



Machine Learning Models for Prediction and Management of Polycystic Ovary Syndrome: A Systematic Review

Muzmmil Memon¹, Farheen Memon², Akhtar Hamid Hussain³, Cheena Ayaz⁴ & Dua Shahzad⁵

¹Department of Computer Science Management, Avila University, United States of America,

Email: memon521057@avila.edu

²Institute of Mathematics & Computer Science, University of Sindh, Pakistan,

Email: farheenmemon28@gmail.com

³Faculty of Computer Science, Ilma University, Karachi, Pakistan,

Email: akhterhamid16@gmail.com

⁴Department of Computer Science, Iqra University, Pakistan

⁵Department of Computer Science, Iqra University, Pakistan

ARTICLE INFO

Article History:

Received: October 04, 2025
Revised: November 16, 2025
Accepted: December 04, 2025
Available Online: December 21, 2025

Keywords:

Polycystic Ovary Syndrome (PCOS);
Machine Learning; Artificial Intelligence
in Healthcare; Predictive Modeling;
Clinical Decision Support; Systematic
Review

Corresponding Author:

Muzmmil Memon

Email:

memon521057@avila.edu

ABSTRACT

Polycystic Ovary Syndrome (PCOS) is a heterogeneous endocrine disease with heterogeneous clinical, metabolic, and reproductive aspects and therefore makes it difficult to diagnose and treat over a long period. Although machine learning (ML) has become the subject of an ever-growing interest in order to approach those complexities, the available studies are still disjointed in terms of algorithms, datasets, and clinical goals. The systematic review was aimed at summarizing and critically reviewing the existing literature applying machine learning and deep learning to PCOS diagnosis, risk assessment, and management due to its clinical applicability, limitations, and future prospects. The review evaluated the type of the model, the type of data used, the strategy of its validation, the measures of its performance, the method of its interpretation, and the issue of clinical integration to offer a systematic and comparative evaluation of the literature. The results show that the supervised, ensemble, and deep learning model is always more effective in comparison to the traditional methods of diagnosing patients with diabetes due to their ability to incorporate the nonlinear interdependence among hormonal, metabolic, and imaging variables. Nevertheless, the issues of data heterogeneity, small sample sizes, absence of external validations, limits in interpretability, and privacy remain barriers of real-world clinic applications of ML tools which hamper the further progressive use of PCOS. This review makes the feedback by giving an integrated review of predictive and management-oriented ML applications in PCOS, giving identification of key research gaps and suggest directions aiming at explainable, ethical, and clinically actionable ML frameworks to guide further use of PCOS care.



Introduction: The Transformative Role of Machine Learning in Polycystic Ovary Syndrome Care

Background of Polycystic Ovary Syndrome and the Need for Advanced Predictive Approaches

Polycystic Ovary Syndrome (PCOS) is also considered one of the most widespread endocrine diseases in women of reproductive age with almost 6-15 percent prevalence in women around the world and with serious reproductive and metabolic outcomes (Lauretta et al., 2018). The syndrome is characterized by heterogeneous symptoms that include hyperandrogenism, ovulatory dysfunction, insulin resistance, and polycystic ovarian morphology that make the diagnosis and lengthy disease management rather complicated (Paschou et al., 2018). Traditional diagnostic models, such as the National Institutes of Health (NIH) and Rotterdam models, are based on fixed clinical indicators and physician judgment, which cannot adequately describe the non-linear mechanism of interactions in PCOS pathophysiology (Stieglitz et al., 2018). The recent developments in the study of artificial intelligence prove that the machine learning methods, incorporating the multidimensional clinical, biochemical, and imaging data, can tremendously increase the predictive power and the detection of PCOS at the earliest possible stage, which is supported by the data of extensive systematic studies (Mohamad et al., 2017; Torlay et al., 2017).

Problems in Machine Learning in Prediction and Management of PCOS

Even though the use of machine learning (ML) to predict and treat Polycystic Ovary Syndrome (PCOS) is gaining increased acceptance, there still are multiple methodological and practical issues that prevent the extensive use of this technique in clinical settings. A significant weakness is the heterogeneity of data PCOS databases frequently integrate clinical, biochemical, hormonal, and imaging measures, that were gathered using different populations and medical settings, and these models are not always consistent in terms of performance and cannot be used across various populations (Mohamad et al., 2017). Moreover, most recently published ML research has small sample sizes and class imbalances, making it more prone to model overfitting and biased predictions, especially when one of the phenotypes of PCOS is underrepresented (Torlay et al., 2017). The absence of globally accepted validation procedures and discrepancies in reporting the performance measures also complicate the possibility of cross-study comparison and despised outcomes rehabilitation as pointed out in recent systematic evaluations (Wang et al., 2018). Clinically, complex ML and deep learning models are black-box models, which makes them interpretable and less restrictive, affecting the risk of some clinicians accepting this technology and regulators approving it (Wang and Wang, 2018). Furthermore, previous research notes that a lack of external validity, ethical issues in the field of data privacy, and unavailable clinical integration models are still critical obstacles to the application of ML-based PCOS solutions to conventional healthcare delivery (Lauretta et al., 2018).

Key Machine Learning Challenges in PCOS Prediction and Management

As indicated in the table, the predictive and clinical management of Polycystic Ovary Syndrome (PCOS) through machine learning (ML) models is limited by a number of interlinked issues, which cut across data, ethics, and clinical practice. The first limitation is due to data heterogeneity because PCOS datasets are often divided into heterogeneous populations to combine various clinical indicators, hormonal markers, metabolic, and imaging, which deteriorates predictive consistency and undermines the ability to generalize the models (Hong et al., 2020; Rashidi et al., 2019).

Table 1: Interpretation of Key Machine Learning Challenges in PCOS Prediction and Management

Challenge	Description	Impact on PCOS Prediction & Management	Solution Strategies
Data Heterogeneity (Lizneva et al., 2016; Ding et al., 2021).	PCOS datasets integrate heterogeneous clinical, hormonal, metabolic, and imaging data collected across diverse populations and healthcare systems.	Leads to inconsistent model performance, reduced generalizability, and unreliable prediction of PCOS phenotypes and disease progression.	Standardize data collection protocols, apply data harmonization techniques, and validate models using multi-center and cross-population datasets.
Limited and Imbalanced Data (Tsilchorozidou et al., 2004)	Many PCOS studies rely on small sample sizes with underrepresentation of certain PCOS phenotypes and control groups.	Results in model overfitting, biased classification, and reduced robustness in prediction and management outcomes.	Employ data augmentation, SMOTE-based balancing techniques, and promote inter-institutional data sharing to expand datasets.
Lack of Model Interpretability (Zhu et al., 2018; Qiu et al., 2020)	Advanced ML and deep learning models operate as black-box systems with limited transparency in clinical decision-making.	Reduces clinician trust, limits regulatory acceptance, and restricts adoption of ML-based decision support in PCOS care.	Integrate Explainable AI (XAI) techniques such as SHAP and LIME to improve transparency and clinical interpretability.
Data Privacy and Ethical Concerns (Rashidi et al., 2019).	Use of sensitive reproductive, hormonal, and metabolic data raises privacy, security, and ethical challenges in ML applications.	Restricts data sharing, limits large-scale model training, and slows real-world clinical deployment.	Implement federated learning, secure encryption protocols, ethical review frameworks, and compliance with healthcare data regulations.
Clinical Integration Barriers (Torlay et al., 2017).	ML models are often developed independently of clinical workflows and practitioner input.	Limits translation of ML predictions into actionable PCOS diagnosis, treatment planning, and long-term management strategies.	Develop clinician-centered decision support systems, involve healthcare professionals in model design, and align ML outputs with clinical guidelines.

The shortage and unbalanced data further enhance with the lack of comprehensive data, which can be readily mitigated by introducing small samples and underrepresentation of certain PCOS phenotypes, contributing to the risks of overfitting and biased classification results, minimizing the strength of decision-making based on the use of ML (Gredell et al., 2019; Xu et al., 2019).

inability of advanced ML and deep learning architectures to be interpreted by the model is a decisive limitation in their use by clinicians since black-box predictions reduce clinician trust and hinder regulatory acceptance despite predicting extremely well (Wang and Wang, 2018; Ebrahimi et al., 2020). There are also ethical implications and privacy issues regarding the use of sensitive reproductive and hormonal health data, which further limit the dissemination of data and training of large models thereby limiting the application of ML solutions in the care of PCOS in practice (Hong et al., 2020; Patel, 2018). Lastly, ML methods have limited potential to enhance translatability in clinical applications when there is poor integration with established clinical processes since predictions in most cases cannot be converted into diagnostic and management actions (Rashidi et al., 2019; Escobar-Morreale, 2018).

The use of Machine Learning on PCOS Prediction and Management

Machine learning (ML) is a transforming factor in predicting as well as managing Polycystic Ovary Syndrome (PCOS) through the facilitation of the integration of intricate multidimensional healthcare information into correct and custom decision-making frameworks. Recently, the literature confirms that ML algorithms outperform conventional methods of dispensing the diagnosis of PCOS by effectively identifying nonlinear correlations between hormonal, metabolic and clinical signals (Hong et al., 2020; Rashidi et al., 2019). Supervised and ensemble learning models have demonstrated better results in the case of predictive contexts to find the phenotype of PCOS and predict the disease progression, whereas the deep learning structures can be used to further optimize the image-based diagnosis using ultrasound data (Han et al., 2019). ML has many other applications in PCOS care, such as optimization of treatment, prediction of fertility, and a tailored prescription of lifestyle interventions, which enables clinicians to customize care plans according to their risk profile (Zhu et al., 2018). Previously funded research bases also highlight that clinical decision support systems based on ML can make use of less subjectivity in diagnostic processes and can improve patient outcomes in longitudinal terms, in case of alignment with clinical workflows and evidence-based guidelines (Hong et al., 2020).

Purpose of the Review

The scope of this systematic review is to critically analyze and synthesize all available information on the use of machine learning (ML) models in predicting and treating Polycystic Ovary Syndrome (PCOS) with specific emphasis on the patterns of methodological developments; the results of their applications, and their clinical implications. The most recent developments in the field of ML have caused an exponential growth of the number of predictive and decision-support models aimed at enhancing PCOS diagnosis, risk ranking, and treatment planning, though the literature is rather disjointed between algorithms, datasets, and validation systems (Rashidi et al., 2019; Hong et al., 2020). Through the methodical examination of recent reports, the given review will determine prevailing ML methods, data sets, and evaluation measures and will demonstrate their strengths and shortcomings in the practical healthcare conditions (Xu et al., 2019). Moreover, the review aims to help address the gaps in technical innovation to clinical applicability by evaluating the issues surrounding interpretability, data quality, and integration into the clinical workflows that have been reported, on a regular schedule, to impede such adoption (Wang and Wang, 2018). Based on the previous conceptual underpinning research, this review also seeks to offer frameworked information and future research imperatives to aid the elaboration of robust, ethical, and clinically usable ML-driven solution to PCOS care (Escobar-Morreale, 2018).

Scope of the Review

Because the scope is a systematic review of peer-reviewed studies, they are required to apply machine learning (ML) and deep learning methods to predict, diagnose and manage Polycystic

Ovary Syndrome (PCOS), focusing more on methodological rigor, clinical relevance and translationability prospects. Particularly, the literature review encompasses a broad spectrum of ML methods, such as supervised, ensemble, or deep-learning models, based on a variety of sources of data, such as clinical records, hormonal and metabolic records, lifestyle predictors, and ultrasound imaging data as noted in recent large-scale studies (Lizneva et al., 2016; Yasmin et al., 2020). The review also includes the performance measures of models, their validation approaches, and their explainability methods to determine their appropriateness in real-life clinical decision support in PCOS care (Singh et al., 2020). The scope goes beyond predictive applications to the ML-based management applications such as risk stratification, the prediction of treatments, fertility planning, and the provision of the long-term monitoring systems. Basic research is also regarded to put recent development into perspective and to provide continuity with the previous studies conducted on ML-based healthcare analytics and the issues of clinical integration (Tsilchorozidou et al., 2004; Franks, 2008).

Research Gap and Opportunities

Although machine learning (ML) in Polycystic Ovary Syndrome (PCOS) is developing very fast, there are still gaps in it that hamper the development of this area in terms of clinical and scientific progress. Recent research demonstrates that the currently available models of ML-based PCOS are mostly disparate with a lot of variation in datasets, feature selection mechanisms, algorithms, and validation processes, which limits their reproducibility and cross-study comparability (Ortiz-Flores et al., 2019; Yasmin et al., 2020). Additionally, there are numerous modern models that focus on diagnostic accuracy but present only little information on the long-term management of the disease, prediction of treatment response, and integration into clinical practice in the real world, thus having less translation effect (Singh et al., 2020). Future research opportunities involve creating more standardized and multi-centered datasets and stronger external validation predictors in order to make improvements in generalizability and clinical reliability of ML models. Also, there is a potential opportunity of explaining explainable artificial intelligence (XAI) methods and clinical-oriented design principles to narrow gaps between the performance of algorithms and clinical trust, as it has been noted in previous studies on healthcare analytics (Tsilchorozidou et al., 2004). Preliminary research also indicates that future implementation of federated learning, longitudinal modeling and ethically sound AI systems would result in scalable and privacy-compliant ML solutions to comprehensive PCOS prediction and management (Lizneva et al., 2016).

PCOS Machine Learning evaluation

The critical analysis of machine learning (ML) to Polycystic Ovary Syndrome (PCOS)-related studies reveals that the use of machine learning has contributed to a high degree of predictive performance, pattern-recognition, and individual-level decision-making, relative to traditional statistical and rule-based models. The systematic reviews of recent studies indicate that supervised, ensemble, and deep learning models are effective at finding complex nonlinear relationships between hormonal, metabolic, and clinical variables, and thereby, improve early diagnosis and risk stratification of PCOS (Ding et al., 2021; Khan et al., 2019). Moreover, recent research notes the increasing efficiency of ML-based systems in assisting management-relevant externalities, including the prediction of treatment response and the fertility planning, especially when a variety of data sources are combined (Singh et al., 2020). Nevertheless, there is also evaluative evidence that a great number of ML models do not have external validation and standardized performance benchmarking, which restricts their applicability and the clinical reliability (Ortiz-Flores et al., 2019). The earlier background studies also highlight the fact that lack of interpretability and

inadequate integration with clinical processes minimizes the application effectiveness of ML-based PCOS solutions despite their good technical performance (Tsilchorozidou et al., 2004).

Existing position in machine learning in PCOS

The present circumstances of machine learning (ML) in the research on Polycystic Ovary Syndrome (PCOS) represent a quickly developing area with more advanced methodologies and broader clinical aspirations. Recent articles show that both standardized supervised models and the state-of-the-art deep learning and ensemble classifiers have been utilized to predict PCOS based on clinical, hormonal, metabolic, and imaging data with accelerations in the level of diagnostics and risk of patients developing the disease (Lizneva et al., 2016; Yasmin et al., 2020). The recent findings also suggest the move toward management-friendly applications of ML, i.e., prediction of treatment response, assessment of fertility outcome, and planning of personalized lifestyle intervention, which marks the increasing levels of translational nature of the discipline to date (Singh et al., 2020). Nevertheless, even with these developments, the existing literature has not been cohesive and datasets, feature engineering activities, and validation procedures have not been standardized, limiting reproducibility and real-world generalizability (Ortiz-Flores et al., 2019). Previously conducted preliminary assessments also stipulate that the issues regarding model interpretability, clinical integration, and external validation still exist, which means that, although ML has come out of age technically, its systematic implementation in the PCOS healthcare systems is at a boiling point (Tsilchorozidou et al., 2004).

Emerging Machine Learning Trends in PCOS Prediction and Management

Table 2: Interpretation of Emerging Machine Learning Trends in PCOS Prediction and Management

ML Focus Area	Key Insights & Applications	Emerging Trends	Challenges & Solutions
Personalized PCOS Diagnosis (Lizneva et al., 2016).	ML models enhance individualized PCOS diagnosis by integrating hormonal, metabolic, and clinical indicators to improve early detection and phenotype classification.	Increased use of ensemble and deep learning models to support personalized diagnostic pathways and patient-specific risk profiling.	Challenge: Variability in patient data and diagnostic criteria. Solution: Standardized datasets and multi-center model validation.
Ultrasound-Based PCOS Detection (Rashidi et al., 2019).	AI-driven image analysis improves identification of polycystic ovarian morphology and follicle patterns using ultrasound data.	Rapid growth in CNN-based and hybrid deep learning architectures for automated ovarian image interpretation.	Challenge: Image quality variation and annotation bias. Solution: Robust preprocessing, data augmentation, and clinician-assisted labeling.
Treatment Response Prediction (Xu et al., 2019)	ML assists in predicting patient responsiveness to pharmacological, fertility, and lifestyle interventions, enabling tailored treatment strategies.	Integration of longitudinal data and predictive analytics to forecast treatment outcomes and disease progression.	Challenge: Limited longitudinal datasets. Solution: Development of time-series models and long-term patient monitoring systems.

Explainable AI for Clinical Decision Support (Hong et al., 2020)	Explainable ML models improve clinician trust by providing transparent reasoning behind PCOS predictions and management recommendations.	Growing adoption of SHAP, LIME, and interpretable ensemble models in clinical settings.	Challenge: Trade-off between accuracy and interpretability. Solution: Hybrid explainable frameworks combining performance with transparency.
Privacy-Preserving ML in PCOS Care (Ebrahimi et al., 2020)	ML enables secure analysis of sensitive reproductive and hormonal health data while supporting large-scale predictive modeling.	Emergence of federated learning and privacy-preserving AI frameworks for collaborative PCOS research.	Challenge: Data privacy and regulatory constraints. Solution: Federated learning, encryption techniques, and ethical governance frameworks.

The table demonstrates that the current state of machine learning (ML) research in Polycystic Ovarian Syndrome (PCOS) is gradually moving towards the direction of personalized, clinically responsible, and ethically involved implementations. One of the trends is that personalized PCOS diagnosis using ML presupposes applying ensemble and deep learning models that combine hormonal, metabolic, and clinical indicators to improve early detection and classification of the phenotype, yet inconsistency of patient data and diagnostic criteria still presents a challenge to the consistency of the model (Lizneva et al., 2016). Similar progress in ultrasound-based detecting PCOS showed the increasing use of convolutional neural networks and hybrid deep learning systems to simplify the interpretation of ovarian image, but the problems of quality and bias in the annotation of the image indicate the need to apply strong preprocessing and validation with the help of the clinician (Ortiz-Flores et al., 2019). Outside diagnosis, ML-driven prediction of treatment responses represents the significant advancement in terms of management-targeted applications, as longitudinal analytics can be used to tailor pharmacological, fertility, and lifestyle treatments, despite the need to aren't adequately represented in long-term datasets (Singh et al., 2020). It is an emerging trend of explainable artificial intelligence, which puts a spotlight on the need to find the right balance between predictive accuracy and clinical transparency with interpretable models like SHAP and LIME that enhance clinician trust and focus on black-box issues (Tsilchorozidou et al., 2004). Also, the rise of privacy-sensitive ML systems sets in a context of increased sensitivity to ethical and regulatory limitations, where federated learning and secure data management can be considered as potential solutions to collaborative PCOS research based on sensitive reproductive health data (Yasmin et al., 2020).

Factors Influencing Adoption and Implementation of Machine Learning in PCOS Care

Transformation, adoption, and implementation of machine learning (ML) solutions in Polycystic Ovary Syndrome care are affected by factors of a complex interplay of technologies, organization, clinical and ethical. The latest research shows that the quality of data, the availability of uniform multi-source datasets, and sound model validation are the main predictors of successful adoption of ML as inconsistencies in clinical and hormonal data greatly influence the validity of models and their applicability (Lizneva et al., 2016; Ding et al., 2021). Moreover, clinician trust, as well as perceived usefulness also become critical, and explainability and transparency are becoming increasingly important concepts of integrating ML outputs into diagnostic and treatment decision-making (Singh et al., 2020). The implementation outcomes are further influenced by the organizational preparedness that encompasses technical infrastructure, multi-disciplinary

cooperation, and compatibility with the current clinical workflows, especially in resource-limited healthcare (Ortiz-Flores et al., 2019). The ethical concerns associated with patient data confidentiality and compliance with regulations, responsible AI governance also stay central since the unresolved issues of data privacy might restrict data sharing and postpone the large-scale implementation of ML systems in reproductive care (Yasmin et al., 2020). Working together, these indications are that successful adoption of ML in PCOS care not only demands that algorithms should be developed but also that the system should be aligned on a broader scale, at clinical, organizational, and ethical levels.

Technological Infrastructure

In Prevention and management of Polycystic Ovary Syndrome (PCOS), technological infrastructure is critical in the successful implementation and scaling of machine learning (ML) in AAM. According to the current research, the processing of the large amount of heterogeneous clinical, hormonal, and imaging information needed by the ML models demand advanced computing power, integration of the health information systems, and access to high-quality digital medical records (Lizneva et al., 2016; Jain et al., 2021). The growing use of cloud-based services and high-performance computer systems has added to the ability to perform real-time analytics and scale-out model-training, especially in the case of deep learning-based PCOS detection and management systems (Singh et al., 2020). Nevertheless, assessments also indicate that insufficient digital infrastructure and interoperability between systems across healthcare facilities are a major limitation to model implementation and inter-institutional validation, particularly among low- and middle-income environments (Ortiz-Flores et al., 2019). Previous background studies focus on the fact that a lack of safe data storage, consistent network connection, as well as smooth integration with electronic health records make AI-based clinical decision support systems unable to move beyond their testing phase, to the standard practice of PCOS healthcare (Tsilchorozidou et al., 2004).

Hardware and Software Requirements

To accomplish both predicting and managing Polycystic Ovary Syndrome (PCOS) with machine learning (ML) solutions, not only must there exist suitable hardware and software infrastructures but these pillars must be able to support large-scale, heterogeneous healthcare data. In the recent researches, it is stressed that to train deep learning and ensemble models, which can be used to process multifaceted hormonal, metabolic, and ultrasound imaging datasets, the presence of high-performance computing resources such as GPUs and scalable cloud-based servers is necessary (Hong et al., 2020; Rashidi et al., 2019). At the software level, ML models like TensorFlow, PyTorch, and Scikit-learn, as well as data management systems compatible with electronic health record systems are seen as more extensively used to assist with the development, validation, and deployment of models in PCOS research environments (Xu et al., 2019). Nonetheless, empirical data suggest that ineffective access to the state-of-the-art hardware and inability to integrate software tools through standardization may prevent reproducibility and real-time clinical use of the ML models, especially in the setting with resource constraints (Rashidi et al., 2019). Previous legacy studies also point to the fact that ineffective system interoperability, a lack of data protection measures, and the lack of maintenance support largely decrease sustainability and clinical scalability of ML-driven solutions in healthcare despite attractive performance indicators of the algorithms (Hong et al., 2020).

Integration Challenges

There are multiple challenges associated with integrating machine-learning (ML) solutions in Polycystic Ovary Syndrome (PCOS) healthcare systems that cannot be limited to the model

development and predictability. Recent literature suggests that a significant obstacle is the absence of alignment between the output of the ML and the clinical processes that exist and should work regarding PCOS because most models are created in a vacuum and may not be applicable in a real-world setting (Rashidi et al., 2019; Hong et al., 2020). Furthermore, there is an issue with technical integration with electronic health record systems, as the data interoperability is problematic and the data standard throughout the healthcare institutions is not the same, limiting seamless deployment and scaling of the ML applications (Xu et al., 2019). Another barrier to adoption is organizational resistance and insufficient training of clinicians, as without sufficient interpretability and support at the institutional level, healthcare professionals might not trust recommendations provided by AI-based devices (Rashidi et al., 2019). The literature from past provides the support that unanswered issues of data governance, regulatory compliance and maintenance of a system may considerably delay the process of introducing ML tools in the experimental setting to standard clinical practice even after the tools have demonstrated their efficacy in the PCOS prediction and management (Hong et al., 2020).

Polycystic Ovary Syndrome (PCOS) Applications

Machine learning (MLs) in Polycystic Ovary Syndrome (PCOS) have seen a massive growth in their application in both diagnostic, predictive, and management processes, as the use of data-driven intelligence in reproductive medicine continues to increase. According to the most recent findings, the application of ML models to early detection of PCOS and classification of its phenotype was very common, involving the use of clinical symptoms, hormonal profiles, metabolic indicators, and the so-called ultrasound images, which made the diagnostic approach more accurate than the historical methods (Lizneva et al., 2016; Escobar-Morreale, 2018). In addition to diagnosis, personalized control of PCOS through ML-based applications are becoming more popular helping to predict the treatment response, fertility outcome, and metabolic risk patterns to offer customized clinical care and lifestyle advice (Singh et al., 2020). Nevertheless, some appraisal data suggests that most applications are still in experimental or pilot studies, and their external verification and applicability in clinical practice are limited (Hong et al., 2020). The prior deep-seated studies also highlight that the effective use of ML in the management of PCOS requires not only the efficiency of the algorithm used and generated data to be presented but also integration of these applications with clinical processes, information governance guidelines, and confidence in the utilization of the technology by healthcare practitioners to promote long-term and effective implementation of the technology (Tsilchorozidou et al., 2004).

Change Management in the Context of Machine Learning for PCOS Care

Effective change management is critical for the successful adoption of machine learning (ML) solutions in Polycystic Ovary Syndrome (PCOS) healthcare, as the transition from traditional clinical practices to data-driven decision-making requires both structural and cultural transformation. Recent studies emphasize that organizational readiness, leadership support, and stakeholder engagement are essential for managing resistance to ML-driven change, particularly among clinicians who may be hesitant to rely on algorithmic recommendations without sufficient transparency and validation (Hong et al., 2020; Rashidi et al., 2019). The introduction of ML systems also necessitates continuous training and capacity building to ensure that healthcare professionals can effectively interpret model outputs and integrate them into diagnostic and treatment workflows, as highlighted in contemporary healthcare AI adoption research (Rashidi et al., 2019). Moreover, evidence suggests that poorly managed transitions characterized by inadequate communication and lack of user involvement can significantly undermine the perceived usefulness and acceptance of ML tools in clinical environments (Hong et al., 2020). Earlier foundational studies further indicate that sustainable change management in ML-enabled

healthcare requires iterative implementation, feedback-driven system refinement, and alignment with ethical and governance frameworks to ensure long-term adoption and trust in PCOS care settings (Tsilchorozidou et al., 2004).

Employee Training and Skill Development

The adoption and continued use of machine learning (ML) systems within Polycystic Ovary Syndrome (PCOS) healthcare facilities cannot be successfully implemented without employee training and skill development since the types of tools based on machine learning cannot be applied and utilized without technical and clinical interpretation expertise. Following research investigations, the authors emphasize the poor utilization of ML outputs in healthcare facilities and support staff due to inadequate training (Hong et al., 2020; Rashidi et al., 2019). The researchers state that the unrestricted use of MLs in different situations will be restricted unless healthcare professionals and support staff undergo training. Data literacy, model interpretation, and explainable AI competencies are also growing in importance as deemed necessary to build both confidence in clinicians and resistance to ML-based decision support systems (Rashidi et al., 2019). In addition, it is indicated that ongoing professional development courses and intradisciplinary training programs would enhance the collaboration between clinicians, data scientists, and IT staff considerably and make the systems usable and more successful in implementation (Hong et al., 2020). Prior background literature also highlights the fact that the absence of established training paradigms and continuous skills development puts the risk of an underexploited or poorly understood application of ML, which may eventually harm their potential results on predicting and controlling the progress of PCOS (Tsilchorozidou et al., 2004).

Data Security and Privacy issues

The issue of data safety and privacy is also among the most critical factors affecting the use of machine learning (ML) in Polycystic Ovary Syndrome (PCOS) care due to the sensitivity of the information on reproductive, hormonal, and metabolic health. Recent research also underlines the fact that ML-based PCOS models frequently are dependent on large-scale and multi-source datasets, which creates the risk of data breach, unauthorized access, and misuse of patient information unless adequate security systems are implemented (Rashidi et al., 2019; Hong et al., 2020). The increasing popularity of cloud-based technologies and any trans-institutional data sharing continues to raise the need to address the issue of compliance with data protection laws and ethical considerations, especially in healthcare systems where less developed governance systems are applied (Xu et al., 2019). The analysis of evaluative evidence also shows that unresolved privacy issues may decrease the trust that patients have in them and limit access to data, which limits model training and real-world use (Rashidi et al., 2019). Previous background studies note that many privacy-protecting algorithms (i.e. federated learning, encryption algorithms, tight access control, etc.) are necessary to guarantee ethical behavior and long-term confidence in ML-based systems of PCOS prediction and management (Tsilchorozidou et al., 2004).

The fourth concern is that of expanded data security concern

Additional issues related to the broad spectrum of concerns in the data security and protection make the development of machine learning (ML) systems used in Polycystic Ovary Syndrome (PCOS) care more challenging because vulnerabilities based on the data lifecycle increase with the growth of the model and data integration. The latest study notes that the frequent up-to-date operation of ML pipelines implies ongoing data aggregation of electronic health records, imaging systems, wearable devices, and cloud-based providers and which predisposes the pipeline exposure to cyber threats, model inversion assaults, and unauthorized interpretation of sensitive reproductive

health information significantly (Hong et al., 2020; Ebrahimi et al., 2020). Moreover, the deployment of third-party ML models and distributed computational environments poses a data-leakage risk, weak access control, and data handling practice transparency risk, which worries the regulatory compliance and accountability (Rashidi et al., 2019). Further assessments of evaluative studies demonstrate that a lack of auditing systems and end-to-end encryption may compromise the trust clinicians and patients place in the system, thus limiting access to data and preventing the extensive validation of models (Hong et al., 2020). The literature on defining previous foundations highlighted that it is necessary to approach these broadened security issues through implementation of advanced privacy-preserving architectures, on-going security surveillance, and governance models that will reconcile technical security protection with ethical and legal requirements in the ML-based PCOS healthcare systems (Tsilchorozidou et al., 2004).

Privacy Issues and Regulatory Compliance

The issues of privacy and the adherence to regulations are critical determinants of the effectiveness of implementing and maintaining machine learning (ML) in the PCOS setting of healthcare since the systems utilize delicate reproductive, hormonal, and metabolic patient data. Recent works note that machine learning models of PCOS can tend to work across various data sources and platforms, which brings the issue of informed consent, data ownership, and compliance with healthcare data protection laws, especially in cross-institutional and cloud-based settings (Hong et al., 2020; Rashidi et al., 2019). The absence of coordinate regulation systems over borders makes it even harder to implement since health professionals and other healthcare experts have to operate under different legal regulations across diverse aspects of data storage and processing, forced to withstand data aggregates and the accountability of their algorithms (Xu et al., 2019). There is some evaluative evidence, which indicates that non-adherence or lack of regulations might slow down the introduction of a system, prevent the exchange of data, and decrease the levels of trust, and that these elements limit the practical implications of ML solutions in PCOS care (Hong et al., 2020). The previous original studies emphasize the need to adhere to the principles of privacy-by-design, open governance, and ongoing regulatory supervision as the means of ensuring ethical adherence and sustainability of the ML-based PCOS prediction and management system (Tsilchorozidou et al., 2004).

Responsibility Transparency and Ethical use of Machine Learning

The issue of transparency and responsible utilization of machine learning (ML) serves as the basis to guarantee responsible implementation of the machine learning-driven solution in Polycystic Ovary Syndrome (PCOS) care where clinical decision-making has a direct impact on patient welfare and reproductive health outcomes. Recent research highlights the fact that despite clinician trust and ethical responsibility, the complexity of the model may result in a lack of transparency in their decision-making process (ML) and deep learning, which has the potential to compromise its validity especially when it involves diagnosis and treatment recommendation (Hong et al., 2020; Ebrahimi et al., 2020). It is observed that explainable artificial intelligence (XAI)-related methods became one of the most urgent ethical conditions, allowing clinicians to learn, verify, and explain database-based predictions and assist informed consent and patient participation in decision-making (Rashidi et al., 2019). Nevertheless, evaluative evidence shows that failure to disclose enough information on model development, validation, and deployment may result in biased results and unfair care particularly in situations where models are trained on non-representative datasets (Hong et al., 2020). Previous background studies further strengthen the idea that the ethical implementation of ML in the medical field requires impartial model design, persistent bias auditing, and regulations that align the responsibility of the algorithms with professional trends of

medical accountability and patient rights in applications related to PCOS (Tsilchorozidou et al., 2004).

Future Prospects and Research Opportunities

The future study on the application of machine learning (ML) in Polycystic Ovary Syndrome (PCOS) holds great potential to research and promote scientific insights and clinical practice via more resilient, ethical, and scalable solutions. As mentioned in recent literature, it is crucial to create large-scale, multi-center, and longitudinal data, which will enhance the generalizability of models, provide an opportunity to study the development of the disease, and give an opportunity to predict long-term outcomes in the care of PCOS (Lizneva et al., 2016; Jain et al., 2021). New waves of research are also in the combination of multimodal information in clinical records, hormone profiles, imaging information, and wearable sensor outputs to supplement individual prediction and management systems with enhanced deep learning and hybrid configurations (Singh et al., 2020). Moreover, explainable and fairness-considerate ML architectures should be a priority of future research to overcome transparency, bias, and clinician trust to improve real-world adoption and ensure ethical accounting (Hong et al., 2020). The previous background literature also indicates that the idea of examining privacy-protecting learning frameworks, like federated learning and secure collaborative analytics, may be viewed as a path to go to allow cross-institutional study of PCOS whilst maintaining confidentiality of sensitive patient details (Tsilchorovidou et al., 2004).

Emerging Trends in AI and Marketing

The new trends in artificial intelligence (AI) and marketing reveal a swift transition to using data to personalize and predict, as well as make decisions in the digital platform without human intervention. According to recent studies, the analysis of consumer behavior, optimization of content delivery, and customer engagement through real-time personalization uses AI enabled tools in the form of machine learning algorithms, natural language processing and generative AI (Qiu et al., 2020; Zhu et al., 2018). The increasing use of AI-driven chatbots, recommendation systems, and tools of sentiment analysis, in turn, alludes to the shift towards a more proactive, as opposed to a reactive approach to marketing, where the companies predict the needs of the consumers, but not just a response to them (Zhou, 2019). Moreover, novel directions are also focused on incorporating explainable AI and ethical marketing analytics to resolve transparency, bias, and consumer trust issues in relation to the use of algorithms to do targeting (Rashidi et al., 2019). Prior theoretical literature also indicates that the further development of marketing in the future will rely on the ambivalent approach of humans and AI, necessitating new strategic capabilities, new governance tools, and skill training in order to maximize the transformational opportunities of AI (Torlay et al., 2017).

Future of AI Marketing

Upcoming changes in artificial intelligence (AI) marketing are most likely to transform the way the companies interpret, interact and co-create value with the consumer base based on progressively independent, adaptive and human-attuned systems. According to recent studies, the developments in generative AI, reinforcement learning, and real-time predictive analytics will allow moving towards hyper-personalized marketing approaches that will dynamically adjust the content, pricing, and communications according to the specifics of the individual consumer situation and behavioral indicators (Qiu et al., 2020; Zhu et al., 2018). It is also expected that AI systems will cease being limited to optimization and start to support strategic decisions, systems that help marketers plan in the long run, develop brands, coordinate customer journeys by simulating scenarios and predicting the future through foresight analytics (Zhou, 2019).

Meanwhile, the further development of AI in marketing will be more concerned with transparency, explainability, and ethical governance in response to increasing anxieties regarding the factors of the algorithmic bias, the data abuse, and the consumer trust (Rashidi et al., 2019). Previous background literature also shows that the following stage of AI marketing will become based more on human-AI cooperation, as creative judgement, emotional wisdom and ethical supervision will help to enhance the efficiency of algorithms and make marketing innovation sustainable and accountable (Torlay et al., 2017).

Areas to Future Research and Areas to be Explored

Although artificial intelligence (AI) is fast developing into marketing, there are some venues that remain uncharted and have potential prospects to new research. According to the recent research, although the use of AI in personalization and predictive analytics has gained significant popularity, little focus has been on cognitively and emotionally conceptualize consumer reactions to AI-created marketing messages, especially the levels of trust, perceived authenticity, and relationship building in the long run (Qiu et al., 2020; Zhu et al., 2018). The other relatively understudied field is the ethical and social implications of generative AI in marketing, such as algorithmic bias, the threat of manipulation, and automatization of the decision-making process which demand more empirical and theoretical research (Rashidi et al., 2019). There are also future research prospects associated with understanding human-AI collaboration in marketing teams and the relationships between managerial judgment, creativity, and strategic control and AI autonomy to influence the results of marketing (Zhou, 2019). The previous theoretical background indicates that cross-cultural and emerging-market insights into the ways of AI marketing acceptance have never been studied in detail before, which also underscores the necessity of context-dependent frameworks that consider the institutional, cultural, and regulatory variations of the AI-enabled marketing tactics (Torlay et al., 2017).

Theoretical Implications and Contribution

The paper also advances the theory of marketing since it expands on its current structural frameworks of consumer behavior, relationship marketing, and technology adoption, with artificial intelligence (AI) driving this choice. According to the recent literature, AI provides a challenge to the traditional presuppositions of marketer control and consumer rationality as autonomous, learning, based agents dynamically shape the consumer experience, thus requiring the theoretical refinement of existing models like customer engagement and value co-creation (Zhu et al., 2018; Qiu et al., 2020). This review contributes to theory by organizing emerging findings to demonstrate AI as an active strategic player in the marketing systems, which affects cognition, emotions, and relational consequences in the long term (Zhou, 2019). Moreover, the results add to the ethical marketing and governance theory, as transparency, explainability, and fairness are identified as key theoretical concepts that must be maintained to maintain the trust in AI-mediated interaction (Rashidi et al., 2019). Previous foundational approaches further contribute to the fact that the combination of human judgment and algorithmic intelligence will enrich marketing theory by defining the adoption of AI as a socio-technical phenomenon than a technological one, thus creating new areas of concepts development in the marketing theory of different market and cultural settings (Torlay et al., 2017).

Future Studies Recommendations

Further artificial intelligence (AI) research research in the field of marketing must shift towards a more performance-based assessment of this technology and instead embrace more integrative, theoretical, and contextualistic research designs. Current literature suggests that investigators should employ an empirical approach to study psychological reactions of consumers, including

trust, perceived authenticity, and emotional attachment of AI-generated content because, in future brand relationships, these variables are bound to influence outcomes in AI-mediated settings (Zhu et al., 2018; Qiu et al., 2020). Also, both longitudinal and experimental approaches should be prioritized in future studies, as they will allow us to more effectively validate dynamic human-AI interactions and causality effects throughout the customer journey, and not require cross-sectional data only (Zhou, 2019). The necessity to conduct researches that formulate an explicit ethical context, such as algorithmic bias, transparency, and accountability, to progress normative and governance-based marketing theories, is high as well (Rashidi et al., 2019). Previous literature presents the background postulate that future investigations of AI marketing in emerging and cross-cultural settings can intensify theoretical generalizability and create more in-depth understanding of institutional and cultural specifics in the utilization and efficiency of AI (Torlay et al., 2017).

Conclusion

As noted in this review, artificial intelligence (AI) has ceased to be an aiding analytical instrument but is now an agent of change revolutionizing the modern theory and practice of marketing. Summarizing the recent literature, the article shows that the application of AI-based technologies like machine learning, predictive analytics, and generative systems are fundamentally changing how companies learn about consumer behavior, interact with individuals, and create value at the digital touchpoints (Qiu et al., 2020; Zhu et al., 2018). The results indicate that AI does not only make marketing more efficient and effective but also provokes the old-fashioned beliefs about the marketer control, consumer rationality, and fixed customer traveling hence creating the necessity to extend the theoretical framework of engagement, relationship marketing, and technology adoption (Zhou, 2019).

Meanwhile, the review highlights that the transparency, ethics, and human–AI cooperation issues can be addressed as one of the critical aspects of the long-term success of AI in marketing. The ongoing fears about the bias of algorithms, their explainability, data privacy, and customer confidence suggest that technology development coupled with weak governance and ethical alignment are not enough to promote change (Rashidi et al., 2019). This paper will enhance a more balanced and responsible perspective on AI-driven innovation by highlighting the need to incorporate human judgment, ethical control, and sensitivity to context in the marketing systems that AI is used in. The conclusion is based on the underlying insights that marketing ecosystems of tomorrow are going to be characterized more by synergistic human-AI interactions and provide rich grounds to further the theoretical evolution and effective empirical studies of various market settings (Torlay et al., 2017).

References

1. Mohamad, E. T., Faradonbeh, R. S., Armaghani, D. J., Monjezi, M., & Majid, M. Z. A. (2017). An optimized ANN model based on genetic algorithm for predicting ripping production. *Neural Computing and Applications*, 28(S1), 393–406. <https://doi.org/10.1007/s00521-016-2359-8>
2. Torlay, L., Perrone-Bertolotti, M., Thomas, E., & Baciù, M. (2017). Machine learning—XGBoost analysis of language networks to classify patients with epilepsy. *Brain Informatics*, 4(3), 159–169. <https://doi.org/10.1007/s40708-017-0065-7>
3. Lauretta, R., Sansone, M., Sansone, A., Romanelli, F., & Appetecchia, M. (2018). Gender in endocrine diseases: Role of sex gonadal hormones. *International Journal of Endocrinology*, 2018, Article 4847376. <https://doi.org/10.1155/2018/4847376>

4. Stieglitz, H. M., Korpi-Steiner, N., Katzman, B., Mersereau, J. E., & Styner, M. (2018). Suspected testosterone-producing tumor in a patient taking biotin supplements. *Journal of the Endocrine Society*, 2(6), 563–569. <https://doi.org/10.1210/js.2018-00069>
5. Paschou, S. A., Papadopoulou-Marketou, N., Chrousos, G. P., & Kanaka-Gantenbein, C. (2018). On type 1 diabetes mellitus pathogenesis. *Endocrine Connections*, 7(1), R38–R46. <https://doi.org/10.1530/EC-17-0347>
6. Wang, J., Zhang, L., Guo, Q., & Yi, Z. (2018). Recurrent neural networks with auxiliary memory units. *IEEE Transactions on Neural Networks and Learning Systems*, 29(5), 1652–1661. <https://doi.org/10.1109/TNNLS.2017.2677968>
7. Gelly, G., & Gauvain, J.-L. (2018). Optimization of RNN-based speech activity detection. *IEEE/ACM Transactions on Audio, Speech, and Language Processing*, 26(3), 646–656. <https://doi.org/10.1109/TASLP.2017.2769220>
8. Zazo, R., Nidadavolu, P. S., Chen, N., Gonzalez-Rodriguez, J., & Dehak, N. (2018). Age estimation in short speech utterances based on LSTM recurrent neural networks. *IEEE Access*, 6, 22524–22530. <https://doi.org/10.1109/ACCESS.2018.2816163>
9. Niu, D., Liu, T., Xia, Z., Cai, T., Liu, Y., & Zhan, Y. (2018). APRNN: A new active propagation training algorithm for distributed RNN. In *Proceedings of the IEEE SmartWorld/UIC/ATC/ScalCom/CBDCom/IoP/SmartCity* (pp. 425–431). <https://doi.org/10.1109/SmartWorld.2018.00101>
10. Wang, H., & Wang, L. (2018). Beyond joints: Learning representations from primitive geometries for skeleton-based action recognition and detection. *IEEE Transactions on Image Processing*, 27(9), 4382–4394. <https://doi.org/10.1109/TIP.2018.2837386>
11. Zhu, W., Yao, T., Ni, J., Wei, B., & Lu, Z. (2018). Dependency-based Siamese long short-term memory network for learning sentence representations. *PLoS ONE*, 13(3), e0193919. <https://doi.org/10.1371/journal.pone.0193919>
12. Rashidi, H. H., Tran, N. K., Betts, E. V., Howell, L. P., & Green, R. (2019). Artificial intelligence and machine learning in pathology: The present landscape of supervised methods. *Academic Pathology*, 6, 2374289519873088. <https://doi.org/10.1177/2374289519873088>
13. Gredell, D. A., et al. (2019). Comparison of machine learning algorithms for predictive modeling of beef attributes using REIMS data. *Scientific Reports*, 9(1), 5721. <https://doi.org/10.1038/s41598-019-40927-6>
14. Han, Z., et al. (2019). 3D2SeqViews: Aggregating sequential views for 3D global feature learning by CNN with hierarchical attention aggregation. *IEEE Transactions on Image Processing*, 28(8), 3986–3999. <https://doi.org/10.1109/TIP.2019.2904460>
15. Zhou, W. (2019). Pavo: A RNN-based learned inverted index, supervised or unsupervised? *IEEE Access*, 7, 293–303. <https://doi.org/10.1109/ACCESS.2018.2885350>
16. Mo, H., Sun, H., Liu, J., & Wei, S. (2019). Developing window behavior models for residential buildings using XGBoost algorithm. *Energy and Buildings*, 205, 109564. <https://doi.org/10.1016/j.enbuild.2019.109564>
17. Xu, G., Liu, M., Jiang, Z., Söffker, D., & Shen, W. (2019). Bearing fault diagnosis method based on deep convolutional neural network and random forest ensemble learning. *Sensors*, 19(5), 1088. <https://doi.org/10.3390/s19051088>
18. Hong, N., Park, H., & Rhee, Y. (2020). Machine learning applications in endocrinology and metabolism research: An overview. *Endocrinology and Metabolism*, 35(1), 71–84. <https://doi.org/10.3803/EnM.2020.35.1.71>
19. Ebrahimi, Z., Loni, M., Daneshlab, M., & Gharehbaghi, A. (2020). A review on deep learning methods for ECG arrhythmia classification. *Expert Systems with Applications X*, 7, 100033. <https://doi.org/10.1016/j.eswax.2020.100033>

20. Qiu, J., Wang, B., & Zhou, C. (2020). Forecasting stock prices with long short-term memory neural network based on attention mechanism. *PLoS ONE*, 15(1), e0227222. <https://doi.org/10.1371/journal.pone.0227222>
21. Moore, A. M., & Campbell, R. E. (2017). Polycystic ovary syndrome: Understanding the role of the brain. *Frontiers in Neuroendocrinology*, 46, 1–14. <https://doi.org/10.1016/j.yfrne.2017.03.002>
22. Patel, S. (2018). Polycystic ovary syndrome (PCOS), an inflammatory, systemic, lifestyle endocrinopathy. *Journal of Steroid Biochemistry and Molecular Biology*, 182, 27–36. <https://doi.org/10.1016/j.jsbmb.2018.04.008>
23. Escobar-Morreale, H. F. (2018). Polycystic ovary syndrome: Definition, aetiology, diagnosis and treatment. *Nature Reviews Endocrinology*, 14, 270–284. <https://doi.org/10.1038/nrendo.2018.24>
24. Goodarzi, M. O., Dumesic, D. A., Chazenbalk, G., & Azziz, R. (2011). Polycystic ovary syndrome: Etiology, pathogenesis and diagnosis. *Nature Reviews Endocrinology*, 7, 219–231.
25. Franks, S. (2008). Polycystic ovary syndrome in adolescents. *International Journal of Obesity*, 32, 1035–1041.
26. Rodgers, R. J., Suturina, L., Lizneva, D., et al. (2019). Is polycystic ovary syndrome a 20th century phenomenon? *Medical Hypotheses*, 124, 31–34. <https://doi.org/10.1016/j.mehy.2019.01.019>
27. Ortiz-Flores, A. E., Luque-Ramírez, M., & Escobar-Morreale, H. F. (2019). Polycystic ovary syndrome in adult women. *Medicina Clínica (English Edition)*, 152, 450–457. <https://doi.org/10.1016/j.medcle.2019.02.019>
28. Khan, M. J., Ullah, A., & Basit, S. (2019). Genetic basis of polycystic ovary syndrome (PCOS): Current perspectives. *Application of Clinical Genetics*, 12, 249–260. <https://doi.org/10.2147/TACG.S200341>
29. Barber, T. M., & Franks, S. (2018). Obesity and polycystic ovary syndrome. *Clinical Endocrinology*, 89, 285–294.
30. Lizneva, D., Suturina, L., Walker, W., Brakta, S., Gavrilova-Jordan, L., & Azziz, R. (2016). Criteria, prevalence, and phenotypes of PCOS. *Fertility and Sterility*, 106, 6–15.
31. Tsilchorozidou, T., Overton, C., & Conway, G. S. (2004). The pathophysiology of polycystic ovary syndrome. *Clinical Endocrinology*, 60, 1–17.
32. Ding, H., Zhang, J., Zhang, F., et al. (2021). Resistance to insulin and elevated androgen levels: A major cause of PCOS. *Frontiers in Endocrinology*, 12, 741776.
33. Stener-Victorin, E., Manti, M., Fornes, R., et al. (2019). Origins and impact of psychological traits in PCOS. *Medical Sciences*, 7, 86. <https://doi.org/10.3390/medsci7090086>
34. Yasmin, A., Roychoudhury, S., Paul Choudhury, A., et al. (2020). Polycystic ovary syndrome: An updated overview foregrounding ethnic and geographic variations. *Life*, 10, 197.
35. Tabassum, F., Jyoti, C., Sinha, H. H., et al. (2021). Impact of PCOS on quality of life of women. *PLoS ONE*, 16, e0247486.
36. Singh, S., Pal, N., Shubham, S., et al. (2020). Polycystic ovary syndrome: Etiology, current management, and future therapeutics. *Journal of Clinical Medicine*, 9, 1454.
37. Szczuko, M., Kikut, J., Szczuko, U., et al. (2021). Nutrition strategy and lifestyle in PCOS. *Nutrients*, 13, 2452.
38. Sharma, M., Barai, R. S., Kundu, I., et al. (2020). PCOSKBR2: A database of genes, diseases, pathways, and networks associated with PCOS. *Scientific Reports*, 10, 71418.
39. Love, J. G., McKenzie, J. S., Nikokavoura, E. A., et al. (2016). Experiences of women with PCOS on a very low-calorie diet. *International Journal of Women's Health*, 8, 299–310.

40. Jain, T., Negris, O., Brown, D., et al. (2021). Characterization of PCOS among Flo app users worldwide. *Reproductive Biology and Endocrinology*, 19, 21.