Bree Collaborative | Perimenopause and Menopause
February 11th 2026| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Nicole Saint Clair, MD, FACOG (chair), Regence
Karin Inderbitzin, RN, BSN, WA HCA
Laura Marie MacPherson, MSN, Molina
Drew Oliveira, MD, MHA, Washington Health Alliance
Annelise Gaaserud, MD, Kaiser Permanente
Carolyn Halley, MD, Healthpoint
Asher Strauss, PsyD, Kinwell
Kris Somol, ND, Bastyr University
Cyndi Tefft, Microsoft

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative

WELCOME AND INTRODUCTIONS

Beth reviewed the agenda for the day and invited the following new members to introduce themselves:

- Kris Somol, ND, Bastyr University
- Asher Strauss, PsyD, Kinwell
- Cyndi Tefft, Microsoft

PRESENT& DISCUSS: CLINICAL PRACTICE GUIDELINES AND POSITION STATEMENTS

Dr. Saint Clair transitioned the group to review similarities and differences between several professional associations. Beth reviewed the following:

- scope and focus of guidelines from ACOG, NAMS, the European Society, and the Canadian Menopause Society, noting that ACOG emphasizes bone health and osteoporosis, NAMS provides broad coverage including non-hormonal therapies, the European Society focuses on diagnostic criteria and special populations, and the Canadian guidelines cover a wide range of menopause-related domains.
- Various grading systems were outlined: ACOG's strong/conditional recommendations and quality of evidence ratings, NAMS's three-level evidence system, the European Society's recommend/suggest format, and the Canadian Society's strong/conditional recommendations with explicit implications for patients, clinicians, and policymakers.
- Differences in Hormone Therapy Recommendations:
    - NAMS quantifying absolute risks and emphasizing individualized approaches
    - the European Society advocating caution especially for those with comorbidities
    - Canadian guidelines balancing effectiveness with risk minimization and special considerations for breast cancer survivors.
- Differences in Nonhormonal Therapy Recommendations
    - NAMS and Canadian guidelines provide detailed grading of non-hormonal therapies and behavioral interventions such as CBT
    - European Society doesn’t discuss nonhormone therapies
    - all guidelines recommend non-hormonal options when hormone therapy is contraindicated.
- See full slides here

DISCUSS: DESIRED OUTCOMES

Beth transitioned the meeting to create a list of desired outcomes. The list below is what the workgroup came up with:

1. Common understanding of the experience of perimenopause and menopause as a transition of life
2. Promoting universal shared decision-making around risk reduction and symptom management
3. Clearly defining what testing and treatments are evidence-based, limits of the evidence to date, and gaps in evidence for testing and treatment
4. Menopause is a timepoint in which patients and clinicians address comprehensive mid-life health (e.g., nutrition, hydration, chronic disease prevention, etc.)
5. Proactive communication about the menopause transition (at home, clinical settings, workplace settings, public health)
6. Employers support their employees and dependents through menopause transition through benefit design, employee accommodations, workplace management, opportunities to discuss menopause, etc.
7. Equity in menopause transition: populations for which general recommendations might not apply and have guidance where able
8. Care for perimenopause and menopause is integrated into medical education, training and practice

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Saint Clair invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review and finalize drafted focus areas and workplan. The workgroup's next meeting will be on Wednesday, March 11th from 2:30-4PM.