SPEAKER: So we have a multidisciplinary approach that we take at our clinic. And we've been doing this now for about 10 years and have found the patients to be incredibly grateful for it.

Our clinic involves multiple providers. We have a reproductive endocrinologist, a dermatologist, a psychologist, a nutritionist, and a genetic counselor. And other models that could be utilized that we haven't added are things like an exercise physiologist, or, if you're dealing with a very young population, adding a pediatrician, older population, you could bring in cardiologists. We do have a hepatologist, actually, that we work very closely with and refer patients to. And she was seeing patients with us for a while for the liver disorders. So I think that the sky's really the limit in what you could do with this model. But our model is really, right now, this group of providers.

So I'm going to just talk through some of the logistics of how the clinic works. So first of all, before patients even come in to see us-- and this is, like, actually one of the most important things and, I think, one of the things that makes the clinic successful-- we ask a lot of the patients. So first of all, we ask that if they're on some sort of hormonal medication-- specifically oral contraceptives-- or anti-androgen therapy, that they come off of it, at least for a month.

And this is because, for us to really make a very good diagnosis and assessment, the oral contraceptive can really hide the way things look. So it will suppress androgen levels and things like that. So we want to really start fresh with the patients, and give them a sense of whether we even think they have PCOS or not, and then take it from there.

The reason why it's important for us to make that diagnosis is that it's not that unheard of that someone comes to us and says, I was told when I was 18, I had PCOS and I've been on birth control pills ever since. And when we take a fresh look at it, once they've come off, they may not have it. So it definitely can be a label that sticks with people. And one of our goals is to just really do that initial assessment.

So they come off. They then do a complete laboratory panel once they've had that washout period. And they also complete a lot of questionnaires for us because we're really looking to collect information-- not just, you know, the basics about their general health, but we also are looking at sort of depression screening, eating behaviors, things like that.

For the first visit-- so there's two visits. So once they've done all this screening, they are scheduled for their first visit. And the first visit, they come in, and they meet with a reproductive endocrinologist. They get an ultrasound. We review all the labs. They see a dermatologist, and they see the genetic counselor to do a full family history.

After that meeting, we don't really tell the patient that much yet. It's a little bit of an unsatisfactory meeting because we have a-- basically, we tell them, you're going to come back next week, and we're going to go through everything.

But before that, what happens is at the end of clinic, all of the providers meet, and we come up with a comprehensive plan for each patient. So then they come back the next week, and they meet with the reproductive endocrinologist again so we can review everything that was decided at the team meeting and develop the plan with them. And then they also meet with a nutritionist and a psychologist.