May 2026

Terminology Update

Polycystic Ovary Syndrome (PCOS) renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS)

Polycystic ovary syndrome (PCOS) — the name given to the most common endocrine condition affecting one in eight reproductive-aged women — has long been recognised as inaccurate and misleading. Following an unprecedented global consensus process culminating in May 2026, the condition has been renamed polyendocrine metabolic ovarian syndrome (PMOS).

In 2023 when the International Guideline was published, the condition was referred to as Polycystic Ovary Syndrome (PCOS). In May 2026, the International Guideline was updated with the new term, Polyendocrine Metabolic Ovarian Syndrome (PMOS), formerly PCOS, or PMOS/PCOS. The recommendations and content in the guideline remain unchanged. The next International Guideline in 2028 will incorporate PMOS as standard terminology. This summary explains the rationale for change, how the new name was determined and implementation of the new name in practice.

Why the name needed to change

PCOS was named in the 1930s based on a surgical finding — the appearance of multiple small fluid filled sacs on the ovaries. Decades of research have since confirmed that the condition extends far beyond the ovaries, encompassing multiple interacting endocrine and metabolic systems. The original name created harms:

- Scientific inaccuracy: 'Polycystic ovary' implies pathological ovarian cysts, which are not a feature of the condition. The ovary appearance on ultrasound reflects arrested follicular development, not cyst formation.
- Delayed diagnosis: Up to 70% of affected individuals remain undiagnosed, with confusion arising from the narrow ovarian focus of the name contributing to missed or delayed recognition of diverse features.
- Fragmented care: The reproductive-centric framing obscures the metabolic, cardiovascular, dermatological and psychological features of the condition, leading to fragmented assessment and management.
- Stigma: A reproductive-focused name reinforces stigma — particularly in sociocultural contexts where fertility carries high value — and has been reported by many individuals as a source of distress.

In 2012, the US National Institutes of Health Evidence-based Methodology Workshop formally recommended a name change. The 2023 International Evidence-based PCOS Guideline— reaffirmed this, noting that the name 'is a distraction and should be changed.' Despite strong rationale and repeated advocacy, previous renaming efforts stalled due to a lack of global leadership, absence of a coordinated international consensus process, and no agreement on an alternative name.

How the name was changed: The consensus project

This was the first time a medical condition has been renamed through such a comprehensive, transparent, globally representative process. Led by Monash University's, Monash Centre for Health Research and Implementation (MCHRI), Androgen Excess and Polyendocrine Metabolic Ovarian Syndrome Society (AE-PMOS Society) and Verity (a UK patient advocacy group), the process engaged 56 leading professional and patient organisations. The name change journey took 14 years of global collaboration between experts and those with lived experience.

The process captured the voices of women and health professionals globally creating a mandate for change. Multiple global surveys in many languages attracted 22,000 responses from all world regions. Survey responses informed online workshops with people from all world regions. These established shared principles, the agreed approach, preferred terms and ultimately the top ranked name that was accurate, acceptable, and culturally appropriate. Methods included modified Delphi surveys, nominal group technique workshops, and professional marketing and branding analysis.

Key stages of the process included:

- Governance and funding established (September–December 2024) with an international steering group and 56 engaged organisations
- Two global Delphi surveys (Survey A: April–October 2025; Survey B: January 2026) identifying naming principles, preferred approaches, and key terms
- Two international nominal group workshops (Workshop A: November 2025; Workshop B: February 2026) with ~90 participants from all world regions, each including people with PCOS and multidisciplinary health professionals
- Marketing and branding analysis by a global marketing agency highlighted the preferred evolutionary (rather than revolutionary) rebranding approach
- Principles and approaches were collectively agreed across scientific accuracy, ease of communication, avoidance of stigma, cultural and linguistic appropriateness, support for clinical care and research, and feasibility of implementation. Among those surveyed, 86% of people with PMOS and 71% of health professionals supported adopting a new accurate, symptom-based name over generic renaming or retaining the PCOS acronym.
- Consensus agreement on polyendocrine metabolic ovarian syndrome reached in February 2026; published in The Lancet, May 2026

What's in the new name: PMOS

Each word in polyendocrine metabolic ovarian syndrome was selected through rigorous evidence review and global consensus to accurately reflect the condition's pathophysiology:

BREAKING DOWN THE NEW NAME

POLYENDOCRINE
The condition involves multiple interacting endocrine disturbances — not a single-organ disorder. Hyperandrogenism (elevated ovarian and adrenal androgens), neuroendocrine abnormalities (increased GnRH pulsatility and LH), and insulin resistance with compensatory hyperinsulinaemia — present in 85% of those affected — all interact. The prefix 'poly' maintains a degree of continuity with the familiar PCOS acronym while improving scientific accuracy.

METABOLIC
Metabolic abnormalities are inherent to PMOS, from genetic origins to clinical manifestations. These include insulin resistance, obesity (particularly central adiposity), dysglycaemia, type 2 diabetes, dyslipidaemia, hypertension, and increased cardiovascular disease risk. Evidence confirms that the odds of composite cardiovascular disease, myocardial infarction and stroke are significantly elevated in those with PMOS compared to those without.

OVARIAN
Ovarian dysfunction remains a defining and diagnostic feature. Neuroendocrine disturbances disrupt ovarian steroidogenesis and impair follicular maturation, resulting in the characteristic follicular appearance on ultrasound, elevated anti-Müllerian hormone (AMH), ovulatory dysfunction, menstrual irregularity and infertility. 'Ovarian' was preferred over 'ovulatory' as it encompasses broader ovarian endocrine and paracrine function extending beyond the reproductive years.

Note: Psychological and dermatological features (depression, anxiety, acne, hirsutism, alopecia) are important but were not included as primary name terms, as these are largely secondary to the endocrine and other clinical features.

What's next: The Global Implementation Strategy

Renaming a common medical condition with an existing global footprint requires a structured, phased transition. A co-designed global implementation strategy — grounded in the Consolidated Framework for Implementation Research and Expert Recommendations for Implementing Change — is now under way. The strategy incorporates an embedded evaluation plan and is guided by a 3-year managed transition period.

Stage	Focus Area	Actions
STAGE 1	Publication & Academic Dissemination	This Lancet Health Policy publication, supported by commentaries, clinical reviews and updates to textbooks and educational materials.
STAGE 2	Global Media and Communications Strategy,,Resource Development and Dissemination	A coordinated global media strategy, including society media packs. Development and dissemination of co-design patient and health professional resources, implementation toolkits, in multiple languages across diverse platforms, and multimedia videos and animations. Development of a PMOS Resources Library to support consumers, health professionals, societies, with slide sets and resources for upcoming presentations/conferences/webinars.
STAGE 3	Global Curriculum Update	Global curriculum update - Update curriculum in University medical schools, resources and textbook updates.
STAGE 4	Health Care System Integration and policy alignment	Incorporation into electronic health records (SNOMED-CT), medical record vendors and engagement with government health on renaming and reclassification as an endocrine disorder.
STAGE 5	Research systems change	Engagement with research funders, journal editors, search databases and the pharmaceutical industry.
STAGE 6	International Classification	Formal engagement with WHO for integration into disease classification systems including ICD coding.
STAGE 7	Transition & Future Refinement	Managed 3-year transition period with monitoring, evaluation and refinement as scientific understanding evolves.
STAGE 8	Guideline Integration	Integration into the International PMOS Guideline at its 2028 update.

Key Implementation Considerations

- Language and culture: Meaningful translation is a priority, recognising that the reproductive implications of the name carry different significance across cultures and world regions.
- Transition period: 'PCOS' and 'PMOS' will co-exist for 3 years, with active communication strategies to manage the transition smoothly for patients, clinicians, researchers and health systems.
- ICD coding: Formal engagement with WHO is underway to integrate PMOS into the International Classification of Diseases, which is critical for epidemiological and funding systems.
- Guideline alignment: The International Evidence-based Guideline will adopt PMOS (formerly PCOS) now and adopt PMOS alone at its 2028 update, reflecting an updated evidence base throughout.
- Research and publishing: Journals, funders and regulators are being engaged to align research classification and publication processes with the new terminology.

Summary

The renaming of PCOS to PMOS marks a landmark moment in women's health — one that corrects decades of inaccuracy, reflects the full multisystem nature of the condition, and opens pathways to better diagnosis, care, research and outcomes for the more than 170 million people affected worldwide. The transition has global implications for women's health, health-care systems, policy, research coherence and patient experience.
For clinicians: the clinical features, diagnostic criteria and management approach remain unchanged. What changes is the name — and with it, the framing, awareness and understanding of what this condition is.

What's changed?

The International Guideline was updated with the new term, Polyendocrine metabolic Ovarian Syndrome (PMOS).

- The Introduction, Dissemination, Some Appendices have changed to the term PMOS.
- The recommendations and algorithms have changed to the term PMOS/PCOS as all the evidence synthesis and Guideline Development Group work was done when the condition was known as PCOS.
- No changes have been made to the Technical Report or Reference sections.
- The 2028 Guideline will use the term PMOS exclusively.