godine

STUDENTSKA SLUŽBA

3.5. Kvalitet pedagoškog rada, odnosno kvalitete nastave

Prema odluci Vijeća Medicinskog fakulteta br 415/1 od 13. 3. 2008.

4. STRUČNA DJELATNOST

4.2. Urednik ili koeditor časopisa knjige, kontinuiranih umjetničkih programa (u trajanju dužem od devet mjeseci)

4.2.2. U inostranstvu-?????

- Član uredništva časopisa "Endocrine Oncology And Metabolism" od marta 2016. do avgusta

2018. ISSN 1849-8922 www.eom.hdeo.eu

4.6. Ostala dokumentovana stručna djelatnost-

- Član naučnih i organizacionih odbora Kongresa endokrinologa u Crnoj Gori i inostranstvu

- Pomoćni istraživač u Nacionalnom naučnoistraživačkom projektu »Prognostički iznajačno nastale atrijalne fibrilacije kod bolesnika sa akutnim koronarnim sindromom« odobren 2012. od Ministarstva za nauku Crne Gore

- Autor sam edukativne brošure "Akromegalija" sa dr Djordjijem Krnjević

- Predsjednik sam komisije za zamjenu faksimila Ljekarske Komore Crne Gore

- Član sam komisije za kontinuiranu medicinsku edukaciju Ljekarske Komore Crne Gore

2001. Član European Association for the Study of Diabetes

2008. Član komisije za kontrolu kvaliteta pružanja zdravstvenih usluga u Kliničkom Centru Crne Gore

2008. Koordinatorica predmeta Osnovi kliničke prakse I i II na Medicinskom fakultetu Crne Gore

2009. Član European Society of Endocrinology

2012. Član Medicinskog odbora Kliničkog centra Crne Gore

2012. Član Radne grupe za izradu Nacionalne strategije za borbu protiv šećerne bolesti

2012. Član Naučnog odbora Prvog srpskog kongresa o gojaznosti Zlatiboru

ODRŽANA PREDAVANJA

Datum	08/10/2014.
Mjesto	Institut za javno zdravlje medicinski fakultet
Naziv sastanka	Otkrivanje i liječenje dijabetes melitusa
Naziv prezentacije	prof. Uspješna kontrola i liječenje dijabetes melitusa
Vujošević	

Datum	03/02/2014.
Mjesto	Podgorica - Hotel Podgorica
Naziv sastanka	Onglyza (saxagliptin) u terapiji DM2
Naziv prezentacije	prof. Oralni anti-dijabetici-savremene preporuke
Vujošević	

Datum	05/03/2015.
Mjesto	Podgorica - Hotel Ramada
Naziv sastanka	U korak sa novim terapijama mogućnostima
Naziv prezentacije	prof. Plenarna diskusija - Mesto uloga Onglyze u terapiji dijabetesa tip 2
Vujošević	

Datum 02/04/2015
Mjesto Bar – DZ Bar
Naziv sastanka Onglyza (saxagliptin) u terapiji DMT2
Naziv prezentacije Mjesto DPP4 inhibitora u vodičima liječenja DMT2
prof. Vujošević

Datum 06/03/2015

Mjesto Podgorica - Hotel Ramada
Naziv sastanka U korak sa novim terapijskim mogućnostima
Naziv prezentacije prof. Plenarna diskusija - Mesto uloga Onglyze u terapiji dijabetesa tip 2
Vujošević

Datum 29/09/2015

Mjesto Podgorica - Hotel Premijer
Naziv sastanka Iskustva i perspektive primene savremene oralne terapije u
lečenju dijabetesa T2 u Crnoj Gori
Naziv prezentacije prof. Dijabetes tip 2 i kardiovaskularni rizik
Vujošević

Datum 15/10/2015

Mjesto Bečići, Budva
Naziv sastanka Da li je dovoljno samostalno liječenje dijabetesa zahtjeva kombinirani pristup
Naziv prezentacije prof. Inkretinski koncept u terapiji DMT2
Vujošević

Mjesto i značaj liraglutida u terapijskom algoritmu

Kongres Društva ljekara Crne Gore, Hotel Mediteran Bečići

22. 10. 2015.

Vidite li razliku?

Sajam medicine, Novo Nordisk okrugli sto, Hotel M Nikić

16. 10. 2015.

Prikaz slučaja

Novo Nordisk stručni sastanak, Hotel Podgorica

15. 06. 2015.

Akromegalija

Novartis stručni sastanak, Hotel Podgorica

11. 12. 2015.

Vildagliptin-DPP 4 inhibitor u terapiji tipa 2 dijabetesa

Podgorica

18. 2. 2016.

Moderna terapija i dostupnost liječenja osobama sa dijabetes mellitusom u Crnoj Gori 6. 4. 2016. Podgorica

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3. Snežana Vujošević. GOJAZNOST IZAZVANA LJEKOVIMA. Četvrti Srpski Kongres o Gojivosti sa međunarodnim učešćem, Zlatibor 28.-30. 9. 2018. Medicinski Glasnik str 81
4. S. Vujošević. Insipidni dijabetes. Prva zajednička konferencija endokrinologa Crne Gore i Srbije sa međunarodnim učešćem, Budva 11-14. oktobar 2018. str. 38.
5. S. Vujošević. „Toujeo“klinički kontinuum, rezultati BRIGHT ispitivanja. Prva zajednička konferencija endokrinologa Crne Gore i Srbije sa međunarodnim učešćem, Budva 11-14. oktobar 2018. str. 38.
6. Snežana Vujošević. POVEZANOST AUTOIMUNIH BOLESTI ŠTITASTE ŽLIJEZDE(HAŠIMOTO TIREOIDITISA) SA HIPOTIREOZOM I AUTOIMUNOG GASTRITISA. Peti Srpski Kongres o Štitastoj Žlezdi, Zlatibor 11.-14. 4. 2019. Medicinski Glasnik str 53.



УНИВЕРЗИТЕТ У БЕОГРАДУ

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СЕНАТ УНИВЕРЗИТЕТА
У БЕОГРАДУ

Београд, 19.9.2018. године
06-01 Број: 61202-3092/3-18
СЋ

На основу чл. 75. Закона о високом образовању ("Службени гласник РС", број: 88/17), чл. 43. ст. 1. тач. 23. и чл. 44. ст. 4. Статута Универзитета у Београду ("Гласник Универзитета у Београду", број 201/18), чл. 25. ст. 1. и ст. 2. тач. 1. Правилника о начину и поступку стицања звања и заснивања радног односа наставника Универзитета у Београду ("Гласник Универзитета у Београду", број 200/17) и Правилника о минималним условима за стицање звања наставника на Универзитету у Београду ("Гласник Универзитета у Београду", број 192/16, 195/16, 197/17, 199/17 и 06-4634/7-17 од 15.11.2017. године), а на предлог Изборног већа Медицинског факултета, број: 4970/11 од 13.6.2018. године и мишљења Већа научних области медицинских наука, 02-01 број: 61202-3092-2-18 од 10.7.2018. године, Сенат Универзитета, на седници одржаној 19.9.2018. године, донео је

О Д Л У К У

БНРА СЕ др Милан Петаков у звање редовног професора на Универзитету у Београду- Медицински факултет, за ужу научну област Интерна медицина(ендокринологија).

О б р а з л о ж е њ е

Медицински факултет је дана 7.3.2018. године у листу „Послови“ објавио конкурс за избор у звање редовног професора, за ужу научну област област Интерна медицина(ендокринологија).

Извештај Комисије за припрему извештаја о пријављеним кандидатима стављен је на увид јавности дана 14.5.2018. године објављивањем на сајту и огласној табли Факултета.

На основу предлога Комисије за припрему извештаја о пријављеним кандидатима, Изборно веће Медицинског факултета, на седници одржаној дана 13.6.2018. године, донело је одлуку о утврђивању предлога да се кандидат др Милан Петаков изабере у звање редовног професора.

Медицински факултет је дана 26.6.2018. године доставио Универзитету комплетан захтев за избор у звање на прописаним обрасцима.

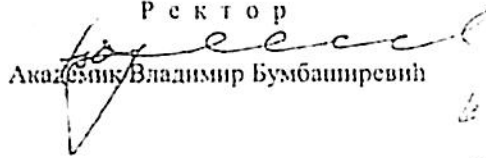
Универзитет је комплетну документацију коју је доставио Факултет ставио на web страницу Универзитета дана 3.7.2018. године.

Веће научних области медицинских наука, на седници одржаној дана 10.7.2018. године дало је мишљење да се др Милан Петаков може изабрати у звање редовног професора.

Сенат Универзитета, на седници одржаној дана 19.9.2018. године разматрао је захтев Медицинског факултета и утврдио да кандидат испуњава услове прописане чл. 74. и 75. Закона о високом образовању, чланом 135. Статута Универзитета у Београду, као и услове прописане Правилником о минималним условима за стицање звања наставника на Универзитету у Београду, па је донета одлука као у изречи.

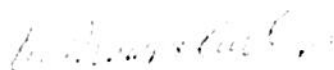
ПРЕДСЕДНИК СЕНАТА

Ректор


Академик Владимир Бумбаширевић

Доставити:

- Факултету (2)
- архиви Универзитета
- сектору 06



A. OSNOVNI BIOGRAFSKI PODACI

--Ime, srednje ime i prezime Milan, Svetozar, Petakov

--Datum i mesto rođenja 12.09.1959. Beograd

--Ustanova gde je zaposlen Medicinski fakultet, Univerzitet u Beogradu.

--Zvanje / radno mesto Redovni profesor za predmet interna medicina, nastavna baza Klinika za endokrinologiju, dijabetes i bolesti metabolizma, Klinički centar Srbije. Specijalista interne medicine, subspecijalista endokrinolog, Načelnik odeljenja za neuroendokrinologiju Klinike za endokrinologiju, dijabetes i bolesti metabolizma.

--Naučna oblast interna medicina, endokrinologija

B. STRUČNA BIOGRAFIJA, DIPLOME I ZVANJA

Osnovne studije

--Naziv ustanove-- Medicinski fakultet u Beogradu

--Mesto i godina završetka, prosečna ocena Beograd, 1985. godine, prosečna ocena 9.53 (devet pedeset i tri).

Poslediplomske studije

--Naziv ustanove Medicinski fakultet u Beogradu

--Mesto, godina završetka i članovi komisije Beograd, 12.07.1994. godine na Medicinskom fakultetu Univerziteta u Beogradu, komisija u sastavu: Prof dr M.Jevremović, Prof dr J. Vojvodić, Prof dr V.Popović)

--naslov magistarskog rada, specijalističkog akademskog rada ili master rada "Procena dijagnostičke i terapijske vrednosti pulsatilnog davanja luteinizirajućeg-oslobadajućeg hormona putem portabilne infuzione pumpe, hipogonadotropnim ženama"

--Uža naučna oblast endokrinologija

Doktorat

--Naziv ustanove Medicinski fakultet u Beogradu

--Mesto i godina odbrane i članovi komisije Beograd, 2002. godina, komisija u sastavu: Prof dr Vera Popović, Prof dr Slobodan. Radmanović, Prof.dr. Svetozar Damjanović)

--Naslov disertacije" Značaj određivanja hormona rasta i insulinu-sličnog faktora rasta u akromegaliji"

--Uža naučna oblast endokrinologija

Specijalizacija Interne medicine, spec. ispit položio 21.10.1993 godine sa odličnim uspehom

Uža specijalizacija Endokrinologije, rad iz uže specijalizacije sa temom "*Pulsna sekrecija hormona rasta kod bolesnika sa akromegalijom*" odbranio 19.06.2002 godine

Dosadašnji izbori u nastavna i naučna zvanja U zvanje asistenta na predmetu Interna medicina Medicinskog fakulteta izabran je 08.06.1998. godine, a reizabran 26.12.2002 godine i 23.11.2006. godine. U zvanje docenta istoj katedri je izabran 20. septembra 2007. godine a reizabran 22. maja 2012. U zvanje vanrednog profesora istoj katedri je izabran 16. janyapa 2013. Od 19. septembra 2018. je potvrđeno zasnivanje radnog odnosa neodređeno vreme kao redovnog profesora Beogradskog univerziteta,.

a) Spisak radova.

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Na osnovu člana 75 stav 2 Zakona o visokom obrazovanju (Sl.list RCG, br. 60/03 i Sl.list CG, br. 45/10 i 47/11) i člana 18 stav 1 tačka 3 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore, na sjednici održanoj 19.12.2013. godine, donio je

ODLUKU O IZBORU U ZVANJE

Dr sci med. **MILICA MARTINOVIĆ** bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za predmet: Patološka fiziologija i laboratorijska medicina, na Medicinskom fakultetu.



REKTOR

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Rodjena 29.X 1960. g. U Nikšiću , Crna Gora. Osnovnu školu i gimnaziju završila u Nikšiću. Diplomirala na Medicinskom fakultetu Univerziteta u Beogradu 1983.g. Specijalizaciju iz pedijatrije završila 1992.g. položivši sa odličnom ocjenom specijalistički Ispit, na institutu za zdravstvenu zaštitu majke i djeteta Medicinskog fakulteta Univerziteta u Beogradu. Magistarski rad pod nazivom „ Komparativna studija etiopatogenetskih i kliničkih parametara bronhijalne astme sa efektima terapije u kontinentalnom i priobalnom dijelu Crne Gore“ odbranila 1997.g. na Medicinskom fakultetu Univerziteta u Nišu, Srbija. Zvanje doktora medicinskih nauka stekla na Medicinskom fakultetu Univerziteta u Nišu, odbranivši doktorsku disertaciju pod nazivom „ Uloga i značaj primjene inhalacionih glikokortikoida u prevenciji dječije astme“.

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8. Mira Samardzic, Milica Martinovic, Mirjana Nedovic-Vukovic, Milena Popovic-Samardzic, Recent incidence of type 1 diabetes mellitus in Montenegro: shift toward a younger age at onset of the disease, *Acta Clin Croat* 2016; 55:63-68
9. Milica Martinovic, Goran Belojevic, Gary W. Evans, Dragan Lausevic, Bogdan Asanin et al. Prevalence of and contributing factors for overweight and obesity among Montenegrin schoolchildren, *Eur J Public Health* (2015) 25 (5): 833-839
10. Pantović Snežana, Božović Dragica, Nikolić Goran, Martinović Milica, Mitrović Predrag, Radulović Lenka, Isaković Aleksandra, Marković Ivanka „ Markers of inflammation and antioxidative enzyme activities in restenosis following percutaneous coronary intervention “ , *Journal of the Serbian Chemical Society* 2015, 80 (2), 143
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12. Martinović M. News in the pathophysiology of asthma, *Vojnosanitetski pregled*, 2013, Vol VI. Str. 84-87
13. Duborija-Kovačević N., Martinović M. Evaluation of pharmacotherapy of obstructive airway diseases in the Montenegrin outpatient care: comparison with two Scandinavian countries, *Multidisciplinary Respiratory Medicine* 2012, 7:123

Radovi objavljeni u časopisima koji se ne nalaze u međunarodnim bazama podataka

14. Milica Martinović, Sigurnosni profil inhalacionih kortikosteroida (beclomethason dipropionat) primijenjenih u konvencionalnim i u visokim dozama u prevenciji dječje astme, *ACTA MEDIKA MEDIANAE*, ISSN 0365-4478, Vol.47, No.1, 2008.
15. Martinović M, Pejakov Lj. Child asthma and environmental factors in Montenegro. (Original studija) *Jurnal Medical Brasovean, Brasov* 2010; Vol VI, (3):73-75. ISSN 1841-0782.

16. Pejakov Lj, Martinović M. Perioperative outcome: genetics, environment or both. (Editorial) Jurnal Medical Brasovean, Brasov 2010; Vol VI, (3):4-7. ISSN 1841-0782.

17. Martinović M., Inhaled corticosteroids: the role in the prevention of asthma, pathophysiological and clinical aspects, Jurnal Medical Brasovean, Brashov, 2012, ISSN 1841-0782.nr.2-2012

PROJEKTI

1. Rukovodilac crnogorskog nacionalnog naučno-istraživačkog projekta " Istraživanje siromaštva i gojaznosti kod školske djece u Crnoj Gori- klinički, patofiziološki, biohemijski i preventivni aspekti", 2013-2015.

2. Koordinator za Medicinski fakultet u Podgorici CEEPUS projekta: » Developing a network for monitoring the Impact of environmental and nutritional factors on fertility and neonatal health«, Network Coordinator assoc.prof Marlus Moga, Transilvania University of Brashov, Romania, 2007- 2013

3. Rukovodilac crnogorskog tima u bilateralnom crnogorsko-hrvatskom projektu : „ Komparativna studija o uticaju siromaštva na pothranjenost i gojaznost, dijetetske navike i životni stil kod skolske djece Podgorice i Osijeka" Član istraživačkog tima

4. CRNOGORSKO-SRPSKI BILATERALNI PROJEKAT: „Značaj praćenja odnosa mokraćne kiseline i oksidativnog stresa u definisanju kardiovaskularnog rizika metabolički zdrave i metabolički bolesne djece sa viškom tjelesne mase" (The importance of monitoring the interrelation between uric acid and oxidative stress in defining cardiovascular risk at metabolically healthy and sick children with excess body weight"), član istraživačkog tima

5. Competency based Curriculum Reform in Nursing and Caring in Western Balkan Universities 544169-TEMPUS-1-2013-1-BE-TEMPUS-JPCR, rukovodilac prof.dr Bogdan Ašanin, član istraživačkog tima

6. Član istraživačkog tima u projektu Ministarstva nauke CG- „Balneološki efekti peloida, mineralne vode, ljekovitog i aromatičnog bilja na inflamatorni odgovor kod reumatoidnih i kardiovaskularnih bolesti", rukovodilac doc.dr Snežana Pantović

7. Član istraživačkog tima u projektu Ministarstva nauke CG- „Procjena jednog statusa, razvoj i standardizacija preventivnog programa u Crnoj Gori", rukovodilac prof.dr Mira Samardžić



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Broj / Ref 03-1332
Datum / Date 16.05.2016

Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju (Službeni list Crne Gore br. 44/14 i 47/15) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 16.maja 2016.godine, donio je

ODLUKU O IZBORU U ZVANJE

Dr SNEŽANA PANTOVIĆ bira se u akademsko zvanje **docenta Univerziteta Crne Gore** za predmete: Medicinska biohemija i hemija na osnovnom akademskom studijskom programu Medicina, Opšta i oralna biohemija na osnovnom akademskom studijskom programu Stomatologija i Medicinska biohemija na osnovnom akademskom studijskom programu Farmacija na **Medicinskom fakultetu**, na period od pet godina.

 **REKTOR**
Prof. Radmila Vojvodić



Europass Radna biografija

Lični podaci

Prezime(na) / Ime(na) **PANTOVIĆ SNEŽANA**
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Državljanstvo Crnogorsko
Datum rođenja 21.10.1970.
Pol ŽENSKI

Željeno zaposlenje / zanimanje **DOCENT**

Radno iskustvo

Datumi	2015 -
Zanimanje ili radno mjesto	Docent na UCG, Medicinski fakultet, Predmet Medicinska biohemija
Glavni poslovi i odgovornosti	Odgovorna za realizaciju nastave na predmetima: Medicinska biohemija i hemija – studijski program Medicina; Medicinska biohemija – studijski program Farmacija; Opšta i oralna biohemija – studijski program Stomatologija Laboratorijska dijagnostika poremećaja metabolizma – studijski program Farmacija; Osnovi biohemije – Visoka medicinska škola Berane
Ime i adresa poslodavca	Univerzitet Crne Gore Medicinski fakultet, Podgorica
Vrsta djelatnosti ili sektor	Visoko obrazovanje
Datumi	2004 - 2008
Zanimanje ili radno mjesto	Specijalista transfuzione medicine, KC Crne Gore
Glavni poslovi i odgovornosti	Rad na poslovima prikupljanja i testiranja ljudske krvi kao lijeka humanog porijekla, njene obrade i prerade, skladištenja, distribucije i izdavanja, odnosno primjene za potrebe alogene ili autologne transfuzije. Rad na pružanju specijalističkih usluga iz domena transfuzione medicine u cilju dijagnostike, prevencije i terapije za potrebe bolničkih i ambulantnih pacijenata.
Ime i adresa poslodavca	KC Crne Gore Centar za transfuziju krvi, Podgorica, Crna Gora
Vrsta djelatnosti ili sektor	Zdravstvena
Datumi	2001 - 2004
Zanimanje ili radno mjesto	Klinički ljekar, KC Crne Gore
Glavni poslovi i odgovornosti	Rad u laboratoriji Centra za laboratorijsku dijagnostiku, KC Crne Gore i Rad u Centru za transfuziju, KC Crna Gore
Ime i adresa poslodavca	KC Crne Gore
Vrsta djelatnosti ili sektor	Zdravstveni

Datumi	1998 - 2015
Zanimanje ili radno mjesto	Asistent UCG
Glavni poslovi i odgovornosti	Izvođenje vježbi na predmetu Medicinska biohemija studijskih programa Medicinskog fakulteta
Ime i adresa poslodavca	Univerzitet Cme Gore
Vrsta djelatnosti ili sektor	Visoko obrazovanje

Obrazovanje i osposobljavanje

Datumi	2015
Naziv dodijeljene kvalifikacije	Doktor medicinskih nauka
Glavni predmeti / stečeno profesionalne vještine	Praćenje i analiza markera inflamatornog odgovora i parametara oksidacionog stresa, od značaja u razvoju restenoze nakon PCI u čiju bolje interpretacije patogeneze restenoze i brže i efikasnije prevencije iste, kod pacijenata sa kardiovaskularnom patologijom.
Ime i vrsta organizacije obrazovne institucije	Medicinski fakultet, UCG
Nivo prema nacionalnoj ili međunarodnoj klasifikaciji	Nivo VIII
Datumi	2007
Naziv dodijeljene kvalifikacije	Magistar medicinskih nauka
Glavni predmeti / stečene profesionalne vještine	Determinacija ključnog vremenskog perioda za inicijaciju angiogeneze nakon PCI, analizom markera inflamacije i faktora rasta od značaja u signalnim putevima etiopatogeneze razvoja ateroskleroze kod KVB.
Ime i vrsta organizacije obrazovne institucije	Medicinski fakultet, UCG
Nivo prema nacionalnoj ili međunarodnoj klasifikaciji	Nivo VII
Datumi	2005
Naziv dodijeljene kvalifikacije	Specijalista transfuzione medicine
Glavni predmeti / stečene profesionalne vještine	Obezbijedenja krvi kao lijeka i djelatnosti kliničke i urgentne transfuzije odnosno, pružanja usluga pacijentima.
Ime i vrsta organizacije obrazovne institucije	Medicinski fakultet, Univerzitet u Beogradu
Nivo prema nacionalnoj ili međunarodnoj klasifikaciji	Nivo VII
Datumi	1997
Naziv dodijeljene kvalifikacije	Doktor medicine
Glavni predmeti / stečene profesionalne vještine	Ljekar opšte prakse
Ime i vrsta organizacije obrazovne institucije	Medicinski fakultet u Banjaluci, Univerzitet u Banjaluci
Nivo prema nacionalnoj ili međunarodnoj klasifikaciji	Nivo VI

Lične vještine i kompetencije

Maternji jezik(ci)	crnogoski
Drugi jezik(ci)	engleski, njemački

Samoprocjena Evropski nivo (*)	Razumijevanje				Govor				Pisanje	
	Slušanje		Čitanje		Govorna interakcija		Govorna produkcija			
Jezik1	C2	Iskusni korisnik	C2	Iskusni korisnik	C2	Iskusni korisnik	C2	Iskusni korisnik	C2	Iskusni korisnik
Jezik2	A1	Samostalni korisnik	A1	Samostalni korisnik	A1	Samostalni korisnik	A1	Samostalni korisnik	A1	Samostalni korisnik

(*) Zajednički evropski referentni okvir za jezike

Društvene vještine i kompetencije Dobra sposobnost komunikacije, dijaloga kao i prilagodavanja u multikulturalnim sredinama, dokazano kroz pisane preporuke od strane mentora i profesora tokom obavljanja profesionalne i naučne karijere.

Organizacione vještine i kompetencije Stručno kreativna i organizaciona sposobnost, koja se ogleda kroz pisanje naučnih radova i publikacija, radom i elaboracijom više nacionalnih istraživačkih i bilateralnih projekata, kao i aktivnim učešćem na kongresima i konferencijama ili seminarima kroz predavanja kao predavača po pozivu.

- Član Evropskog tima za laboratorijska istraživanja sa sjedištem u Parizu;
- Član tima menadžment za komunikaciju u okviru COST –a;
- Član tima za COMET – metodologija za humani monitoring u okviru COST;
- Član uredništva u časopisu SCIREA Journal of Medicine;
- Član Evropskog udruženja za aterosklerozu (EAS);
- Član ekspertske grupe koja se bavila proučavanjem evolutivnog modela proteina baziranog na modelu čeljskih automata
- rukovodilac tima za nabavku medicinske opreme COSV za Crnu Goru

Računarske vještine i kompetencije Rada na računaru, sa znanjem rada u Wordu 10, Exellu; I drugim alatima Microsoft Office, Corela, open-source programa za tekstualne, numeričke i web dokumente; pretraživanje baza podataka (PubMed, KOBSON, EBSCO, COBIS, IOP);

Vozačka dozvola B kategorija

Dodaci

IZABRANE PUBLIKACIJE:

M . Bigovic, V. Kastratovic, S. Pantovic, M. Roganovic , I. Milasevic, Lj. Ivanovic, D. Djurovic, V. Slavic, M. Kosovic, M. Vlahovic. Determination of fatty and amino acids in Igalo bay peloid (Montenegro) 9th International Conference of the Chemical Societies of the South East European Countries, 8-11. May 2019, Targoviste, Romania

S. Pantović, M. Bigović, D. Đurović, V. Slavić, M. Roganović Farmaceutski značaj hemijskih komponenti Igalskog peloida, Treći kongres farmaceuta Crne Gore sa međunarodnim učešćem, 9-12. maj 2019. godine, Bečići, Budva, Crna Gora

T. Vojinović, Z. Potpara, J. Krivokapić, M. Roganović , S. Pantović, S. Ibrić Utjecaj različitih adsorpcijskih nosača na brzinu otapanja karvedilola iz binarnih čvrstih disperzija. VI hrvatski kongres farmacije s međunarodnim sudjelovanjem, april 2019, Dubrovnik, Republika Hrvatska

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Glišić J, Slavić V, Rajović G, **Pantović S**. Meditacija kao terapijski modalitet u hroničnoj inflamaciji. Peti Kongres Udruženja Fizijatara Crne Gore, Oktobar 2018, Igalo, Crna Gora

Slavić V, Perović S, Perović A, Kolar M, **Pantović S**, Glišić J, Rajović G. Terapijski potencijal eteričnih ulja citrusa sa područja Crne Gore. Peti Kongres Udruženja Fizijatara Crne Gore, Oktobar 2018, Igalo, Crna Gora

Pantović S, Bigović M, Đurović D, Milašević I, Slavić V, Roganović M. Balneološki značaj Igalskog peloida kroz njegovu fizičko-hemijsku karakterizaciju. Peti Kongres Udruženja Fizijatara Crne Gore, Oktobar 2018, Igalo, Crna Gora

Bigović M, Roganović M, Milašević I, Đurović D, Kastratović V, Slavić V, Kosović M, Vlahović M, Perović S, Perović A, Potpara Z, Martinović M, **Pantović S**. Physico-Chemical Characterization of Igalo Bay Peloid (Republic of Montenegro) and Assesment of the Polution in the Sampling Area, 3rd International Congress of Chemist and Chemical Engineers of Bosnia and Herzegovina, October 2018, Sarajevo, Bosnia and Herzegovina

Snezana Pantovic, Vjerslava Slavic, Milovan Roganovic. Heat shock protein 27 and glycogen phosphorylase isoenzyme BB as markers of myocardial stunning in male water polo players. Biomedical Research 2018; 29 (15): 3069-3073.

Lidija Injac Stevović, Milena Petrović, **Snežana Pantović**. Karakteristike porodične istorije suicida i stresnih životnih događaja kod osoba koje su realizovale suicid: zaključci psihološke autopsije u Crnoj Gori. Časopis Udruženja psihijatara Crne Gore – 1:5-10, 2018.

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I Banjari, M Martinovic, G Belojevic, B Ašanin, ND Kovacevic, D Kenjeric, **S Pantovic**, and all . Obesity-related dietary and lifestyle habits of 7 year old children from the cities of Podgorica and Osijek. V Hrvatski kongres školske i sveučilišne medicine sa međunarodnim učešćem 2017;

Zorica Potpara, **Snežana Pantovic**, Nataša Duborija-Kovacevic, vanja Tadic, Tanja Vojinovic, Nada Marstijepovic. The properties of the Ulcinj peloid make it unique biochemical laboratory required for the treatment of problematic skin and health care. Natural Product communications 2017; 12(6): 911-914.

Marina Jakšić, Milica Martinović, Goran Belojević, Nebojša Kavarić, Bogdan Ašanin, Mira Samardžić, **Snežana Pantović**, Jelena Boljević. The Prevalence of and Contributing Factors to overweight and Obesity among the Schoolchildren of Podgorica, Montenegro. Srpski arhiv za cjelokupno lekarstvo 2017; 145 (1-2):20-25.

I Banjari, M Martinovic, G Belojevic, B Asanin, Daniela Čačić Kenjeric, Nataša Duborija Kovačević, Maja Miškulin, **Snežana Pantović**, Silvija Pušeljić, Darja Sokolić, Vesna Buljan, Vesna Bilić-Kirin, Marina Jakšić, Ivana Sović, Boris Iluzjak. Socioeconomic status and nourishment of school-age children in the cities of Podgorica and Osijek. 4th International Congress of Nutritionists 2016.

Milica Martinovic, Goran Belojevic, Gary W. Evans, Dragan Lausevic, Bogdan Asanin, Mira Samardzic, Natasa Terzic, **Snezana Pantovic**, Marina Jaksic, Jelena Boljevic. Prevalence of and contributing factors for overweight and obesity among Montenegrin schoolchildren. European Journal of Public Health 2015; Vol. 25(3): 1-6. ISSN: 1101-1262.

Pantović Snežana, Dragica Božović, Goran Nikolić, Milica Martinović, Predrag Mitrović, Lenka Radulović, Aleksandra Isaković, Ivanka Marković. Markers of inflammation and antioxidant enzyme activities in restenosis following percutaneous coronary intervention. J. Serb. Chem. Soc. 2014. Vol 80(2):143-157. ISSN: 0352-5139

Pantovic S, Markovic I, Isakovic A, Nikolic G, Božovic D, Gligorovic Barhanovic N, Radulovic L. The predictive value of circulating levels of lipid and inflammatory markers in restenosis following PCI. Balcan Journal of clinical laboratory 2013; XXI (1): 26-32. ISSN 1452-8258

Martinovic M, Belojevic G, Evans GW, Asanin B, Lausevic D, Kovacevic ND, Samardzic M, Jaksic M, **Pantovic S**. Blood pressure among rural Montenegrin children in relation to poverty and gender. Europ J Pub Health 2013; 24(3): 385-389.

Pantović S, Todorović T. Transformišući faktor beta i lipoprotein (a) u patogenezi ateroskleroze. Pharmaca Serbica.2010;2(4):19-22.

Vujošević S, **Pantović S**. Uloga faktora upale u patogenezi diabetes mellitusa-A tip 2 (DM 2). 76. Dani dijabetologa, Pula, Hrvatska, 07-10 maja 2015. (Knjiga sažetaka) pp 45.

Martinović M, **Pantović S**. Does the application of inhaled corticosteroids for several years during childhood cause hypertension? European J of Hypertension.2004; 22(2):170-172.

Pantović S, Zrnčić R, Dragosavljević P, Mikalački M. The impact of physical activity on cholesterol level in patients after percutaneous coronary intervention. Book of Summaries. November 2010.

KNJIGE:

Snežana Pantović: Osnovi biohemije za studente Visoke medicinske škole. Univerzitet Crne Gore, Podgorica, 2019 (u štampi)

Snežana Pantović, Ivan Dožić. Priručnik za laboratorijsku dijagnostiku. Medicinski fakultet - UCG, Podgorica, 2017.

RECENZIRANJE RADOVA KOJI SE NALAZE U MEĐUNARODNIM BAZAMA PODATAKA:

Journal of Sports Medicine and Therapy. Manuscript No: JSMT0023. ISSN: 2573-1726

Journal of Coastal Conservation. Manuscript No: JCCO-D-17-00157. Journal ISSN: 1400-0350

PROJEKTI:

1. Bilateralni projekat (Crna Gora – Srbija): Sinteza Shifflovih baza i ispitivanje njihove antimikrobne i antioksidativne sposobnosti, 2019-2020
2. Bilateralni projekat (Crna Gora – NR Kina): Identifikacija antimikrobnih peptida i njihovih funkcionalnih tipova korišćenjem celularnih automata, 2019-2020.
3. Nacionalni naučno-istraživački projekat: Balneološki efekti peloida, mineralne vode, ljekovitog i aromatičnog bilja na inflamatorni odgovor kod reumatoidnih i kardiovaskularnih bolesti; 2018-2020
4. Bilateralni projekat (Crna Gora-Republika Srbija): Ispitivanje hemipreventivnog potencijala ljekovitih i aromatičnih biljaka iz ruralnih regiona Crne Gore, 2016-2018.

5. EUREKA: "Comprehensive processing of plant extracts for high value added products", 2016-2018.
6. Bilateralni projekat (Crna Gora-Hrvatska): Komparativna studija o uticaju siromaštva na pothranjenost i gojaznost, ishrane i načina života u školskim gradovima Podgorice i Osijeka, 2015-2017.
7. Nacionalni projekat: "Studija gojaznosti i siromaštva među djecom u Crnoj Gori - klinički, patofiziološki, biohemijski i preventivni aspekti", 2013-2016.
8. Bilateralni projekat (Crna Gora – NR Kina): Studying Protein Evolution Model Based on cellular Automata, 2012-2014.
9. Nacionalni projekat: "IVUS u dijagnozi razvoja restenoze u koronarnim krvnim sudovima i praćenje patobiokemijskih parametara u patobiomehanizmu, u dobi DES-a kod crnogorskog stanovništva", 2008-2011.
10. Međunarodni projekat: " ECHO/TPS/210/2001/07045, COSV, 2001-2002.

Naučni boravci:

1. NIH/Forgaty: Research ethics education in the Balkans and black sea region- Ichan School of medicine at Mount Sinai 2013-2015.
2. School of medicine – University of Belgrade; Cours of real time PCR-I,II,III parts in Belgrade 2012.
3. Montenegrin-Chinese science and technology cooperation in the period 2012-2015; Studying protein evolution model based on cellular automata in Jingdenzhen ceramic institute, Jingdezhen city, The Peoples Republic of China.
4. International Academic Summer School – Adressing Nutritional, Environmental and Behavioral Risk on Publik Health in the Central and East European Area, in the frame of CEEPUS CII-RO-0313 project: „Developing a network for monitoring the impact of enviromental and nutritional factors on fertility and neonatal health. July 2010, Brasov.
5. Standardizacija VCT programa u Srbiji i Crnoj Gori, pod pokroviteljstvom CAFOD. Maj 2008, Novi Sad.

Predavanja po pozivu:

- Pantović S. (2017) Slobodni radikali u nama i oko nas, Fondacija za promovisanje nauke (PRONA), Ivanova Korita, Lovćen, Crna Gora.
- Pantović S (2015) Markers of inflammation and antioxidate enzyme activities in restenosis following PCI, 23rd Meeting of the Balcan clinical laboratory federation, Sarajevo, Bosnia and Hercegovina.
- Pantović S. (2014) Maternal serum free- β -chorionic gonadotrophin and pregnancy-associated plasma protein-A in relation to co-variables at 10-13 weeks of gestation. 22nd International Congress of Clinical Chemistry and Laboratory Medicine, Istanbul, Turkey.
- Pantovic S. (2013) The predicitive value of circulating levels of lipid and inflammatory markers in restenosis following PCI. 21st meeting of Balkan Clinical Laboratory Federation, Budva. Montenegro.
- Pantovic S. (2011) Risk factors in development of restenosis after PCI in the population of Montenegro. Postgraduate seminar and cordination meeting „, South East European Network-Metabolic Syndrome of the DAAD Program, Banjaluka, Republic of Srpska.
- Pantovic S. (2009) How to preserve health for a lifetime. Festival of Science-Researchers' Night. Podgorica, Montenegro, September.