Polycystic Ovary Syndrome (PCOS) Community Education Event

September 21, 2025



THANK YOU SPONSORS!





Ludeman Family Center for Women's Health Research

INIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS











Department of Obstetrics and Gynecology

SCHOOL OF MEDICINE

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Children's Hospital Colorado



Department of Psychiatry

SCHOOL OF MEDICINE

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THANK YOU PLANNING COMMITTEE & PCOS COMMUNITY ADVISORY BOARD

PROGRAM AGENDA Courtney Manthey, MA



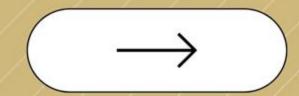
TIME	EVENT	
9:00 - 10:00 am	Yoga for Every Body (Optional) Registration & Light Breakfast	
10:00 - 10:30 am		Noy Phimphasone-Brady, PhD Courtney Manthey, MA
LIGHTNING PRESENTATIONS		
10:30 - 10:40 am	Advocating for your PCOS Care	Sasha Ottey, MHA
10:40 - 10:50 am	Nutrition Support	Sara Ley, RD
10:50 - 11:00 am	Exercise in PCOS	Jacinda Nicklas, MD
11:00 - 11:10 am	GLP-1s and Weight Management	Melanie Cree, MD, PhD
11:10 - 11:15 am	Q&A	Courtney Manthey, MA
11:15 - 11:25 am	Sleep Health	Stacey Simon, PhD
11:25 - 11:35 am	Infertility	Katie McKenney, MD
11:35 - 11:45 am	Q&A	Courtney Manthey, MA
11:45 am - 12:15 pm	LUNCH	





12:15 - 12:40 pm	BREAKOUT SESSION 1		
	Menopause	Noy Phimphasone-Brady, PhD	
	Mental Health & Well-being	Kait Ross, PhD	
	Pregnancy	Katie McKenney, MD	
	Non-medication and Lifestyle Approaches for Weight	Melanie Cree, MD	
12:45 - 1:10 pm	BREAKOUT SESSION 2		
	Self-advocacy & Communication Strategies	Stacey Simon, PhD	
	Sexual Health and Pelvic Pain	Sarah Poinski-McCoy, PT, DPT	
	Oral and Injectable Weight Loss Medications	Mayra Baca, PNP, MSN	
	Adolescent PCOS Care	Kyla Buenaventura, MD	
1:15 - 1:40 pm	BREAKOUT SESSION 3		
	Community Connections	Sasha Ottey, MHA	
	Adult Treatment approaches in PCOS	Katie McKenney, MD	
	Nutrition	Carly Faulkner, MS, RD	
	Skin & Hair Concerns	Carla Torres-Zegarra, MD	
1:40 - 2:00 pm	BREAK		
2:00 - 2:50 pm	Provider and Patient Panel	Adult PCOS Providers Children PCOS Providers Patient Advocates: Sasha Ottey, MHA, Courtney Manthey, MA	
2:50 - 3:00 pm	Closing Remarks	Noy Phimphasone-Brady, PhD	

What is PCOS? Courtney Manthey, MA



Polycystic Ovary Syndrome

 Polycystic Ovary Syndrome (PCOS) is the most common female endocrine disorder.

Affects ~8–13% worldwide; up to 50% remain undiagnosed.

Characterized by:

- Irregular or absent periods
- Excess androgens (acne, hair growth, hair loss)
- Polycystic ovaries on ultrasound (not always present)
- Rotterdam criteria: diagnosis requires 2 of 3 features.



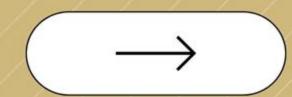


Why PCOS Matters

- Reproductive health: ~70–80% of affected people experience infertility.
- Metabolic health: ~50–70% have insulin resistance; up to 40% develop type 2 diabetes by age 40.
- Mental health: depression and anxiety are 2-3x more common.
- Long-term risks: cardiovascular disease and endometrial cancer.
- Management: lifestyle (diet, exercise), medications (birth control, metformin), and fertility treatments.
- PCOS is underdiagnosed and undertreated, yet has lifelong impacts on health.



LIGHTNING PRESENTATIONS







Advocating for Your PCOS Care

Sasha Ottey, MHA, MLS (ASCP)





WELCOME!



SASHA OTTEY, MHA, MLS (ASCP)

Founder and Executive Director



Website: PCOS.org Email: info@pcos.org





DISCLOSURE

Nothing to Disclose





WHO IS PCOS CHALLENGE?

- The National Polycystic Ovary Syndrome Association
- Largest patient advocacy organization globally
- Serve nearly 60,000 members







PCOS CHALLENGE MISSION AND VISION

 MISSION: Raise public awareness about PCOS and help people with the disorder overcome their symptoms and reduce their risks for life-threatening related conditions such as diabetes, stroke, cardiovascular disease and cancer.



- SHORT-TERM VISION: PCOS is treated as a public health priority.
- LONG-TERM VISION: We realize a cure for the condition.





PCOS CHALLENGE 6 MAJOR PROGRAM AREAS



AWARENESS



SUPPORT AND EMPOWERMENT



EDUCATION



ADVOCACY & HEALTH POLICY



ACCESS TO CARE









RESEARCH







PATIENT EMPOWERMENT

AS PCOS PATIENTS, MOST OF US START FROM AN UNEMPOWERED STATE

WE MAY FEEL:

- Unsure of what to do
- Uncertain of where to start
- Unwilling to talk about PCOS or seek help
- Our voices have little power or ability to drive change





MY STORY

- Clinical and Research Microbiologist
- Diagnosed in 2008
- Diagnosis was a defining moment
- Experienced firsthand the impact of limited support resources, access to care and quality of care for PCOS patients
- Started PCOS Challenge in 2008









PATIENT EMPOWERMENT

ONE EMPOWERED PATIENT CAN MAKE A DIFFERENCE. TOGETHER, WE ARE CHANGING THE FUTURE OF PCOS CARE.







Becoming more empowered as a PCOS patient can helps them receive better care. It can also improve the lives of many others with PCOS.







HOW DOES ONE BECOME AN EMPOWERED PATIENT?

WE SUGGEST 3 KEY FOCUS AREAS

EMPOWERED PATIENTS,
BETTER
OUTCOMES

SELF-ASSESSMENT AND PLANNING

SUPPORT AND WELL-BEING

TRANSFORMING
YOUR EXPERIENCE INTO
EMPOWERMENT

IDENTIFYING YOUR CARE GOALS
AND AREAS OF
DISSATISFACTION

SEEKING SUPPORT AND PROFESSIONAL HELP

PROCESSING YOUR

CARE AND LIVED EXPERIENCE

(ACKNOWLEDGING
PCOS IS NOT YOUR FAULT)

FORMULATING AN
ACTION PLAN

IMPROVING COMMUNICATION WITH YOUR HEALTHCARE TEAM

SHARING YOUR STORY

EXPLORING WAYS TO OVERCOME BARRIERS AND MAKE INFORMED CHOICES

STRESS-REDUCTION
TECHNIQUES

USING YOUR EXPERIENCES TO

DRIVE CHANGE

(AWARENESS, RESEARCH, ADVOCACY)







WORKING WITH YOUR HEALTHCARE TEAM FOUR FUNDAMENTAL QUESTIONS FOR EFFECTIVE PATIENT-



PATIENT

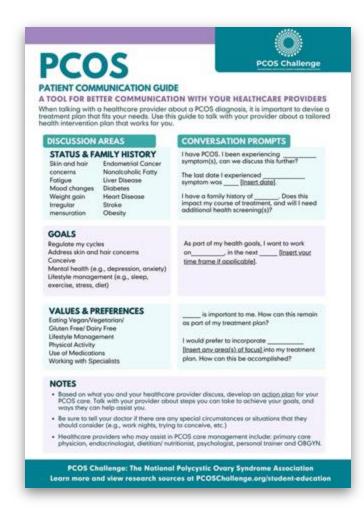
WHAT DO I WANT TO KNOW FROM THE DOCTOR OR SPECIALIST?

WHAT DO I WANT THE DOCTOR OR SPECIALIST TO KNOW ABOUT ME?

PROFESSIONAL

WHAT DO I WANT TO KNOW FROM THE PATIENT?

WHAT DO I WANT THE PATIENT TO KNOW?







PROFESSIONAL COMMUNICATION

WORKING WITH YOUR HEALTHCARE TEAM IMPROVING COMMUNICATION

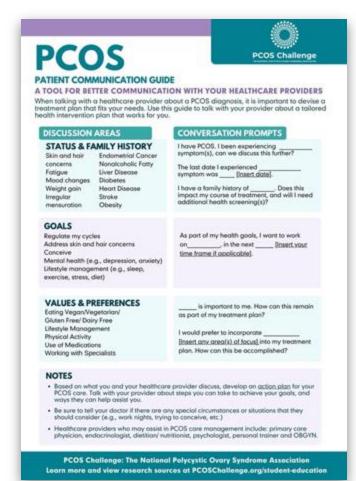


POTENTIAL DISCUSSION AREAS:

- Status and Family History
- Goals
- Values and Preferences

DOWNLOAD THE
PCOS CHALLENGE
COMMUNICATION GUIDE
pcos.ch/communication-guide





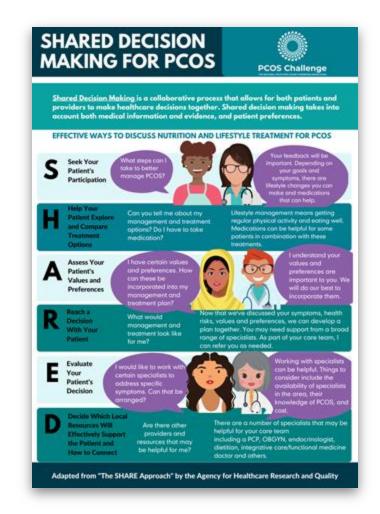


WORKING WITH YOUR HEALTHCARE TEAM SHARED DECISION MAKING



Collaborative process that:

- Allows for both patients and providers to make healthcare decisions together.
- Takes into account both medical information and evidence, and patient preferences.





WORKING WITH YOUR HEALTHCARE TEAM

SHARED DECISION MAKING



Using the SHARED process healthcare professionals:

- S Seek patients' participation
- H Help patients explore and compare treatment and management options
- A Assess patients' values and preferences
- R Reach decisions with patients
- E Evaluate patients' decisions
- D Decide which local resources will effectively support the patient and how to connect

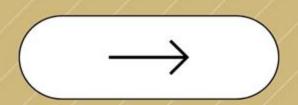








GETTINGSUPPORT





PCOS CHALLENGE SUPPORT NETWORK



GET FREE ACCESS TO:

- 28 PCOS Support Groups
- Thousands of PCOS Forum Discussions, Videos and Blogs
- PCOS Grant Information
- PCOS Event Information
- PCOS Challenge Radio Show Episodes (Over 150 Expert Interviews)
- PCOS Challenge Television Show Episodes
- Opportunities for advocacy events







KEY MESSAGES

- Patient empowerment is an ongoing process and journey, not a singular achievement.
- Know that you have options.
- Your preferences and needs should drive your care.
- Needs and preferences may change over time, so communication between patients and providers is crucial to self-advocacy.
- Patients and providers working together is the best way forward.







QUESTIONS?

Sasha Ottey, MHA, MLS (ASCP)
Executive Director



Website: PCOS.org

Email: info@pcos.org









Nutrition Basics for PCOS



Sara Ley RD





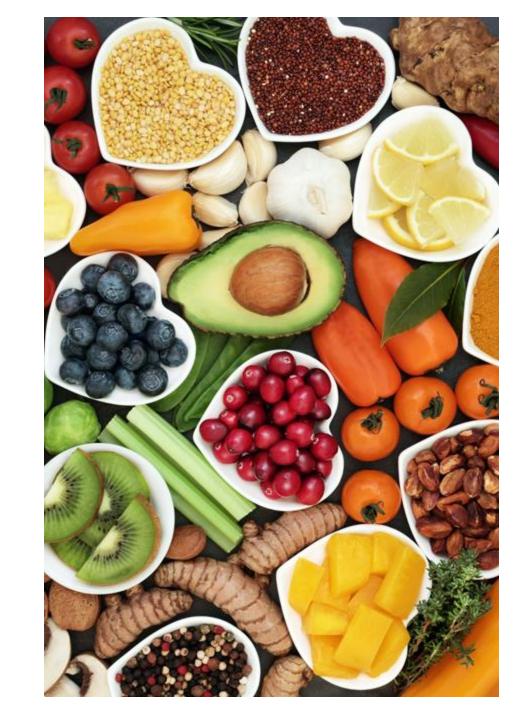


Where to Start

Insulin Regulation

- Eating Consistently
 - Not skipping meals or going extended periods without eating (> 4-5 hours)
- Eat earlier within 2 hours of waking up if possible
- Establish a pattern of eating especially for those with chaotic eating habits





Balanced Plate

Protein:

Meat, Dairy, Eggs, Beans/legumes

Fats:

oils, nuts/seeds, fatty fish, dairy,

Carbohydrates:

• starches, grains, fruits, dairy, beans

FIBER:

 whole grains, fruits, vegetables, legumes, nuts/seeds







Insulin Regulation start moving

Movement

- Helps increase insulin sensitivity
- Muscles in active movement can use glucose without insulin
- ANY MOVMENT COUNTS

Build Muscle

Resistance training leads to ↑ muscle mass, ↑
 glucose clearance, ↓ Insulin Resistance &
 ↓Triglyceride production



Omega 3 Fats

- · Helps lower cholesterol, specifically Triglycerides
- · Reduce inflammation
- Can help lower blood pressure
- May help improve menstrual regulation

Dietary Sources

- Fatty fish/seafood (salmon, albacore tuna, trout, mackerel)
- Nuts (walnuts) and seeds (flax, chia)
- Avocados
- Consider supplement if unable to consume food sources on a consistent basis





Anti-Inflammatory Foods

Fatty fish (Omega 3)

Beans, lentils, edamame

Nuts and seeds

Green Tea

Fruits: berries, cherries, oranges, grapes, pomegranates

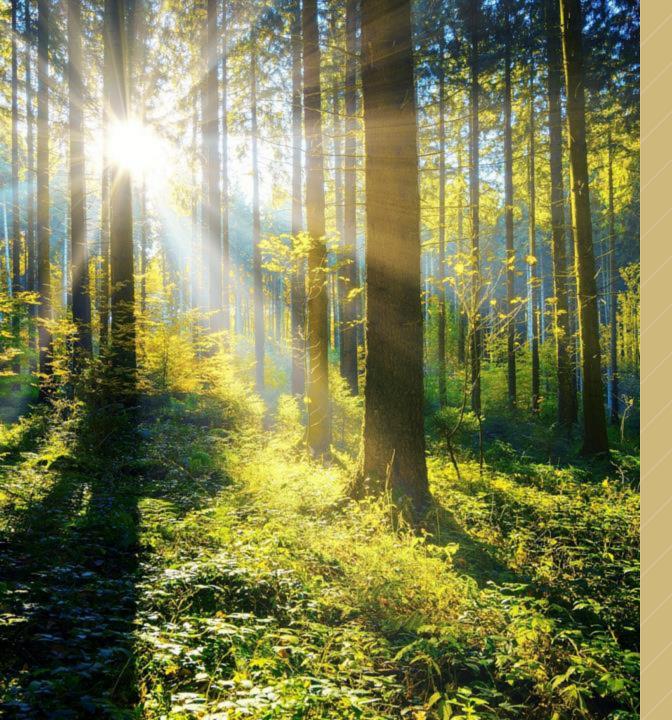
Vegetables: tomatoes, sweet potato, dark

greens

Olive Oil







Vitamin D

- Helps regulate insulin
- Can aide in lowering androgens and lipids
- Helps improve mood
- Reduces inflammation and oxidative stress

Primarily gotten from sunlight exposure

- Step outside for fresh air whenever possible
- Going on walks for Vitamin D has bonus of helping reduce stress & improve insulin sensitivity

Food sources: fatty fish, fortified milk/dairy, cereals, mushrooms



Greek Yogurt Bowl

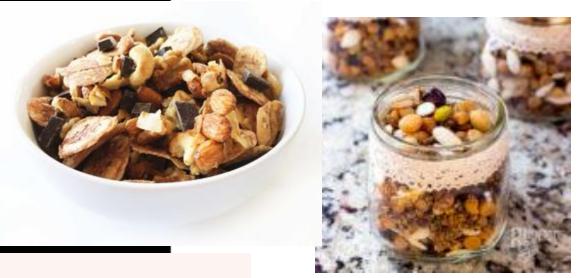
- Greek yogurt with fat try adding 1 tbsp or ground flax or chia seeds
- Honey drizzle
- Chopped nuts (almonds, walnuts, or pistachios) anything you prefer
- Blueberries, pomegranates, cherries (any fruit you enjoy!)





Meal or Snacks

- Trail mixes (nuts, seeds, crackers, pretzels, dried fruit
- Salmon + Rice + Asparagus or any vegetable
- Tuna salad on whole grain bread
- Protein energy bites (oats, honey, PB, protein powder, ground flax or chia, + choc chips
- Greek Pizza (naan + hummus + feta + tomato, cucumber and olives)
- Smoothies: Frozen fruit, Greek yogurt, protein powder, ground flax or chia seeds, milk of choice)











Non-Weight Indicators of Health

- Cholesterol levels
- · Blood sugar level, A1c
- Blood pressure
- Waist circumference
- Number of hours sleeping per night and quality of sleep
- Amount of movement or exercise
- Diet Quality looking at the overall balance/variety of your food intake
- Psychological well-being



THANK YOU!







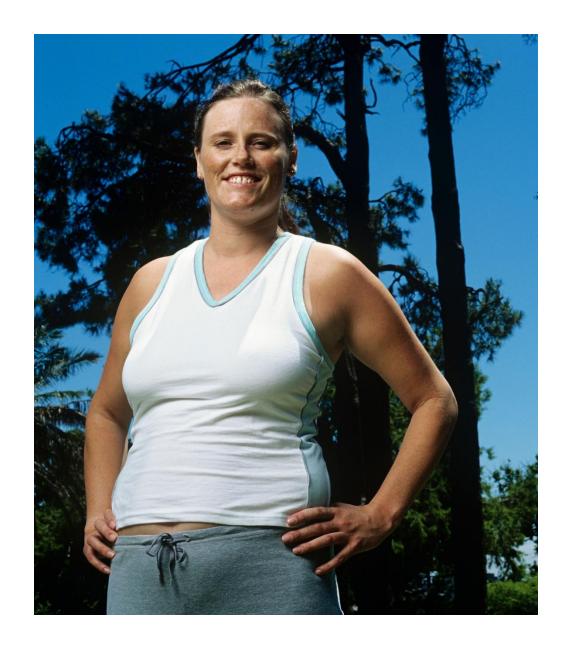
What do the guidelines say?

- Any physical activity consistent with general population guidelines confers health benefits in PCOS
- •No specific type or intensity of exercise has been shown to be superior for anthropometric, metabolic, hormonal, reproductive, or psychological outcomes

2023 International Evidence-Based Guideline for the Assessment and Management of PCOS







What do we know about exercise and PCOS?

Not enough research has been done...

PCOS often coexists with higher BMIs and insulin resistance

Exercise is commonly recommended for both

Exercise has an impact on insulin resistance, improved menstrual regularity and fertility, often in combination with dietary interventions

Exercise has many other benefits!







Recent Review of PCOS and exercise studies

Reviewed all available studies on exercise and PCOS

Looked at different types & intensities of exercise

Also considered the role of diet combined with exercise

Measured effects on fitness, weight, metabolism, and hormones









Exercise improves health in women with PCOS

- Benefits seen in:
- Fitness (measured by VO₂peak)
- Body composition (lean vs fat mass)
- Waist size (measured by waist circumference)
- Insulin levels & insulin resistance



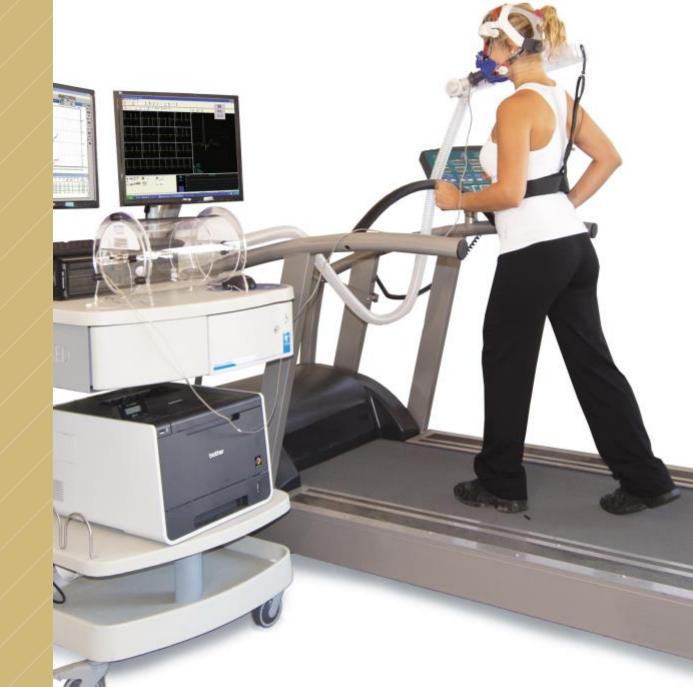


Fitness Gains (VO₂peak)

Strongest, most consistent improvement

Important: higher VO₂peak = lower risk of disease & death

Even modest improvements can reduce risk of death by ~30%







Exercise & Weight

Exercise alone doesn't always lower BMI

But it does reduce waist size, a better health marker

Adding diet + exercise works best for lowering BMI







Metabolic Health (Insulin Resistance)

Insulin resistance is common in PCOS

Exercise, especially vigorous aerobic exercise, improves insulin sensitivity

Resistance training also shows promise

— but more research is needed







Hormones (Free Androgen Index and Androgens)

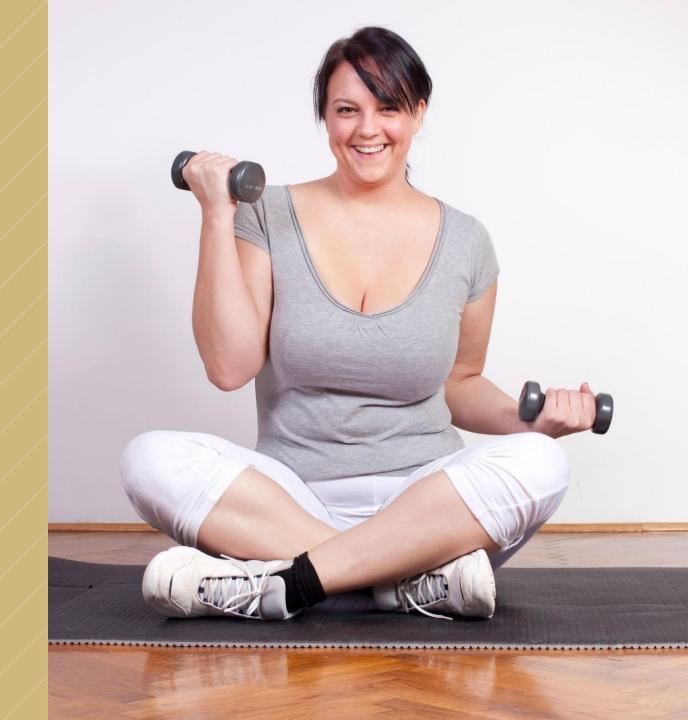
Results are mixed

Resistance training may help improve hormone balance

More studies needed to confirm best exercise type & dose







High Intensity Interval Training and PCOS

HIIT = short bursts of intense exercise with rest in between

Intense muscle contractions help glucose enter muscles Boosts insulin sensitivity by:

- Increasing insulin receptors
- Activating mitochondria (cell 'power plants')
- Reducing oxidative stress (linked to PCOS & insulin resistance)

Limited research shows more effective than moderate exercise or no exercise for:

- Lowering BMI
- Improving insulin resistance (HOMA-IR)







High Intensity Interval Training and PCOS

Time-efficient: 3x per week, 20–30 minutes can work

Helps reduce body fat and BMI, especially in women with higher BMI

May improve menstrual and reproductive function

Supports better psychological and metabolic health









Adults need a mix of physical activity to stay healthy.

work harder than usual.

activity

Moderate-intensity aerobic activity*

Anything that gets your heart beating faster counts.







Do activities that make your muscles

Muscle-strengthening















* If you prefer vigorous-intensity aerobic activity (like running), aim for at least **75 minutes a week**.

If that's more than you can do right now, **do what you can.** Even 5 minutes of physical activity has real health benefits.

Walk. Run. Dance. Play. What's your move?

Key Takeaways for Women with PCOS

Any exercise is better than none, choose what you will do regularly

Improving fitness has its own benefits

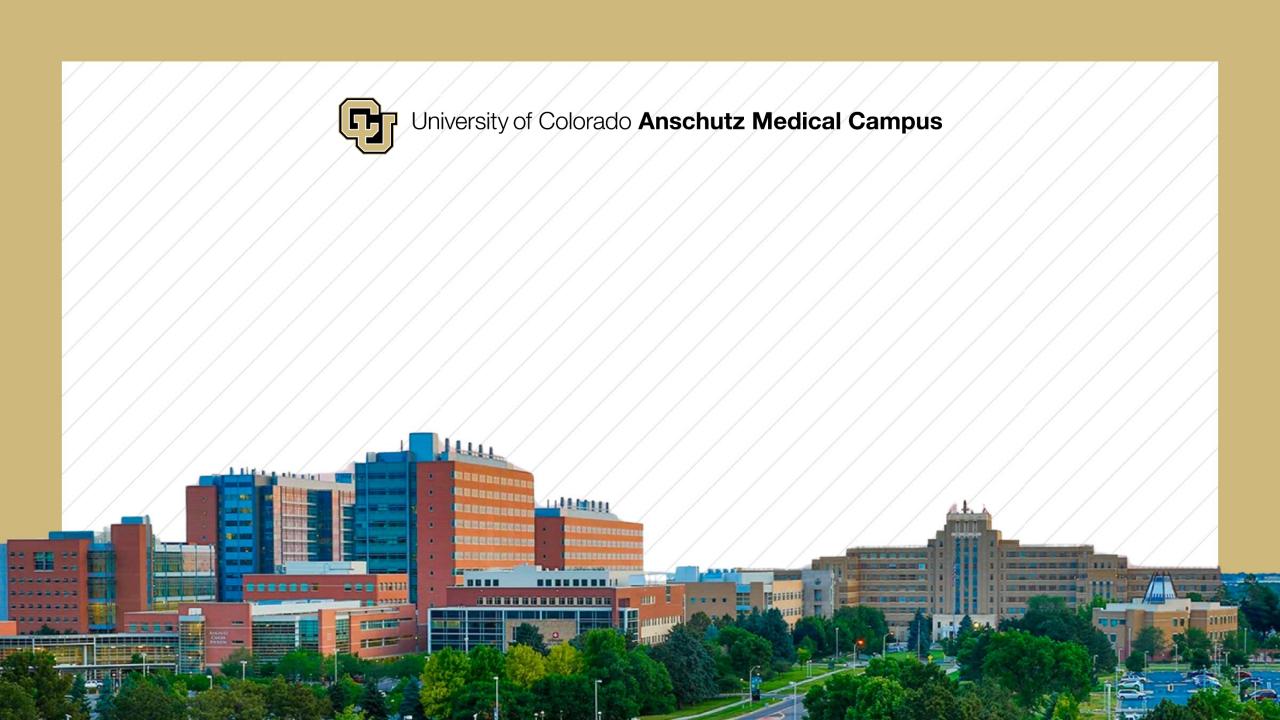
Many studies done pairing exercise with a healthy diet

Strength training and HIIT may have an impact in PCOS – more research is needed!















The Role of GLP-1 RA Medications in PCOS

Melanie Cree, MD, PhD
Director, PCOS Multi-Disciplinary Clinic
Childrens Hospital Colorado







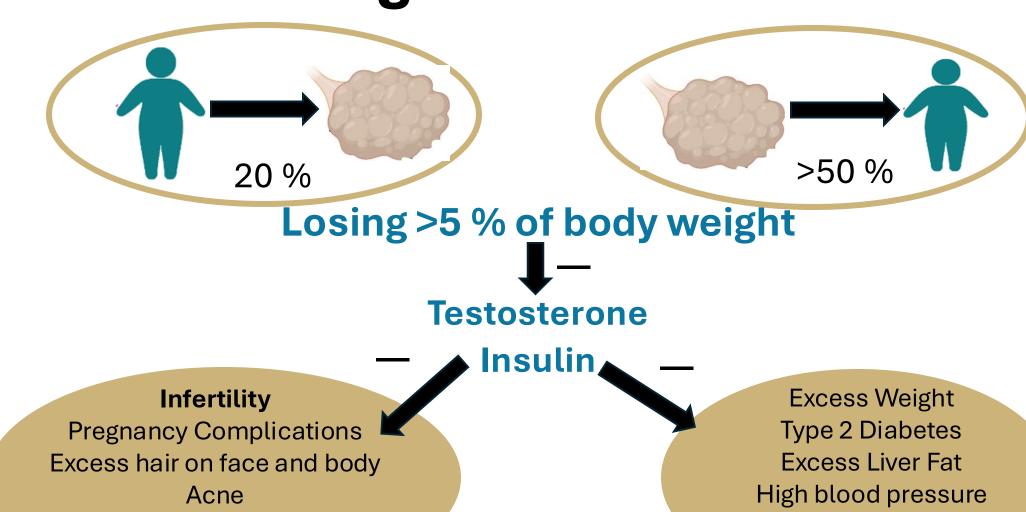


PCOS and Weight

Depression/Anxiety

Sexual Dysfunction

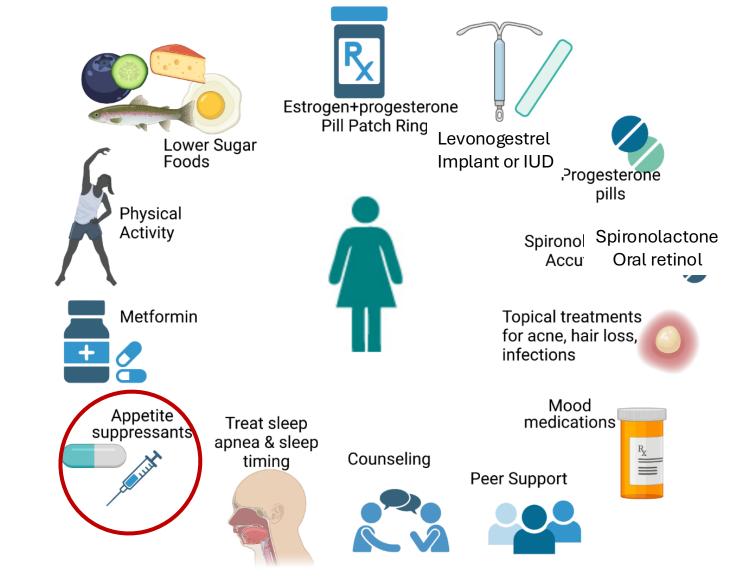
University



Sleep Apnea

High Cholesterol

Treatment Options for PCOS







Bariatric Surgery in Women with PCOS

6-mo

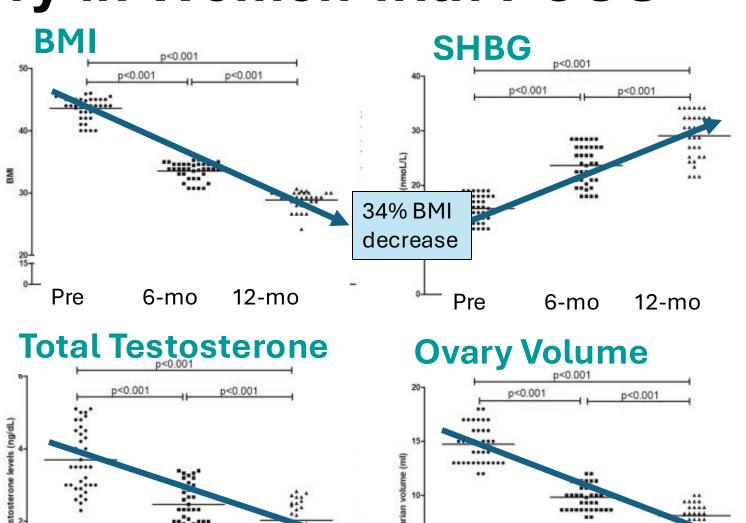
Pre

12-mo

- 36 women all PCOS
- Age 27.2 ± 4.2 years
- BMI 43.6 \pm 1.76 kg/m²
- 61% sleeve gastrectomy
- 39% gastric bypass

Ezzat RS, Saudi Journal of Biological Sciences Vol 28, Issue 9, September 2021, 5048-5052





Pre

6-mo

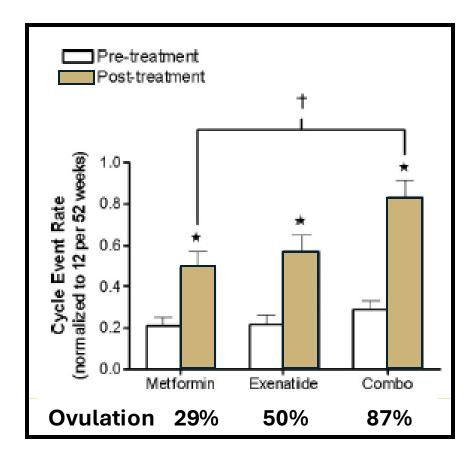
12-mo

Exenatide ± Metformin for PCOS

Randomized trial of exenatide, metformin or exenatide+ metformin

24 weeks

	Exenatide N=14	Metformin N=14	Exenatide + Metformin N=14
% Weight Loss	3.0%	1.4%	5.0%
Weight loss (kg)	3.2	1.6	5.6
Total Testosterone	-	•	•
Free Androgen Index	•	+	•





Injectable low dose Semaglutide for PCOS

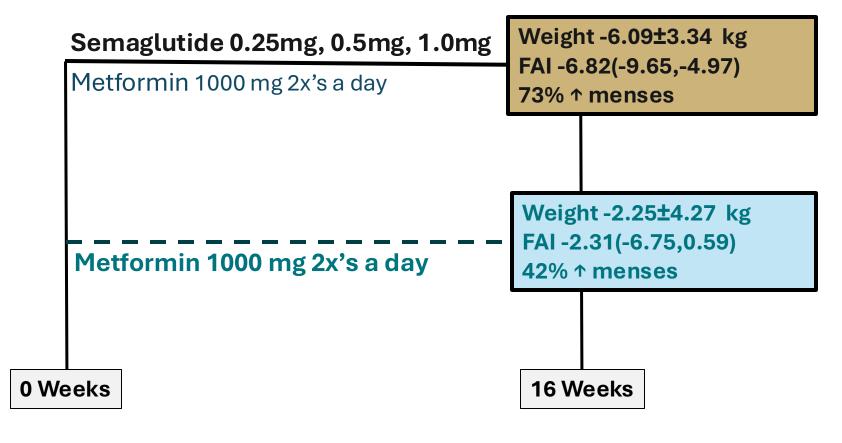
In-clinic observational trial. Women who failed to lose weight with lifestyle modification. Received **0.5 mg SQ** sema x 3 months. Responders another 3 months for total 6 months.

		N=27	22%	6 Failed	N=21
	Basal	After 3 Months of Treatment with Semaglutide		After 6 Months of Treatment with Semaglutide	
BMI (kg/m²)	34.4 ± 5.9	30.8 ± 5 **			29.4 ± 5 **
Body weight (kg)	85 ±15	76 ± 16 **	-7 kg, 8%		73.5 ± 15 ** - 14 kg, 16%
Fasting glucose (mg/dL)	97 ± 12	90 ± 8 **			90 ± 6 **
Insulin (mU/mL)	17 ± 7	11 ± 5 **			11 ± 5 **
HOMA-IR	3.5 ± 2	2.5 ± 1 **			2.4 ± 0.8 **
** <i>p</i> < 0.01 versus bas	al values.			78	% Normal Menses



Metformin vs SQ Semaglutide +Metformin

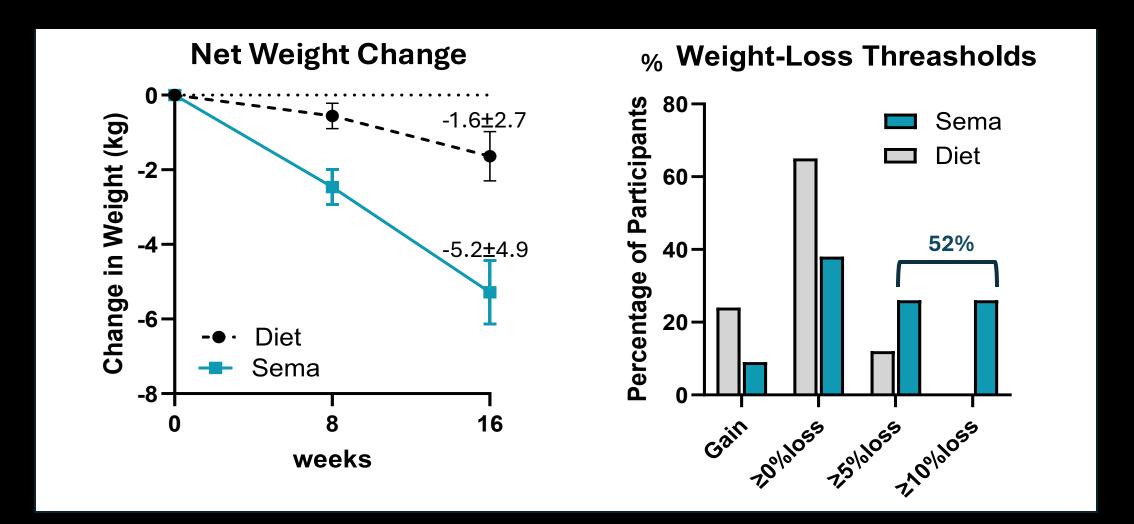
84 women with Obesity + <u>Rotterdam</u> PCOS In China





■ Change with Oral Semaglutide: Weight

4-months of daily oral semaglutide: 1 month of 3 mg and three months of 7 mg Vs. 4-months of a low carbohydrate/calorie diet – weekly dietician meetings



■ Change with oral Semaglutide: PCOS

Oral Semaglutide n=34	Low Carbohydrate Diet n=17	Change between groups (p-value)					
Reproductive Laboratory Measures							
-5.5 (-14.0, 1.3)**	-9.00 (-26.5, 1.0)*	0.28					
3.3 (0.075, 7.6)****	-0.600 (-2.6, 1.6)	0.0028**					
-2·2 (-4·99,-1·0)****	-1.9 (-5.25, 0.9)*	0.76					
-2.6 (-4.8, -0.3)***	-1.5 (-6.6, 0.9)	0.44					
PCOS Symptoms							
5 (17%) 12 (40%) 13 (43%)	5 (42%) 5 (42%) 2 (17%)	0.14					
-1.0 (-3.0, 1.0)	0.0 (-1.5, 1.0)	0.35					
18 (53%)	7 (41%)	0.55					
	sures -5.5 (-14.0, 1.3)** 3.3 (0.075, 7.6)**** -2.2 (-4.99,-1.0)**** -2.6 (-4.8, -0.3)*** 5 (17%) 12 (40%) 13 (43%) -1.0 (-3.0, 1.0) 18 (53%)	n=34 n=17 sures -5.5 (-14.0, 1.3)** -9.00 (-26.5, 1.0)* 3.3 (0.075, 7.6)**** -0.600 (-2.6, 1.6) -2.2 (-4.99,-1.0)**** -1.9 (-5.25, 0.9)* -2.6 (-4.8, -0.3)*** -1.5 (-6.6, 0.9) 5 (17%) 5 (42%) 12 (40%) 5 (42%) 13 (43%) 2 (17%) -1.0 (-3.0, 1.0) 0.0 (-1.5, 1.0)					

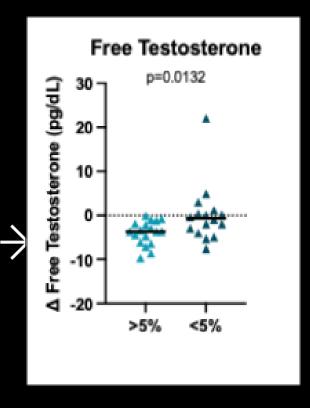
Significance for differences within groups for Pre and Post treatment denoted with * = 00.049 - 0.01, ** = 0.009 - 0.001, *** < 0.001, *** < 0.0001.

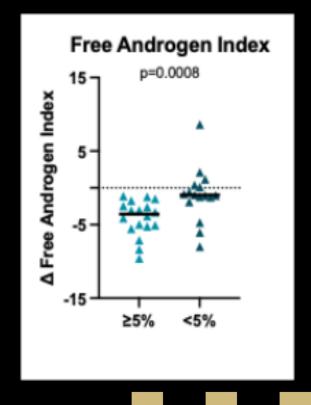
Change with oral Semaglutide: PCOS

• Taking oral Semaglutide, compared <5% and >5% weight loss

Variable	SEMA ≥5%	SEMA <5%
Number of Participants	18	16
Age (years)	15.7 ± 1.7	15.4 ± 1.3
% Weight Change	-9.9 (-12.3, -6.7)	-1.83 (-3.0, -0.7)
Baseline BMI (kg/m²)	34.7 (29.9, 36.1)	35.4 (32.4, 43.0)
Menses Change	1.0 (-0.3, 1.3)	0.0 (-0.8, 1.0)
Increase Menses	12 (67%)	6 (38%)

Data are expressed as median (25th, 75th) due to non-normal distributions or, mean ± SD if normally distributed.

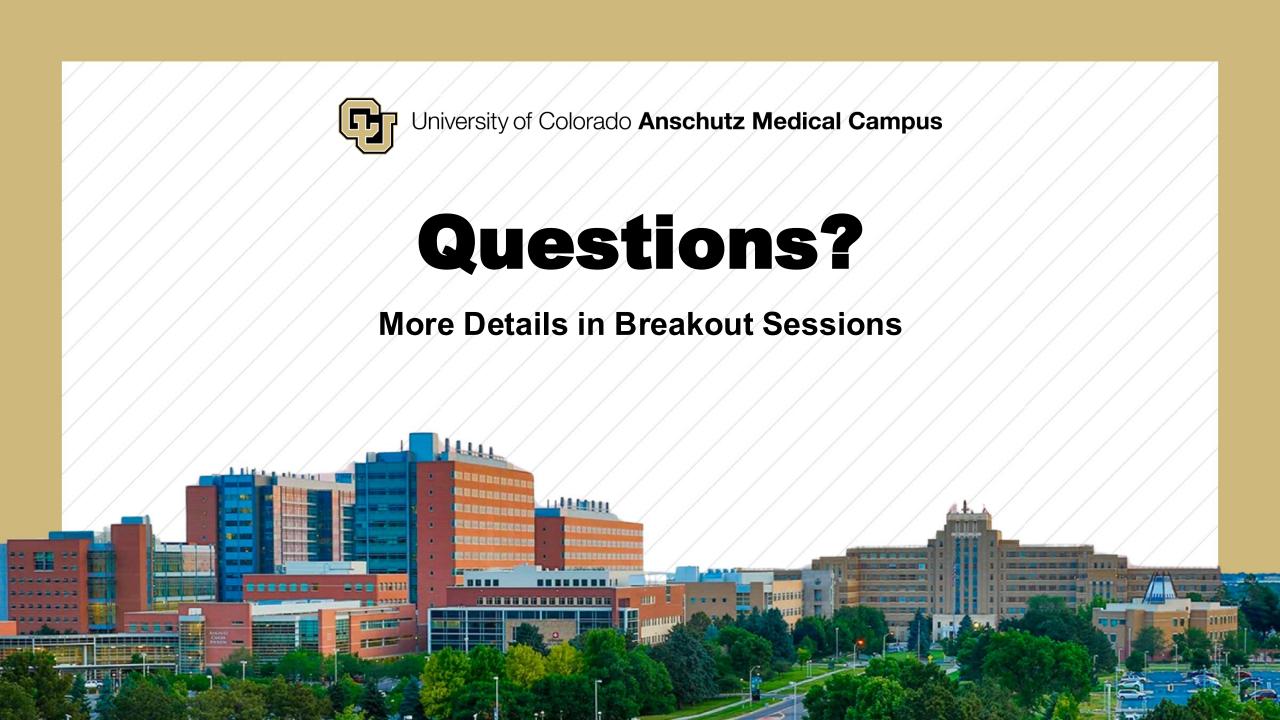




Semaglutide Trial Early Findings

10 months of weekly injections of semaglutide First 8 participants to lose > 10 % weight





Q&A **Advocating for PCOS Care Nutrition Support Exercise in PCOS GLP-1s and Weight**

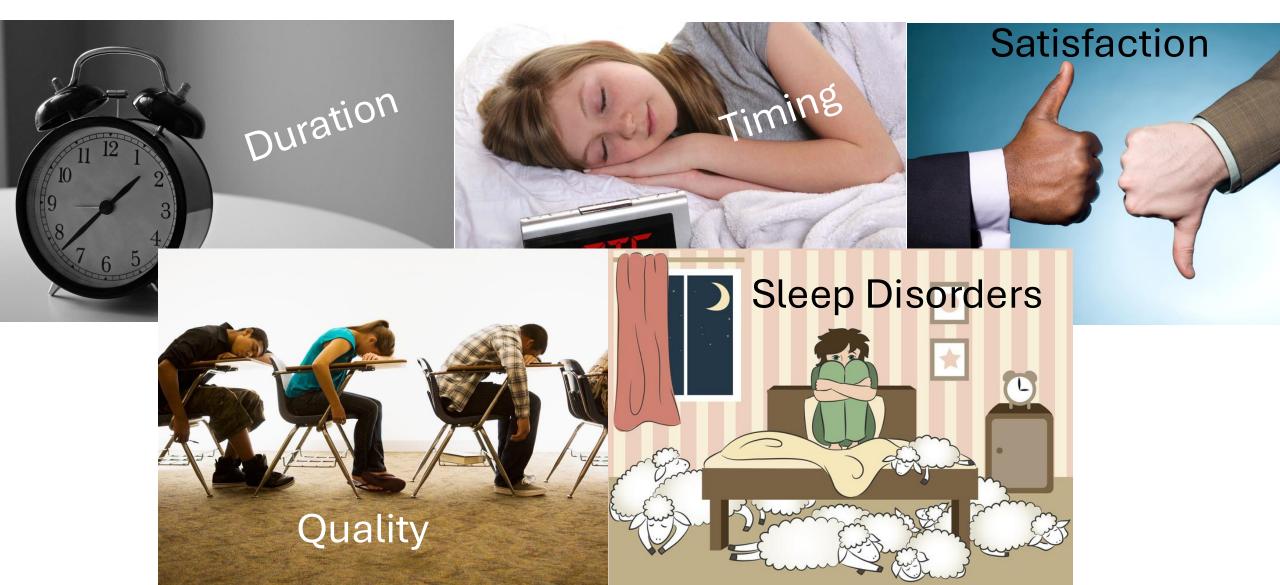


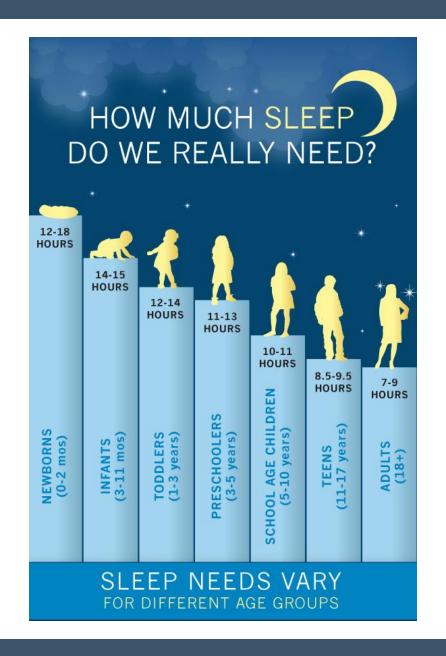






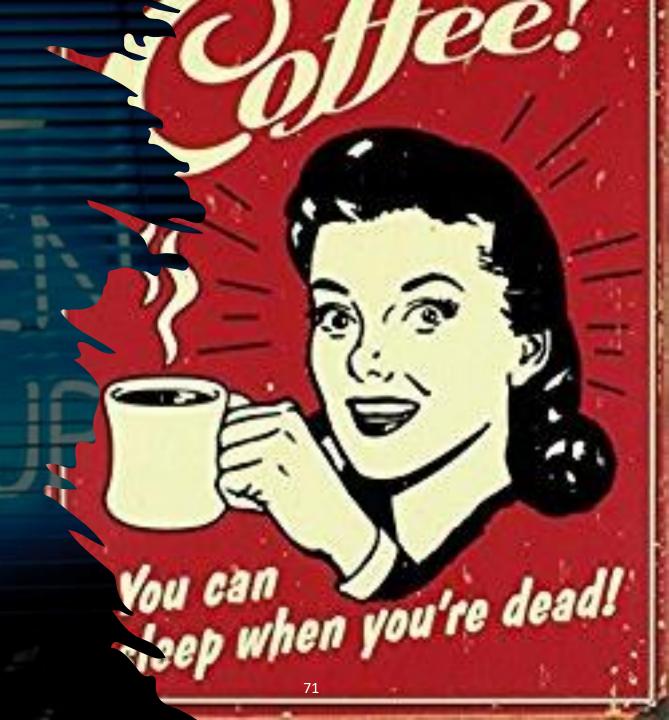
The many dimensions of sleep health





Poor sleep health is common

- Insufficient sleep:
 - 35% of adults
 - 78% of adolescents





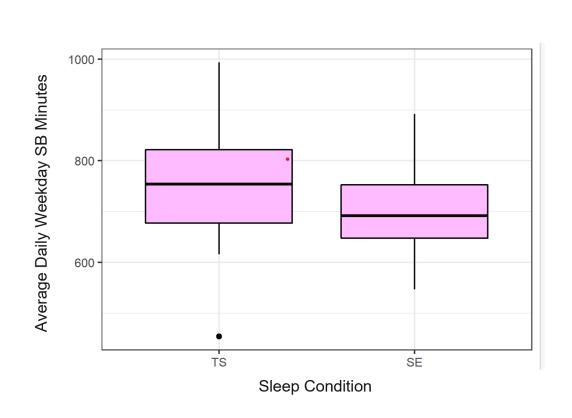


Sleep Health & Eating

Caloric intake increased by ~10% during 1 week of Short Sleep vs Healthy Sleep

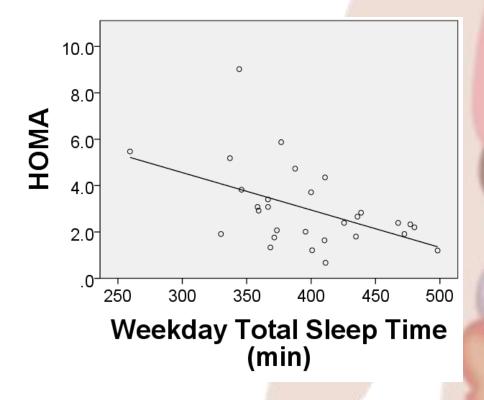
Teens ate 2x more servings of sweet/dessert foods

Increasing sleep duration reduces *sedentary activity time* without negatively impacting physical activity in habitually short sleeping teens

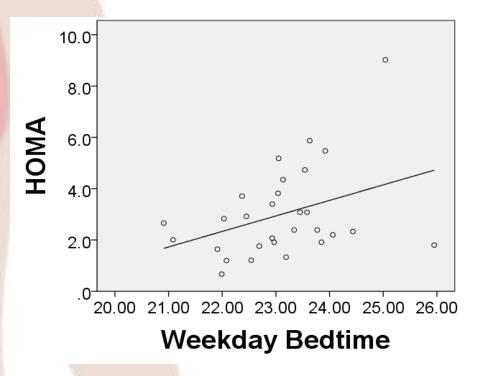




Sleep Health & Insulin Resistance



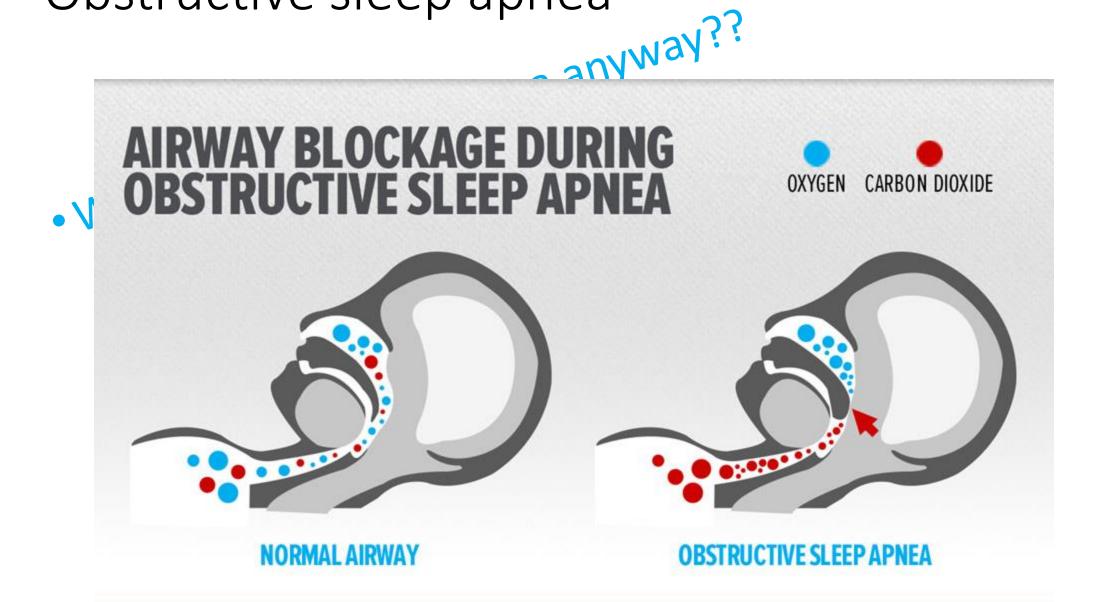
Insulin Resistance



Short sleep duration

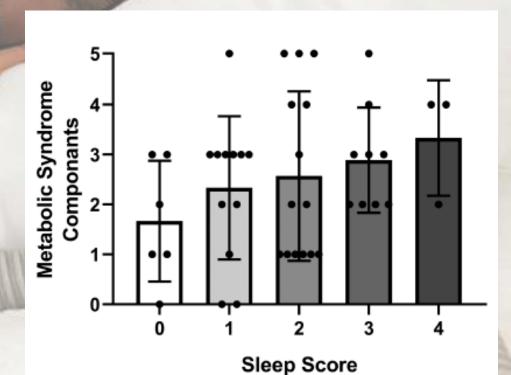
Late bedtimes

Obstructive sleep apnea



Obstructive sleep apnea

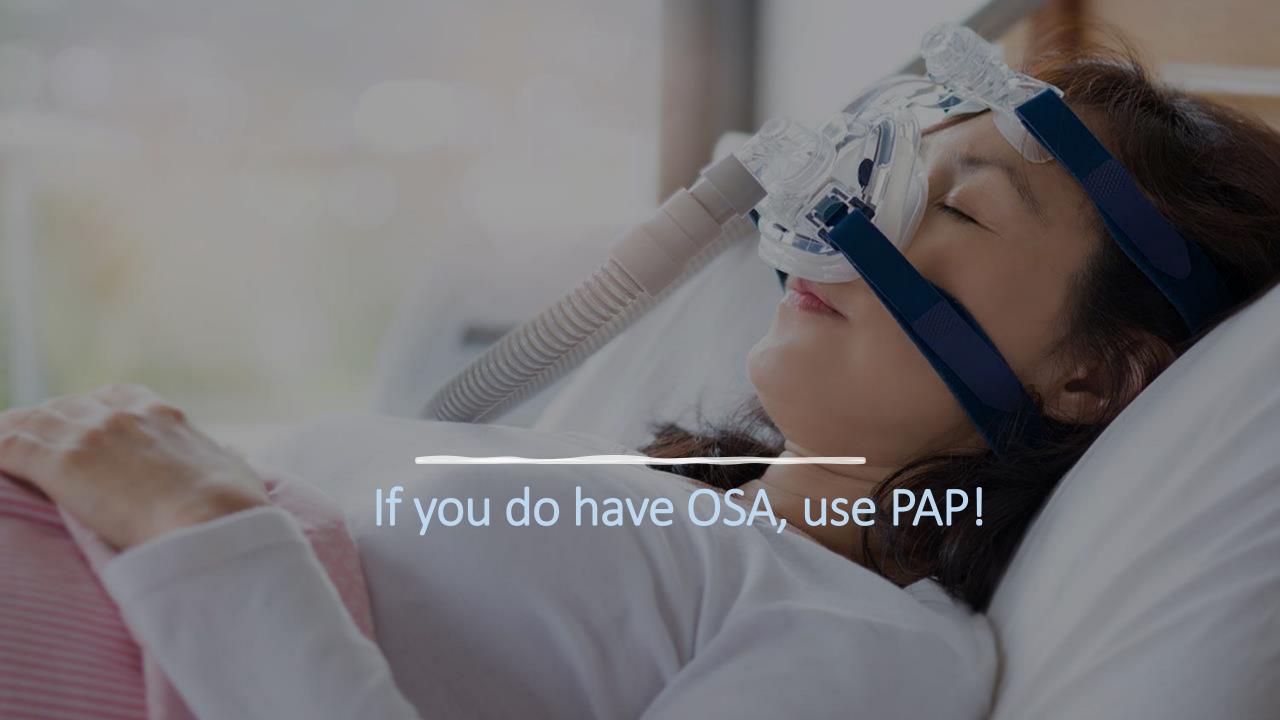
- Adults with PCOS are 30x more likely to have symptoms of OSA
- Up to 57% of adolescents with PCOS are estimated to have OSA
- In adolescents with PCOS, OSA symptoms were associated with poorer cardiometabolic health





Seek Evaluation & Treatment

- Cognitive Behavioral Therapy for Insomnia (CBT-I) is the first-line therapy for insomnia
- Snoring? Ask your doctor about a sleep study to rule out sleep apnea





Establish a nighttime routine



Get up and go to sleep at the same time



Create a healthy sleep environment



Turn off electronics an hour before bed



Limit caffeine

Impactful Sleep Hygiene Practices



Exercise



Reduce stress



Avoid large, fatty meals prior to sleeping



Use the bed only for sleeping Schedule consistent bed & wake times – even on weekends and holidays



PCOS & Infertility

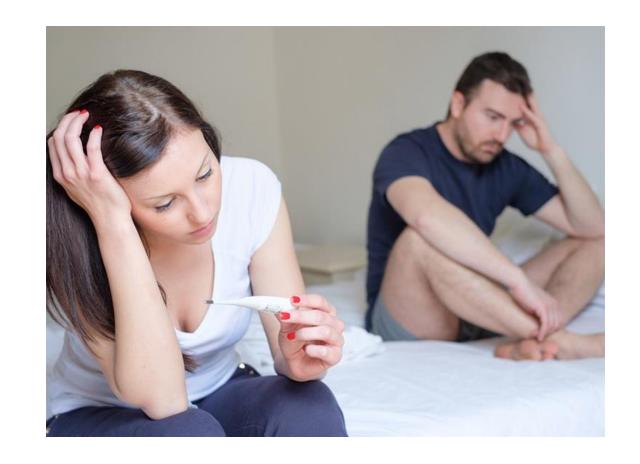
Kathryn McKenney, MD MPH



What is Infertility?

Per ASRM:

- The inability to achieve a successful pregnancy, or the need for medical help to conceive
- Heterosexual couples should be evaluated after 12 months of regular, unprotected sex without conceiving.
- Evaluation should occur after 6 months if the person with ovaries is 35+.



How common is Infertility with PCOS?

PCOS is one of the most common causes of female infertility.

- Challenging to estimate, since PCOS is often first diagnosed in fertility care settings.
- Best estimates: 30-70% of people with PCOS experience infertility.
 - This means 30-60% of people with PCOS don't experience infertility! PCOS is not good 'birth control'.





ACOG FAQ's: Polycystic Ovary Syndrome AskPCOS: PCOS & Fertility

Zheng et al 2025, Frontiers in Endo.

How does PCOS affect fertility?



It's all about the egg!

- Many patients with PCOS do not ovulate (release an egg [oocyte] from the ovary) consistently each month.
- Ovulation is a required event for conception.
- Follicles (premature eggs) often stop developing too early due to hormone abnormalities in PCOS.
- Egg (oocyte) quality may also be diminished in PCOS, even among patients who do ovulate regularly.



How can I know if I'm ovulating?

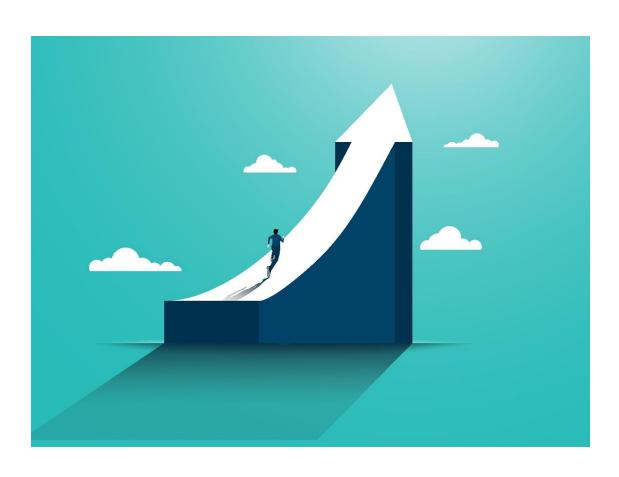
Ovulation tracking is trickier in PCOS.

- Start by charting periods and other symptoms on a calendar or app.
- Ovulation is likely occurring if:
 - Cycles are 22-34 days in length (start of bleeding with period A to start of bleeding with period B) and relatively consistent from one month to the next.
 - Suggestive symptoms occur 1 week preceding onset of bleeding (breast tenderness, bloating, mood changes)
- Urinary LH "ovulation" tests can sometimes be helpful, but can be misleading due to high hormone levels in PCOS.





How can I improve my fertility with PCOS?

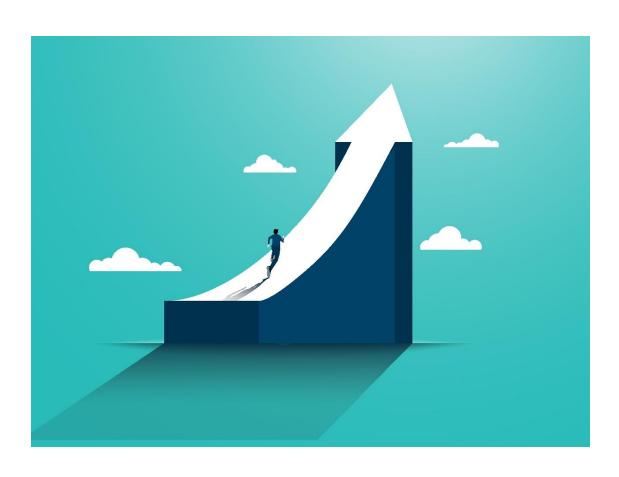


If criteria for infertility aren't met:

- The fertile window opens about 20 days before the start of a period and closes about 14 days before the start of a period.
- Have intercourse every 1-2 days during the fertile window.
- Avoid smoking, alcohol >2 drinks/day, heavy caffeine consumption, and recreational drug use (including cannabis).
- Take prenatal vitamins and follow a healthy lifestyle (regular physical movement, good nutrition, adequate sleep, steps to optimize mental well-being).



How can I improve my fertility with PCOS?



If criteria for infertility aren't met:

- If insulin resistance is present (common in PCOS) and cycles are irregular, metformin can help support more regular cycles for some people.
- Small weight loss (5-10% of overall body weight) can also restore ovulation for some people and help with unassisted conception.
- However, delaying fertility treatment to pursue weight loss does not necessarily improve reproductive outcomes.



What are treatment options for PCOS Infertility?

Ovulation Induction

- Taking medication to provoke ovulation
- Pills, injections, or both
- OI can be done in multiple settings:
 - A "low monitoring" protocol in a general OBGYN clinic has around a 25-30% success rate over 5 tries.
 - A "monitored" protocol in a fertility clinic using labs and ultrasounds to track follicle development and adjust doses
- Timed [scheduled] intercourse (TI) or intrauterine insemination (putting sperm into the uterus aka IUI) is done along with OI.
- Testing for STIs, tubal blockage, and sperm health is usually recommended before OI.







What are treatment options for PCOS Infertility?

In Vitro Fertilization (IVF)

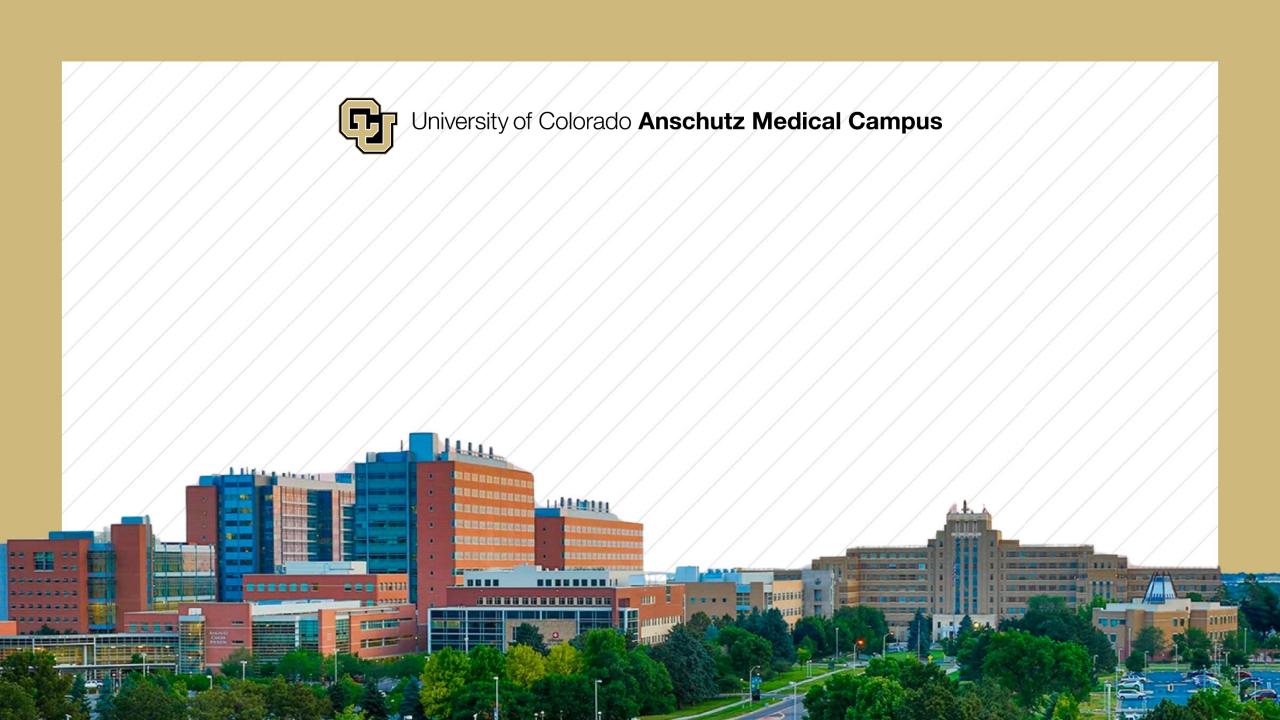
- IVF is often used if OI is unsuccessful or if time is short due to ovarian aging
- Step 1: Injectable medications are given to provoke maturation of many follicles per ovary, which are then 'retrieved' with a minor surgical procedure (ovarian stimulation)
- Step 2: The eggs/oocytes that are removed are combined with sperm to make embryos (in vitro fertilization)
- Step 3: Different medications are given to prepare the uterus for implantation. After maturing in the lab, an embryo is placed into the uterine lining.







With full scope reproductive medicine treatment, people with PCOS have a similar live birth rate as the general population.



Q&A Sleep Health Infertility



BREAKOUT SESSIONS

Breakout Session 1



Menopause Noy Phimphasone-Brady, PhD



Mental Health & Wellbeing Kaitlin Ross, PhD





Lifestyle and Non-medication Approaches for Weight Melanie Cree, MD, PhD



Pregnancy
Katie McKenney, MD, MPH

Breakout Session 2



Self-advocacy & Communication Stacey Simon, PhD



Sexual Health & Pelvic Pain Sarah Poinski-McCoy, PT, DPT





Adolescent PCOS Care Kyla Buenaventura, MD



Oral & Injectable Weight Loss Medications Mayra Baca, PNP, MSN

Breakout Session 3



Community Connections
Sasha Ottey, MHA



Adult PCOS Treatments
Katie McKenney, MD





Nutrition
Carly Faulkner, MS, RD



Skin & Hair Carla Torres-Zegarra, MD

Provider & Patient Q&A Panel

PCOS Resources





Webmail ♠ | UCD Access ♠ | Canvas ♠ | Quick Links ▼ | Q

Resources for Patients and Families

Women's Behavioral Health and Wellness Blo

See below for our newest blogs to help patients learn about different Won



MARCH: PCOS AND YOUR MENTAL HEALTH

FINDING BALANCE THROUGH







PCOS and Fertility

Lilli Health

- . Access Support through the PCOS Challenge: The Nation
- · Attend a free, virtual support group related to Pregnancy

Resources for Polycystic Ovary Syndrome (PCOS)

Children's Hospital Colorado Multidisciplinary PCOS Progra

Society for Women's Health Research | Polycystic Ovary Syr

CU Anschutz Adult Multidisciplinary PCOS Program

- . Listen to Fertility Related Podcasts
- · American Society for Reproductive Medicine has a podce
- Fertility Information on AskPCOS www.askpcos.org

- · Learn about the benefits of Self-Compassion and try a m
- Use The Body Image Workbook: An Eight Step Program
- American Electrology Association www.electrology.com
- Hair + Skin Info on AskPCOS www.askpcos.org
- . Become a member of The Association for Size Diversity inclusivity in health

Mood Regulation

- Use a <u>Behavioral Activation Schedule</u> to improve mood
- Explore Mindfulness Resources
- Access Community Support through PCOS Challenge
- . Find a Therapy Provider on Psychology Today
- . Try an Adult DBT Group in the Denver Area
- · Call 988 the nationwide Suicide & Crisis Lifeline, offering website - 988 Lifeline



Lifestyle

- Use a Decisional Balance Tool to resolve ambivalence about change
- Try SMART Goal Setting

PCOS Community Education Event, 2025

- Adolescent PCOS Care | Atención del SOP en adolescents
- Adult PCOS Treatment Options I Menú de tratamiento para el SOP
- Community Connections | Conexiones Comunitarias Construyendo tu Comunidad de SOP
- Menopause and PCOS | SOP y la Menopausia
- Mental Health & Wellbeing | Salud mental y bienestar
- Nutrition Recommendations | Recomendaciones nutricionales para el SOPQ
- Nutrition Snack Builder
- Practical Applications of GLP1s | Agonistas del receptor GLP-1
- PCOS and Pregnancy: What You Need to Know I SOP y el Embarazo: Lo Que Necesitas Saber
- Self-advocacy in PCOS Care: Strategies to Communicate with your Healthcare Team | Aboga por ti misma en el cuidado del SOP: Estrategias para comunicarse con tu equipo de atención médica
- Sexual Health & Pelvic Pain in PCOS | SOP, Dolor Pélvico y Bienestar Sexual
- Weight Loss Medication Options I Opciones de Medicamentos para Bajar de Peso





Let's stay connected!

Want to make sure your PCOS needs are heard?

Want to help lead the charge on PCOS care and research?

Join our Community Advisory Board!

Complete the survey to the right or email:

cu.pcosprogram@gmail.com



PCOS Community Advisory Board
- Interest Survey



THANK YOU SPONSORS!





Ludeman Family Center for Women's Health Research

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Polycystic Ovary Syndrome (PCOS) Community **Education Event**

September 21, 2025



