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FORTHCOMING AEPCOS MEETINGS

- AEPCOS update meeting, Endocrine Society Meeting, March 16, 2018, Chicago, IL, USA
- 16th AEPCOS Annual Meeting, September 23-25, 2018, Stockholm, Sweden
- 2nd MIDDLE EAST AEPCOS Meeting, October 25-26, 2018, Amman, Jordan
On the occasion of his Lifetime Achievement Award, to be presented at the upcoming AEPCOS meeting, we interviewed Dr. Walter Futterweit, MD on his career caring for women with PCOS. He completed his M.D. at the New York University School of Medicine, followed by internship at Beth Israel Hospital, Internal Medicine residency at Montefiore and Medical Endocrinology fellowship at Mount Sinai, where he has since been a Clinical Professor and Chief of the Mount Sinai Endocrine Clinic for more than 20 years. He has nearly a hundred peer-reviewed journal articles, book chapters and other publications, and served as prior President of the AEPCOS Society.

What follows is a lightly edited transcript of a portion of our conversation:

Could you describe your practice currently and over the past few years?

Currently, I'm ready to retire. I'm giving my practice primarily over to the Mount Sinai Medical Endocrinology Division. After, I may still continue to attend at clinic, and will also attend lectures and other didactic events, but I will officially stop seeing patients on December 1. Over the past few years, my practice has been about 2/3 PCOS, and then the rest are the usual mix of thyroid, osteoporosis, hypercalcemia, and diabetes mellitus.

How did you first get interested in PCOS?

Part of the story is on my website (http://www.walterfutterweitmd.com/introduction), but when I first started practicing in 1965, I was seeing patients for my Chief. We had 3 patients at one time with the same presentation of being heavy, hirsute and with erratic menses. In other words, the typical findings of what we then called Stein-Leventhal syndrome. I became particularly interested in this area. Later on, in collaboration with my good friend Ricardo Azziz, we were interested in the opposition to the Rotterdam criteria. This was around the time the AEPCOS Society was getting started, and I helped to write a number of the early papers put out by the Society. Most recently, we had noted a high incidence of hyperprolactinemia in PCOS patients, present in 20-25% of cases. There is a building literature, at least 20 articles on this topic, and it's an area I'm working in now.

What do you think is the most interesting lingering question in the field?

I think the genetic factors. The fact is that the Society wrote a paper a long time ago regarding the relevance of mothers' history in the PCOS patient. We reported the findings that a number of women had early heart disease, stroke, insulin resistance, lower abdominal and pelvic fat. Though the ultimate consequences are still an argument, if you look at a number of Scandinavian studies that seem to show the risks not being too high over time, but the literature needs to go into more detail. Then we can be vigilant for knowing what early entities have to be looked for, in patient and siblings, who have a high rate of also having PCOS. Mothers do seem to represent what may happen to daughters in their later years, and we need to know what we can do to delay disease. Working together across institutions to put together a large longitudinal patient cohort will help answer this question.
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On 13 December, Dr. Futterweit was again honored at a dinner in New York, attended by fellows and colleagues including Drs. Richard Legro, Andrea Dunaif, Sharon Oberfield and Patricia Vuguin, members of our society.

Congratulations Dr. Futterweit on your lifetime achievement award!
When I accepted my first academic position almost nine years ago, I was so tremendously excited for what lay ahead. I had been recruited to an exceptional institution with a long history of excellence in academia and service. I was excited to begin contributing to that tradition. The years that have followed have certainly been challenging. Trying to find the right balance to succeed in both teaching and research takes time, trial and error and a fierce determination. I hadn’t anticipated that success would come easily but I also hadn’t anticipated the number of obstacles that I would face in trying to establish my program. The specifics of the journey to establishing a successful program in our field will be different for all – but I think thematically we will all share in many of the same highs and lows along the way. If I could offer some advice, it would be:

1) **Embrace rejection** – a lot of it. Securing funding is at the core of building and sustaining your research program. Paylines are tight (to put it mildly) and it is inevitable that you will have many more proposals rejected than funded. There is no place for an ego when you’re starting off and in my opinion, there really is no choice but to use the feedback you receive on your work in a productive way. I have been both devastated and uplifted by the comments that I’ve received over the years. In large part because I have felt a real commitment by reviewers to challenge the creativity of my thinking, to push me out of my comfort zone, to steer me in the “right” direction – however unexpected. In this way, the rejection has actually helped to build my confidence as a scientist. Had I not been open to the criticisms, I could have easily been convinced that my ideas lacked merit. They didn’t – I just needed to build upon them and package them in the right way.

2) **Introduce yourself** – to everyone. Use every opportunity to network even if makes you uncomfortable. Meeting and interacting with others working in the field helps to inform your research program in critical ways. It gives you an opportunity to discuss your work, exchange ideas and gain perspectives from others that help to expand the relevance and reach of your work. Talking to people also fosters opportunities for collaborations which junior scientists need in order to build credibility. Being actively involved in your professional societies is also significant. This type of service builds your leadership potential and gives you the opportunity to work alongside senior experts to help build the current and future research agenda for your field. Ultimately, it is important that people know who you are, what you do and that you committed to the success of your field – so put yourself out there.
3) **Find a mentor** – or three. I have been exceptionally lucky to have felt supported by real giants in the field. They read my work, offer criticisms and guidance, promote me and my research, open doors to opportunities where I would otherwise be overlooked. They serve as collaborators on grants, write letters of support, provide encouragement in the face challenges and share in my successes with a sincerity that comes from a real place of empathy. Their commitment to help build the next generation of scientists and practitioners is inspiring and their support has helped to fuel my passion for this field. You certainly need passion to succeed in academia. These relationships are an incredibly rewarding way to maintain that spark.

I fully admit that these tidbits of advice are not riveting – rather I consider them tried-and-true. I encourage those of you in the trenches with me to forge ahead with great optimism. It’s exceptionally gratifying to be a part of this field and to contribute to discoveries that positively impact the health and well-being of women with androgen excess disorders.

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**Establishing a research program in PCOS**

(Continued)
A recent commentary published in the BMJ by Copp et al raised concerns about significant over diagnosis of PCOS and recommended that clinicians consider delaying diagnosis and treating symptoms. This sparked considerable concern among women with PCOS and clinicians who partner in their care. A response was jointly developed for BMJ and the Medical Journal of Australia in partnership between consumers and clinicians.

Here we interviewed Prof Helena Teede regarding these papers and the controversy surrounding the issue of PCOS over or under diagnosis.

Why have you responded to this initial manuscript?

There were four key concerns that prompted our joint clinician, consumer response to the Copp et al BMJ article i) an unbalanced portrayal of over and under diagnosis in PCOS ii) the recommendation not to make a diagnosis in adult women with PCOS and simply to treat symptoms, which is contrary to principles of education and patient self-empowerment iii) misinterpretation of the impact of Rotterdam criteria on prevalence and iv) the potential for the article to cause confusion and delay diagnosis for affected women even further.

To expand on the above, an original study by Copp et al in Human Reproduction prompted their recent BMJ commentary. Copp et al and other Australian investigators studied a population of asymptomatic healthy university students, women who are not representative of those with PCOS. They provided a simple clinical scenario of increased hirsuitism and irregular cycles for a few months and studied responses to being given a diagnosis of PCOS or being reassured around "hormonal imbalance", but not diagnosed with PCOS. This artificial scenario cannot be taken to be reflective of the impact or diagnosis experience of women affected by PCOS. Indeed studies in women with PCOS have failed to show distress with diagnosis. The Copp et al BMJ manuscript was written from an over diagnosis perspective, however it lacked a balanced view of current literature which demonstrates overwhelming delays in diagnosis and dissatisfaction with diagnosis experience. The article also recommended clinicians consider delaying diagnosis and treating symptoms, which whilst appropriate transiently in adolescents and consistent with evidence based guidelines, is inconsistent with modern clinical practice of informing women of a diagnosis and individualising advice on potential risks and treatments. There were also some concerns over the BMJ article potentially misinterpreting increased PCOS prevalence citing an increase from 5% to 21% with the transition to Rotterdam criteria. However the authors did not recognise that the 21% prevalence was reported in a high risk population, where 15% would have met original PCOS NIH criteria. Overall our main concerns were that the already delayed and difficult process or diagnosis was going to be made more challenging for affected women.
What are some legitimate perspectives made by the authors?

The authors:

- Align with recommendations in adolescents for a watchful waiting approach to diagnosis
- Recommend further research is needed
- Highlight that some women diagnosed on Rotterdam criteria may not have significant long-term health sequelae.
- We all look forward to more research and translation to enable us to avoid potential over diagnosis in adolescents and to optimise diagnosis and care for those women in whom diagnosis is constructive and enabling.
Our 15th Annual Meeting of AE-PCOS was held at the quaint and hospitable Valencia Riverwalk Hotel in San Antonio, Texas. The location was perfect: next to the Alamo and right on the famous Riverwalk. The program of the meeting included “Meet the Professor” sessions, invited lectures, research updates, presentations of abstracts by young investigators and a lively debate on whether the ovary is the villain or the victim in the pathophysiology of PCOS.

The main AEPCOS award, the Ricardo Azziz Distinguished Career Award, was presented to Rogerio Lobo, Professor of Obstetrics and Gynecology at Columbia University, New York, and a previous President of AEPCOS Society.

Dr. Walter Futterweit received the new AE-PCOS Lifetime Contribution Award that acknowledges the professional lifelong activity on androgen excess disorders.
Finally, the 2017 Azziz Baumgartner Young Investigator Travel Awards for better abstracts presented by young investigators were given to Noel Yat Hey Ng from Hong Kong and to Pedro Torres from San Diego.

AEPCOS Course at ASRM Annual Meeting

October 29, 2017, San Antonio, Texas, USA

The 2017 ASRM Scientific Congress & Expo was held in San Antonio, Texas from October 28 through November 1.

As agreed, the Pre-Congress course on PCOS was organized by the AEPCOS. The course was specifically dedicated to “Practical Management of Polycystic Ovary Syndrome: From Fertility to Long-term Health”, and was chaired by Kathleen M. Hoeger, M.D., M.P.H., with Heather Huddleston, M.D., Anuja Dokras, M.D., Ph.D., and Deborah B. Horn, D.O., M.P.H.

A special AESIG meeting was held, too, and was chaired by Robert Wild, from Oklahoma City, OK, USA, who was nominated by AEPCOS as President of AESIG in 2017.
FORTHCOMING MEETINGS

- Androgen Excess and PCOS Update Meeting: AMH and Developmental Origins of PCOS
  - March 16, 2018, Chicago, IL, USA
  - Immediately preceding the Endocrine Society Annual Meeting
- Dubai AEPCOS Update Meeting
  - April 27, 2018, Dubai, UAE
- 16th Annual Meeting of the AE-PCOS Society
  - September 23-25, 2018, Stockholm, Sweden
- AEPCOS Course at ASRM Annual Meeting
  - October 6, 2018, Denver, Colorado, USA
- 2nd Middle East AEPCOS Meeting
  - October 26-27, 2018, Amman, Jordan

You may get more details of the meetings sending an email to: enrico.carmina@aepcos.org or at our website: www.ae-society.org