



...The Newsletter of The PCOS Society, India

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Welcoming....

Our New Patrons



Dr. Vanita B Metgud
Gynaecologist



Dr. Ganapathi Bantwal
Endocrinologist



Dr. Kundan Vasant Ingale
Gynaecologist



Dr. Vidyalaxmi C.O
Gynaecologist



Dr. Rashmi Yogish
Gynaecologist



Dr. Nimish Shelat
Gynaecologist

Our New Life Members

Dr. Harshitha Vinayak
Dr. J.Malar Selvi
Dr. Roopa Vernekar
Dr. Sasmitha K
Dr. Amit S Galagali
Dr. Chaitanya Indrani
Dr. Rajini Rajajaekaren
Dr. Shailaja MVR
Dr. Suzaira Bashir

Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist

Dr. Shankari P
Dr. Vidhyalakshmi. S
Dr. Madhavi Muppall
Dr. Nidhi Thakkar
Dr. Sheela Nambiar
Dr. Monika Kumari
Dr. Renju Arun
Dr. Vijayalakshmi Rajendiran
Dr. Jyoti Singh

Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist

Our New Associate Members

Dr. Jagmeet Madan Nutritionist
Amarjeet Bains Women's Holistic Health Coach

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CONGRATULATIONS TO OUR HIGH ACHIEVERS OF THE MANAGING COMMITTEE !

We are so proud of everything you have accomplished! Congratulations on all of your successes! We can't wait to see what you accomplish next.



Dr. Duru Shah: Inducted as Vice President & Chair of Education Committee of Asia Pacific Initiative on Reproduction (ASPIRE).



Dr. Madhuri Patil: Installed as the Chairperson of the SIG on Reproductive Endocrinology, ASPIRE.



Dr. Padma Rekha Jirge: Installed as Chairperson of MSR (Maharashtra Chapter of ISAR) Received the Dronacharya Award by ISAR

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Editorial



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West zone coordinator, FOGSI Endoscopy committee
Managing committee member, MOGS
Youth Brigade member, The PCOS Society of India



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This issue has been designed by P. Vel Kumar



Dr. Duru Shah

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Director, Gynaecworld
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Founder President, The PCOS Society, India
Chief Editor, Pandora

Dear Friends,

This quarter has been like a whirlwind for our Society! It has been loaded with activities, both academic and nonacademic!

Our excitement knew no bounds when the 2023 International Guidelines on PCOS were released on 15th August 2023 simultaneously in high impact journals such as Human Reproduction, Fertility Sterility etc. And I am proud to let you know that the **"PCOS Society, India"**, was the only Indian organization which was invited to be a part of the extensive deliberations held over a period of 2 years. Please read details on page 5 **"In conversation with Helena Teede"**. My heartfelt thanks to Prof. Helena Teede, Prof. Rob Norman, the entire leadership and team for making this marvelous contribution to the Science of PCOS.

This wonderful event was followed by our **"E3 Seminars"** which we have introduced this year in 10 cities of India. The **"E3 Seminar" (Evidence, Experience and Excellence)** is a one-day Physical Program focusing on bringing in the fore front the **current Evidence, practical Experience and latest research Excellence** during the various phases of the reproductive lives of PCOS Patients.

Our **W3 Webinars** on **"What, When, Why"** have been extremely popular and we continue hosting them. The details of which are mentioned ahead in this issue of the **"Pandora"**.

Come September and it's the **"International PCOS Awareness Month"** which was celebrated in style by having **academic sessions in 7 Metros Cities** and an expert multi-disciplinary Panel of Experts, physicians appraising them on PCOS and its repercussions on women affected by it followed by a Quiz on PCOS for the youth of the respective city and a session for consumers at the end of the academic sessions.

"Fare Well PCOS", a beautiful event for women in Mumbai was held to celebrate the Month at a Program held at Blue Sea, Worli, Sea face, Mumbai addressed by experts from the PCOS Society, to women invited to the session on the latest updates in the various areas of PCOS. This was followed by a conclave for stakeholder associated with PCOS, and we were delighted to have **Dr. Duryodhan Chavan, Deputy Director of Health Services in Maharashtra as our Ghief Guest, along with the Senior Scientific officer from ICMR Dr. Beena Joshi, Dr. Vyoma Dalal from Unicef, Ms. Pooja Bedi from Philips, Legal, Ms. Mallika Parekh, Health Educationist, and Ms. Purnima Thacker**. We were also accompanied by 2 Champions of PCOS who have been diagnosed with PCOS, with one of them highlighting what she was going through whilst having PCOS and the other talking about how she has combatted it and now living a very healthy life. **Here is the link to the Event <https://pcosindia.org/events.php>**

Our **Annual Live PCOS Quizzes** which followed a digital online Quizzes held every week followed by 2 virtual elimination rounds, was held on 16th September, 2023. Our top 3 winners got the top 3 awards of Rs. 1 lakh, 75,000/-, 50,000/- each. Their knowledge on PCOS is just amazing. We congratulated all of them, please check details in this issue on page 11.

We are now looking forward to a **Dialogue with the Leaders** of the International Guidelines on a one to one chat with them. Watch out for this Series of 5 events starting from December 2023, onwards.

All our Programs have been video recorded and available on our website at <https://www.pcosindia.org/>

I would like to personally thank all our Supporters especially Torrent and Sun Pharma for the immense educational grant support which helped us to achieve whatever we wished to achieve, without it our dreams would have not have been realized.

With warm regards



Dr. Duru Shah

Chief Editor, Pandora
Founder President, The PCOS Society

Vijayeta Project

Our research shows that it is actually **1 in every 4 women** who are suspected to have though literature mentions that it is every 5/6 women who is diagnosed with PCOS.

“Vijayeta.....the winner”, the Community Service Project of PCOS Society, India in collaboration with Philips India, has been dedicated in spreading awareness about PCOS amongst women by conducting seminars to educate women about Infertility and PCOS, as well as enlightening adolescent girls about the symptoms, effects, and methods of managing PCOS for a healthier lifestyle.



Dr. Priyanka Vora, Treelife Consulting, Mumbai



Dr. Rachna Sharma, Club Mahindra, Mumbai



Dr. Sushma Bhutada, Govt College, Nashik



Dr. Bharati Morey, Rotaract Club, Navi Mumbai

These sessions are not limited to Mumbai alone, but have now extended to cities like Nashik, Chennai, Bangalore, Tiruchirappalli, Coimbatore, and Gurgaon. In response to a request from a college in Nashik, we also adjusted the assessment and registration forms, translating them into the local language for better comprehension.

Between July and September 2023, we have

successfully conducted **23 sessions**, which included webinars and panel discussions. Each session brought forth a unique narrative. Our doctors addressed every question asked and effectively engaged the audience throughout the session.

We are committed to continuing our efforts in spreading awareness through talks, webinars, and panel discussions.

Fare Well PCOS-Celebrating the International PCOS Awareness Month

The PCOS Society through their Community Service Project, “Vijayeta.... the winner”, in collaboration with Philips India organized a seminar called Farewell PCOS, as a celebration of PCOS Awareness Month. We invited professionals from diverse fields including gynaecologists, endocrinologists, dermatologists, fitness experts, and nutritionists to address queries and enlighten women from Mumbai about the impact of PCOS and effective methods of managing it. Additionally, an Advocacy Panel was assembled, comprising stalwarts from their respective fields. These experts ranged from representatives of the Maharashtra State Health Department to UNICEF, Health Educators, Legal Department specialists, and a researcher from ICMR. Their collective expertise and presence were instrumental in creating awareness on the long term health issues of girls & women which today can only be prevented but not treated. We do hope this information will reach the corridors of our governments which could assist us in reducing this problem which is reaching alarming proportions.



L to R Drs Sarita Bhalerao, Shilpa Joshi, Duru Shah, Uday Thanawalla, Piya Ballani Thakker, Bindu Sthalekar, Sapna Bangar & Tvisha Parikh



One on One Interactions with Our Experts



L to R Mallika Parekh, Pooja Bedi, Dr. Beena Joshi, Dr. Duryodhan Chavan, Dr. Vyoma Dalal, Purnima Thacker



Puzzle Session for the Audience

The Making of the International Guidelines on PCOS – 2023



Dr. Duru Shah
MD, FRCOG, FCPS, FICS,
FICOG, FICMCH, DGO, DFP



Professor Helena Teede
■ MBBS, PhD, FRACP, FAAHMS
FRANZCOG

It was way back in April 2022 that I was invited as President of the PCOS Society of India to offer support and be involved in updating the International Guidelines on PCOS which were first created in 2018, which you and a large team, including us were responsible. I had happily accepted the invitation and was proud of the fact that for the 2023 Guidelines ours was the only Indian Organization invited to participate in this huge endeavour, which was held under the banner of CRE-WHIRL (Centre for Research Excellence in Women's Health in Reproductive life), funded by Australian National Health and Medical Research Council (NHMRC) partnered with ASRM, (American Society for Reproductive Medicine), ESHRE (European Society for Human Reproduction and Embryology) ESE (European Society of Endocrinology) and led by Monash University.

It was a herculean task which you envisioned which involved collaboration with 36 Organizations, an International Advisory Panel, a Management Committee and five Guideline Development Groups with 52 members I knew that your aim was to develop and translate rigorous comprehensive evidence-based Guidelines for diagnosis, assessment and treatment, to improve the lives of those with Polycystic ovary syndrome (PCOS) worldwide. Extensive health professional and consumer or patient engagement helped to identify the guideline priority areas. The International Society-nominated panels included consumers and experts in paediatrics, endocrinology, gynaecology, primary care, reproductive endocrinology, psychology, dietetics, exercise physiology, sleep bariatric/metabolic surgery, public health and other co-opted experts, such as project management evidence synthesis and translation experts. Fifty-five prioritized clinical questions

involved 52 Systematic and 3 Narrative Reviews, generating evidence-based and Consensus Recommendations with accompanying practice points, which were worked upon over a period of 9 months. Following this, all the Guidelines were internationally peer reviewed, through evidence- expert reviewed methods and submitted to NHMRC for Independent Review. Then we all awaited with bated breath for the Guidelines to be accepted, and celebrated the entire exercise which culminated in the timely release of the Guidelines, Simultaneously in 4 high impact Journals affiliated to the main Partnering Organizations in August 2023.

What a mammoth task which was completed in 2 years from planning to execution, the 6000 pages of this fantastic piece of work speaks for itself!

I would like to introduce to you Prof. Helena Teede the main author of this publication, who led the entire agenda with amazing speed, brilliance and hard work! An amazing woman who also led the 2018 Guidelines which all of us follow globally, and now being replaced by the 2023 Guidelines!

Helena Teede has the following to say about the highlights of this massive document. In the 2023 Guidelines "Elevated Anti mullerian hormone (AMH) has been recognized as an alternative to carrying out ultrasound as a marker in adult PCOS women but not yet in adolescents. PCOS should be considered as a lifelong disorder which needs to be addressed with a reproductive health plan with a focus on preconception risk factors, and consider it as a high risk consideration in pregnancy and at an increased risk of metabolic disorders. Diabetes, Cardiovascular disease and psychological features (especially anxiety and depression) are increased and all require screening. Sleep disorders and endometrial cancer are higher warranting clinical vigilance. Lifestyle should be addressed in all with PCOS including physical activity, healthy nutrition and a focus on health and prevention of weight gain. As PCOS affects 1 in 8 women and has significant health impact, education, research and models of care are recommended. This guideline is being translated into various languages with evidence-based resources for consumers (including the free ASKPCOS App) healthcare professionals and policy makers!

A new international initiative is also underway to explore changing the name of the condition. To have your say please click the below link to the Health professional survey.

https://monash.az1.qualtrics.com/jfe/form/SV_9TuDHGvNEeJkCAm

Read the Complete PCOS Guidelines 2023 on the below link

<https://pcosindia.org/publication.php>

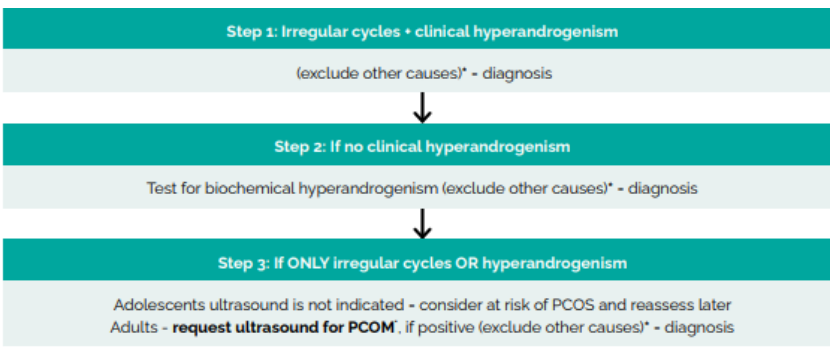
GDG1: Topic area – Screening, diagnostic and risk assessment and life-stage (cont)

ROLE	TITLE	NAME	DISCIPLINE	ORGANISATION	COUNTRY
Member	Prof	Sharon Oberfield	Paediatric Endocrinologist	Columbia University Medical Center	USA
Member	Prof	Duru Shah	Ob-Gyn Fertility Specialist	The PCOS Society of India; Gynaecworld: The Centre for Women's Health and Fertility	India
Member	Prof	Fahimeh Ramezani Tehrani	Ob-Gyn Reproductive Endocrinologist	Shahid Beheshti University of Medical Sciences, Tehran	Iran
Co-opted	A/Prof	Darren Mansfield	Sleep Expert	Epworth Health Monash University	Australia



PCOS Practice Tools

Algorithm 1: Screening, diagnostic assessment, risk assessment and life stage*



*Exclusion of other causes =s TSH, prolactin, 17-OH progesterone, FSH or if clinically indicated exclude other causes (e.g. Cushing's syndrome, adrenal tumours etc) Hypogonadotrophic hypogonadism, usually due to low body fat or intensive exercise, should also be excluded clinically and with LH and FSH levels

Irregular menstrual cycles

Normal in the first year post menarche - pubertal transition.

- > 1 to < 3 years post menarche: < 21 or > 45 days.
- > 3 years post menarche to perimenopause: < 21 or > 35 days or < 8 cycles per year
- > 1 year post menarche > 90 days for any one cycle
- Primary amenorrhea by age 15 or > 3 years post thelarche (breast development).

With irregular cycles, PCOS should be considered and assessed according to the guidelines. Ovulatory dysfunction can occur with regular cycles. If anovulation suspected, check progesterone levels.

Biochemical hyperandrogenism

Use total testosterone and free testosterone for diagnosis. If not elevated, then androstenedione and dehydroepiandrosterone sulfate could be measured, but are less specific with a limited role in PCOS diagnosis. Highly accurate tandem mass spectrometry (LC-MS/MS) assays recommended. Direct free testosterone assays not preferred. Use lab reference ranges.

Reliable assessment of biochemical hyperandrogenism not possible on hormonal contraception. Consider withdrawal for ≥ 3 months with alternative contraception

Biochemical hyperandrogenism role is when clinical hyperandrogenism is unclear.

Where levels are well above laboratory reference ranges, other causes should be considered. History of symptom onset and progression is key in assessing for neoplasia, however, some androgen-secreting neoplasms may only induce mild to moderate increases in hyperandrogenism.

Clinical hyperandrogenism

Comprehensive history and physical examination needed. Adults: acne, female pattern hair loss and hirsutism. Adolescents: severe acne and hirsutism.

Note negative psychosocial impact of clinical hyperandrogenism. Patient perception is important, regardless of apparent clinical severity.

Standardised visual scales are preferred including modified Ferriman Gallway score (mFG), a score of ≥ 4-6 - hirsutism, noting self-treatment impacts assessment.

Ludwig visual score preferred for assessing female pattern hair loss.

Ultrasound and polycystic ovary morphology

With irregular menstrual cycles and hyperandrogenism, an ovarian ultrasound is not necessary for diagnosis. In diagnosis, follicle number per ovary is most effective, followed by follicle number per cross-section and ovarian volume as ultrasound markers in adults.

Ultrasound should not be used for PCOS diagnosis in adolescents, due to the high incidence of multi-follicular ovaries in this life stage.

Transvaginal ultrasound approach is preferred in diagnosis of PCOS, if sexually active or if acceptable to the individual. Using ultrasound transducers with a frequency bandwidth including 8 MHz, the PCOM threshold is a follicle number per ovary of ≥ 20 and/or an ovarian volume ≥ 10 ml on either ovary, avoiding corpora lutea, cysts or dominant follicles. Serum AMH could be used for defining PCOM in adults as an alternative to pelvic ultrasound. Either serum AMH OR ultrasound may be used but not both to avoid overdiagnosis*

Anti-mullerian hormone (AMH) *

Serum AMH could be used for defining PCOM in adults as an alternative to pelvic ultrasound. Either serum AMH OR ultrasound may be used but not both to avoid overdiagnosis*

Ethnic variation and prevalence

PCOS prevalence appears similar across ethnicities and is 10-13% globally by International guideline/Rotterdam criteria*

Menopause life stage

A diagnosis of PCOS is considered enduring. Postmenopausal women presenting with new-onset, severe or worsening hyperandrogenism including hirsutism, require further investigation to rule out androgen-secreting tumours and ovarian hyperthecosis.

International Evidence-based Guideline for the assessment and management of polycystic ovary syndrome 2023



Cardiovascular disease risk*

Women with PCOS have an increased risk of cardiovascular disease and potentially of cardiovascular mortality, but overall risk premenopause is low.*

All with PCOS should be assessed for individual cardiovascular risk factors and global CVD risk.

All women with PCOS, regardless of age and BMI, should have a fasting lipid profile (total cholesterol, low density lipoprotein cholesterol, high density lipoprotein cholesterol and triglyceride level at diagnosis). Thereafter, measurement should be guided by the results and the global CVD risk.

All women with PCOS should have blood pressure measured annually and when planning pregnancy or fertility treatment.

Impaired glucose tolerance and type 2 diabetes

Regardless of age and BMI, impaired glucose tolerance and type 2 diabetes are increased in PCOS, with risk independent of, yet exacerbated by BMI. Glycaemic status should be assessed at baseline in all with PCOS and thereafter, every one to three years, based on presence of other diabetes risk factors (including a BMI > 25 kg/m² or in Asians > 23 kg/m², history of abnormal glucose tolerance or family history of diabetes, hypertension or high-risk ethnicity).

In high risk women an oral glucose tolerance test (OGTT) is the most accurate test for dysglycaemia with fasting glucose or HbA1c second-line due to lower accuracy. OGTT should be offered in all with PCOS when planning pregnancy or seeking fertility treatment, given increased hyperglycaemia and comorbidities in pregnancy.

If not performed preconception, an OGTT should be offered at the first prenatal visit, and all women with PCOS should be offered the test at 24-28 weeks gestation.

Obstructive sleep apnea

Women with PCOS have a significantly higher prevalence of obstructive sleep apnea.*

If symptoms of PCOS are present, then screen with validated tools or refer for assessment and goals of treatment should target related symptom burden.

Endometrial cancer

Health professionals and women with PCOS should be aware of a two to six fold increased risk of endometrial cancer in premenopausal women with PCOS; however absolute risk remains low.

Health professionals should have a low threshold for investigation of endometrial cancer in PCOS, with transvaginal ultrasound and/or endometrial biopsy recommended with persistent thickened endometrium and/or risk factors including prolonged amenorrhea, abnormal vaginal bleeding or excess weight. Routine ultrasound screening of endometrial thickness in PCOS is not recommended.

Long-standing untreated amenorrhea, higher weight and persistent thickened endometrium are additional to PCOS, are risk factors for endometrial hyperplasia and endometrial cancer. Optimal prevention for endometrial hyperplasia and endometrial cancer is not known. A pragmatic approach could include COCP or progestin therapy in those with cycles longer than 90 days.

Risk of PCOS and cardiometabolic risk in first-degree relatives*

Fathers and brothers of women with PCOS may have an increased prevalence of metabolic syndrome, type 2 diabetes, and hypertension, with inadequate data in female relatives.*

Algorithm2: Prevalence, screening, diagnostic assessment and treatment of emotional wellbeing

Psychological domains	Screening protocol/tools	Intervention
Quality of life (QoL)	Lower QoL scores in PCOS.	Capture and consider women's perceptions of their symptoms, impact on their QoL, key concerns and priorities for management. Target treatment to areas of greatest concern to those with PCOS.
Anxiety and depressive symptoms	High prevalence of moderate to severe anxiety and depressive symptoms in adults; and depressive symptoms in adolescents. Routine screening for all at diagnosis and subsequently based on clinical judgement, considering risk factors, comorbidities and life events. Suggested screening based on regional guidelines and use regionally validated tools <ul style="list-style-type: none"> Factors including obesity, infertility, hirsutism need consideration along with use of hormonal medications in PCOS, which may independently exacerbate depressive and anxiety symptoms and other aspects of emotional wellbeing. 	If initial screening is positive: Assess risk factors and symptoms using age, culturally and regionally appropriate tools and/or refer to an appropriate professional for further assessment. If treatment is warranted, psychological therapy and/or pharmacological treatment should be offered to women with PCOS, informed by regional clinical practice guidelines. Psychological therapy: Women diagnosed with a mental health disorder should be offered psychological therapy as first-line management, guided by regional guidelines and the preference of the woman with PCOS. Pharmacological treatment: Avoid inappropriate treatment with antidepressants or anxiolytics and consider impact on weight. Where mental health disorders are clearly documented and persistent, or if suicidal symptoms are present, treatment of depression or anxiety should be informed by clinical regional practice guidelines.
Psychosexual dysfunction	Multiple factors that may contribute to psychosexual dysfunction in PCOS (such as higher weight, hirsutism, mood disorders, infertility and PCOS medications). Psychosexual dysfunction requires not only low psychosexual function, but also related distress.	If psychosexual dysfunction is suspected, further assessment, referral or treatment should follow as appropriate.
Body image	Negative body image has been described in PCOS and can be screened based on regional guidelines or by a stepped approach.	Consider the impact of PCOS features such as hirsutism, acne, and weight gain in assessing and addressing body image in PCOS.
Eating disorders and disordered eating	Eating disorders and disordered eating need to be considered, regardless of weight, especially in the context of weight management and lifestyle interventions.	If concerns are identified: <ul style="list-style-type: none"> Assess risk factors and symptoms using age, culturally and regionally appropriate tools. Refer to an appropriate health professional for further mental health assessment. If this is not the patient's usual healthcare provider, inform.
Information needs and patient care	Information, education and resources are a high priority for women with PCOS.	Information, education and resources should be provided in a respectful and empathic manner. Health professionals should employ shared decision making and support patient agency.

Algorithm3: Lifestyle

Weight stigma	Healthcare professionals should recognise that many women with PCOS experience weight stigma in healthcare and other settings and that this has negative biopsychosocial impacts.
Factors affecting weight gain in PCOS	Whilst the specific mechanisms are unclear, it is recognised that many women with PCOS will have underlying mechanisms that drive greater longitudinal weight gain
Obesity and weight assessment	Women with PCOS have higher weight gain and obesity which can impact health and emotional wellbeing. In addressing this, consider related stigma, negative body image and/or low self-esteem by use of a respectful and considerate approach, considering personal sensitivities, marginalization and potential weight-related stigma. Prevention of weight gain and encouraging evidence-based and socio-culturally appropriate healthy lifestyle is important in PCOS from adolescence.
Effectiveness of lifestyle interventions	Healthy lifestyle behaviours (healthy eating and regular physical activity) should be recommended in all women with PCOS, to achieve and/or maintain healthy weight and to optimise general and metabolic health, and quality of life across the life course. Ethnic groups at high cardiometabolic risk require more consideration. Lifestyle management goals and priorities should be co-developed in partnership with women with PCOS, and value women's individualised preferences. Awareness of weight stigma is important when discussing lifestyle management with women with PCOS. All patient interactions should be patient-centred and value women's individualised healthy lifestyle preferences and cultural, socioeconomic and ethnic differences. Adolescent and ethnic-specific body mass index and waist circumference categories should be considered when optimising lifestyle and weight.
Behavioural strategies	Lifestyle interventions could include behavioural strategies such as goal-setting, self-monitoring, problem solving, assertiveness training, reinforcing changes and relapse prevention, to optimise weight management, healthy lifestyle and emotional wellbeing in women with PCOS.

Algorithm4: Pharmacological treatment for non-fertility indications

Off-label prescribing: COCPs, metformin and other pharmacological treatments are generally off-label in PCOS, as pharmaceutical companies have not applied for approval in PCOS. However, off-label use is predominantly evidence-based and is allowed in many countries. Where it is allowed, health professionals should inform women and discuss the evidence, possible concerns and side-effects of treatment.

In those with a clear PCOS diagnosis or in adolescents at risk of PCOS (with symptoms)

Education • lifestyle • first-line pharmacological therapy for hyperandrogenism and irregular cycles

COCP First-line

- Use lowest effective oestrogen dose (20-30 micrograms ethinylestradiol or equivalent)
- Consider natural oestrogen preparations balancing efficacy, metabolic risk profile, side-effects, cost and availability
- Follow WHO COCP general population guidelines for relative and absolute contraindications and risks
- 35 micrograms ethinylestradiol plus cyproterone acetate not first-line in PCOS due to increased adverse effects
- Hirsutism requires COCP and additional cosmetic therapy for at least 6 months
- Consider additional PCOS related risk factors such as high BMI, hyperlipidemia and hypertension

Note: No COCP preparation is superior in PCOS. Progestin only oral contraceptives may be considered for endometrial protection, (based on general population guidelines, with limited evidence in PCOS)

Second-line Pharmacological Therapies

COCP • Lifestyle • Metformin	COCP • Anti-Androgens	Metformin • Lifestyle
The combination of COCP and metformin appears to offer little additional benefit over COCP or metformin alone, in adults with PCOS with a BMI ≤ 30 kg/m ² . COCP – first-line for management of hirsutism and irregular menstrual cycles Metformin – metabolic Most beneficial in high metabolic risk groups including those with diabetes risk factors, impaired glucose tolerance or high-risk ethnic groups.	Anti-androgens could be considered to treat hirsutism in women with PCOS, if there is a suboptimal response after a minimum of six months of COCP and/or cosmetic therapy. Whenever pregnancy is possible, women must be used strongly counselled regarding the use of concurrent effective contraception to prevent male fetal virilisation. Combination therapy can be tried in androgenic alopecia.	With lifestyle, in adults should be considered for weight, hormonal and metabolic outcomes and could be considered in adolescents. Most useful with BMI ≥ 25 kg/m ² and in high risk ethnic groups. Side-effects, including GI effects, are dose related and self-limiting. Consider starting low dose, with 500 mg increments 1-2 weekly. Suggested maximum daily dose: 2.5 g in adults, 2 g in adolescents. Metformin appears safe long-term. Ongoing monitoring required and has been associated with low vitamin B12.

Anti-obesity medications could be considered, in addition to active lifestyle intervention, for the management of higher weight in adult women with PCOS, considering cost, contraindications, side-effects, availability and regulatory status and avoiding pregnancy when on therapy.
Inositol (in any form) may be considered in women with PCOS based on individual preferences and values, given limited harm, potential for reduced biochemical hyperandrogenism and metabolic measures, with limited clinical benefits for ovulation, hirsutism or weight.
Mechanical laser and light therapies should be considered for reducing facial hirsutism. Wavelength and delivery of laser treatment should be recommended taking into account skin colour. Laser is relatively ineffective in women with blond, grey or white hair. The addition of COCP, with or without anti-androgens, to laser treatment may provide greater hair reduction and maintenance compared to laser alone.

Algorithm5: Management of infertility in polycystic ovary syndrome

Central Blue Pathway follows best practice evidence and is preferred

Polycystic ovary syndrome
Diagnosis: International Guideline criteria, building on Rotterdam criteria Full baseline investigations^a

Optimise preconception health and lifestyle^b

First-line medical treatment
Letrozole^c, increasing dose as required. OR Can consider with full explanation of risks, benefits, efficacy and costs: Clomiphene citrate + metformin (preferred to clomiphene alone), clomiphene, metformin (low cost /low efficacy/no monitoring) or gonadotrophins (high cost /multiple pregnancy/high efficacy/monitoring)^{c,d}

Ovulation detected? YES → Repeated cycles – shared decision making considering age and resources then to IVF

Second-line medical treatment
Gonadotrophins^c with US monitoring. Adjusting dose as required. OR Can consider Laparoscopic ovarian surgery, noting need for facilities and experience

Ovulation detected? YES → Repeated cycles – shared decision making considering age and resources then to IVF

Third-line medical treatment
In vitro fertilization.^e

a. Baseline investigations (see narrative):
i. Diagnosis of PCOS - Endocrine profile and pelvic ultrasound scan
ii. Assessment of BMI, BP & glycaemic status (OGTT/HbA1c)
iii. Routine preconception assessments (Rubella immunity, infection screen etc.), advice and supplementation.
iv. Additional investigations: semen analysis and consider tubal patency assessment

b. Healthy lifestyle encompassing healthy eating and regular physical activity should be recommended in all those with PCOS to limit adverse impacts on fertility and fertility treatment outcomes and to optimise health during pregnancy

c. Off-label prescribing: Letrozole, metformin and other pharmacological treatments are generally off-label in PCOS, as pharmaceutical companies have not applied for approval in this condition. However, recommended off-label use is evidence-based and allowed in many countries. Where it is allowed, health professionals should inform women and discuss the evidence, possible concerns and side-effects of treatment.

d. Compared to letrozole, metformin has lower efficacy, cost and multiple pregnancy rate and gonadotrophins have higher efficacy, cost and multiple pregnancy rate. Both may be an alternative first-line choice for informed women.

e. In vitro fertilization (IVF) - Third-line unless other infertility factors (e.g. male, tubal). PCOS specific protocols to minimise risk of ovarian hyperstimulation syndrome, consider in vitro maturation if available.

Teede HJ, et al on behalf of the International PCOS Network. Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome 2023. Fertility and Sterility, 2023; J Clinical Endocrinology and Metabolism 2023, Human Reproduction 2023, European J Endocrinology 2023.

Download the algorithm from: <https://mchri.org.au/guidelines-resources/health-professionals/pcos-practice-tools/>

Events Held

E3 Seminars

EVIDENCE, EXPERIENCE AND EXCELLENCE



Kolhapur, Hotel Sayaji
Sunday, 16th JULY, 2023
Attended by 160 delegates

Convenor
Dr. Padma Rekha Jirge



“It provided a comprehensive understanding of PCOS and its multifaceted impacts on women’s health, fostering meaningful discussions among medical professionals, researchers, and experts in the field.”

“The symposium was highly appreciated by the delegates for the excellent selection of topics and practical evidence-based discussions organised by the PCOS society of India”

“Excellent programme. After a long time felt as if it should have been over 2 days at least. All speakers were lucid and showed in depth knowledge of their topics.”
– Dr. Vrishali Rajadhyaksha

“Attended first of its kind PCOS Conference in Nashik. Scientific program was carefully drafted. Was delighted to see audience’s presence and involvement right from the first session. Best wishes for the future endeavours.”
– Dr. Tushar Godbole



Nashik, Hotel Courtyard by Marriott
Sunday, 27th August, 2023
Attended by 120 delegates

Convenor
Dr. Gauri Karandikar



WHAT WHEN WHY

How to manage metabolic dysfunction in adolescent PCOS?

19th July 2023 | 6:00 - 7:30 pm (IST)

Dr. Duru Shah
Founder President
The PCOS Society (India)
MB, FRCOG (G), FRCOG, FICS, FCS, FRCMCL, DGO, DFP
Convenor

Dr. Ragini Agrawal
Director, Dept. Gynae, Cloud 9 Hospital
MB, FRCOG, FRCMCL, Fellow Clinical Gynaec., Endometriosis UK
Moderator

Dr. Chandan Kachru
Senior Consultant Gynae, Cloud Nine Hospital, Gurgaon
MBBS, MD, MCh, MCh, DGO
Experts

Dr. Ashwani Bhalerao
Consultant Gynaecologic, Vaidya Clinic (First in India)
MB, FRCOG (G), FRCOG, FICS, FRCMCL, DGO, DFP
Experts

Dr. S. Sampath Kumar
Prof & HOD - PG, Sri Mahabharat Medical College - Hospital & ER
MD, DGO, FRCOG, FICS, FIME
Experts

Dr. Shakuntla Kumar
Visiting Consultant, Fortis Hospital, Okhla, New Delhi
MBBS, FRCOG, FRCMCL
Experts

Dr. Sharqy Masoodi
Professor of Endocrinology & Metabolic Medicine, Endocrinology, AIIMS
MB, FRCOG (G), FRCOG, FICS, FCS, FRCMCL, DGO, DFP
Experts

Dr. Anshika Dabas
Associate Editor, Indian Pediatric Official publication of IAP
MD (Paeds), ENPC, Fellow
Experts

Dr. Ritthi Desai
Consultant Endocrinologic, Surgeon & Gynaecologist, Mumbai
MB, FRCOG, PGDMS, Dip Endocrinology (Phon, USA), Dip Other Endocrinology (USA)
Coordinator

Supported by

WHAT WHEN WHY

How do we manage menstrual dysfunction in the lean and obese PCOS adolescent?

8th July 2023 | 6:00 - 7:30 pm (IST)

Dr. Duru Shah
Founder President
The PCOS Society (India)
MB, FRCOG (G), FRCOG, FICS, FCS, FRCMCL, DGO, DFP
Convenor

Dr. CV Kannaki, Uthararaj
Director, The Fertility Centre, Coimbatore
MD, DGO
Moderator

Dr. S. Sridevi
Consultant Gynae, Devi Hospital, Solapur
MD
Experts

Dr. R. Vidya Prem
Consultant Gynae & Fertility work at Tharamai Ramachandran Fertility centre, Trivandrum
MS (G), DNB (OG), FRCM
Experts

Dr. Deepa Thangamani
Consultant Gynecology, Apollo First Med Hospital, Chennai
MD (Gynae), FRCOG (Gynae), MRCOG, FRCOG
Experts

Dr. Anjali Sathya
Consultant Endocrinologist in Vigna Group of Hospitals
MD, DNB (Met), DNB (Endo)
Experts

Dr. Rajasekar T.
Consultant Hematology, KAMCH
MD, DM
Experts

Dr. Vimitha Hanji
Diplomate, Andriatic professor, Jambharkar Nehru Medical College, Belagavi
Qualification: MS (Gynae)
Coordinator

Supported by

PCOS on Radio Mirchi In Nashik

The PCOS Winner’s Lifestyle Initiative, a pioneering campaign organized by the PCOS Society of India and the Nashik Obstetrics and Gynaecology Society in collaboration with Radio Mirchi 98.3 FM, has made significant strides in raising awareness about Polycystic Ovary Syndrome (PCOS). This one-month campaign, the first of its kind to use radio as a medium for a social and medical cause related to PCOS, has been a resounding success.

The campaign featured daily quizzes addressing various aspects of PCOS, such as normal BMI, sugar vs. jaggery, and misconceptions about PCOS in thin women. Winners were awarded birdhouses to promote eco-friendly behaviour.

Radio jingles in both English and Marathi were created to disseminate information on PCOS. Additionally, two gynaecologists gave weekly interviews on crucial PCOS topics, including diagnosis, cosmetic issues, weight management,

fertility, pregnancy complications, long-term implications, and psychological issues.

Expert interviews were conducted to address listener-submitted questions. The final week showcased interviews with Dr. Gauri Karandikar, President of the Nashik Obstetrics and Gynaecology Society, and Ms. Leena Bansod, an IAS officer and socially active citizen.

The campaign culminated in on-ground sessions at K K Wagh Engineering College, ESDS software solutions and Ryan International school, each featuring informative placards and interactive sessions with the radio coordinator and gynecologists, followed by physical activities promoting a healthy lifestyle.

The response from listeners and medical professionals has been overwhelmingly positive, highlighting the importance of such initiatives in addressing PCOS and related issues.

Listen to the Jingles on <https://pcosindia.org/contact.php>



International PCOS Awareness Month Celebrations

- Supported by Sun Pharma

BENGALURU Date: 03th September, 2023
 Convenor Dr. Madhuri Patil Venue: Taj M G Road,



MUMBAI Date: 30th September, 2023
 Convenor Dr. Duru Shah Venue: Taj Santacruz, Mumbai



CHENNAI Date: 24th Sep, 2023
 Convenor Dr. K.S.Jayarani. Kamara Venue: ITC Grand Chola



GUWAHATI Date: 1st October 2023
 Convenor Dr. Deepak Goenka Venue: Novotel Hotel



DELHI Date: 17th September 2023
 Convenor Dr. Sonia Malik Venue: ITC Sheraton Delhi



KOLKATA Date: 2nd October 2023
 Convenor Dr. Bhaskar Pal Venue: Taj Hotel



LUCKNOW Date: 7th October 2023
 Convenor Dr. Yashodhara Pradeep Venue: Hotel Taj, Lucknow



Uth Speak

In celebration of PCOS Awareness Month, it's an absolute privilege to hand over the reins of this column to the dynamic Youth Brigade of The PCOS Society of India. This vibrant group of young individuals is not just passionate but also the driving force behind our relentless pursuit of a world where Polycystic Ovary Syndrome (PCOS) is better understood, more manageable, and less stigmatized. In this special edition, they will share their unique perspectives, experiences, and what fuels their passion for the PCOS cause. Get ready to be inspired and informed by these incredible voices of our future!

Dr. Aditi Joshi Godbole

Most women with PCOS seek treatment when keen for fertility only, although they are well aware of its existence during their late adolescence. There is a growing need to highlight the far-reaching consequences of PCOS beyond fertility issues, in order to pave a path for a healthy and soulful life.



Dr. Krutika Arunachalam

As a proponent of holistic wellbeing I have always advocated a healthy lifestyle amongst all people. PCOS is your body signalling you to bring about that change and maintain a wholesome living. It is this conduct of healthy behaviour in the way of living that will see one through a fit 40s, healthy 60s and beyond.

R Vanquish PCOS with Regular, balanced meals
Regular exercise
Regulate sleep
Reduce stress
Regular medical check up



Dr. Nagadeepti Nagarajan

Every woman has the right to start her motherhood as per her wish. PCOS women are not any exception. Egg freezing as her insurance can always be considered when young as quality and quantity of eggs are better. This awareness is very much needed to achieve a good balance between life and dreams

Dr. Kavya Pradeep

PCOS has a broad health impacts like irregular cycles, menorrhagia or oligomenorrhoea, increase weight, infertility, anxiety, depression, dermatological issues, type 2 Diabetes mellitus, cardiovascular diseases, significant pregnancy complications, dyslipidaemia, psycho sexual dysfunction, endometrial hyperplasia and endometrial carcinoma. The only and most effective treatment is prevention better than cure by proper education awareness and healthy lifestyle.

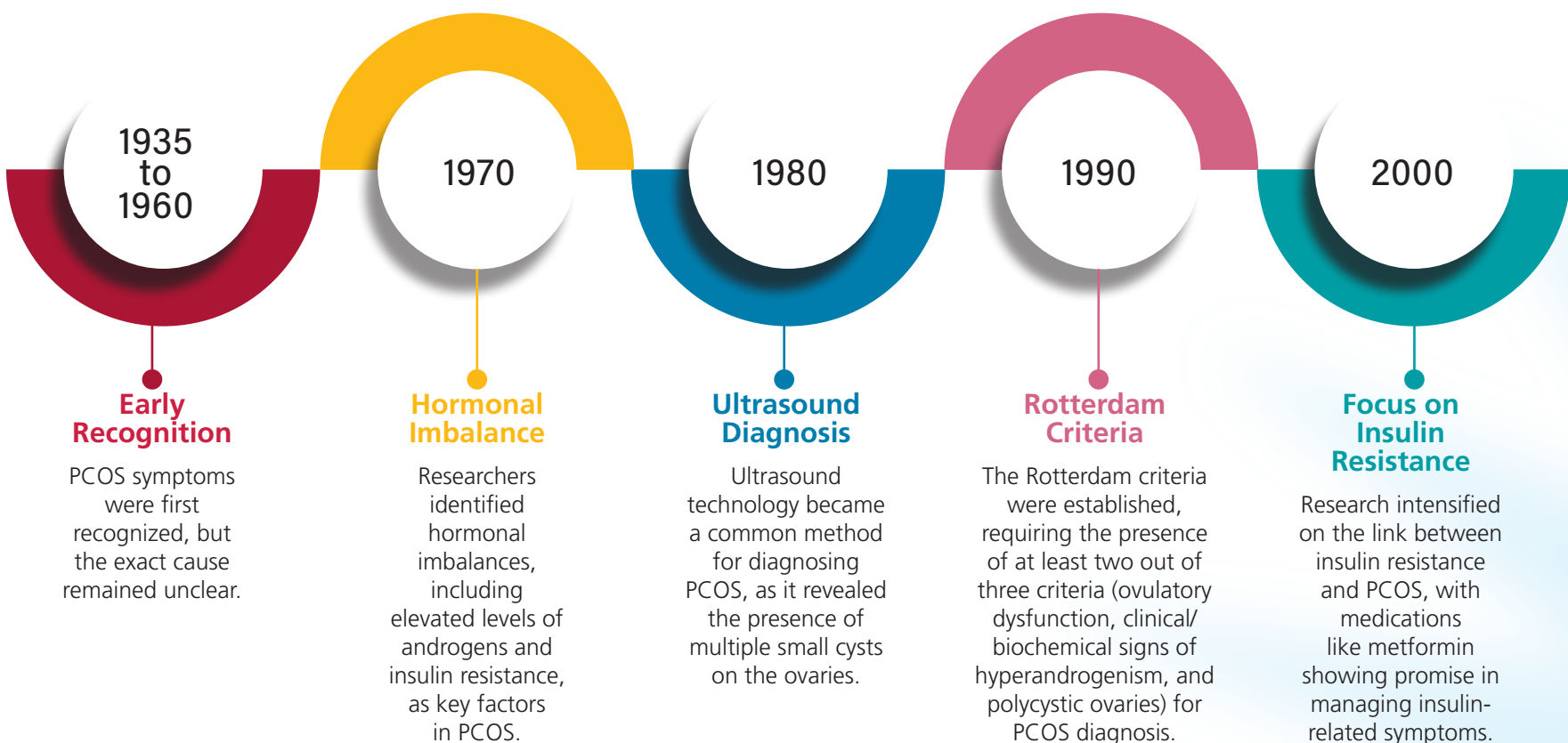


Dr Riddhi Desai

Serving as a women's primary care physician is a privilege, allowing me to dispel societal myths and stigmas surrounding PCOS. PCOS often carries undeserved stigma, but through education, we can dismantle it. This knowledge not only promotes early diagnosis but also empowers women to manage their health, fostering resilience and empowerment.



PCOS TIMELINE



Inviting our Readers to become MEMBERS OF THE PCOS SOCIETY!



Benefits of being a Member:

- Reduced registration fees for all academic activities.
- Get a Certificate for Courses on our website.
- Opportunity to win fabulous prizes at the Live Quiz to be held in September 2023.
- Free access to all the recorded webinars and latest conference lectures.
- Opportunity to participate as a faculty at the Annual Conference.
- Opportunity to contribute to the Newsletter of the Society.
- Opportunity to become a member of the Managing Committee of the Society.
- Opportunity to connect with International and National Speakers at the Conferences organized by the Society.

To become a member, visit on the link below

<https://pcosindia.org/Membership.php>

PCOS Quizzes 2023 Quiz Masters



Dr. Punit Bhojani
Member, Managing Committee MOGS



Dr. Riddhi Desai
Member, Managing Committee MOGS
Member, Youth Brigade PCOS Society

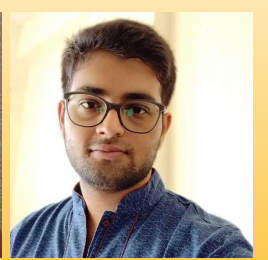
Our Winners!



1st Prize Winner
Dr. Nidhi Thakker



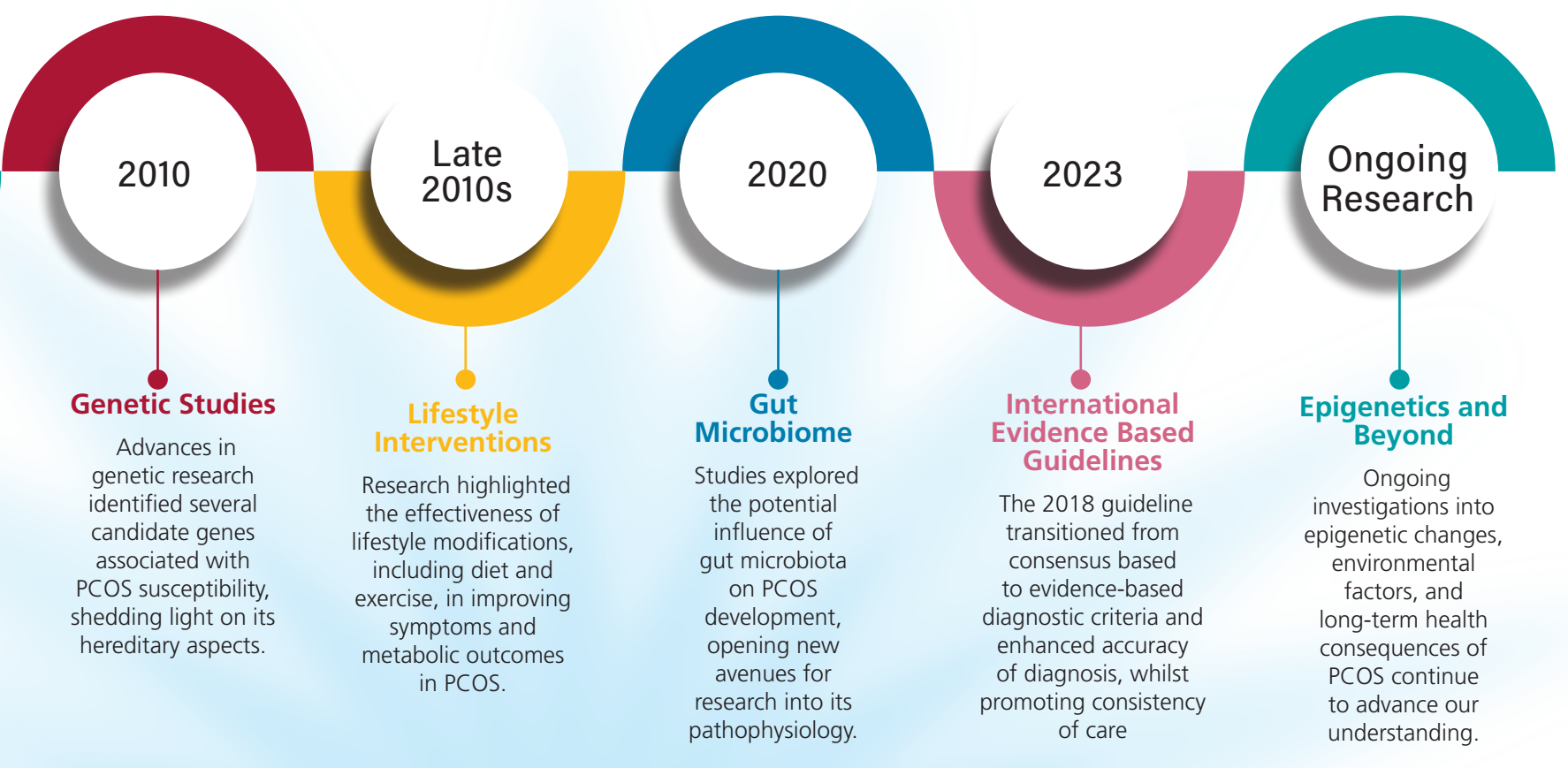
2nd Prize Winner
Dr. Aarti Sharma



3rd Prize Winner
Dr. Mrinal Chateerjee



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Build and maintain bone mass



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Better reduction of insulin resistance, androgens levels & cardiovascular risk¹

Better restoration of spontaneous ovulation and menstrual cycle¹

Better results in terms of weight reduction, resumption of spontaneous ovulation and spontaneous pregnancy¹

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1. The New Indian Journal of OBGYN. 2019 (January-June); 5(2)

*As a nutritional supplement

For the use of only a Registered Medical Practitioner or Hospital or a Laboratory.