

EAA Andrology Training Centre
Centre Report

2020-2022

Name and address of Centre:

Department of Growth and Reproduction
Copenhagen University Hospital, Rigshospitalet, section 5064
Blegdamsvej 9
DK-2100 Copenhagen Denmark

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E-mail, centre director: Niels.Joergensen@regionh.dk

CENTRE REPORT

The previous report from 2020 described activities in the centre in the years 2017, 2018 and 2019. Thus, the current report describes activities in the years 2020, 2021 and 2022.

History of Centre

The Department of Growth and Reproduction was established in 1990 by Professor Niels Skakkebak. By the end of July 2006 Niels Skakkebak retired as head of department. Professor Anders Juul took over as head of the department. In 2005, before Niels Skakkebak retired Dr. Niels Jørgensen became chief of the clinical andrological functions of the department and EAA centre director.

The Department of Growth and Reproduction has clinical and research interests in reproductive development, function and disease as well as in growth and its disorders. The department is one of many departments, which are comprised within the Juliane Marie Centre for Children, Women and Reproduction. The other departments include Obstetrics & Gynaecology, the Fertility clinic, Paediatrics, Paediatric Surgery, Neonatology, Ultrasound and Clinical Genetics. The Juliane Marie Centre is one of 8 centres within Rigshospitalet (the National University Hospital).

Since 1990 the department has investigated and treated children, adolescents and adults with one or more of the following diagnoses: growth disorders, hypopituitarism, androgen insensitivity syndrome, congenital genital malformations, congenital adrenal hyperplasia, disturbed pubertal development, Kallman syndrome, Klinefelter syndrome, gynecomastia and testosterone deficiency. Since 2019 transgender patients below 18 years of age has also been treated at the department. The department has long-standing expertise in diagnosing and treating male infertility problems, including post-treatment for testicular cancer. Since 2009 an increasing number of men with gynecomastia have been examined at the department. This increase happened after the department showed that gynecomastia should be considered as an andrological disease rather than a condition needing primary surgical treatment.

Since the beginning the department has had its own laboratories:

- **The semen laboratory** investigates semen samples from men from infertile couples investigated at Rigshospitalet, men from couples treated at private fertility clinics as well as men referred for semen analysis as part of the initial investigation couple infertility. Additionally, the laboratory examines semen samples from men included in scientific studies.
- **The histological laboratory** receives, processes and performs histological evaluation of testicular biopsies (including spermatogenesis assessment, diagnosis of testicular germ cell neoplasia and testicular dysgenesis). In addition, the laboratory contributes to research projects involving immunohistochemistry and in situ hybridisation.

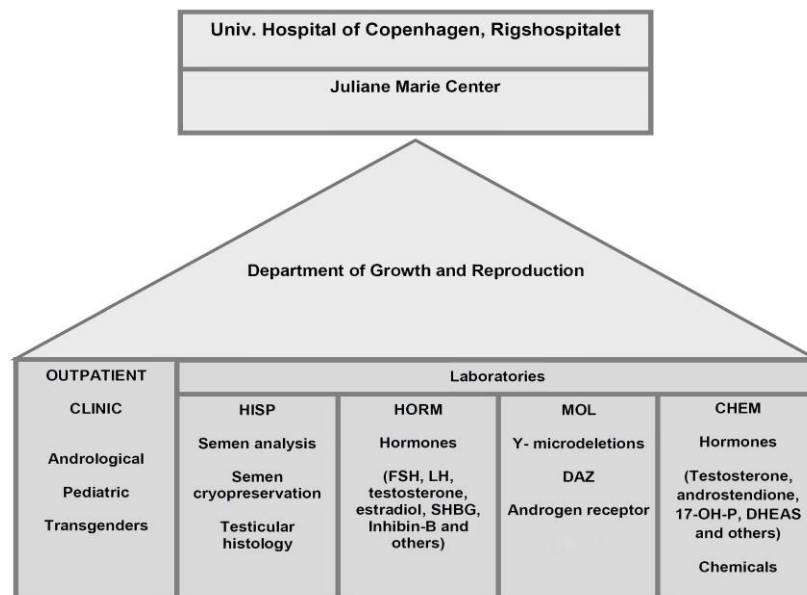
- **The semen bank** stores ejaculates from patients referred before treatment that potentially will impair their future semen quality, mainly cancer treatment or immunosuppressive treatment.
- **The hormone laboratory** measures hormones relevant for clinical and research activities (FSH, LH, Testosterone, SHBG, Estradiol, Inhibin A and B, Growth Hormone, IGF-I (Insulin-like Growth Factor I) and IGF-BP3. Several other hormones are determined as part of research projects.
- **The molecular biology laboratory** mainly performs analysis for Y-chromosome microdeletions and presence of *SRY* as well as determination of various genetic polymorphisms.
- **The laboratory of chemical analysis** is equipped for high resolution liquid chromatography - tandem mass spectrometry (HPLC-MS/MS) - and performs analysis androgens, estrogens and various chemicals like phthalates, parabens and alkyl phenols.

All laboratory activities are certified by the Danish Accreditation Fund (DANAK) according to ISO standard 15189.

The department has been an EAA certified training centre in andrology since 1994.

Organization of Centre

The organization of the centre is shown in the chart below. The organization is the same as described in the previous report.



Educational activities

Twice annually: One day course in Andrology for medical students

Post graduate courses (since EAA-report 2020):

- 1 March 24 2022, Vejle, Denmark: Teaching at course for trainees in clinical biochemistry: „Male hypogonadism“.
 - 2 June 27- July 1 2022, Zagreb, Croatia: EAA SUMMER SCHOOL - Testis Histology and Pathology for Clinical Andrologists and Embryologists, in Zagreb, Croatia. Organized jointly by EAA training centres in Zagreb and Copenhagen.
 - 3 16-17 May 2022, Copenhagen, Denmark: PhD-course „Genetics of Reproduction“
 - 4 June 2-3 2022, Copenhagen, Denmark: PhD-course „Life cycle in Medicine“ (Big Data-disease trajectories, Biobanks, Genetics of reproduction, presentation techniques“.
 - 5 September 21-22 2022, Copenhagen, Denmark: PhD-course „Reproductive Epidemiology“
 - 6 May 11 2023, Copenhagen, Denmark: Postgraduate course for trainees in medical endocrinology: „Male hypogonadism“.
 - 7 June 7-9 2023, Copenhagen, Denmark: Course in Andrological Endocrinology for clinicians and researchers with interest in andrology. EAA approved (and supported) course.
 - 8 2022+2023: „Evening meetings“ at 8 private fertility clinics throughout Denmark: „Male infertility“
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Research activities

The department has research activities within adult and pediatric andrology, endocrine disruption and transgenders besides research within growth disorders.

Focus areas are:

- Normal testicular development and function
 - Early exposures and adverse developmental effects on testicular function
 - Early and current exposures effect on sexual maturation in humans
 - Pubertal development
 - Adult life-style and testis function
 - Temporal trends and age-related changes in testis function
 - Testicular function and long-term health
 - Bone-gonadal interaction
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- Improvement of methods of semen analysis
 - Germ cell cancer – clinical and epigenetic aspects
 - Clinical aspects of adolescent transgenders
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Clinical activities

The summary statistics of the clinical activities of the andrological section of Department of Growth and Reproduction are shown in section 4.

For all main categories of referred patients (infertile, gynecomastia, testosterone deficiency and semen banking) standardized procedures are used. The principle is that after referral a standardized diagnostic procedure is performed followed by a consultation in the out-patient clinic when the initial results are available. E.g. for infertile men results of two recent semen samples have to be available together with results of blood samples analyzed for reproductive hormone levels and relevant genetics before the first actual visit in the out-patient clinic takes place. At this visit the detailed patient history is obtained, and a physical examination is performed – including ultrasound examination of testicles. The results of the investigations are then discussed with the patient and a conclusion made regarding further work-up or treatment.

Type of Centre

University
 University Hospital
 Private Centre

Other (please specify)

1a. Director

Niels Jørgensen, MD, PhD, specialist in medical endocrinology

Academician Regular Member EAA Certified Clin. Andrologist

1ba. Director

Head of department, Anders Juul, MD; Professor, specialist in pediatrics

Academician Regular Member EAA Certified Clin. Andrologist

2a. Present Staff (clinical, specialist)

1) Name Niels Jørgensen (responsible, clinical activities)
 Degree MD, PhD
 Speciality Endocrinologist
 Full/part time Full time andrology

Academician Regular Member EAA Certified Clin. Andrologist

2) Name Lise Aksglæde
 Degree MD, PhD
 Speciality Clinical Genetics
 Full/part time Full time andrology

Academician Regular Member EAA Certified Clin. Andrologist

3) Name Peter Christiansen
 Degree MD
 Speciality Pediatrics (pediatric and adult andrology)
 Full/part time Part time andrology (25%)

Academician Regular Member EAA Certified Clin. Andrologist
 Name Katharina Main

4) Degree MD, PhD
 Speciality Pediatrics (pediatric andrology)
 Full/part time Part time andrology (25%)

Academician Regular Member EAA Certified Clin. Andrologist

2b. Present Staff (clinical, junior)

5) Name Laura Smidt Hansen
 Degree MD
 Speciality Trainee
 Full/part time Full time (20% clinical, 80% research)

Academician Regular Member EAA Certified Clin. Andrologist

6) Name Anders Kassem
 Degree MD
 Speciality Trainee
 Full/part time Full time

Academician Regular Member EAA Certified Clin. Andrologist

7) Name Olivia Maltha Duun
 Degree MD
 Speciality Trainee
 Full/part time Full time

Academician Regular Member EAA Certified Clin. Andrologist

8) Name Julie Spang Frandsen
 Degree MD
 Speciality Trainee
 Full/part time Full time

Academician Regular Member EAA Certified Clin. Andrologist

Insert any additional staff below (if required)

MD/Biologists/Chemists/Public Health

1) Name Trine Holm Johannsen
 Degree MD, PhD
 Speciality Clinical Chemistry
 Full time/part time Full time (Horm lab, quality assurance/ISO)

Academician Regular Member EAA Certified Clin. Andrologist

2) Name Hanne Frederiksen
 Degree MSc, PhD
 Speciality Chemist
 Full time/part time Full time (Chem lab)

Academician Regular Member EAA Certified Clin. Andrologist

3) Name Jakob Albrethsen
 Degree MSc, PhD
 Speciality Biochemist
 Full time/part time Full time (Chem lab)

Academician Regular Member EAA Certified Clin. Andrologist

4) Name Anna-Maria Andersson
 Degree MSc, PhD
 Speciality Biologist
 Full time/part time Full time (Horm lab, CEHOS)

Academician Regular Member EAA Certified Clin. Andrologist

5) Name Kristian Almstrup
 Degree MSc, PhD
 Speciality Biologist
 Full time/part time Full time (Mol lab)

Academician Regular Member EAA Certified Clin. Andrologist

6) Name Jørgen Holm Petersen
 Degree MSc, PhD
 Speciality Statistician
 Full time/part time Part time

Academician Regular Member EAA Certified Clin. Andrologist

7) Name Lærke Priskorn
 Degree MSc
 Speciality Public Health
 Full time/part time Full time

Academician Regular Member EAA Certified Clin. Andrologist

8) Name Jørgen Christensen
 Degree _____
 Speciality IT support
 Full time/part time Full time

Academician Regular Member EAA Certified Clin. Andrologist

9) Name Niels Skakkebak
 Degree Professor, MD
 Speciality Pediatrics
 Full time/part time Part time

Academician Regular Member EAA Certified Clin. Andrologist

Insert any additional staff below (*if required*)

Specialists

- | | |
|---------|--|
| 1) Name | Line Cleemann, MD, PhD, Pediatrics |
| 2) Name | Casper Hagen, MD, PhD, Pediatrics |
| 3) Name | Nina M. Nygaard, MSc, senior researcher (andrology) |
| 4) Name | Sofia Boeg Winge, MSc, senior researcher (andrology) |
| 5) Name | Stine A. Holmboe, MSc, senior researcher (EDCs) |

PhD Students

- | | |
|----------|---|
| 1) Name | Ann Holm Hansen, MSc, public health (andrology) |
| 2) Name | Cecile Skaarup Uldbjerg, MSc, public health (andrology) |
| 3) Name | Trine Koch Hueng, MSc, public health (andrology) |
| 4) Name | Gülizar Saritas, MSc (andrology) |
| 5) Name | Ailsa Maria Main, MD (andrology) |
| 6) Name | Gylli Mola, MD (pediatrics) |
| 7) Name | Michala Rosa Birch Mottlau, MSc (andrology) |
| 8) Name | Astrid Linnea Beck, MSc, public health (andrology) |
| 9) Name | Andres Fritzbøgger, MD (andrology) |
| 10) Name | Pernille Badsberg Norup, MD (transgender) |
| 11) Name | Moshin Aslam, MD (transgender) |
| 12) Name | Lea Slot Vilmann, MD (pediatrics) |
| 13) Name | Charlotte Ehlers Thomsen, MD (pediatrics) |
| 14) Name | Maria Lykkegaard-Kelstrup, MD (pediatrics) |
| 15) Name | Nanna Reymann Ravnborg, MD (pediatrics) |
| 16) Name | Margit Bistrup Fischer, MD (pediatrics) |

Nurses

- | | |
|---------|------------------------------|
| 1) Name | Dorte Marslew |
| 2) Name | Britt Schou Tværmosé |
| 3) Name | Kirsten Flyvholm Christensen |

Technicians (in total, N=22)

For abbreviations HISP, HORM, MOL and CHEM, please see figure describing the organization of the centre.

Blood sampling and DXA-scan

- | | |
|---------|----------------------|
| 1) Name | Anette Boye Fosgerau |
| 2) Name | Morten Petersen |

HISP

- | | |
|---------|------------------------------|
| 1) Name | Anne-Mette Kjøge |
| 2) Name | Hanh Thi Hong Phan |
| 3) Name | Nina Schmidt |
| 4) Name | Lene Dalgaard Andersen |
| 5) Name | Kristine Thane Hansen |
| 6) Name | Ingrid Marie-Louise Ulmestål |
| 7) Name | Sabina Emmanuella Sultanova |

8) Name Sissel Marie Bredesen

9) Name Mia Romero

HORM

1) Name Marianne Seilund

2) Name Jessica Socorro Nierras Winther

3) Name Irina Safonenko

4) Name Emilie Frederikke Holm Rasmussen

5) Name Karina Schou

6) Name Asma Jabin Khan

7) Name Maiken Probst

MOL

1) Name Mathilde Widell Bengtsen

2) Name Dijana Maslovaric

CHEM

1) Name Ole Nielsen

2) Name Stine Ehlern Andersen

Administrative Personnel

1) Name Kathrine Hurtigkarl

2) Name Tine Michelsen

3) Name Britt Stricker

4) Name Tina Tronier

5) Name Birgitte Havmøller

6) Name Hanne Lyhne

7) Name Maria Wynne

4. Clinical Activity

A. Outpatients: Consultations per year in the last 3 years

	2020	2021	2022
New patients			
Infertility	911	930	772
Gynecomastia	463	488	403
Testosterone deficiency	203	187	231
Other	<u>121</u>	<u>128</u>	<u>124</u>
In total	1698	1733	1530
Follow-up patients	1951	1935	2035

The number of follow-up patients is estimated: Total number of consultations – new patients = number of consultations, follow-up. Then assuming that each follow-up patient is seen on average twice yearly.

Type of patients in the last years (%)	2020	2021	2022
Infertility	30%	30%	30%
Erectile dysfunction	<1%	<1%	<1%
Hypogonadism	45%	45%	45%
Klinefelter	5%	5%	5%
Gynaecomastia	15%	15%	15%
Varicocele	<1%	<1%	<1%
Cryptorchidism	<1%	<1%	<1%
Male sex accessory gland infections	<1%	<1%	<1%
Testicular tumours	<1%	<1%	<1%
Disorders of gender identity	3%	3%	5%
Other	-	-	-

The percentages are estimated based on total number of consultations and follow-up patient.

B. Ultrasound, testis *

	2020	2021	2022
Total	2001	1985	2085
Controls	50	50	50

* performed at the Department of Growth and Reproduction. Estimated from number of new patients.

C. Andrological surgery procedures

	2020	2021	2022
Testicular biopsies	0	0	0
Varicocele ligation	0	0	0
Prostate biopsies	0	0	0
BPH	0	0	0
Prostate cancer	0	0	0

Vasectomy	0	0	0
Vaso-vasostomy	0	0	0
Other	0	0	0

5. A. Andrology laboratory activity

	2020	2021	2022
Semen analyses	2642	2897	2831
Sperm antibodies*	1500	1500	1400
Seminal markers (fructose)	300	300	300

*Estimated: Assesses on first semen samples

*Estimated: Fructose determined on azoospermic samples, approx. 10% of samples.

5. B. Andrology laboratory activity

Sperm banking donors Yes No

Sperm banking cancer patients Yes No

If yes:

	2020	2021	2022
Number of samples	819	667	653

5. C. Histopathological evaluation of biopsies Yes No

If yes:

	2020	2021	2022
Number of samples	202	260	181
Number of patients	125	167	118

5. D. Reproductive Hormones Assays Yes No

	2020	2021	2022
Immunoassays			
FSH	4549	5380	4552
LH	6278	7127	6202
SHBG	6404	6193	5779
Testosterone	4836	4854	4365
Estradiol	2874	2781	2947
Inhibin-B	6465	6932	6497
LC-MS/MS			
Androgens	2550	2987	2791
17-OHP	533	539	332
Estrogens	2874	3521	3030
INSL3	50	219	355

5. E. Y chromosome microdeletions according to EAA/EMQN guidelines

Yes

No

If yes number of tests in the past year
2020: N=599,
2021: N=789,
2022: N=636

Participation to the EAA quality control scheme?

Yes

No

If no, specify if available in another lab of the same hospital

Yes

No

Blood karyotyping

Yes

No

If no, specify if available in another lab of the same hospital

Yes

No

Other genetic tests (please specify)
FSHB -211G>T, FSHR -29G>A and FSHR 2039A>G

6. Collaborations with other Clinical Units of the University/Hospital

IVF Unit

Yes

No

If yes please specify: Children, Endocrinology, IVF, Urology, Genetics, Pathology

Urology Clinic

Yes

No

Endocrine Clinic

Yes

No

Genetics Lab/Unit

Yes

No

Paediatric Unit

Yes

No

Central Hospital Laboratory

Yes

No

Private Centres

Yes

No

Standardised procedures regarding collaborations with IVF unit and urology units.

7. Clinical teaching activity

Duration of training (years):

	Number
A: Trainees in the last five years	
B: Trainees who passed EAA-ESAU\exam for Clinical Andrologist in the last 5 yrs	1
C: Trainees working in the centre preparing to pass the EAA-ESAU examination	1
D: PhD Students	-
E: Medical Students	-
F: Other students (MSc)	-

8. Formal Andrology teaching programYes No *If yes:* specify duration (years/months):Years Months **9. Research Funding**

Please specify the amount of available funds in the last 3 years and their source (Government, European Union, University, Local Government, Pharmaceutical Industries, Banks, Foundations....)

Year**Total amount (€)** For each year approximately 3 million Euros**Funding****Source(s)** _____*Insert any additional funding below if required*

CENTRE PHOTOS

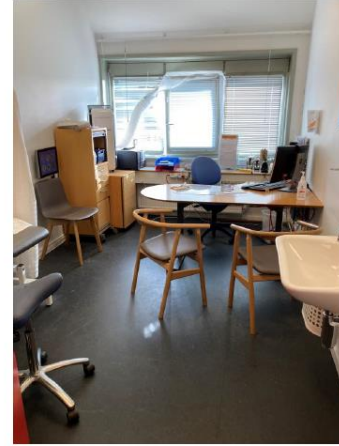
Department of Growth and Reproduction, out-patient clinic



Reception



Blood sampling



Consultation room

Department of Growth and Reproduction, semen laboratory



Waiting area



"Ejaculation room"



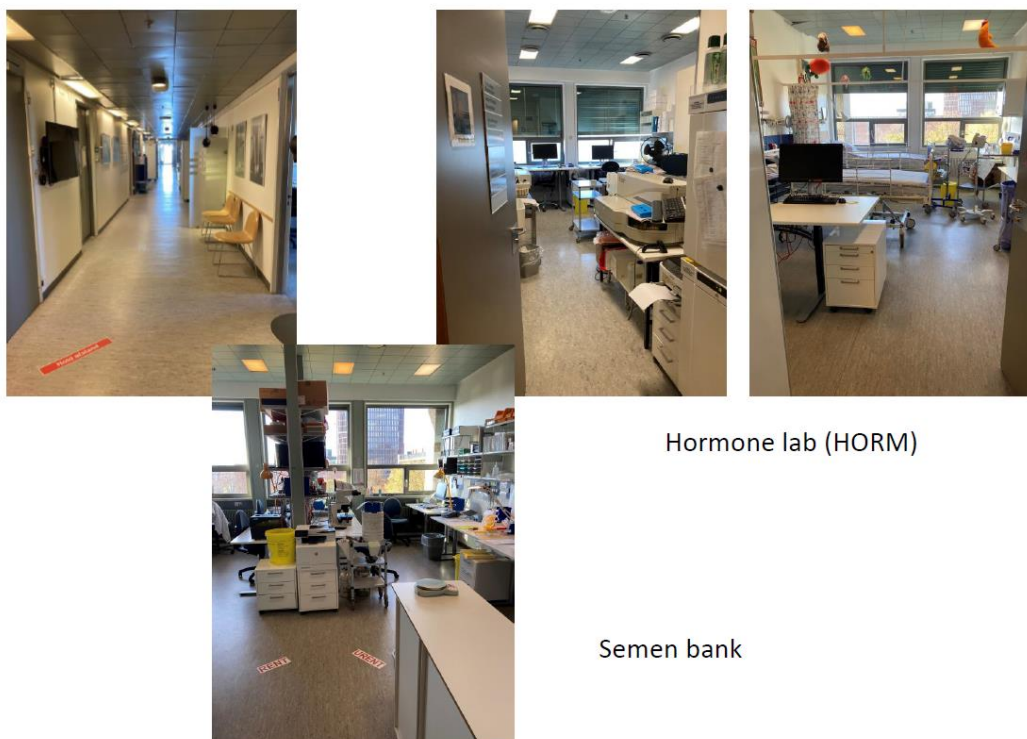
Semen laboratory

Department of Growth and Reproduction, section 5071



Molecular biology laboratory (MOL)

Department of Growth and Reproduction, section 5064



Hormone lab (HORM)

Semen bank

FULL LIST OF PUBLICATIONS of staff members from 2020-2023

The publication list below includes in total 350 publications. A distinction between andrology and andrology related themes is difficult. However, among the 350 publications 177 can be regarded as “true andrological”. The remaining comprises publications relating to pediatrics (excluding pediatric andrology), endocrine disrupters in general and other themes.

2020

1. Aksglaede L, Davis SM, Ross JL, Juul A. Minipuberty in Klinefelter syndrome: Current status and future directions. *American Journal of Medical Genetics, Part C: Seminars in Medical Genetics*. 2020 Jun;184(2):320-326. <https://doi.org/10.1002/ajmg.c.31794>
2. Albrethsen J, Johannsen TH, Jørgensen N, Frederiksen H, Sennels HP, Jørgensen HL et al. Evaluation of Serum Insulin-like Factor 3 Quantification by LC-MS/MS as a Biomarker of Leydig Cell Function. *The Journal of clinical endocrinology and metabolism*. 2020 Jun 1;105(6):1868-1877. <https://doi.org/10.1210/clinem/dgaa145>
3. Albrethsen J, Ljubicic ML, Juul A. Longitudinal Increases in Serum Insulin-like Factor 3 and Testosterone Determined by LC-MS/MS in Pubertal Danish Boys. *The Journal of clinical endocrinology and metabolism*. 2020 Oct 1;105(10). <https://doi.org/10.1210/clinem/dgaa496>
4. Albrethsen J, Juul A, Andersson A-M. Mass Spectrometry Supports That the Structure of Circulating Human Insulin-Like Factor 3 Is a Heterodimer. *Frontiers in Endocrinology*. 2020;11:552. 552. <https://doi.org/10.3389/fendo.2020.00552>
5. Almstrup K, Lobo J, Mørup N, Belge G, Rajpert-De Meyts E, Looijenga LHJ et al. Application of miRNAs in the diagnosis and monitoring of testicular germ cell tumours. *Nature reviews. Urology*. 2020 Apr;17(4):201-213. <https://doi.org/10.1038/s41585-020-0296-x>
6. Almstrup K, Frederiksen H, Andersson A-M, Juul A. Levels of endocrine-disrupting chemicals are associated with changes in the peri-pubertal epigenome. *Endocrine Connections*. 2020 Aug;9(8):845-857. <https://doi.org/10.1530/EC-20-0286>
7. Amini H, Dehlendorff C, Lim YH, Mehta A, Jørgensen JT, Mortensen LH et al. Long-term exposure to air pollution and stroke incidence: A Danish Nurse cohort study. *Environment International*. 2020 Sep 1;142:105891. 105891. <https://doi.org/10.1016/j.envint.2020.105891>
8. Andreassen M, Juul A, Feldt-Rasmussen U, Jørgensen N. Semen quality in hypogonadal acromegalic patients. *Pituitary*. 2020 Apr;23(2):160-166. <https://doi.org/10.1007/s11102-019-01018-x>
9. Antonio L, Priskorn L, Nordkap L, Bang AK, Jensen TK, Skakkebaek NE et al. Bone mineral density is preserved in men with idiopathic infertility. *Andrology*. 2020 Mar;8(2):315-322. <https://doi.org/10.1111/andr.12688>
10. Antonio L, Priskorn L, Olesen IA, Petersen JH, Vanderschueren D, Jørgensen N. High serum FSH is not a risk factor for low bone mineral density in infertile men. *Bone*. 2020 Jul;136:115366. <https://doi.org/10.1016/j.bone.2020.115366>
11. Anvari Aria S, Nordström Joensen U, Bang AK, Priskorn L, Nordkap L, Andersson A-M et al. Testicular microlithiasis on scrotal ultrasound in 4850 young men from the general population: associations with semen quality. *Andrology*. 2020 Nov;8(6):1736-1743. <https://doi.org/10.1111/andr.12854>
12. Assens M, Dyre L, Henriksen LS, Brocks V, Sundberg K, Jensen LN et al. Menstrual Pattern, Reproductive Hormones and Transabdominal 3D Ultrasound in 317 Adolescent Girls. *The Journal of clinical endocrinology and metabolism*. 2020 Sep 1;105(9):e3257-e3266. <https://doi.org/10.1210/clinem/dgaa355>
13. Boberg J, Johansson HKL, Axelstad M, Olsen GPM, Johansen M, Holmboe SA et al. Using assessment criteria for pesticides to evaluate the endocrine disrupting potential of non-pesticide chemicals: Case butylparaben. *Environment International*. 2020 Nov;144:105996. <https://doi.org/10.1016/j.envint.2020.105996>
14. Boisen IM, Mos I, Lerche-Black EM, Juul A, Bräuner-Osborne H, Blomberg Jensen M. Heterozygous Mutation (Q459R) in the Calcium-Sensing Receptor Gene Causes Familial Hypocalcemic Hypocalcemia 1 (FHH1). *The Journal of clinical endocrinology and metabolism*. 2020 Apr 1;105(4):E1322-E1330. <https://doi.org/10.1210/clinem/dgz205>
15. Boisen IM, Nielsen JE, Kaludjerovic J, O'Shaughnessy PJ, Andrews PW, Ide N et al. Ectopic FGF23 production induces mineral changes, osteogenic transdifferentiation, and cancer associated microcalcifications. *bioRxiv*. 2020;e. <https://doi.org/10.1101/2020.06.25.171355>
16. Bøllehus Hansen L, Kaludjerovic J, Nielsen JE, Rehfeld A, Poulsen NN, Ide N et al. Influence of FGF23 and Klotho on male reproduction: Systemic vs direct effects. *FASEB Journal*. 2020 Sep 1;34(9):12436-12449. <https://doi.org/10.1096/fj.202000061RR>
17. Bräuner EV, Nordkap L, Priskorn L, Hansen ÅM, Bang AK, Holmboe SA et al. Psychological stress, stressful life events, male factor infertility, and testicular function: a cross-sectional study. *Fertility and Sterility*. 2020 Apr;113(4):865-875. <https://doi.org/10.1016/j.fertnstert.2019.12.013>
18. Bräuner EV, Busch AS, Eckert-Lind C, Koch T, Hickey M, Juul A. Trends in the Incidence of Central Precocious Puberty and Normal Variant Puberty Among Children in Denmark, 1998 to 2017. *JAMA network open*. 2020 Oct 1;3(10):e2015665. <https://doi.org/10.1001/jamanetworkopen.2020.15665>
19. Busch AS, Hagen CP, Juul A. Heritability of pubertal timing: detailed evaluation of specific milestones in healthy boys and girls. *European Journal of Endocrinology*. 2020 Jul;183(1):13-20. <https://doi.org/10.1530/EJE-20-0023>
20. Busch AS, Højgaard B, Hagen CP, Teilmann G. Obesity is associated with earlier pubertal onset in boys. *The Journal of clinical endocrinology and metabolism*. 2020 Apr 1;105(4):E1667-E1672. <https://doi.org/10.1210/clinem/dgz222>

21. Calafat AM, Koch HM, Andra SS, Antignac JP, Castaño A, Choi K et al. BPA and risk assessment. *The Lancet Diabetes and Endocrinology*. 2020 Apr 1;8(4):269-270. [https://doi.org/10.1016/S2213-8587\(20\)30070-X](https://doi.org/10.1016/S2213-8587(20)30070-X)
22. Christiansen S, Axelstad M, Scholze M, Johansson HKL, Hass U, Mandrup K et al. Grouping of endocrine disrupting chemicals for mixture risk assessment - Evidence from a rat study. *Environment International*. 2020 Sep;142:105870. 105870. <https://doi.org/10.1016/j.envint.2020.105870>
23. Clausen CS, Ljubicic ML, Main KM, Andersson A-M, Petersen JH, Frederiksen H et al. Congenital Adrenal Hyperplasia in Children: A Pilot Study of Steroid Hormones Expressed as Sex- and Age-Related Standard Deviation Scores. *Hormone research in paediatrics*. 2020 Oct 5;93(4):226-238. <https://doi.org/10.1159/000509079>
24. Courraud J, Quist JS, Kontopodi E, Blomberg Jensen M, Bjerrum PJ, Helge JW et al. Dietary habits, metabolic health and vitamin D status in Greenlandic children. *Public Health Nutrition*. 2020 Apr;23(5):904-913. <https://doi.org/10.1017/S1368980019002799>
25. Cramer J, Jørgensen JT, Hoffmann B, Loft S, Bräuner EV, Prescott E et al. Long-Term Exposure to Air Pollution and Incidence of Myocardial Infarction: A Danish Nurse Cohort Study. *Environmental Health Perspectives*. 2020 May;128(5):57003. <https://doi.org/10.1289/EHP5818>
26. David M, Schwedler G, Reiber L, Tolonen H, Andersson A-M, Esteban López M et al. Learning from previous work and finding synergies in the domains of public and environmental health: EU-funded projects BRIDGE Health and HBM4EU. *Archives of public health = Archives belges de sante publique*. 2020;78:78. <https://doi.org/10.1186/s13690-020-00460-9>
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