Change Notification for the UK Blood and Tissue Services

Notification date 20 August 2026
Effective date 17 September 2026
Implementation To be determined by each Service

CN 29-2026

Polyendocrine metabolic ovarian syndrome (PMOS)

	Content changed	Type of change	Guidelines affected
1	Polycystic ovary syndrome (PCOS)	Renamed and updated entry	**Whole blood**
2	Fertility	Updated entry	**Whole blood**
3	Anti-androgens	Updated entry	**Whole blood**

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Note: this document indicates inserted and ~~deleted~~ text. This formatting will not apply in the published text.

1. Polyendocrine metabolic ovarian syndrome (PMOS) ~~Polycystic ovary syndrome (PCOS)~~

Guidelines affected	Reason for change
Whole blood	The entry has been renamed from 'Polycystic ovary syndrome (PCOS)' to reflect the new name for this condition. Essential and supporting information has been updated to amend references to the previous name, to clarify the assessment of donor eligibility, and to include additional information about the condition.

Essential information

Obligatory	If the donor has PMOS with associated ~~with complications such as~~ high blood pressure, diabetes, cardiovascular disease, hypercholesterolaemia, non-alcoholic fatty liver disease, ~~or obstructive~~ sleep apnoea, skin effects, fertility effects, psychological effects or any other features, refer to each ~~the~~ relevant entry.
Discretionary	A diagnosis of PMOS does not necessarily prevent donation. If the donor is eligible according to all other relevant entries, accept. ~~If otherwise eligible, accept.~~

Supporting information

See if relevant	• Acne • Alopecia • Anti-androgens • Blood pressure, high • Cardiovascular disease • Diabetes mellitus • Fertility • Hair removal • Hypercholesterolaemia

	• Laser treatment • Liver disease • Mental health problems • Pregnancy • Sleep apnoea • Surgery • Vitamins and other nutritional supplements • Weight loss medication
Additional information	Polyendocrine metabolic ovarian syndrome (PMOS) ~~*Polycystic ovary syndrome (PCOS)*~~ is a common ~~*endocrine*~~ condition ~~*affecting women*~~. It was previously known as polycystic ovary syndrome (PCOS). ~~*Clinical features can include irregular or infrequent periods, excess facial or body hair (hirsutism), hair loss, weight gain, acne and difficulties getting pregnant.*~~ The exact cause ~~*of PCOS*~~ is unknown but it is associated with imbalances of hormones (e.g. insulin, androgens, neuroendocrine and ovarian hormones), affecting multiple systems within the body. ~~*the symptoms are related to hormone imbalance, often including increased testosterone activity.*~~ This gives rise to the following clinical features: • Metabolic - obesity, dysglycaemia, type 2 diabetes, hypertension, cardiovascular disease, dyslipidaemia, non-alcoholic fatty liver disease, sleep apnoea • Reproductive - irregular periods, infertility, pregnancy complications, endometrial cancer • Psychological - depression, anxiety, eating disorders • Dermatological - acne, alopecia (hair loss), hirsutism (excess facial or body hair) ~~*Many individuals with PCOS also have raised insulin levels and insulin resistance, putting them at risk of diabetes and metabolic syndrome. Conditions such as cardiovascular disease, sleep apnoea and non-alcoholic fatty liver disease are also associated with PCOS.*~~ ~~*A diagnosis of PCOS does not prevent someone from donating.*~~ Medication prescribed for the condition includes the combined oral contraceptive pill, progestin-only contraceptive pill, metformin and anti-androgens (e.g. spironolactone) to ameliorate the underlying hormonal imbalances and clinical features.

~~*Drugs used to treat PCOS can include the combined oral contraceptive pill, co-cyprindiol, progestogens and anti-diabetic medications such as metformin. Patients may sometimes be prescribed spironolactone to treat acne, hirsutism or hair loss. Provided they are otherwise eligible, donors on any of these medications can be accepted. Care should be taken to assess eligibility against the relevant guideline if the donor has any PCOS-associated complications.*~~

Due to the multiple effects of the condition, donors may also be taking other drugs or nutritional supplements or require (or have required) other types of treatment: psychological therapies, lifestyle and weight management, complementary therapies, fertility investigations and treatment, cosmetic procedures and surgery.

Taking medication or undergoing treatment for this condition is not in itself a reason for deferral, unless the medication or treatment specifically precludes donation (e.g. finasteride).

2. Fertility

Guidelines affected	Reason for change
Whole blood	The new name ‘polyendocrine metabolic ovarian syndrome’ (previously ‘polycystic ovary syndrome’) has been added.

Essential information

Includes	Infertility
Obligatory	**Must not donate if:** 1. Under investigation for infertility. 2. Any underlying cause or reason for fertility treatment precludes donation. 3. Undergoing current fertility treatment and monitoring for pregnancy. 4. Has ever been given human gonadotrophin of pituitary origin. 5. The donor knows that they have ever been treated with Metrodin HP®.
Discretionary	1. If the donor: a. Is not undergoing fertility investigation or treatment, and b. Is fully recovered from any fertility-related procedure as applicable, and c. Is not being monitored for pregnancy, and d. Does not have any underlying or associated condition that precludes donation, and e. Has never received treatment with human gonadotrophin of pituitary origin, and f. Has never received any other treatment that precludes donation, accept. 2. If a recipient of donated egg(s), embryo(s) and/or sperm is otherwise eligible in regard to fertility investigation and treatment and any underlying or associated condition, accept.

Supporting information

See if relevant	• Prion-associated diseases • Surgery
Additional information	The use of human gonadotrophin of pituitary origin (follicle-stimulating hormone [FSH] and luteinizing hormone [LH]) had stopped in the UK by 1986. The situation in other countries varied so specific dates cannot be given. Metrodin HP® was withdrawn by the Committee on Safety of Medicines in 2003 and, following advice from the Medicines and Healthcare products Regulatory Agency (MHRA), the precautionary principle has been applied to withdraw donors who have been treated with this product. Donors treated for infertility after 2003 in the UK will not have been treated with this product. There is no need to confirm that the donor was not treated with Metrodin HP®. Donors may have received other non-pituitary derived gonadotrophins which are acceptable. Recipients of donated eggs, embryos and sperm are eligible to donate. This is in accordance with the SaBTO microbiological safety guidelines. Donors who have undergone egg donation, egg collection for fertility preservation, and surgical sperm retrieval should be assessed regarding any hormone treatment they have received and using the 'Surgery' entry. Fertility preservation is available for: • individuals undergoing treatment (for cancer but also for some benign conditions) that puts them at risk of becoming infertile • individuals considering gender transitioning • elective social egg freezing, for individuals who wish to delay fertility Reasons that donors may be undergoing treatments and procedures for fertility include polyendocrine metabolic ovarian syndrome (PMOS), formerly known as polycystic ovary syndrome (PCOS), endometriosis, testicular problems and genetic conditions. For 1 in 4 individuals, the cause of their fertility problems may not be known. Sensitive questioning may be needed to establish any underlying cause or associations that may be relevant to the donor's health and eligibility. Donors with inherited conditions (e.g. mitochondrial disease) may undergo fertility-related diagnostic and assistance treatments and procedures. Unaffected carriers may be eligible to donate if they otherwise fulfil the criteria.

3. Anti-androgens

Guidelines affected	Reason for change
Whole blood	A 'See if relevant' link to the renamed 'Polyendocrine metabolic ovarian syndrome' entry (previously 'Polycystic ovary syndrome') has been added.

Essential information

Includes	Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®), dutasteride (Avodart®), finasteride (Propecia®, Proscar®), flutamide (Drogenil®).
Obligatory	**Must not donate if:** 1. Dutasteride (Avodart®) taken in the last 6 months. 2. Finasteride (Propecia®, Proscar®) taken in the last 4 weeks. 3. Bicalutamide (Casodex®), cyproterone acetate (Androcur®, Cyprostat®) or flutamide (Drogenil®) has been taken for a malignant condition.
Discretionary	1. Donors taking cyproterone acetate for non-malignant conditions, if not affected by the 'Blood safety' entry, accept. 2. Donors using topical anti-androgen treatments for alopecia, including male pattern baldness, accept.

Supporting information

See if relevant	• Acne • Blood safety • Hair removal • Malignancy • Polyendocrine metabolic ovarian syndrome • Prostate problems
Additional information	Dutasteride and finasteride can cause abnormal development of the sexual organs of a male baby within the womb. As it is not possible to know if an individual donation may be transfused to a pregnant woman whose baby may

	be at risk, donations cannot be taken from people who may have one of these drugs in their blood. They remain in the blood even after treatment has stopped. Cyproterone acetate (particularly in the form of Androcur®) may be used to treat male hypersexuality. In such cases a sensitive exploration of any relevant issues dealt with by the 'Blood safety' entry should be undertaken.