



NEWSLETTER

Strengthening care for women with Androgen Excess Disorders

Photo by Evgeny Tchebotarev from Pexels

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In This Issue

3 | FOREWORD FROM THE PRESIDENT

By Prof Joop Laven

4 | EARLY CAREER SPECIAL INTEREST GROUP

Leadership Team, Invitation and EC-SIG Corner

10 | RESEARCH HIGHLIGHTS

Genetics of PCOS: What's new

11 | SPOTLIGHT ON RESEARCH LEADER

Interview with Professor Juha Tapanainen

12 | MEMBER ENGAGEMENT

Sharing news from our members around the world

13 | CONSUMER ENGAGEMENT

PCOS Challenge connecting with EC-SIG!

14 | CALENDER OF EVENTS

What's happening?

14 | CALL FOR NEWSLETTER CONTENT

Have something interesting to share?

15 | WATERLOO FOUNDATION AWARD

New AE PCOS award opportunity

16 | SAVE THE DATE

Upcoming meetings

FOREWORD

FROM THE PRESIDENT



AEPCOS Society at 20 years-leading the way forward

Let me start by expressing my gratitude to all the members of the AE-PCOS society who have contributed to the upcoming 2nd edition of the International PCOS Guideline. The newest version will be presented at the upcoming ENDO 2023, ESHRE and ASRM meetings. There are several really substantial changes compared to the previous version of the guideline. For instance, AMH can be used as a substitute for ultrasound assessment of PCOM which might overcome protocol inconsistencies between and within clinical as well as research institutions. Moreover, a lifelong reproductive health and screening plan is recommended including a focus on preconception risk factors, healthy lifestyle and prevention of weight gain and optimization of fertility. Also depressive and anxiety symptoms are significantly increased and should be screened for in all women with PCOS, with psychological assessment and therapy as indicated. Greater awareness of psychological features including eating disorders and impacts on body image and quality of life is needed. Dissatisfaction with PCOS diagnosis and care is high and raised awareness and education is strongly recommended for women and healthcare professionals including high quality, evidence-based resources. Further, healthy lifestyle remains vital throughout the lifespan in PCOS, with a strong focus on overall health, prevention of weight gain and if required, on weight management. Weight bias and stigma should be minimized and healthcare professionals should seek permission to weigh women, with explanation of weight-related risks. Anti-obesity agents and bariatric/ metabolic surgery may be considered based on general population guidelines, balancing potential for benefits and side effects.

Finally, the guideline concludes with pointing out that the existing evidence in PCOS is low to moderate quality. Based on high prevalence and significant health impact, greater priority, funding and research is recommended.

So we being the AE-PCOS society should also take our responsibility to not only disseminate the guideline amongst our peers but also try to contribute and fill in knowledge gaps that have been meticulously identified and described in the guideline as well.

Recently my institute at Erasmus MC organized the fourth edition of our PCOS patient information day which was well attended by around 100 patients. As in previous occasions I learned that there are still a lot of remaining unanswered questions and unmet needs even in patients as the ones in our unit that were thought to be well informed by my team.

Lately, I also had the opportunity to talk extensively to the early career SIG members of our society about my views of the future of the AE-PCOS society. Amongst other things I discussed that we should much more try to engage ourselves with local and national patient fora in order to get more insights into their unmet needs and try to address those. We should also try to reach out to patients making more use of social media, podcasts and webinars. Just to give you an example I did a podcast in Dutch on misconceptions about PCOS which was streamed more than 6000 times within a couple of weeks. Hope this as well as the newest version of the guideline might inspire you as it did me!

Cheers,

Joop Laven MD PHD REI

President, AE-PCOS Society

Early Career Special Interest Group

Join our group!!!!

BY JILLIAN TAY

Our mission is to support the professional development of early career professionals interested in androgen excess disorders and polycystic ovary syndrome (PCOS). This is accomplished by:

- Providing a forum for networking and collaborating with peers and AE-PCOS Society members
- Establishing a platform to enable communication among AE-PCOS Society members and the broader research community
- Providing a resource for topics of interest to EC-SIG members relating to career development, leadership and networking.

The initiatives set forth by the EC-SIG are determined by the EC-SIG members and the Leadership Committee. We hold 4 quarterly meetings, as well as organise 3 Meet-the-Professor events with our members every year.

Enquiries about joining the EC-SIG

Please contact us at
aepcos.ecsig@gmail.com

2022 Leadership Committee

Faculty Lead

Marla Lujan

Chairs

Snigdha Alur-Gupta

Nour El Houda Mimouni

Secretary

Sharmin Abbasi



EC-SIG CORNER

The EC-SIG members in action updating the 2023 PCOS Guideline!

The first International Evidence-Based Guideline for the Assessment and Management of Polycystic Ovary Syndrome, led by Prof Helena Teede from Monash University, Australia, in collaboration with the AEPPOS and multiple other specialty societies globally was published in 2018. With increasing research and knowledge constantly evolving, guidelines needed to be updated regularly to reflect the latest evidence-based practice. The PCOS Guideline is no exception, so look out for the 2023 update later this year!

Our AEPPOS EC-SIG team members are increasingly taking on important roles in PCOS research. For the 2023 PCOS Guideline Update, many of our members joined the guideline International Evidence Synthesis Early/mid-career Researcher (ECR) Network and have assisted with evidence synthesis directly informing the recommendations of the PCOS Guideline. Their dedication and hard work are essential in improving the quality of evidence of the guideline. Let's see what they have to say!

Dr Chau Thien Tay (Jillian)

Dr Chau Thien Tay (Jillian) is an Endocrinologist at Monash Health and a postdoctoral research fellow at Monash Centre for Health Research and Implementation, Monash University Australia. Her research focuses on epidemiological research exploring the different reproductive, metabolic and psychological impacts of PCOS and she also has a strong passion in health services implementation and evaluation, especially in developing a PCOS model of care.

Role and experiences with the PCOS Guideline

Participating in the development of the PCOS Guideline was a deeply fulfilling experience. I have two separate roles. Firstly, as a **member of the guideline development group on the topic of PCOS model of care**, it is clear that research in this area is limited and this definitely is a priority for future research to ensure all individuals with PCOS have equitable access to evidence-based care. Secondly, I am the **lead of the guideline's Evidence Team**, and I conceptualised the Evidence Synthesis ECR network. I recruited 28 ECRs globally, and together we completed 55 systematic reviews and meta-analyses which directly informed the Guideline. It was tough, but also incredibly gratifying to see how our collaborative effort can make a real impact on improving the care in PCOS.



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Associate Professor Carolyn Ee

Associate Professor Carolyn Ee is an academic general practitioner and Principal Research Fellow at NICM Health Research Institute, Western Sydney University. She conducts translational research on chronic disease particularly on the intersection between reproductive and metabolic health and cancer.

Role and experiences with the PCOS Guideline

I was a **member of the guideline development group** on three topics: **PCOS and menopause, Inositol, and Anti-obesity medications**. I led / co-led two systematic reviews (on inositol and anti-obesity medications).

Working on the guidelines was an invaluable way to learn about guideline development, evidence synthesis and interpretation, and communicating evidence clearly and concisely. It was wonderful to learn from experts in the field, and a lot of fun to be working with such vibrant and passionate teams. I have made some great friends and new connections, and I feel this has significantly expanded my broader understanding of translating evidence into practice. As a clinician researcher, I enjoyed this opportunity very much as I could understand both clinical and research aspects of developing and implementing the guidelines into practice.

Associate Professor Laura Cooney

Associate Professor Laura Cooney works at the Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynaecology, University of Wisconsin, USA.

Role and experiences with the PCOS Guideline

I worked on the systematic review and meta-analysis evaluating the risk of **disordered eating or eating disorders** including bulimia nervosa, binge eating disorder and anorexia nervosa in adults with PCOS compared to controls. We found that the odds of any eating disorder, bulimia nervosa and binge eating were increased in individuals with PCOS. Working on these guidelines was an incredibly process and I appreciated the society's support in incorporating our early career SIG members. I have performed meta-analyses before, but some of the techniques and evaluation of certainty and bias were new to me and I enjoyed the process of learning new skills. Although I have used the 2018 guidelines on a daily basis for clinical and teaching purposes, understanding all of the steps that go into creating this scientifically vigorous report has given me a new appreciation for these guidelines.



Associate Prof Laura Cooney
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Dr Alyse Goldberg

Dr Alyse Goldberg is a consulting Staff at Sunnybrook Health Sciences Centre, and also an Associated Lecturer at University of Toronto, Canada.

Role and experiences with the PCOS Guideline

I worked on answering the question: **“Does anti-obesity medication have a role in management of PCOS?”** Despite the media hype on novel anti-obesity medication, there is minimal available evidence that definitively supports use of anti-obesity medication beyond indications in the general population. However, there is a well described benefit of weight loss towards metabolic and reproductive outcomes in our population, highlighting the need for research on this topic. Specifically, the newer GLP1 and GIP receptor agonists are showing promise in patients with Diabetes may have a role in PCOS.

Working on these guidelines has illustrated the need for unbiased rigorous studies to keep up with the fast-paced progression of the pharmaceuticals, particularly in patients with PCOS. The collaboration of our diversely trained committee demonstrates the high level of interest in helping this population across the globe. It truly was a privilege to work on this section of the upcoming 2023 guidelines.

Assistant Professor Dr. Snigdha Alur-Gupta

Assistant Professor Snigdha Alur-Gupta is an Assistant Professor of Obstetrics and Gynaecology at the University of Rochester, USA.

Role and experiences with the PCOS Guideline

I worked on the question, **“Are anti-depressants and anxiolytics effective for management and support of depression and/or anxiety or disordered eating in women with PCOS?”** There was only 1 additional study meeting inclusion criteria since the last Guidelines review. In this small study titled "Effect of sertraline on depression severity and prolactin levels in women with polycystic ovary syndrome: a placebo-controlled randomized trial", in both groups of patients with normal and high baseline prolactin levels, those who received sertraline had a significantly lower HDRS scores after treatment compared to the placebo group. Further studies are needed on this study question.

Working on the guideline was a wonderful experience. I learned to use new tools like Covidence, learned how to form and execute a search strategy and was able to collaborate with colleagues in Australia. The experience was invaluable and one I am grateful and humbled to be a small part of.



Dr. Snigdha Alur-Gupta

MD

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Dr. Mahnaz Bahri Khomami

Dr. Mahnaz Bahri Khomami has a midwifery background and graduated from her PhD on the topic of PCOS in 2020 at Monash University, Australia. She currently works as a full-time research fellow at the Monash Centre for Health Research and Implementation, Monash University.

Role and experiences with the PCOS Guideline

I am the ECR lead for the question, **“Are women with PCOS at increased risk of adverse pregnancy outcomes?”** My systematic review and meta-analysis found that women with PCOS are at increased risk of adverse pregnancy and birth outcomes including miscarriage, gestational diabetes, gestational hypertension, pre-eclampsia, caesarean section, preterm birth, intrauterine growth restriction and low birth weight. It is still unclear to what extent the increased risk of adverse pregnancy and birth outcomes in PCOS is attributable to obesity.

As a midwife, I would love to see all pregnant women are being looked after timely and properly; so that at the end, moms can hold their precious babies in their arms with no major health concerns of their own and babies’. Women with PCOS go through a lot to get a diagnosis and then to manage a variety of comorbidities associated with the condition. They always have a fear of having issues with fertility when it is the time and many actually have to deal with fertility treatments. I can imagine that they would be over the moon once they get pregnant. But they may not know that PCOS and its impact on pregnancy and birth outcomes are usually neglected in routine pregnancy care.

By working with the PCOS guideline team, I have been hoping to ultimately draw the attention of pregnancy health care providers to PCOS as a risk factor for adverse pregnancy and birth outcomes. If they consider PCOS as a risk factor for adverse outcomes, then they would actively seek the PCOS status and plan pregnancy care, appropriately.





Assistant Prof Jamie Laura Benham

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 University of Calgary
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Assistant Professor Dr. Jamie Laura Benham

Dr. Jamie Laura Benham is an Assistant Professor at the University of Calgary in the Departments of Medicine and Community Health Sciences. Her research focuses on the interplay between endocrine disease, physical activity and cardiometabolic health.

Role and experiences with the PCOS Guideline

Working on the guidelines has been a wonderful opportunity to collaborate with clinicians and researchers around the world who are passionate about PCOS.

I worked on the **Bariatric Surgery** section of the guidelines. We found that bariatric surgery improves anthropometric, hormonal and metabolic abnormalities in women with PCOS; however, the existing literature is limited comparing bariatric surgery to current recommended therapies in PCOS including lifestyle and pharmacologic therapy and examining reproductive health outcomes including pregnancy outcomes.

Dr. Helena Neven

Dr. Helena Neven is a medical doctor from the Netherlands, currently doing a PhD at Monash University (Supervisors A/prof. Jacqui Boyle, Prof. Helena Teede, Dr. Aya Mousa).

Role and experiences with the PCOS Guideline

For the guideline, I conducted a systematic review and meta-analysis on **Ethnic and geographic differences in prevalence of polycystic ovarian syndrome**. Although evidence of the impact of ethnicity on PCOS prevalence is scant, reports suggest differences across ethnic groups including increased PCOS rates among minoritized racial and ethnic groups such as Indigenous and North African and Middle Eastern women. Women with PCOS have also been found to have differences across racial/ethnic groups in PCOS phenotypes.

It has been a privilege to be able to contribute to the international guidelines and collaborate with international experts. Whilst the timelines were demanding, I learned a lot in a short period of time and enjoyed working closely with a highly skilled team. It has also been very interesting to get a 'behind the scene' of how the guidelines are developed and I am happy I have been a part of that.



Dr. Helena Neven BSc, MSc in Medicine [@Helena_Neven](#)

Monash University, Monash Health
 Australia



Genetics of PCOS: What's new?

BY JOOP S.E. Laven, M.D., Ph.D., REI and FRDCOG.

Introduction

It is already more than 10 years ago that the first GWAS on PCOS was published in Nature Genetics in 2011 identifying three loci at the short arm of chromosome 2 as well as one on the long arm of chromosome 9 that were significantly associated with PCOS¹. Genomic studies of PCOS have provided important insights into disease pathways and have indicated that current diagnostic criteria do not capture underlying differences in biology associated with different forms of PCOS².

GWAS Data:

In a second analysis of the same group in Han Chinese they were able to identify second independent signal at chromosome 2 near the FSHR gene. Altogether signals associated with PCOS showed evidence of enrichment for candidate genes related to gonadotropin and insulin signaling, sexual hormone function and type 2 diabetes. Other candidate genes were related to calcium signaling and endocytosis³. In the years that followed several other GWAS were published in different cohorts of European, North American and Korean ancestry either using NIH or Rotterdam consensus diagnostic criteria^{4,5,6}. After joining forces between the different groups in Europe and North America a large meta-analysis was published⁷. This analysis identified 3 novel loci and provided replication of 11 previously reported loci. Surprisingly, only one locus differed significantly in its association by diagnostic criteria using either NIH or Rotterdam definitions. Identified variants were associated with hyperandrogenism, gonadotropin regulation and testosterone levels, PCOM and ovulatory dysfunction in affected women⁷. In total, 19 loci significantly associated with PCOS risk have been identified via GWAS in Chinese and European cohorts, with one additional locus identified in a mixed cohort. Twelve loci have been replicated with genome-wide significance in more than one GWAS, with 6 across different ancestries².

A number of risk loci identified by these PCOS GWAS contain genes that had already been recognized as candidate genes for PCOS, namely the receptors for LH (*LHCGR*), FSH (*FSHR*), and insulin (*INSR*). The gene encoding the beta subunit of the FSH molecule (*FSHB*), is also at a well-replicated PCOS GWAS risk locus. Other loci that have been identified in or near genes are *THADA*, *DENND1A*, *HMGGA2*, *YAP1*, *RAB5B*, *SUOX*, *ERBB3* and *RAD50*. Collectively, PCOS GWAS have substantially advanced our understanding of PCOS pathophysiology by identifying new candidate genes and by implicating various causal pathways, including gonadotropin secretion (*FSHB*) and action (*LHCGR*, *FSHR*), androgen biosynthesis (*DENND1A*), metabolic regulation (*THADA*, *INSR*, *HMGGA2*), follicle development (*HMGGA2*, *YAP1*), and age of menopause (*FSHB*, *RAD50*)².

Mendelian Randomization

Since, genetic alleles are randomly allocated during gamete formation and are not influenced by subsequent environmental exposures or reverse causation. Genetic variation can therefore serve as proxy variants for inferring the extent to which a disease is caused by an environmental exposure in an approach called Mendelian randomization. The latter can also be used to determine whether the effects of disease-associated variants independently influence disease risk or whether they are mediated through certain confounders. In PCOS reproductive and metabolic abnormalities are interrelated and the primary defect(s) remains unknown². The accumulation of genome-wide association studies in PCOS has enabled multiple MR analyses identifying factors that may cause PCOS or be caused by PCOS. This knowledge will be critical to future development of measures to prevent PCOS in girls at risk as well as prevent complications in those who have PCOS⁸. Mendelian randomization studies have suggested that obesity, testosterone levels, fasting insulin, serum sex hormone-

binding globulin concentrations, menopause timing, male-pattern balding, and depression may play a causal role in PCOS. In turn, PCOS may increase the risk of estrogen receptor-positive breast cancer, decrease the risk of endometrioid ovarian cancer, and have no direct causal effect on type 2 diabetes, coronary heart disease, or stroke⁸.

Linkage disequilibrium score regression

GWAS remain susceptible to confounding from population stratification and cryptic relatedness among samples. The net confounding bias from these effects can be estimated using LD score regression and the latter approach revealed genetic correlations with obesity, fasting insulin, type 2 diabetes, lipid levels and coronary artery disease, indicating shared genetic architecture between metabolic traits and PCOS⁷.

From Phenotype to Genotype:

PCOS is generally referred to as a very heterogeneous syndrome. Hence, genetic heterogeneity in a disease is the notion that different sets of biological aberrations in different individuals can lead to convergent phenotypes under the same clinical diagnosis. The inclusion of genetically discrete disorders within one disease cohort would significantly compromise the power of disease association studies and could account for missing heritability by masking true allele effects². It has been suggested that there are subtypes of PCOS, a leaner type with increased LH/FSH ratios and a heavier type with insulin resistance. However, there have been limited objective assessments of putative PCOS subtypes. Cluster analysis has been previously performed on PCOS quantitative traits but there has been no validation that the clusters thus identified were biologically relevant². Using anthropometric, reproductive, and metabolic data from multiple, independent PCOS cohorts, two reproducible subtypes that had distinct phenotypic characteristics have been identified recently. One cluster constitutes a reproductive group characterized by higher LH and SHBG levels with relatively low BMI and insulin levels.

The second cluster constitutes a metabolic phenotype characterized by high BMI, glucose, and insulin levels with lower LH and SHBG levels⁹. Subsequent GWAS, using a data subset from our European PCOS GWAS, revealed novel loci significantly associated with each subtype. Moreover, these new loci included genes with putative functions in pathways relevant to PCOS⁹. In contrast to the genuine PCOS diagnostic criteria that do not result in genetically discrete phenotypes, these reproductive and metabolic subtypes appear to identify distinct genetic architectures and therefore promise to be more biologically relevant to PCOS².

Conclusions:

PCOS can no longer be dismissed as a perplexing vicious cycle of hormonal disturbances. Its phenotypic and genetic heterogeneity clearly indicate the need to shift away from PCOS diagnosis based on expert opinion and bio-parameters to criteria based on genetically driven biologic mechanisms. By deconstructing the syndrome into such core components, genomics is leading the transition toward precision medicine for PCOS².

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SPOTLIGHT ON RESEARCH LEADER

An Interview with Professor Juha Tapanainen

MD PHD

University of Helsinki and Helsinki University Hospital, Finland



Professor Juha Tapanainen worked at the Department of Obstetrics and Gynecology, Helsinki University/Helsinki University Hospital 2012-2022. Earlier he worked as professor and chairman at Oulu University Hospital where he also started his research career. 1984-1985 he was postdoctoral fellow (NIH) at the University of California San Francisco with prof. Robert Jaffe and visiting scientist at Stanford University 1991-1993 with prof. Aaron Hsueh. The main clinical activities have focused on endocrinology, infertility and andrology. His research interests in the clinic are PCOS, gestational diabetes, insulin resistance, gonadotropin receptor mutations and infertility. In the basic research the main topics are the regulation of ovarian and testicular endocrine function, genetic causes of female infertility and gonadal models using embryonic stem cells. He has published over 250 research articles with a GS H-index of 80. Juha Tapanainen is the former chairman of European Society of Human Reproduction and Embryology, former president of the Finnish Gynecological Association and the Finnish Endocrine Society, and has served as member of International Affairs Committee of ASRM, NFOG Executive Committee and Board of EBCOG, and as assistant secretary and treasurer of IFFS.

Q1. What is the biggest factor that has helped you in your career? What are your success habits?

He describes not giving up and the courage to move into new research areas as the biggest factors that have helped him in his career. He says that he was very successful in choosing institutes for postdoc and visiting researcher periods, which made it possible to learn new molecular biology methods and later apply them to clinical research. He considers team work with excellent students and collaborators to be particularly important, which has made fruitful research work possible.

Q2 What is the best piece of advice you have received in your career? What advice do you wish someone had told you when you just started your career?

Perhaps the best advice or lesson I received is related to an observation that started with my idea. When I wasn't satisfied with the order of the authors in the publication, an experienced professor told me that the idea is not enough, someone also has to implement it. Back then, as a young researcher, it didn't seem fair, but now I don't criticize anymore.

Q3 What mistakes have you made along the way?

I have made several mistakes in my career, many of which have been failures in choosing work methods. I would focus even more on the important things and neglect the less important ones or not do them at all. If a project or task feels mediocre already in the planning phase, it will probably not become a success story.

Q4 What was the hardest decision you ever had to make?

The most difficult decision is related to the move from Oulu University Hospital to Helsinki. The decision to apply for a new position was quite easy, but leaving a familiar, safe and very friendly work environment was hard.

Q5 What have you been most proud of?

I have been most proud of my own students' success both professionally and in their personal lives.

MEMBER ENGAGEMENT

We are pleased to share news from our members:

Prof Michael O'Reilly and Dr. Marie McIlroy
RCSI Education & Research Centre, Ireland

Seed funding has been awarded to Prof Michael O'Reilly and Dr. Marie McIlroy by the Royal College of Surgeons in Ireland (RCSI) to develop a novel model for the study of the metabolic consequences of androgen excess in women. Together with industry partner Inventia, the team will develop a 3D bioprinted muscle model to explore the impact of androgen excess on skeletal muscle energy metabolism in women with PCOS. Patient derived muscle biopsies will undergo bioprinting and differentiation, and impact of androgen exposure on mitochondrial function will be delineated using state of the art methodology.

Read more here: <https://androgensinhealthanddisease.eu/development-of-a-novel-3d-bioprinting-model-to-explore-skeletal-muscle-energy-metabolism-in-women-with-pcos/>



Dr Mosammat Rashida Begum
Infertility care and research centre, Bangladesh

Congratulations to Dr. Begum being awarded an honorary FRCOG during the Dec 2022 Royal College of Obstetricians and Gynaecologist ceremony. This award is based on high academic achievement, research activities, extraordinary contribution to the improvement of women's health, high proficiency in clinical works and teaching.



CONSUMER ENGAGEMENT



Since 2021, the Waterloo Foundation has been supportive of the AEPPOS Society with over \$30,000 in gift funding annually towards early career investigator support and patient advocacy in PCOS. Kelly Hubble Ph.D. is the manager of the Child Development Fund at TWF and a member of AEPPOS. We invited her to give us more information about TWF and its mission/goals.

The Waterloo Foundation has been very generous in its support of the AEPPOS society, so we want to express our gratitude for that. Can you give us an idea of the history and objectives of TWF overall?

The Foundation was set-up in 2007 by our founding and current Trustees, Heather and David Stevens. Heather and David were part of the small team which launched the insurance group Admiral in 1993 in Cardiff. They set up the foundation with a personal endowment after the successful floatation of the company on the London Stock Exchange.

Since then, we have awarded more than £130 million of funding in support of our charitable objectives.

We are most interested in projects that help globally, with a particular focus on the disparity of opportunities, wealth and the unsustainable use of the world's natural resources. To that end, our main programmes schemes are in the area of World Development and Environmental activities. But we also have a strong interest in funding projects in Wales where we are based and in Child Development, supporting research into neurodevelopmental disorders, disseminating this information and supporting local charities who work with children with developmental conditions.



Dr. Kelly Hubble
Child Development Fund Manager

How long have you been with TWF and what is your current role?

I have been with the Foundation since 2016 and am the Child Development Fund Manager. I completed my PhD at Cardiff University in 2015 with a focus on emotional processing in ADHD and was lucky enough that my PhD supervisors was a grantee of the Foundation so she recommended the job post to me!

As part of this fund we run five open research calls into specific interests in the Child Development field every year. It is my job to manage this process, complete the internal and organise external reviews of the proposals, make recommendations to Trustees for funding and monitor and support ongoing grants. This takes up approximately 70% of my funding budget, the rest is typically used to support dissemination activities and charities working with service users locally.

We recognize that TWF has not traditionally supported PCOS organizations/research in the past. What triggered the interest in this field from the foundation?

As an independent family foundation, we have the flexibility to focus our funding on areas of interest to us and traditionally we have tended to focus funding on underfunded areas. That is exactly how the Child Development fund was set up in the first place, because of a specific family interest in learning more about Rolandic Epilepsy, neurodevelopment and child brain development in general. And within our miscellaneous research grants we have also funded dementia and menopause research projects – I guess this links to our interest in women’s health in general and reducing the research disparity here as well! So this is what led to the focus on PCOS. For a very small organization it was something that appeared to be affecting a number of colleagues and family/friends of the Foundation so was an area we wanted to look at more and, as you and your members well know, it is also underfunded and misunderstood!

What do you see as the biggest areas for investigation in PCOS that TWF is interested in developing?

I don’t feel there is one main area we want to focus on as such. Ultimately the goal would be to improve understanding of the etiology of the disorder to improve treatment options and prevention. But we are keen to look at all of the pieces of the puzzle and the areas that affect women most so areas such as the diagnosis process and support and policy as well.

Does TWF provide direct funding to patient organizations?

Yes we do, however, whilst our research support is international our more practical support for patient groups is typically focused to Wales and the rest of the UK.

Thank you so much for talking with us and for your generous support of the AEPPOS Society and its mission!

CALENDER OF EVENTS

AE-PCOS Scientific Update Meeting: 14th June 2023, Chicago, USA

ENDO Society: 15-18 June 2023 Chicago, Illinois

ESHRE Annual Meeting: 25-28 June 2023, Copenhagen, Denmark

AEPPOS Annual Meeting: Oct 5-7 Rotterdam, Netherlands

ASRM 14-18 October 2023, New Orleans, USA

Controversies in Gynaecology, Obstetrics and Infertility: 23-25 November 2023, Vienna, Austria

CALL FOR NEWSLETTER CONTENT

Share with us any news or announcements.

We want to hear from you!

Interested members please email newsletter@ae-society.org.

Use the subject line “Member engagement”.

We suggest the content to be around 200-300 words with 1-3 accompanying images

AE PCOS Society is happy to announce the Waterloo Foundation AEPCOS Award



Award: 45,000 USD which will fund 3 projects at a max 15,000 USD/project.

Application Deadline: August 10th, 2023

Purpose

- The objective is to help AEPCOS Society members that are early career researchers (postdocs or doctoral investigators including MD PhD students) to get excellent research experience to perform independent basic or clinical PCOS research and encourage them to remain in the field.
- The project grant will provide support for consumables/other research costs to enable early career researchers to carry out the best possible basic and or clinical PCOS research project.
- Funds can be used flexibly to provide salary support where full justification is made. For such applications, a letter must be included from the researcher's institution assuring that, if funded, the AEPCOS Society would not carry any contractual liability to the researcher.

Eligibility

- Applicants should be doctoral investigators including MD and PhD students or post-doctoral researchers within 5 years of terminal training.
- Applicants must become a member of the AEPCOS Society prior application's deadline. Join today: <https://ae-society.org/membership/#regular>
- Applicants who have received funding in the past may apply again under the grant scheme however subsequent applications will be assessed in open competition with other applications and further funding is not guaranteed.
- Previous awardees will need to demonstrate that a past grant has been used productively and has led to publication and/or funding applications elsewhere. Previously unsuccessful applicants are encouraged to reapply.
- To ensure fairness, no more than one grant will be awarded to the same research team.
- Published work resulting from the Project Support Grant should clearly acknowledge the Waterloo Foundation PCOS Award.

Visit the <https://ae-society.org/> for detailed instructions

We are looking forward to seeing you in person at the next meetings:

AE-PCOS Scientific Update Meeting:

June 14 2023, Chicago, IL, USA



Body composition in PCOS as part of ENDO 2023

REGISTER: [at Endo Society](#)

Save the date for the annual AE PCOS meeting entitled:

Twenty years after the 2003 Rotterdam PCOS consensus



More information at: <https://ae-society.org/meetings/>