

NASPAG Advocacy Statement on Renaming PCOS as PMOS:

Polyendocrine Metabolic Ovarian Syndrome

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) welcomes the renaming of polycystic ovary syndrome (PCOS) to polyendocrine metabolic ovarian syndrome (PMOS)¹ as a meaningful step forward for adolescent health.

NASPAG is a multidisciplinary organization dedicated to advancing the reproductive health of young people through evidence-based care, education, research, and advocacy.

PMOS affects 6–8% of adolescents worldwide^{2,3} and accounts for a substantial proportion of menstrual and hormonal concerns in this age group. A recently published global consensus process formally proposes renaming PCOS to PMOS, following international collaboration with input from more than 14,000 health professionals and patients worldwide. Patients aged 18 and older were included in the consensus process, a precedent that NASPAG encourages expanding to adolescent participants and their families in future research, to ensure the lived experience of younger patients is captured in ongoing work. Shifting the focus away from ultrasound findings and ovarian morphology also aligns with evidence-based adolescent diagnostic guidelines and reduces the risk of inappropriate labeling or unnecessary imaging for adolescents, for whom polycystic ovarian morphology can be a normal developmental finding and is not a diagnostic criterion.

The term "polycystic ovary syndrome" directed clinical attention narrowly toward the ovary rather than the broader endocrine dysfunction that characterizes the condition. By highlighting the multiple endocrine pathways, PMOS more accurately conveys the effects on metabolic, reproductive, dermatological, and psychological systems. This can promote earlier cardiometabolic screening and intervention, a priority in adolescent care where early identification meaningfully alters long-term health trajectories. The new framing also strengthens the rationale for integrated multidisciplinary clinical care, and positions the condition to attract research investment across multiple disciplines, rather than siloing it within reproductive health. At the same time, we acknowledge that changing terminology can create confusion or even feelings of invalidation for some individuals carrying this diagnosis and recognize that the term "PCOS" may still be appropriate to use in certain clinical settings, in which it may be preferred and/or better understood by patients and families.

NASPAG supports the global implementation strategy for the transition from PCOS to PMOS¹, with the shared goal of improving patient care, policy, and research. We call on our members, partner organizations, and health systems to adopt the new terminology, and we encourage intentional inclusion of adolescents in future research and consensus processes.

1. Teede HJ, Khomami MB, Morman R, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. *The Lancet*. 2026;0(0). doi:10.1016/S0140-6736(26)00717-8

2. Neven ACH, Forslund M, Ranashinha S, et al. Prevalence and accurate diagnosis of polycystic ovary syndrome in adolescents across world regions: a systematic review and meta-analysis. *Eur J Endocrinol*. 2024;191(4):S15-S27. doi:10.1093/ejendo/lvae125

3. Peña AS, Witchel SF, Boivin J, et al. International evidence-based recommendations for polycystic ovary syndrome in adolescents. *BMC Med.* 2025;23(1):151. doi:10.1186/s12916-025-03901-w