

10th Annual Congress on **Polycystic Ovarian Syndrome and Fertility**

Oral Presentation

July 16-17, 2026 | London, UK (Hybrid Event)

Throw out the drawing board: A black patient's decade-long fight to be believed with PCOS/PMOS**Jasmine Roberts-Sawyer**

Filmmaker, USA

I was eleven when my first period arrived, and it never behaved like one was supposed to. By twelve or thirteen, I was fainting, gripped by headaches, and my gastric system had collapsed entirely. My testosterone levels were astronomical for someone my age, intense enough that doctors wanted to see me right away, and the working theory became a tumor on my pituitary. I went through MRI after MRI, brain scan after brain scan, while my symptoms got filed under behavioral. It took a year to reach a diagnosis, and it wasn't the ovarian cysts that got me there. It was the entire collision of my hormonal and metabolic systems being read together for the first time. I was in eighth grade. The first thing my doctor told me, before anything else about my body, was that I would not be able to have children.

What followed was over a decade of symptoms nobody explained. Extreme weight gain that didn't track with how I was eating. Then, after radioactive iodine treatment for Graves' disease, the opposite: no appetite, no hunger, and the weight kept climbing anyway. Once my body changed size, every symptom I raised after that got filtered through my weight and dismissed.

The clearest evidence of what's missing in PCOS/PMOS care lives in three life-threatening hemorrhagic episodes I've survived, including a miscarriage. The worst began in 2014, when I bled for nearly three months straight and was told there was nothing to be done. When it turned to clots and hemorrhage, I fainted, broke my ankle, and arrived by ambulance, only to be left in a waiting room. I had two overnight pads and two tampons in, and I was bleeding through all of it in under an hour. I dragged myself to a bathroom to change and asked a nurse for help standing back

up, afraid I'd pass out again. She looked me up and down and said, "What do you want me to do?" I stood on my own and collapsed. I woke up to six doctors working to revive me, praying in a language they didn't recognize, which they read as delirium instead of faith. I needed four transfusions that day.

That moment is the gap in PCOS/PMOS care distilled: what happens to a Black woman with a uterine condition inside a system that doesn't see her as fully human. That erasure doesn't end with one bad night. It removes the research, the trauma-informed protocols, the advancement, for a condition touching one in eight to one in three women worldwide, one that reaches metabolism, reproduction, mood, cognition, and inflammation all at once.

I now also carry a Type 2 diabetes diagnosis, I believe is better understood as severe insulin resistance, treated by default with tools built for a different disease. I'm asking this room to go back to the drawing board. Throw out the assumptions. Start from the hormones, and start by believing the patient in front of you.

Biography

Jasmine Roberts-Sawyer is a Chicago-based filmmaker, producer, and patient navigator who has lived with PCOS/PMOS and Graves' disease since adolescence, diagnosed at thirteen after a year of unexplained, escalating symptoms. Her history spans care at Northwestern, the University of Chicago, and Mayo Clinic, and three life-threatening hemorrhagic episodes, including a miscarriage, that laid bare the intersection of race, gender, and dismissal in emergency medicine. As founder of Fifth Chamber Productions, she brings a decade of storytelling to her advocacy, turning a rare, long-documented patient history into a demand for trauma-informed, hormone-centered care and for patient belief as the foundation of treatment.