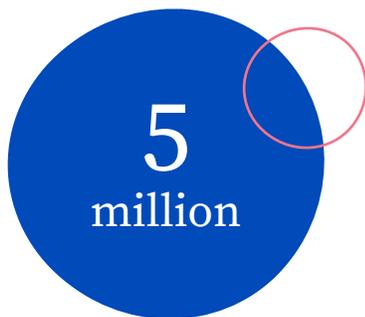


# Polycystic ovary syndrome (PCOS)



PCOS is a complex condition with serious implications for your patients, and accurate diagnosis is key to improving care and outcomes. Our multidisciplinary approach brings you a PCOS diagnostic profile that reflects multiple guideline recommendations.

PCOS is the most common endocrine disorder affecting reproductive-aged women and is one of the most common, but treatable, causes of infertility.<sup>1</sup> For this reason, it is often diagnosed when women have trouble getting pregnant. However, PCOS may begin soon after the first menstrual period and is a lifelong metabolic syndrome.



Estimated number of US women with PCOS<sup>1</sup>

**Diagnosis of PCOS:** Several guidelines suggest using the Rotterdam criteria or variations of that for the diagnosis of PCOS.<sup>2,3</sup> This is defined by the presence of two out of the three following criteria: menstrual irregularity, clinical and/or biochemical hyperandrogenism, or polycystic ovaries on ultrasound. In adolescents, both menstrual irregularity and hyperandrogenism are required, and ultrasound is not recommended for diagnosis.<sup>2</sup>

Guidelines also recommend certain testing to rule out other endocrine disorders with similar presentation including thyroid disease, prolactin excess, and nonclassical congenital adrenal hyperplasia (CAH).<sup>4</sup> In some women, additional diagnoses should be considered and ruled out such as Cushing's syndrome, androgen-secreting tumors, and other disorders associated with androgen excess.<sup>4</sup>

**After Diagnosis:** Once diagnosed, assessment and management of reproductive, metabolic, and psychological features is vital to patient care. Many significant comorbidities are associated with PCOS, and clinical management may span across several types of healthcare providers and specialists.

## Impacts of PCOS<sup>1,5</sup>

- Irregular menstrual cycles
- Painful menstrual cycles
- Infertility
- Gestational diabetes
- Preeclampsia
- Insulin Resistance
- Diabetes
- Heart disease
- High blood pressure
- Sleep apnea
- Stroke
- NAFLD/NASH

Measurement of testosterone in women should be performed by liquid chromatography/tandem mass spectrometry (LC/MS)<sup>6</sup>

**Method Matters:** Because women and children have lower levels of testosterone, it is important to utilize the more sensitive liquid chromatography/tandem mass spectrometry (LC/MS) methodology when measuring testosterone in these patients. This method provides more reliable results and is recommended by the Endocrine Society.<sup>3,6</sup>

**One panel—many answers. Your clear, multidisciplinary approach to PCOS.**

We recognize the challenges facing healthcare providers. We strive to be an extension of your team, and to help you care for your patients. To assist you in ordering the recommended testing by the appropriate methodologies, we've created a PCOS Diagnostic Profile.<sup>2,4</sup>

Test Name	Test No.
PCOS Diagnostic Profile	<b>505550</b>
Components	Clinical Utility
Testosterone Total, LC/MS-MS	Identify biochemical hyperandrogenism
Testosterone Free, Equilibrium Dialysis	Identify biochemical hyperandrogenism
Dehydroepiandrosterone Sulfate (DHEA-S), LC/MS-MS	Identify biochemical hyperandrogenism and rule out androgen-secreting tumor
Sex Hormone Binding Globulin (SHBG)	Identify biochemical hyperandrogenism
Anti- Müllerian Hormone (AMH)	Reflect ovarian follicular reserve
17-OH Progesterone, LC/MS-MS	Rule out nonclassical CAH
Prolactin	Rule out prolactin excess
Thyroid Stimulating Hormone (TSH)	Rule out thyroid disease
Luteinizing Hormone (LH)	Rule out hypothalamic amenorrhea and primary ovarian insufficiency
Follicle-Stimulating Hormone (FSH)	Rule out hypothalamic amenorrhea and primary ovarian insufficiency
Estradiol, LC/MS-MS	Rule out hypothalamic amenorrhea and primary ovarian insufficiency

**References**

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Guidance from the American Association of Clinical Endocrinologists recommends that all women with PCOS be tested for components of metabolic syndrome including glucose intolerance, dyslipidemia, and nonalcoholic fatty liver disease.<sup>7</sup> Labcorp offers a comprehensive test menu to assess cardiometabolic risk.

Test Name	Test No.
<b>Glucose Intolerance/Diabetes</b>	
Glucose, Plasma	<b>001818</b>
Glucose Tolerance Test (GTT), Two-hour (Oral WHO Protocol)	<b>101200</b>
Hemoglobin (Hb) A1C	<b>001453</b>
<b>Dyslipidemia</b>	
Lipid Panel	<b>303756</b>
NMR LipoProfile® With Lipids and Insulin Resistance Markers (Without Graph)	<b>884000</b>
<b>NAFLD/NASH</b>	
FIB-4 With Reflex to Nash FibroSure®	<b>402070</b>
NASHnext™	<b>504960</b>

Please refer to our online test menu at [Labcorp.com](https://www.labcorp.com) for additional test options.



For more information about PCOS and our testing options, visit [Labcorp.com/tests/505550/pcos-diagnostic-profile](https://www.labcorp.com/tests/505550/pcos-diagnostic-profile).

