

Some Title

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Abstract

Background

Objectives

Methods

Results

Discussion

- 10 • Authorship must follow the ICMJE’s criteria. Author names should be listed in ScholarOne
11 and author contributions should be detailed in the cover letter (“Author A...”). Neither
12 names nor contributions should appear in the blinded manuscript. Do not include conflicts
13 of interest.
- 14 • The use of the word “effect(s)” as a proxy for “association(s)” is discouraged.
- 15 • The length of the abstract must be less or equal than 200 words, and should be unstruc-
16 tured, stating the research questions, the methods used, and the results and conclusions
17 of the research.
- 18 • The length must be <4,000 words, excluding abstract, references, tables, figure captions,
19 acknowledgments, and Supplementary Material.
 - 20 – Use the AMA format.
 - 21 – In-text citations: full-sized Arabic numerals in parentheses within the sentence.
- 22 • Submission: SER members receive a 10% discount on the fees per page. This should be
23 requested in the cover letter. Also 20% discount for Open Access charges. If uploading
24 a single file (document, tables, figures, SM), designate the file as “Main document -
25 anonymous”.

26 **1 Introduction**

27 **Do not use “Introduction” as a heading.**

28 **1.1 Background and rationale**

- 29 • Brief review of the literature to summarize current knowledge.
 - 30 – Acknowledge inconsistencies.
 - 31 – For each study, indicate whether it was observational or experimental, and note key
32 characteristics of study populations or experimental models.
- 33 • Explain the scientific background and rationale for the investigation being reported.
 - 34 – Identify knowledge gaps addressed by the current study.
- 35 • Provide context for the study: include information on exposures and outcomes, and why
36 they are relevant to environmental health.

37 **1.2 Objectives**

- 38 • Provide a clear description of the study hypotheses/aims/objectives, and eventually an
39 overview of the approach used to address them.

2 Methods

2.1 Study population and design

The Human Early-Life Exposome (HELIX) is an ongoing project which aims to characterize early-life exposures and their potential association with endogenous biomarkers and health outcomes¹. It consists of six existing population-based birth cohort studies across Europe: BiB (Born in Bradford, UK)², EDEN (Study of determinants of pre- and postnatal developmental, France)³, INMA (Environment and Childhood, Spain)⁴, KANC (Kaunas Cohort, Lithuania)⁵, MoBa (The Norwegian Mother and Child Cohort Study, Norway)⁶, and Rhea (Mother–Child Cohort in Crete, Greece)⁷, for a total of 32,000 mother-child pairs. A HELIX subcohort of 1,200 mother-child pairs was fully characterized for the external and internal exposome, including exposure and omics biomarkers during childhood. Eligibility criteria for inclusion in the HELIX subcohort included: a) age 6-11 years, with a preference for 7-9 years; b) availability of sufficient stored pregnancy blood and urine samples; c) availability of complete address history from first to last follow-up; d) no serious health problems, which might affect the results of the clinical testing. Further information can be found in⁸.

Ethical permission was obtained from the relevant authorities in the corresponding country.

2.2 Participants

- Cohort study: eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up.
- Cross-sectional study: give eligibility criteria, and the sources and methods of selection of participants.
- Describe informed consent protocols.
- Report how and by whom *race* or *ethnicity* was defined, and why this information was included in the study design. Disaggregate race and ethnicity data to the fullest extent possible.

2.3 Variables

- Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers.
- Explain the rationale for treating race as an exposure, confounder, effect modifier, or other type of variable in analyses.
- Units (in log):
 - `hitrtse` in ms.
 - EDCs in microg/L.

- 73 – Cortisol production and cortisone production in ng/mL.
- 74 – Cortisol metabolism and 11bHSD in NA.

75 **2.3.1 Confounders**

- 76 • For RQ1 I used creatinine values from HELIX. For RQ3 the ones from the steroids dataset.
- 77 For RQ2, I included in the model both variables.

78 **2.3.2 Endocrine disrupting chemicals**

79 **2.3.3 Corticosteroids**

80 **2.3.4 Neurodevelopment**

81 **2.4 Data sources and measurement**

- 82 • For each variable of interest, give sources of data and details of methods of assessment
- 83 (measurement).

84 **2.5 Bias**

- 85 • Describe any efforts to address potential sources of bias.

86 **2.6 Study size**

- 87 • Explain how the study size was arrived at.

88 **2.7 Quantitative variables**

- 89 • Explain how quantitative variables were handled in the analyses. If applicable, describe
- 90 which groupings were chosen and why.

91 2.8 Statistical methods

- 92 • In RQ2, I included the logarithm of the denominator in the RHS. In RQ3, I used the
93 logarithm of the ratio in the RHS.
- 94 • Methods for selecting potential confounders (provide DAGs).
- 95 • Whenever possible, mathematical equations should be written on a single line. For
96 multiplication, use a times sign.
- 97 • Describe all statistical methods with assumptions, including those used to control for
98 confounding.
 - 99 – Description of outcome model, weighting method, estimand, and balance assessment.
 - 100 – Description of method used to estimate effects (e.g., g-computation).
 - 101 – Description of method used for SE and CI.
- 102 • Describe any methods used to examine subgroups and interactions (sub-group analysis
103 or moderation analysis or analysis of effect-modification).
- 104 • Explain how missing data were addressed.
- 105 • Cohort study: explain how loss to follow-up was addressed.
- 106 • Cross-sectional study: describe analytical methods taking account of sampling strategy.
- 107 • Describe any sensitivity analyses.
- 108 • When referring to previous publications for methods' details, include a brief description
109 of the approach, key assumptions and limitations, and any deviation.
- 110 • Names and version numbers for the used software packages, including non-data arguments
111 if deviating from the default ones.

112 3 Results

113 3.1 Participants

- 114 • Give reasons for non-participation at each stage.

115 3.2 Descriptive data

116 3.3 Outcome data

117 3.4 Main results

- 118 • All results on which study conclusions or inferences are based, including null findings and
119 results of secondary or sensitivity analyses, must be reported. Use of sub-headings that
120 describe the nature of the results (but no declarative statements).
 - 121 – Provide a clear and concise description of all findings without extrapolating beyond
122 the study results.
 - 123 – Do not limit results to those *statistically significant* or that support the study
124 hypotheses. Avoid using statistical significance testing as the sole or primary
125 criterion for interpreting the obtained results. If significance testing or *p*-values
126 are used, report numeric *p*-values, rounded to 1-2 digits, for all results. Use an
127 uppercase italic letter “P”, and the values should not be bolded. Indicate whether
128 are 1- or 2-sided.
- 129 • Give unadjusted and confounder-adjusted estimates and their precision (e.g., 95% con-
130 fidence interval). Make clear which confounders were adjusted for and why they were
131 included. Include the number of observations for each analysis after accounting for
132 missing data. Include numeric data within figures (e.g., forest plots), or provide tables
133 with corresponding numeric data for all figures.
 - 134 – [marginaleffects tables](#).
- 135 • Report category boundaries when continuous variables were categorized.

136 3.5 Other analyses

- 137 • Report other analyses done (e.g., analyses of subgroups and interactions, and sensitivity
138 analyses).

139 4 Discussion

140 4.1 Key results

- 141 • Summarise key results with reference to study objectives.
- 142 • Provide a review of the relevant literature to put the study findings into context.
 - 143 – It should be complete and balanced, including inconsistent results.

144 – It should include, for each source, sufficient details: study design, sample size,
145 population, specific exposures and outcomes.

146 **4.1.1 What does the literature say?**

- 147 • EDCs and neurodevelopment (ANT).
- 148 • EDCs and corticosteroids.
- 149 • Corticosteroids and neurodevelopment (ANT).

150 **4.2 Limitations**

- 151 • Discuss limitations of the study, taking into account sources of potential bias or imprecision.
- 152 • Discuss both direction and magnitude of any potential bias.

154 Some limitations:

- 155 • Cross-sectional study.
- 156 • Chemicals measured in night and morning samples, whereas metabolites (the outcome)
157 were measured only in night samples.
- 158 • Cortisol measured at night, when should be lowest.
- 159 • Change of estimand when trimming weights.
- 160 • Model misspecification.
- 161 • Mixtures effect.
- 162 • Residual confounding.
- 163 • Some confounders were not used since large percentage of missing values.
- 164 • Multiple comparisons.

165 **4.3 Interpretation**

- 166 • End with a summary of the key findings and their implications for the study hypotheses,
167 future research, and policy.
- 168 • Give a cautious overall interpretation of results considering objectives, limitations, multi-
169 plicity of analyses, results from similar studies, and other relevant evidence.

170 **4.4 Generalisability**

- 171 • Discuss the generalisability (external validity) of the study results.

5 Funding

References

1. Vrijheid M, Slama R, Robinson O, et al. The human early-life exposome (HELIX): Project rationale and design. *Environ Health Perspect.* 2014;122(6):535-544. doi:[10.1289/ehp.1307204](https://doi.org/10.1289/ehp.1307204)
2. Wright J, Small N, Raynor P, et al. Cohort Profile: The Born in Bradford multi-ethnic family cohort study. *International Journal of Epidemiology.* 2013;42(4):978-991. doi:[10.1093/ije/dys112](https://doi.org/10.1093/ije/dys112)
3. Heude B, Forhan A, Slama R, et al. Cohort Profile: The EDEN mother-child cohort on the prenatal and early postnatal determinants of child health and development. *International Journal of Epidemiology.* 2016;45(2):353-363. doi:[10.1093/ije/dyv151](https://doi.org/10.1093/ije/dyv151)
4. Guxens M, Ballester F, Espada M, et al. Cohort Profile: The INMA—Infancia y Medio Ambiente—(Environment and Childhood) Project. *International Journal of Epidemiology.* 2012;41(4):930-940. doi:[10.1093/ije/dyr054](https://doi.org/10.1093/ije/dyr054)
5. Grazuleviciene R, Danileviciute A, Nadisauskiene R, Vencloviene J. Maternal Smoking, GSTM1 and GSTT1 Polymorphism and Susceptibility to Adverse Pregnancy Outcomes. *International Journal of Environmental Research and Public Health.* 2009;6(3, 3):1282-1297. doi:[10.3390/ijerph6031282](https://doi.org/10.3390/ijerph6031282)
6. Magnus P, Irgens LM, Haug K, et al. Cohort profile: The Norwegian Mother and Child Cohort Study (MoBa). *International Journal of Epidemiology.* 2006;35(5):1146-1150. doi:[10.1093/ije/dyl170](https://doi.org/10.1093/ije/dyl170)
7. Chatzi L, Plana E, Daraki V, et al. Metabolic Syndrome in Early Pregnancy and Risk of Preterm Birth. *American Journal of Epidemiology.* 2009;170(7):829-836. doi:[10.1093/aje/kwp211](https://doi.org/10.1093/aje/kwp211)
8. Maitre L, Bont J de, Casas M, et al. Human Early Life Exposome (HELIX) study: A European population-based exposome cohort. *BMJ Open.* 2018;8(9):e021311. doi:[10.1136/bmjopen-2017-021311](https://doi.org/10.1136/bmjopen-2017-021311)
1. Vrijheid M, Slama R, Robinson O, et al. The human early-life exposome (HELIX): Project rationale and design. *Environ Health Perspect.* 2014;122(6):535-544. doi:[10.1289/ehp.1307204](https://doi.org/10.1289/ehp.1307204)
2. Wright J, Small N, Raynor P, et al. Cohort Profile: The Born in Bradford multi-ethnic family cohort study. *International Journal of Epidemiology.* 2013;42(4):978-991. doi:[10.1093/ije/dys112](https://doi.org/10.1093/ije/dys112)

- 184 3. Heude B, Forhan A, Slama R, et al. Cohort Profile: The EDEN mother-child cohort on the prenatal and early postnatal determinants of child health and development. *International Journal of Epidemiology*. 2016;45(2):353-363. doi:[10.1093/ije/dyv151](https://doi.org/10.1093/ije/dyv151)
- 185 4. Guxens M, Ballester F, Espada M, et al. Cohort Profile: The INMA—INfancia y Medio Ambiente—(Environment and Childhood) Project. *International Journal of Epidemiology*. 2012;41(4):930-940. doi:[10.1093/ije/dyr054](https://doi.org/10.1093/ije/dyr054)
- 186 5. Grazuleviciene R, Danileviciute A, Nadisauskiene R, Vencloviene J. Maternal Smoking, GSTM1 and GSTT1 Polymorphism and Susceptibility to Adverse Pregnancy Outcomes. *International Journal of Environmental Research and Public Health*. 2009;6(3, 3):1282-1297. doi:[10.3390/ijerph6031282](https://doi.org/10.3390/ijerph6031282)
- 187 6. Magnus P, Irgens LM, Haug K, et al. Cohort profile: The Norwegian Mother and Child Cohort Study (MoBa). *International Journal of Epidemiology*. 2006;35(5):1146-1150. doi:[10.1093/ije/dyl170](https://doi.org/10.1093/ije/dyl170)
- 188 7. Chatzi L, Plana E, Daraki V, et al. Metabolic Syndrome in Early Pregnancy and Risk of Preterm Birth. *American Journal of Epidemiology*. 2009;170(7):829-836. doi:[10.1093/aje/kwp211](https://doi.org/10.1093/aje/kwp211)
- 189 8. Maitre L, Bont J de, Casas M, et al. Human Early Life Exposome (HELIX) study: A European population-based exposome cohort. *BMJ Open*. 2018;8(9):e021311. doi:[10.1136/bmjopen-2017-021311](https://doi.org/10.1136/bmjopen-2017-021311)