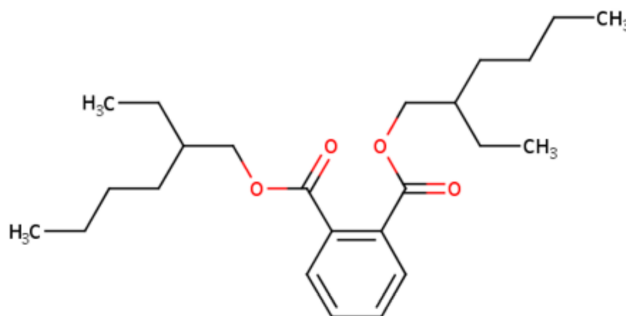


**Data Quality Evaluation Information for  
Human Health Hazard Epidemiology for  
Diethylhexyl Phthalate (DEHP)  
(1,2-Benzenedicarboxylic acid, 1,2-bis(2-ethylhexyl) ester)**

**Systematic Review Support Document for the Risk Evaluation**

**CASRN: 117-81-7**



*December 2025*

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This supplemental file contains the data quality evaluation results for epidemiology data sources that met the PECO screening criteria and further filtering criteria for the *Human Health Hazard Assessment for Diethylhexyl Phthalate (DEHP)*. EPA conducted data quality evaluation based on author-reported descriptions and results; additional analyses (*e.g.*, statistical analyses performed during data integration into the risk evaluation) potentially conducted by EPA are not contained in this supplemental file. EPA used the TSCA systematic review process described in the *Draft Systematic Review Protocol Supporting TSCA Risk Evaluations for Chemical Substances* (also referred to as '2021 Draft Systematic Review Protocol'). Any updated steps in the systematic review process since the publication of the 2021 Draft Systematic Review Protocol are described in the *Risk Evaluation for Diethylhexyl Phthalate (DEHP) – Systematic Review Protocol*.

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<b>9559555</b>	Kamai, E. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Knudsen, G. P., Reichborn-Kjennerud, T., Zeiner, P., Overgaard, K., Herring, A. H., Aase, H., Engel, S. M. (2021). Gestational phthalate exposure and preschool attention deficit hyperactivity disorder in Norway. <i>Environmental Epidemiology</i> 5(4):e161.	<b>458</b>
<b>4728698</b>	Shu, H., Wikstrom, S., Jönsson, G., B.A., Lindh, C. H., Svensson, Å., Nänberg, E., Bornehag, C. G. (2018). Prenatal phthalate exposure was associated with croup in Swedish infants. <i>Acta Paediatrica</i> 107(6):1011-1019.	<b>463</b>
<b>Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)</b>		
<b>7978495</b>	Choi, G., Keil, A. P., Villanger, G. D., Richardson, D. B., Daniels, J. L., Hoffman, K., Sakhi, A. K., Thomsen, C., Herring, A. H., Drover, M., S.S., Nethery, R., Aase, H., Engel, S. M. (2021). Pregnancy exposure to common-detect organophosphate esters and phthalates and maternal thyroid function. <i>Science of the Total Environment</i> 782:146709.	<b>472</b>

<b>4728558</b>	Engel, S. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Herring, A. H., Aase, H. (2018). Prenatal phthalates, maternal thyroid function, and risk of attention-deficit hyperactivity disorder in the Norwegian mother and child cohort. <i>Environmental Health Perspectives</i> 126(5):57004.	<b>476</b>
<b>Metabolite: Mono-ethylhexylphthalate (MEHP)</b>		
<b>5705574</b>	Milošević, N., Milić, N., Bosić, D. Ž., Bajkin, I., Perčić, I., Abenavoli, L., Stojanoska, M. M. (2018). Potential influence of the phthalates on normal liver function and cardiometabolic risk in males. <i>Environmental Monitoring and Assessment</i> 190(1):17-Jan.	<b>480</b>
<b>Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]</b>		
<b>7978907</b>	Muerkoster, A. P., Frederiksen, H., Juul, A., Andersson, A. M., Jensen, R. C., Glintborg, D., Kyhl, H. B., Andersen, M. S., Timmermann, G., C.A., Jensen, T. K. (2020). Maternal phthalate exposure associated with decreased testosterone/LH ratio in male offspring during mini-puberty. <i>Odense Child Cohort. Environment International</i> 144:106025.	<b>482</b>
<b>Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]</b>		
<b>5043528</b>	Chin, H. B., Jukic, A. M., Wilcox, A. J., Weinberg, C. R., Ferguson, K. K., Calafat, A. M., McConnaughey, D. R., Baird, D. D. (2019). Association of urinary concentrations of phthalate metabolites and bisphenol A with early pregnancy endpoints. <i>Environmental Research</i> 168:254-260.	<b>485</b>
<b>4728848</b>	Romano, M. E., Eliot, M. N., Zoeller, R. T., Hoofnagle, A. N., Calafat, A. M., Karagas, M. R., Yolton, K., Chen, A., Lanphear, B. P., Braun, J. M. (2018). Maternal urinary phthalate metabolites during pregnancy and thyroid hormone concentrations in maternal and cord sera: The HOME Study. <i>International Journal of Hygiene and Environmental Health</i> 221(4):623-631.	<b>488</b>
<b>8348423</b>	Watkins, D. J., Meeker, J. D., Tamayo-Ortiz, M., Sánchez, B. N., Schnaas, L., Peterson, K. E., Téllez-Rojo, M. M. (2021). Gestational and peripubertal phthalate exposure in relation to attention performance in childhood and adolescence. <i>Environmental Research</i> 196:110911.	<b>491</b>
<b>Metabolite: Sum DEHP metabolites [Mono(2-ethylhexyl) phthalate (MEHP); Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono(2-ethyl-5-carboxypentyl) phthalate (MECPP)]</b>		
<b>5742214</b>	Mustieles, V., Mínguez-Alarcón, L., Christou, G., Ford, J. B., Dimitriadis, I., Hauser, R., Souter, I., Messerlian, C. (2019). Placental weight in relation to maternal and paternal preconception and prenatal urinary phthalate metabolite concentrations among subfertile couples. <i>Environmental Research</i> 169:272-279.	<b>494</b>
<b>Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)]</b>		
<b>4728493</b>	Zhang, Y. W., Gao, H., Mao, L. J., Tao, X. Y., Ge, X., Huang, K., Zhu, P., Hao, J. H., Wang, Q. N., Xu, Y. Y., Jin, Z. X., Sheng, J., Xu, Y. Q., Yan, S. Q., Tao, X. G., Tao, F. B. (2018). Effects of the phthalate exposure during three gestation periods on birth weight and their gender differences: A birth cohort study in China. <i>Science of the Total Environment</i> 613-614:1573-1578.	<b>497</b>
<b>Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)]</b>		
<b>4728500</b>	Huang, H. B., Kuo, P. L., Chang, J. W., Jaakkola, K., J.J., Liao, K. W., Huang, P. C. (2018). Longitudinal assessment of prenatal phthalate exposure on serum and cord thyroid hormones homeostasis during pregnancy - Tainan birth cohort study (TBCS). <i>Science of the Total Environment</i> 619-620(Elsevier):1058-1065.	<b>499</b>
<b>Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]</b>		
<b>4728666</b>	Buckley, J. P., Quirós-Alcalá, L., Teitelbaum, S. L., Calafat, A. M., Wolff, M. S., Engel, S. M. (2018). Associations of prenatal environmental phenol and phthalate biomarkers with respiratory and allergic diseases among children aged 6 and 7years. <i>Environment International</i> 115:79-88.	<b>502</b>
<b>10294569</b>	Burns, J. S., Sergeev, O., Lee, M. M., Williams, P. L., Mínguez-Alarcón, L., Plaku-Alakbarova, B., Sokolov, S., Kovalev, S., Koch, H. M., Lebedev, A. T., Hauser, R., Korrick, S. A., Study, R.C. (2022). Associations of prepubertal urinary phthalate metabolite concentrations with pubertal onset among a longitudinal cohort of boys. <i>Environmental Research</i> 212(Pt A):113218.	<b>510</b>

<b>9419487</b>	Shoaff, J. R., Coull, B., Weuve, J., Bellinger, D. C., Calafat, A. M., Schantz, S. L., Korrick, S. A. (2020). Association of exposure to endocrine-disrupting chemicals during adolescence with attention-deficit/hyperactivity disorder-related behaviors. <i>JAMA Network Open</i> 3(8):e2015041.	<b>514</b>
<b>Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]</b>		
<b>4829228</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. <i>Environment International</i> 120:572-583.	<b>518</b>
<b>4829224</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. <i>Reproductive Toxicology</i> 82(Elsevier):9-Jan.	<b>522</b>
<b>5041285</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.	<b>525</b>
<b>Metabolite: Sum of DEHP metabolites [Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-ethylhexyl phthalate (MEHP)]</b>		
<b>4728401</b>	Nakiwala, D., Peyre, H., Heude, B., Bernard, J. Y., Béranger, R., Slama, R., Philippat, C. (2018). In-utero exposure to phenols and phthalates and the intelligence quotient of boys at 5 years. <i>Environmental Health</i> 17(1):11.	<b>528</b>
<b>Metabolite: Sum of DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]</b>		
<b>4728491</b>	Zhu, Y., Wan, Y., Zhang, B., Zhou, A., Huo, W., Wu, C., Liu, H., Jiang, Y., Chen, Z., Jiang, M., Peng, Y., Xu, S., Xia, W., Li, Y. (2018). Relationship between maternal phthalate exposure and offspring size at birth. <i>Science of the Total Environment</i> 612:1072-1078.	<b>531</b>
<b>Metabolite: sum of four DEHP metabolites: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)</b>		
<b>7978414</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. <i>Environmental Research</i> 192:10249-10249.	<b>534</b>
<b>Metabolite: Sun DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Monocyclohexyl phthalate (MCHP)]</b>		
<b>4728711</b>	Stroustrup, A., Bragg, J. B., Andra, S. S., Curtin, P. C., Spear, E. A., Sison, D. B., Just, A. C., Arora, M., Gennings, C. (2018). Neonatal intensive care unit phthalate exposure and preterm infant neurobehavioral performance. <i>PLoS ONE</i> 13(3):e0193835.	<b>537</b>
<b>Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]</b>		
<b>4829228</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. <i>Environment International</i> 120:572-583.	<b>540</b>
<b>4829224</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. <i>Reproductive Toxicology</i> 82(Elsevier):9-Jan.	<b>544</b>
<b>5041285</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.	<b>547</b>

<b>Study Citation:</b>	Bamai, Ait, Y., Araki, A., Nomura, T., Kawai, T., Tsuboi, T., Kobayashi, S., Miyashita, C., Takeda, M., Shimizu, H., Kishi, R. (2018). Association of filaggrin gene mutations and childhood eczema and wheeze with phthalates and phosphorus flame retardants in house dust: The Hokkaido study on Environment and Children's Health. Environment International 121(Pt 1):102-110.		
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Eczema, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>	4829235		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Recruitment is properly reported in this study. This cross-sectional study examined the associations between exposure to phthalates, phosphorus flame retardants (PFRs) and mite allergens in house dust with outcomes of age 7 eczema and wheeze in Japanese children. Participants were limited to children recruited for the Hokkaido study on Environment and Children's Health (Hokkaido cohort), with specific recruitment details reported in previous studies. Authors provide a detailed inclusion and exclusion criteria, which included children who reached the age of 7 by March of 2013, mothers who received and returned the follow-up questionnaire for 7-year old children, mothers who collected and returned household dust samples, and children who had cord blood FLG mutation assessments. There is uncertainty as this limited the initial 20,926 children enrolled in the Hokkaido study to 296 children, however the demographic and building characteristics of the children within the original cohort and those included within the current study were reported within Supplemental material and were comparable with respect to most factors other than building age, maternal smoking and household income.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>		Bamai, Ait, Y., Araki, A., Nomura, T., Kawai, T., Tsuboi, T., Kobayashi, S., Miyashita, C., Takeda, M., Shimizu, H., Kishi, R. (2018). Association of filaggrin gene mutations and childhood eczema and wheeze with phthalates and phosphorus flame retardants in house dust: The Hokkaido study on Environment and Children's Health. Environment International 121(Pt 1):102-110.		
<b>Health Outcome(s) Assessed:</b>		Skin/Connective Tissue- Eczema, Non-cancer		
<b>Chemical:</b>		Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>		4829235		
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	This study assessed exposure to DiNP, DEHP, and DiBP through single household dust samples collected by the mothers of children (at age seven) in the Hokkaido cohort at the time of the questionnaire survey. Mothers were provided with a polyethylene dust bag and instructions for collecting the samples with a vacuum cleaner. These dusts were sieved with a 300 µm filter to removed any unwanted floor substances in the dust samples. Quantification of phthalates utilized gas chromatography–mass spectrometry (GC–MS) in signal-to-ion mode. Limits of quantification (LOQ) and percent of samples greater than the LOQ (100% for DiNP) were reported. Percent greater than the LOQ for DEHP (99.8%), DiBP (79%), DnBP (99.5%) and BBzP (95.2%) were reported. Median (25th, 75th percentile) concentrations were reported for DiNP as 63.91 µg/g (30.72, 152.50), DEHP as 1350.26 µg/g (940.94, 2254.32), DiBP as 4.50 µg/g (2.08, 8.30), DnBP as 47.45 µg/g (26.66, 89.35), and BBzP as 1.31 µg/g (0.38, 3.73). Quality assurance and quality control methods of sample analyses were described within previous work (Ait Bamai et al., 2013 (HERO ID 2215426). There is uncertainty in the use of a single dust sampling to represent the intensity, duration and potential peak phthalate exposures responsible for the initiation of the outcomes of interest. There is additional uncertainty in the use of household dust, rather than urinary metabolites, to assess exposure to phthalates which might have sources (dietary, personal care product use, etc.) other than through indoor household exposures. Finally, sampling was conducted only within the living room, rather than the child's bedroom, of the household, although the time children spend in living rooms typically is less than that of their bedrooms.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	The allergic disease outcomes in this study (eczema/wheeze) were defined via self-administered questionnaires, which the mothers filled out with information about the children at age seven. The study utilized the Japanese version of the validated International Study of Asthma and Allergies in Childhood (ISAAC) core questionnaire. Eczema was defined as “Having an itchy rash that comes and goes for at least 6 months” or “Having the aforementioned itchy rash at any time during the last 12 months”, or “Having the aforementioned itchy rash affect one or several of the following areas: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears, or eyes”. Wheeze was determined by answering the question, “Has your child had wheezing or whistling in the chest in the last 12 months?”. Authors note that while the ISAAC questionnaire has been validated, the severity of allergic outcomes cannot be captured in the questionnaire. There is uncertainty due to the use of parental report for classification of outcomes.
	Metric 3B:	Selective Reporting	High	Authors properly report analyses in the study, and are consistent in reporting results in text and tables.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Bamai, Ait, Y., Araki, A., Nomura, T., Kawai, T., Tsuboi, T., Kobayashi, S., Miyashita, C., Takeda, M., Shimizu, H., Kishi, R. (2018). Association of filaggrin gene mutations and childhood eczema and wheeze with phthalates and phosphorus flame retardants in house dust: The Hokkaido study on Environment and Children's Health. Environment International 121(Pt 1):102-110.			
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Eczema, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound			
<b>HERO ID:</b>	4829235			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Medium	The strategy for selection of potential confounding factors was described as utilizing literature review and a greater than 10% change in the estimate of the model. Final models were adjusted for sex, household income, maternal smoking, paternal history of allergies, and filligrin (FLG) gene mutation. The method of obtaining data regarding confounding factors was not detailed but could be assumed to have been gathered through questionnaire at the time of sampling. Due to the cross-sectional design of the study, authors could not consider additional covariates, such as history of eczema, medical treatments, or use of moisturizer. Missing covariate data was not detailed. Distributions of confounding factors was presented across outcome categories.
Domain 5: Analysis	Metric 5A:	Analysis	Medium	Multivariate logistic regression was utilized to determine the relationships between phthalates, PFRs, or mite allergen levels and outcomes of eczema or wheeze. Results were presented as odds ratios with corresponding 95 percent confidence intervals. Gene-environment interactions were explored through the use of interaction terms and stratification to assess effects of filligrin (FLG) gene mutations. Sensitivity analyses were conducted excluding children who lived in their current house for less than 12 months.
	Metric 5B:	Sensitivity	Low	Although the sample size for the current study (n=296) was relatively low, phthalate levels were described as similar to or only slightly higher than previous studies. 100 percent of DiNP samples, 99.8% of DEHP samples, 99.5% of DnBP, 95.2% of BBzP and 79% of DiBP samples were greater than the LOQ. There is uncertainty in the use of a single vacuum dust sample within the living room rather than the child's bedroom, the use of household dust rather than urinary metabolites to assess exposure to phthalates which might have sources (dietary, personal care product use, etc.) other than through indoor household exposures, and the use of parental report for collection of data regarding outcomes of interest.
Additional Comments:	This cross-sectional study included a relatively small sample size (n=296). There is uncertainty in the outcome ascertainment (eczema and wheeze within the past 12 months, assessed by parent report at child age 7) and exposure measurements assessed by a single parent-obtained dust vacuum sampling, rather than biomonitoring, within the living room of the home. Authors report no significant associations in models with continuous exposure variables between wheeze or eczema and DiNP, DEHP, DnBP, BBzP or DiBP, but an association between eczema and DiNP in house dust within categorical models [Figure 1, positive dose-response relationships were found between DiNP levels and eczema (Q1 vs. Q4 p for trend=0.060) overall, as well as among children without FLG mutation (Q1 vs. Q4 p for trend=0.011).			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Jenkins, R., Tackitt, S., Gievers, L., Iragorri, S., Sage, K., Cornwall, T., O'Riordan, D., Merchant, J., Rozansky, D. (2019). Phthalate-associated hypertension in premature infants: a prospective mechanistic cohort study. <i>Pediatric Nephrology</i> 34(8):1413-1424.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- systolic blood pressure, hypertension, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>	5625293		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	Prospective observational study of 20 premature infants recruited bi-monthly. Inclusion and exclusion criteria are presented. Study funding limited sample size to 20. Of 26 infants approached, 20 were enrolled and 18 included in the final analyses (1 death, 1 lost to follow-up). Inclusion criteria included age 2 weeks or less at birth and residence within 90 miles; exclusion criteria included factors that might influence DEHP exposure or infant blood pressure, including kidney disease or injury, secondary hypertension, and receipt of any IV fluids or diuretics at the time of hypertension diagnosis, among others. Indications for hospital visits or diagnosed conditions among normotensive infants were not described. Details on eligible participants who refused or were not approached were not discussed. The authors stated that there were as many as 600 potential infants to enroll, but only 2 to 4 met criteria on each bi-monthly recruiting day. The infants with the lowest gestational age were approached first to minimize the number of outpatient visits required. There is concern for selection bias given that the lowest GA infants were also more likely to have interventions at birth that may have resulted in higher exposures to DEHP, and also could be more susceptible to developing hypertension.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Urinary DEHP exposure was based on one sample collected from infants 48 hours prior to onset of hypertension. Sample collection and handling was not described. Samples were analyzed for MEHHP, MEOHP and MEHP in a commercial lab using high performance liquid chromatography with tandem mass spectrometry (LC-MS/MS). Levels were reported with and without creatinine adjustment. Neither LOD nor QC measures were reported. The results show that the "assay failed", was not conducted or was below LOD for all three metabolites in all but 5 of the 14 infants for whom urine was available, in addition to assay failure for 1-2 metabolites among the 5 infants with data reported. No details are provided on what was meant by, or reasons for, assay failure, raising serious concerns about the assessment. In addition, cumulative exposures to DEHP were quantified in aggregate by the following methodology: The volume (mL) of IV fluid administered to the infant from DEHP-containing IV bags quantified the IV exposure and respiratory tubing exposure was quantified by the number of days the patient was connected to any respiratory tubing containing DEHP. The authors stated that indices were based on the presence of DEHP in equipment labeling; information on concentrations of DEHP was not available. Separate indices were calculated for IV bag and respiratory DEHP exposure. There was no discussion on how data for cumulative DEHP indices were recorded and abstracted, the extent to which data may be susceptible to error or bias, or validation of these measures as indicators of DEHP exposure.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b> Jenkins, R., Tackitt, S., Gievers, L., Iragorri, S., Sage, K., Cornwall, T., O’Riordan, D., Merchant, J., Rozansky, D. (2019). Phthalate-associated hypertension in premature infants: a prospective mechanistic cohort study. <i>Pediatric Nephrology</i> 34(8):1413-1424.				
<b>Health Outcome(s) Assessed:</b> Cardiovascular- systolic blood pressure, hypertension, Non-cancer				
<b>Chemical:</b> Diethylhexyl Phthalate- Parent compound				
<b>HERO ID:</b> 5625293				
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Systolic blood pressure (SBP) was measured by nurses using the oscillometric method for infants while in the NICU and by a single experienced physician using the auscultatory method on the right arm when seen in the outpatient clinical setting. There was no specification as to which extremity was used for testing for the former. No information on the proportion of measures obtained by each method, or whether measurements varied by method used, was provided. Infants met the criteria for inclusion in the hypertensive group if their mean daily SBP (3 or more measurements per day) exceeded the 95th percentile for at least three sequential days while in the NICU or three sequential visits for outpatients. The SBP 95th percentiles used for this study originated from the reference data compiled by Dionne et al. 2012, which provides blood pressure norms adjusted by gestational age (postmenstrual age, PMA) for premature infants. Because SBP varies greatly with PMA, an SBP index (SBP/SBP 95th percentile) was calculated and used to represent systolic blood pressure relative to the PMA-adjusted 95th percentile for SBP. Accuracy and validity of postmenstrual age estimates was not discussed. Outcomes were analyzed as presence or absence of hypertension, and as continuous SBP index measured at intervals of 2 to 4 weeks. Though details were lacking, there was no evidence of important error or bias.
	Metric 3B:	Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	No confounders were considered for analyses relating DEHP exposure indices with SBP or hypertension in infants. Length of stay and gestational age were significantly associated with infant hypertension status. Confounding is a concern as the authors reported that DEHP indices were also correlated with variables that included gestational age, length of stay, and birthweight. These correlations were significant for the respiratory, but not the IV-related, DEHP index; the latter was the primary measure of interest. However, Pearson’s rather than Spearman’s correlations were used despite the small N, and validity is uncertain. Potential for substantial confounding bias is a concern.
Domain 5: Analysis				
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<b>Study Citation:</b>	Jenkins, R., Tackitt, S., Gievers, L., Iragorri, S., Sage, K., Cornwall, T., O’Riordan, D., Merchant, J., Rozansky, D. (2019). Phthalate-associated hypertension in premature infants: a prospective mechanistic cohort study. <i>Pediatric Nephrology</i> 34(8):1413-1424.			
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- systolic blood pressure, hypertension, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound			
<b>HERO ID:</b>	5625293			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Low	Bivariate analyses included statistical tests of differences in DEHP exposure indices by hypertensive status (Wilcoxon rank sum, chi-square with Yates’ continuity correction), and figures presenting the relationship between SBP indices and DEHP exposure indices by case status. Bivariate linear regression was used to analyze association between DEHP exposure indices and SBP index at the time of diagnosis (or 40 weeks corrected gestational age in normotensive infants). Although descriptive data showed that the DEHP exposure index related to IV use was 0 among normotensive infants, the authors did not discuss model assumptions, evaluate robustness of associations using transformations to improve distributional assumptions, or categorize exposure. The authors did not discuss or examine in sensitivity analyses the influence of indications or symptoms prior to hypertension onset that may have led to both development of hypertension and treatments that increased DEHP exposure. As data were largely missing, no analyses evaluated associations with urinary DEHP metabolites and SBP or hypertension.	
	Metric 5B: Sensitivity	Low	Very small sample size (up to n=18 for DEHP “indices” based on IV and respiratory tube use) and many uncertainties on exposure assessment likely limit study sensitivity.	
Additional Comments:	Small prospective observational study designed to assess whether DEHP exposures were related to hypertension or systolic blood pressure in premature infants (n=9 hypertensive, 9 normotensive). Urinary DEHP metabolites measures were not available for most infants due to assay failure or limitations; these data were not analyzed. The study analyzed DEHP exposure indices derived based on the volume of administered IV fluids or the number of days on which infants were connected to respiratory tubing known to contain DEHP; these indices were not validated, and there is no information available to ascertain how these indices quantitatively relate to DEHP exposure per se. The authors reported associations between the IV DEHP index and systolic blood pressure. However, these associations may have been confounded by variables such as gestational age, length of stay, and treatment indications. In addition, linear regression model assumptions may not have been met, as this exposure index was null among normotensive infants. A further concern is the potential risk of selection bias related to prioritizing the recruitment of infants with the lowest gestational ages, who may have had interventions at birth resulted in higher exposures to DEHP, and who may also be more susceptible to developing hypertension. The extent to which associations observed in this small sample may reflect causal relationships with DEHP exposure is uncertain.			
<b>Overall Quality Determination</b>		<b>Low</b>		

<b>Study Citation:</b>	Kishi, R., Ketema, R. M., Bamai, Y. A., Araki, A., Kawai, T., Tsuboi, T., Saito, I., Yoshioka, E., Saito, T. (2018). Indoor environmental pollutants and their association with sick house syndrome among adults and children in elementary school. Building and Environment 136:293-301.		
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Sick home syndrome: self-reported weekly dermal symptoms., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>	4728476		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This cross-sectional study in Sapporo, Japan examined associations between several indoor pollutants measured in the home environment and the prevalence of sick house syndrome. The sample was drawn from a large 2008 survey distributed to children in 12 Sapporo elementary schools (4408 of 6393 or 68.9% participation). This study included a total of 128 child dwellings (2.9% of the 4,408 surveyed), after excluding incomplete questionnaires, children no longer in elementary school, or households where a home visit could not be arranged. The analysis sample included 184 children under age 12 years (from 128 homes), and 283 family members aged $\geq 13$ (parents, siblings) co-residing in 128 homes. One concern is that while the proportion of included vs. excluded dwellings was similar in terms of single vs. multi-family buildings (53.1% vs. 54.7%), there was a considerably higher prevalence of visible mold (76.6% vs. 35.2%) and condensation (71.9% vs. 52.5%) (Ait Bamai et al, 2014 HEROID 2215426). The proportion of children with atopic dermatitis (32.4% vs. 16.7%) was also higher than in the parent study (Ukawa et al, 2013 HEROID 2560019). 75% of participants reported a parental history of allergies. The authors did not discuss examining evidence of bias, such as whether factors associated with atopic dermatitis were similar in the parent study and analysis sample. However, there was no direct evidence of bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Several phthalate esters were measured in house dust samples. These included di(isobutyl) phthalate (DiBP), butyl benzyl phthalate (BBP), di(2-ethylhexyl) phthalate (DEHP), and di(isononyl) phthalate (DiNP), and di(n-butyl) phthalate (DBP). Dust was collected from floors and several surfaces $>35\text{cm}$ (e.g., shelves, TV sets) in the living room. Children's bedrooms were not sampled. Dust was collected with hand-held vacuums carefully cleaned by ultrasound and with ethanol to avoid cross-contamination. Laboratory glass tubes and stainless-steel equipment were also ultrasonicated and rinsed in acetone (Ait Bamai et al, 2215426). Dust was weighed after removing unwanted substances (e.g., human and animal hair), samples extracted using acetone and analyzed using gas chromatography in selective ion mode. Recovery rates for phthalates ranged from 97% to 121.7%. Detection rates for the phthalates of interest in dust samples ranged from 93.0% to 100% for phthalates with the exception of BBP (68% in floor dust, 85.2% in multi-surface dust). The authors did not mention how values below LOD were handled: failure to impute values below LOD is a potential concern for BBP in floor dust. Variability in dust measures of all phthalates was high (e.g. for DiNP median, 25th-75th percentile 139, 66- 276 $\mu\text{g/g}$ floor dust; 203, 99.7-443 $\mu\text{g/g}$ dust in multi-surface dust).
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>		Kishi, R., Ketema, R. M., Bamai, Y. A., Araki, A., Kawai, T., Tsuboi, T., Saito, I., Yoshioka, E., Saito, T. (2018). Indoor environmental pollutants and their association with sick house syndrome among adults and children in elementary school. Building and Environment 136:293-301.		
<b>Health Outcome(s) Assessed:</b>		Skin/Connective Tissue- Sick home syndrome: self-reported weekly dermal symptoms., Non-cancer		
<b>Chemical:</b>		Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>		4728476		
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Self-administered questionnaires were administered during visits for dust sampling in 2009 and 2010 (Ait Bamai et al, 2215426). Sick building syndrome (SBS) was characterized based on responses to published standardized questionnaires for children and adults developed in Sweden and translated to Japanese. Parents were asked to complete questionnaires for children aged <=12 years. Questionnaires asked about the frequency of three types of symptoms during the past three months: dermal (e.g., dry or itching hands, dry facial skin), mucosal (e.g., runny nose, eye irritation) and general (e.g., fatigue, headache) symptoms, reported as occurring weekly, sometimes, or never. Respondents were also asked whether they believed the symptoms were due to the home environment. Sick home syndrome was limited to symptoms that occurred weekly and were attributed to the home environment. Binary outcomes were defined based on reporting of at least one dermal symptom (6% and 4.6% of children and teens/adults), mucosal symptom (17.4% and 12.3%), or any type (including general, 20.6% and 15.1%). Given the small numbers of cases (N=11 to 38 and N=13 to 42 in children and teens/adults, variable severity based on number of symptoms was not considered. Questionnaires were administered in October–November to limit seasonal variation in symptoms. Validity and reliability in Japanese populations for the questionnaires and definitions used was not discussed (e.g., bias associated with allergies), but there is no evidence of error or bias.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	Confounders were selected a priori, and included age, gender, diagnosed allergies, parental history of allergies, a dampness index (0-5 for presence of condensation, moldy odor, visible mold, water leakage, bathroom humidity), and environmental tobacco smoke. Parental history of allergies was omitted from models for adults and adolescents, raising the possibility of residual confounding among adolescents. However, a sensitivity analysis excluded junior high school children from the adult/adolescent group. The authors stated that correlations among different categories of chemicals were low (data were not shown). However, the authors did not discuss confounding or modification by variables such as duration at the current residence, or by sociodemographic factors such as household income or parental education. Lower household income was associated, albeit not significantly, with increased odds of any vs. no symptoms in both children and adults [OR (95% CI) 2.12 (0.38,12.3) and 4.4 (0.63,35.1) for <5 vs >=8 million yen per year. Potential residual confounding is a concern.	
Domain 5: Analysis				
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<b>Study Citation:</b> Kishi, R., Ketema, R. M., Bamai, Y. A., Araki, A., Kawai, T., Tsuboi, T., Saito, I., Yoshioka, E., Saito, T. (2018). Indoor environmental pollutants and their association with sick house syndrome among adults and children in elementary school. Building and Environment 136:293-301.				
<b>Health Outcome(s) Assessed:</b> Skin/Connective Tissue- Sick home syndrome: self-reported weekly dermal symptoms., Non-cancer				
<b>Chemical:</b> Diethylhexyl Phthalate- Parent compound				
<b>HERO ID:</b> 4728476				
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Low	Multivariate adjusted logistic regression was used to analyze associations between log-10 transformed exposure variables and reporting of any, dermal, or mucosal symptoms. Separate models were run for children $\leq$ age 12 years and for adolescents and adults combined. Non-independence of multiple respondents from the same household was not discussed (n=128 homes, 184 children and 283 adolescents/adults). Results of a sensitivity analysis excluding junior high participants (perhaps up to age 16) were described as not influencing significant associations; analyses excluding all adolescents were not mentioned. The number of hours per day spent at home (mean $\pm$ sd 15.2 $\pm$ 1.5 children, 15.0 $\pm$ 4.9 in teens/adults) was associated with dermal symptoms in children [odds ratio (95% CI) = 1.65 (0.96-2.92)] but was not discussed as a potential modifier. An important concern is that cleaning patterns –which may affect dust-based exposure measures – may be associated with the prevalence of symptoms attributed to contaminants in the home environment (reverse causation). For example, cleaning frequency was significantly higher in households with teens/adults with any symptoms. Associations with cleaning frequency were not shown for most exposures, but there was a negative correlation with DiNP. However, cleaning frequency was not evaluated as a confounder or modifier.
	Metric 5B:	Sensitivity	Medium	The sample size and number of cases were small. However, variability in exposure variables was large, and several associations were statistically significant, albeit not always in the hypothesized direction.
<b>Additional Comments:</b> This cross-sectional study in Sapporo, Japan examined associations between reported “sick house syndrome” symptoms during the last three months and measured indoor pollutants in household dust and air. Several phthalates, including DiNP, DiBP, DBP, BBP and DEHP, were measured in floor and surface dust. Sick home syndrome was characterized based on weekly symptoms in several domains - mucosa, dermal, and any including more general symptoms - that were attributed by participants to the house environment. The sample, selected from over 4,000 households in a parent survey, included 128 households; analyses included 184 children $\leq$ 12 years and 283 teen/adult residents. Associations between phthalates in dust and sick home syndrome outcomes were heterogeneous and largely non-significant. However, DiNP in floor dust was associated with significantly lower odds of mucosal symptoms in adolescents/adults. While there was no direct evidence of selection bias, the sample for this study included considerably more households with visible mold, condensation, and children with atopic dermatitis than the parent study. Residual confounding by factors such as socioeconomic status is also potential concern. Analyses did not examine whether including multiple residents from the same household was influential, or whether number of hours in the home modified associations. Finally, reverse causation cannot be ruled out. The authors did not discuss whether participant cleaning patterns, which may have affected dust levels and dust contaminant content, may have reflected efforts by participants to reduce their symptoms, and analyses were not stratified by cleaning frequency.				
<b>Overall Quality Determination</b>			<b>Low</b>	

<b>Study Citation:</b>	Wan, Y., North, M. L., Navaranjan, G., Ellis, A. K., Siegel, J. A., Diamond, M. L. (2021). Indoor exposure to phthalates and polycyclic aromatic hydrocarbons (PAHs) to Canadian children: the Kingston allergy birth cohort. Journal of Exposure Science & Environmental Epidemiology 32(1):69-81.		
<b>Health Outcome(s) Assessed:</b>	Sensitization- Skin prick testing (allergy), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>	7613166		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Study participants included 45 prenatally included children and 34 postnatally included children who were recruited from the KABC. The prenatally recruited children were identified in out-patient ObGyn clinics, family physician offices, midwifery clinics, and labor/delivery wards of Kingston hospital and were from 18 months to 3 years old. Post-natally recruited children ranged in age from 18 months to 14 years and consented to skin prick testing at hospital. Exclusion criteria were not discussed further and missing data also not described.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	DINP, DIDP, DBP, DiBP, DEHP, and BBP were measured in floor dust samples from the 79 children bedrooms that were collected from June 24, 2014 to February 25, 2015. Dust samples were collected from carpeted and uncarpeted floors in the center of a child's room using a conventional vacuum cleaner with a nylon bag inserted. Dust samples were dry sieved and extracted in 3 mL dichloromethane and repeated three times. Samples were analyzed using GS-MS. LOD for DINP is 1.04E+00 µg/g, for DIDP is 6.25E-01 µg/g, for DiBP is 5.48E-03 µg/g, for DBP is 5.90E-03 µg/g, for BBP is 5.71E-03 µg/g, and for DEHP is 2.47E-02 µg/g. Values below detection were substituted with half of the method detection limit.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	Authors reported performing skin prick tests on 34 postnatal children testing for 14 allergens and were conducted at the Kingston general hospital. Mothers were also tested with a panel of 9 common environmental allergens. No further information provided. Only 21% of children demonstrated a positive skin prick test with at least one of the allergens tested.
Metric 3B:	Selective Reporting	Medium	No concerns for selective reporting. The authors described their primary analyses in the methods section and results were reported for all the analyses.
Domain 4: Potential Confounding / Variability Control			
Metric 4A:	Potential Confounding	Medium	Confounders assessed including sex, household income (for SES), presence of mold, level of cigarette smoke exposure, maternal atopy, paternal history of allergy, prenatal smoking, gestational age, and breastfeeding status at 3 months of age. Confounders were included in the model if the OR changed by at least 10%.
Domain 5: Analysis			
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<b>Study Citation:</b>	Wan, Y., North, M. L., Navaranjan, G., Ellis, A. K., Siegel, J. A., Diamond, M. L. (2021). Indoor exposure to phthalates and polycyclic aromatic hydrocarbons (PAHs) to Canadian children: the Kingston allergy birth cohort. Journal of Exposure Science & Environmental Epidemiology 32(1):69-81.			
<b>Health Outcome(s) Assessed:</b>	Sensitization- Skin prick testing (allergy), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound			
<b>HERO ID:</b>	7613166			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Logistic regression was conducted to assess association between phthalate exposure and allergic sensitization and 95% CIs shown. Log-transformed phthalate data was tested for normality, but concentrations were not normally distributed so performed analysis on untransformed data. Concentrations grouped into tertiles, but not defined further. Only performed statistical analysis on chemicals with more than 50% detection frequency. Results were considered statistically significant at $p < 0.05$ but no significant results were found after adjusting for confounders. Missing data were not described but there seems to be no data missing.
	Metric 5B:	Sensitivity	Low	Very small sample size ( $n = 34$ ) results in a low statistical power. Exposure range is adequate for DIDP from <MDL to 3350 ug/g, for DINP from 22 to 7330 ug/g, for DiBP from 3.06 to 942 ug/g, for DBP from 1.10 to 49.0 ug/g, for BBP from 4.12 to 75400 ug/g, and for DEHP from 26.7 to 1160 ug/g.
Additional Comments:	Overall study quality is low because of the very small sample size of 34 children tested for allergies and homes tested for phthalates in dust. In addition, only 21% of the tested children displayed a positive skin prick testing, lowering the statistical power to detect any association between phthalate exposure and allergic sensitization. These limitations impact the results and validity of the study.			
<b>Overall Quality Determination</b>			<b>Low</b>	

<b>Study Citation:</b>	Wang, C. W., Chen, S. C., Wu, D. W., Chen, H. C., Lin, H. H., Su, H., Shiea, J. T., Lin, W. Y., Hung, C. H., Kuo, C. H. (2021). Effect of dermal phthalate levels on lung function tests in residential area near a petrochemical complex. Environmental Science and Pollution Research 28(21):27333-27344.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry measurements (FEV1, FVC, FEV1% predicted, FVC% predicted), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound		
<b>HERO ID:</b>	7502437		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	Participants were n=397 subjects from the Dalinpu Community for Health Care cohort (2016-2018, total n = 405). Participants were recruited from a village in close proximity to multiple industrial facilities. No information on recruitment methods or participation rates was provided. Inclusion criteria for the current study were: age > 20 years, willingness to receive spirometry testing and forehead skin wipes, and ability to complete provided questionnaires. Exclusion criteria were history of asthma, neuromuscular disease, abnormalities of the chest wall or pleura, or ascites. It is not clear if there were additional inclusion/exclusion criteria for the larger cohort. While there was a lack of information on some aspects of participant selection, the information provided does not raise substantial concerns about selection bias. Additionally, while study participants were members of a cohort study, the information provided suggests that this study was a cross-sectional analysis of baseline characteristics; as such, loss to follow-up is not a concern.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Dermal phthalates were measured using skin wipes of participants' foreheads. Measurements were obtained via linear ion trap mass spectrometry coupled to a TD-ESI source. The timing of sample collection relative to outcome measurement was not stated, although the participant recruitment text implies this was an analysis of baseline measurements taken in a larger cohort (i.e., a cross-sectional analysis with both exposure and outcome measured at the same time point).
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest in this study were lung function measurements (FEV1, FVC) assessed via spirometry. Spirometry testing by a single trained technician. Three consecutive measurements meeting quality criteria standards were taken for each participant, and the best measurement was recorded and included in analysis. Measurements were divided by reference standards to yield calculated endpoints of FEV1 and FVC percent predicted. No information was provided on whether participants or the technician were blinded as to exposure status, but this is not a major concern given the set of exposures and outcomes measured in this study.
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary and secondary analyses.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Wang, C. W., Chen, S. C., Wu, D. W., Chen, H. C., Lin, H. H., Su, H., Shiea, J. T., Lin, W. Y., Hung, C. H., Kuo, C. H. (2021). Effect of dermal phthalate levels on lung function tests in residential area near a petrochemical complex. Environmental Science and Pollution Research 28(21):27333-27344.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry measurements (FEV1, FVC, FEV1% predicted, FVC% predicted), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Parent compound			
<b>HERO ID:</b>	7502437			
Domain	Metric	Rating	Comments	
	Metric 4A:	Potential Confounding	Medium	Potential confounders were selected based on prior literature as well as based on significant bivariate associations with the exposures and outcomes. Variables included in final regression models were: age, gender, BMI, smoking, exercise, and education. It appears that DiDP and DiNP models were also adjusted for face mask use, but it is not fully clear that this is the case from the description provided. It is also not clear whether models were adjusted for other measured phthalates. Study participants were recruited from an area with multiple industrial facilities, but no discussion of potentially co-occurring chemical exposures was provided.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between each phthalate and the measured and calculated lung function outcomes was estimated using multiple linear regression. Phthalate concentrations were log-transformed prior to analysis due to a skewed distribution. Samples below the LOD were replaced with half of the LOD. Regression models were constructed for the whole study population (n=397) as well as for participants age 60+ only (n=54). No information on handling of missing values (if any) was provided. No sensitivity analyses were described.
	Metric 5B:	Sensitivity	Medium	The sample size was adequate (n=397). For all phthalates, a large proportion of samples were below the limit of detection (detection rate 47.1% for DiDP, 62.0% for DiNP, 39.0% for DBP, 48.9% for BBP, 50.6% for DEHP). However, among samples with detectable levels, the exposure range was large.
Additional Comments:	This study of participants in the Dalinpu Community for Health Care cohort had an adequate sample size and used appropriate exposure assessment, outcome assessment, and analytic methods. Minor concerns include a lack of detail on some elements of the study design (e.g., the timing of exposure and outcome assessment) as well as the large proportion of samples below the LOD. In the full study population (n=397), a one-unit increase in log-transformed DiNP was associated with lower FEV1% predicted ( $\beta = -2.17$ ; 95% CI $-4.26, -0.08$ ), FVC ( $-0.08$ ; 95% CI $-0.15, -0.02$ ), and FVC% predicted ( $\beta = -3.16$ ; 95% CI $-5.21, -1.10$ ). There were no associations between DiDP and any of the outcomes in the full study population. DBP, BBP, and DEHP were inversely associated with FVC and FVC% predicted.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Lee, G., Kim, S., Bastiaensen, M., Malarvannan, G., Poma, G., Casero, N. C., Gys, C., Covaci, A., Lee, S., Lim, J. E., Mok, S., Moon, H. B., Choi, G., Choi, K. (2020). Exposure to organophosphate esters, phthalates, and alternative plasticizers in association with uterine fibroids. Environmental Research 189:109874.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Uterine fibroids, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethy 1-5-oxohexyl) phthalate (MEOHP); mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP); mono- [(2-carboxymethyl)hexyl] phthalate (MCMHP); mono(2-ethylhexyl) phthalate (MEHP)		
<b>HERO ID:</b>	7274600		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The case control study examined the relationship between phthalate metabolites and uterine fibroids in pre-menopausal Korean women. Women (20-49 years of age) were recruited 2015-2016 from public health centers or gynecology clinics of universities in Seoul, Ansan, Incheon, and Jeju South Korea. A subset (n=70) of participants (n=516 originally recruited) were randomly chosen from the Children’s Health and Environmental Chemicals of Korea (CHECK) cohort. Of the women initially recruited, those with current pregnancy (n=38) were excluded. Of the n=95 cases of uterine fibroids initially identified, n=40 were selected as cases as defined by ‘severe’ degree of fibrosis. Severe fibrosis cases were chosen based on the criteria of size of uterine fibroids (> 4cm), the number of fibroids (>2), or concurrent diagnosis of adenomyosis. Women of the same age without uterine fibroids were randomly chosen as controls with a 1:2 (case : control) ratio. Cases and controls with insufficient samples for chemical analysis were excluded, leaving a total of 32 cases and 79 controls for final analysis within the current study. Comparisons with respect to demographic and other factors potentially associated with exposure and outcomes of interest between participants and non-participants were not detailed.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Lee, G., Kim, S., Bastiaensen, M., Malarvannan, G., Poma, G., Casero, N. C., Gys, C., Covaci, A., Lee, S., Lim, J. E., Mok, S., Moon, H. B., Choi, G., Choi, K. (2020). Exposure to organophosphate esters, phthalates, and alternative plasticizers in association with uterine fibroids. Environmental Research 189:109874.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Uterine fibroids, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethyl 1-5-oxohexyl) phthalate (MEOHP); mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP); mono- [(2-carboxymethyl)hexyl] phthalate (MCMHP); mono(2-ethylhexyl) phthalate (MEHP)			
<b>HERO ID:</b>	7274600			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Low	Urine samples were taken at the health examination where subjects were asked to fast for more than 8 hours before sample. Phthalates were extracted using a solid phase extraction and analyzed using HPLC and an ESI-MS/MS. cxMINP, OH-MINP, MiBP, MBP, MBzP, MCHP, MEOHP, MEHHP, MECPP, MCMHP, and MEHP detection frequencies in cases were 78.1, 93.8, 100, 100, 100, 3.1, 100, 100, 100, 100, 50 respectively. Control cxMINP, OH-MINP, MiBP, MBP, MBzP, MCHP, MEOHP, MEHHP, MECPP, MCMHP, and MEHP detection frequencies were noted as 78.5, 91.1, 93.7, 100, 100, 3.8, 87.3, 98.7, 100, 100, and 44.3, respectively. For chemicals with a detection frequency of 75% or more, the non-detected concentrations were imputed with the limit of quantification (LOQ) divided by the square root of 2. Urinary chemical concentrations were adjusted by specific gravity (SG) to correct for urine dilutions. Median (25th, 75th percentiles) concentrations for case OH_MINP, cxMINP, MiBP, MBP, MBzP, MCHP, MEOHP, MEHHP, MECPP, MCMHP, and MEHP were 2.05 ng/mL (1.12, 3.80 ng/mL), 2.34 ng/mL (1.51, 4.65 ng/mL), 2.81 ng/mL (1.18, 5.16 ng/mL), 6.73 ng/mL (4.46, 12.61 ng/mL), 0.66 ng/mL (0.44, 1.15 ng/mL), <LOQ, 1.73 ng/mL (1.09, 2.57 ng/mL), 3.21 ng/mL (2.21, 4.02 ng/mL), 14.33 ng/mL (9.99, 23.50 ng/mL), 4.95 ng/mL (3.36, 7.27 ng/mL), 0.09 ng/mL (<LOQ, 3.55 ng/mL), respectively. Median (25th, 75th percentiles) concentrations for controls OH_MINP, cxMINP, MiBP, MBP, MBzP, MCHP, MEOHP, MEHHP, MECPP, MCMHP, and MEHP were 1.37 ng/mL (0.83-2.39 ng/mL), 2.57 ng/mL (1.52, 3.50 ng/mL), 2.54 ng/mL (1.22, 4.15 ng/mL ), 5.60 ng/mL (3.66, 8.29 ng/mL ), 0.65 ng/mL (0.41, 1.26 ng/mL ), <LOQ ng/mL , 1.23 ng/mL (0.72, 2.26 ng/mL ), 2.59 ng/mL (1.55, 4.25 ng/mL ), 11.67 ng/mL (7.42, 18.06 ng/mL ), 4.04 ng/mL (2.38, 6.07 ng/mL ), <LOQ (<LOQ, 1.18 ng/mL). The biological half-lives of most phthalates are less than 24 h and it is unclear if a single spot urine adequately represents the intensity, duration and potential peak exposures responsible for the initiation of the outcome of interest. Due to the instructions for fasting more than 8 hours prior to sampling, the concentrations of metabolites measured in the urine of the participating women may be lower than those expected in normal situations. The timing of diagnosis of uterine fibroids and measurement of urinary phthalates were similar, so a reasonable inference of causation and contribution of chemical exposure to uterine fibroids cannot be made.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Medium	Uterine fibrosis and adenomyosis were diagnosed via a gynecologic ultrasonography. Severe fibrosis was defined as a uterine fibroid size >4cm, >2 fibroids, or a concurrent diagnosis of adenomyosis.	
Metric 3B:	Selective Reporting	Medium	Analyses reported in the methods and results were described for primary analyses.	
Domain 4: Potential Confounding / Variability Control				

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<b>Study Citation:</b>	Lee, G., Kim, S., Bastiaensen, M., Malarvannan, G., Poma, G., Casero, N. C., Gys, C., Covaci, A., Lee, S., Lim, J. E., Mok, S., Moon, H. B., Choi, G., Choi, K. (2020). Exposure to organophosphate esters, phthalates, and alternative plasticizers in association with uterine fibroids. Environmental Research 189:109874.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Uterine fibroids, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethyl 1-5-oxohexyl) phthalate (MEOHP); mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); mono(2-ethyl 5-carboxypentyl) phthalate (MECPP); mono- [(2-carboxymethyl)hexyl] phthalate (MCMHP); mono(2-ethylhexyl) phthalate (MEHP)			
<b>HERO ID:</b>	7274600			
Domain		Metric	Rating	Comments
	Metric 4A:	Potential Confounding	Medium	Key confounders included age, BMI, income, parity, urinary cotinine, and alcohol consumption and were determined from previous reports that reported association with uterine fibroids. Data regarding confounding factors was indicated as obtained from participant questionnaire and based upon previous reports. Urinary cotinine was measured by an Immulite 2000 Nicotine Metabolite kit.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	Multivariate linear regression models were constructed to compare metabolite concentrations between cases and controls while adjusting for covariates of interest. Multivariate logistic regression analysis was used to examine the association between chemical exposure and uterine fibroids. Concentrations were log-transformed due to distribution skewness. Additional multivariate logistic regression models with factors derived from factor analyses were run within multiple chemical exposure models. Non-linear relationships were explored within analyses presented across dichotomous, tertiles and quartiles of exposure. Consideration for additional sensitivity analyses was not detailed.
	Metric 5B:	Sensitivity	Medium	Sample size is somewhat small (n=111 total) which may lead to insufficient statistical power. and exposure range is adequate. It is unclear if a single spot urine adequately represents the intensity, duration and potential peak exposures responsible for the initiation of the outcome of interest. Urinary concentrations might not reflect normal daily levels due to the more than 8 hours fasting requirement prior to urine specimen collection.
Additional Comments:	This case-control study assessed the relationship between uterine fibroids and phthalate metabolite concentrations. The limitations included a smaller sample size which may lead to insufficient statistical power, half-lives of phthalates are less than 24 h and the concentrations of metabolites measured in the urine of the participating women may be lower than those expected in normal situations. In addition, the spot urine measurements may not represent longer term exposure profile of the target chemicals. Study design and diagnosis of uterine fibroids and measurement of urinary chemicals were similar, the inference of causation and contribution of chemical exposure to uterine fibroids cannot be made. These limitations show that chance findings cannot be ruled out which affect the overall validity of the study.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl)-hexyl phthalate (MEHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The authors analyzed data from a nested case-control study that comprised 130 preterm infants and 352 randomly selected infants delivered at $\geq 37$ weeks. The parent cohort recruited women at $< 17$ weeks gestation from prenatal clinics in the Boston area who planned to deliver at Brigham and Women's Hospital (n=1600 recruited from 2006 to 2008; 1181 [74%] followed through delivery with live singleton infants). Further details on participation rates and loss to follow-up were not provided. There was no evidence that participation was associated with either phthalates exposure or birth outcomes, nor any other evidence raising concerns related to selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Exposure was assessed using phthalate metabolites measured in spot urine samples collected at up to three clinic visits. Measures included four DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP), MBzP (BBP metabolite), MBP (DBP metabolite), and MiBP (DiBP metabolite). Samples were analyzed by an accredited laboratory (NSF International, Ann Arbor, MI) using HPLC-MS methods developed by the CDC, described elsewhere. Quality control procedures specific to this study were not described. Visits occurred at median times of 9.71, 17.9, and 26.0 weeks of gestation; samples from a 4th visit at 33 to 38 weeks were included in repeated measures analyses but excluded from calculating average exposure given low availability among cases. Case and control Ns for each visit were: 129 and 350; 118 and 304; 111 and 301; and 66, 314, respectively. Samples below LOD (ranging from 0 to 4.7%) were imputed as LOD divided by the square root of 2. Models adjusted for specific gravity to account for urine dilution. Exposure to individual phthalates or the sum of four DEHP metabolites was analyzed as the mean of up to three measures or using up to four repeated measures in linear mixed models. Given the short half-life of metabolites, estimating prenatal phthalates exposure using multiple samples collected throughout pregnancy to reduce exposure misclassification was a strength of this study.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Outcomes analyzed included preterm birth defined as $< 37$ weeks of gestation, and gestational age at delivery analyzed continuously. Gestational ages at individual clinic visits and at delivery were calculated based on last menstrual period (LMP) and confirmed by first trimester ultrasound. Details on how LMP-estimated gestational age was evaluated and adjusted based on ultrasound data were not provided. However, there was no evidence of important error or bias.
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., Mcelrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl)-hexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728664			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors did not specify the strategy used to identify confounders. All models adjusted a priori for urine specific gravity, maternal age, race, and education; models for non-DEHP metabolites additionally adjusted for private vs. public health insurance provider. Repeated measures models additionally adjusted for time of sample collection. The same adjustments were included in an earlier study using the same data to analyze individual phthalates and preterm birth (but not gestational age at delivery or phthalate mixtures), which used a 10% change in estimate criterion to select additional confounders selected from covariates that included infant sex, maternal smoking, alcohol use, parity and use of assisted reproductive technology (Ferguson et al. 2014, HERO ID 2345449). Co-exposure to other phthalates was addressed using two general approaches to develop phthalate mixture variables (weighted quantile sums and environmental risk scores) as detailed in the methods. There was no evidence that important confounders were omitted or that intermediate variables were inappropriately included.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Descriptive data included distributions of covariates among preterm (<37 weeks of gestation) and non-preterm infants, and detailed distributions of phthalate metabolites. As data came from a nested case control sample, inverse probability sample weights for the overall cohort were applied in all analyses. Phthalate variables were natural log transformed for analysis. Models analyzing exposure as the mean of measures from up to three visits adjusted for mean specific gravity to address dilution; models analyzing repeated measures included individual specific gravity measures. Repeated phthalates measures were analyzed using a two-step approach: subject-specific intercepts were extracted from a linear mixed effects model with random intercepts fitted to the phthalates measures and used as predictors in the outcome models. Associations between an IQR increase in phthalates and infant age at delivery were compared from models using logistic regression (for preterm birth) vs. Cox proportional hazards regression and accelerated failure time models (for gestational age at delivery). The authors did not explicitly specify using complete case analysis (n=12 had missing covariate) or discuss model assumptions; effect modification by variables such as infant sex was not discussed. There was no evidence of important deficiencies or errors in the analyses.	
	Metric 5B: Sensitivity	Medium	The study included adequate sample size and adequate variability in exposure levels to evaluate the primary study hypothesis. No major concerns were identified for study sensitivity.	
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl)-hexyl phthalate (MEHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Additional Comments:	This study analyzed the relationship between phthalates and time to delivery among 482 singleton infants from a cohort that recruited ~ 1600 pregnant women in the Boston area in 2006-2008. The study re-analyzed data from a nested case-control study of preterm birth (n=130 cases), applying inverse probability weights to compute inferences for the overall cohort. Using the mean of phthalates measured in up to three spot urines collected throughout pregnancy, the sum of DEHP metabolites was associated with significantly shorter gestation using three approaches: Cox regression, accelerated failure time models, and logistic regression modeling preterm birth. The individual metabolites MBzP and MBP were also associated with significantly shorter gestation using Cox models. Furthermore, multiple indices of phthalates mixtures were associated with significantly shorter gestation using all three approaches. Findings suggest that that prenatal exposure to several phthalates in pregnancy may reduce the duration of gestation.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., Mcelrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	The authors analyzed data from a nested case-control study that comprised 130 preterm infants and 352 randomly selected infants delivered at $\geq 37$ weeks. The parent cohort recruited women at $< 17$ weeks gestation from prenatal clinics in the Boston area who planned to deliver at Brigham and Women's Hospital (n=1600 recruited from 2006 to 2008; 1181 [74%] followed through delivery with live singleton infants). Further details on participation rates and loss to follow-up were not provided. There was no evidence that participation was associated with either phthalates exposure or birth outcomes, nor any other evidence raising concerns related to selection bias.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	High	Exposure was assessed using phthalate metabolites measured in spot urine samples collected at up to three clinic visits. Measures included four DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP), MBzP (BBP metabolite), MBP (DBP metabolite), and MiBP (DiBP metabolite). Samples were analyzed by an accredited laboratory (NSF International, Ann Arbor, MI) using HPLC-MS methods developed by the CDC, described elsewhere. Quality control procedures specific to this study were not described. Visits occurred at median times of 9.71, 17.9, and 26.0 weeks of gestation; samples from a 4th visit at 33 to 38 weeks were included in repeated measures analyses but excluded from calculating average exposure given low availability among cases. Case and control Ns for each visit were: 129 and 350; 118 and 304; 111 and 301; and 66, 314, respectively. Samples below LOD (ranging from 0 to 4.7%) were imputed as LOD divided by the square root of 2. Models adjusted for specific gravity to account for urine dilution. Exposure to individual phthalates or the sum of four DEHP metabolites was analyzed as the mean of up to three measures or using up to four repeated measures in linear mixed models. Given the short half-life of metabolites, estimating prenatal phthalates exposure using multiple samples collected throughout pregnancy to reduce exposure misclassification was a strength of this study.
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Outcomes analyzed included preterm birth defined as $< 37$ weeks of gestation, and gestational age at delivery analyzed continuously. Gestational ages at individual clinic visits and at delivery were calculated based on last menstrual period (LMP) and confirmed by first trimester ultrasound. Details on how LMP-estimated gestational age was evaluated and adjusted based on ultrasound data were not provided. However, there was no evidence of important error or bias.
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728664			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors did not specify the strategy used to identify confounders. All models adjusted a priori for urine specific gravity, maternal age, race, and education; models for non-DEHP metabolites additionally adjusted for private vs. public health insurance provider. Repeated measures models additionally adjusted for time of sample collection. The same adjustments were included in an earlier study using the same data to analyze individual phthalates and preterm birth (but not gestational age at delivery or phthalate mixtures), which used a 10% change in estimate criterion to select additional confounders selected from covariates that included infant sex, maternal smoking, alcohol use, parity and use of assisted reproductive technology (Ferguson et al. 2014, HEROID 2345449). Co-exposure to other phthalates was addressed using two general approaches to develop phthalate mixture variables (weighted quantile sums and environmental risk scores) as detailed in the methods. There was no evidence that important confounders were omitted or that intermediate variables were inappropriately included.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Descriptive data included distributions of covariates among preterm (<37 weeks of gestation) and non-preterm infants, and detailed distributions of phthalate metabolites. As data came from a nested case control sample, inverse probability sample weights for the overall cohort were applied in all analyses. Phthalate variables were natural log transformed for analysis. Models analyzing exposure as the mean of measures from up to three visits adjusted for mean specific gravity to address dilution; models analyzing repeated measures included individual specific gravity measures. Repeated phthalates measures were analyzed using a two-step approach: subject-specific intercepts were extracted from a linear mixed effects model with random intercepts fitted to the phthalates measures and used as predictors in the outcome models. Associations between an IQR increase in phthalates and infant age at delivery were compared from models using logistic regression (for preterm birth) vs. Cox proportional hazards regression and accelerated failure time models (for gestational age at delivery). The authors did not explicitly specify using complete case analysis (n=12 had missing covariate) or discuss model assumptions; effect modification by variables such as infant sex was not discussed. There was no evidence of important deficiencies or errors in the analyses.	
	Metric 5B: Sensitivity	Medium	The study included adequate sample size and adequate variability in exposure levels to evaluate the primary study hypothesis. No major concerns were identified for study sensitivity.	
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Additional Comments:	This study analyzed the relationship between phthalates and time to delivery among 482 singleton infants from a cohort that recruited ~ 1600 pregnant women in the Boston area in 2006-2008. The study re-analyzed data from a nested case-control study of preterm birth (n=130 cases), applying inverse probability weights to compute inferences for the overall cohort. Using the mean of phthalates measured in up to three spot urines collected throughout pregnancy, the sum of DEHP metabolites was associated with significantly shorter gestation using three approaches: Cox regression, accelerated failure time models, and logistic regression modeling preterm birth. The individual metabolites MBzP and MBP were also associated with significantly shorter gestation using Cox models. Furthermore, multiple indices of phthalates mixtures were associated with significantly shorter gestation using all three approaches. Findings suggest that that prenatal exposure to several phthalates in pregnancy may reduce the duration of gestation.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. <i>Environment International</i> 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Data on blood cell counts and coagulation parameters was obtained from routine testing by professional clinical laboratorians following standard operating procedures for the healthcare center. Samples were tested for total white blood cell count (WBC), red blood cell count (RBC), hemoglobin (Hb), and platelet counts (PLT) within two hours after collection using an automatic blood cell analyzer. In addition, samples were anti-coagulated for fifteen minutes to obtain plasma and the following routine coagulation measures were obtained using an automated analyzer: activated partial thromboplastin time (APTT), prothrombin time (PT), thromboplastin time (TT) and fibrinogen (Fg). These routine hemostatic measures were analyzed as continuous measures. Reference intervals to define measures of potential concern were not applied; the authors noted that standard cutoffs may not be suitable for pregnant women given that normal pregnancy involves changes in blood volume and the coagulation system. However, non-established trimester-specific reference intervals from several publications were presented in the supplemental materials. The timing of the routine clinical measures collected in this study varied considerably: 19% prior to 18.5 weeks, 68% 18.5 to 23.9 weeks, and 13.5% ≥24 weeks gestation. The authors adjusted for gestational age at sample collection in statistical models. While the authors did not discuss whether the variable timing might relate to complications that arose throughout pregnancy they presented, a sensitivity analysis excluding women with gestational hypertension, gestational diabetes or spontaneous membrane rupture; findings did not meaningfully change. There was no evidence of important error or bias.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728517

Domain	Metric	Rating	Comments
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
	Metric 5B: Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.

**Additional Comments:** This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Although there was no direct evidence of important bias, the use of a single exposure measure collected close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester limits confidence in findings for associations with routine hematology outcomes.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728517			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Anemia in the third trimester was measured in blood samples collected shortly before delivery and was defined as hemoglobin (Hb) Hb concentration <110 g/L in third trimester, in accordance with a 2008 WHO reference. This measure is appropriate but lacks specificity in that it does not identify types of anemia, i.e. due to deficiencies in iron, folate, B12 or other causes such as changes in blood volume. In addition, authors did not discuss the timing or duration of anemia, i.e., whether any participants had been previously identified as having anemia during pregnancy that remained unresolved.	
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728517			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of p<0.10 for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.	
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728517

Domain	Metric	Rating	Comments
Metric 5B:	Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.

**Additional Comments:** This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. Anemia was defined based on hemoglobin levels; the study did not additionally include information on anemia type or duration. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Despite some limitations, there was no direct evidence of important error or bias in analyses relating phthalates metabolites in late pregnancy to third trimester anemia.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., Mcelrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	The authors analyzed data from a nested case-control study that comprised 130 preterm infants and 352 randomly selected infants delivered at $\geq 37$ weeks. The parent cohort recruited women at $< 17$ weeks gestation from prenatal clinics in the Boston area who planned to deliver at Brigham and Women's Hospital (n=1600 recruited from 2006 to 2008; 1181 [74%] followed through delivery with live singleton infants). Further details on participation rates and loss to follow-up were not provided. There was no evidence that participation was associated with either phthalates exposure or birth outcomes, nor any other evidence raising concerns related to selection bias.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	High	Exposure was assessed using phthalate metabolites measured in spot urine samples collected at up to three clinic visits. Measures included four DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP), MBzP (BBP metabolite), MBP (DBP metabolite), and MiBP (DiBP metabolite). Samples were analyzed by an accredited laboratory (NSF International, Ann Arbor, MI) using HPLC-MS methods developed by the CDC, described elsewhere. Quality control procedures specific to this study were not described. Visits occurred at median times of 9.71, 17.9, and 26.0 weeks of gestation; samples from a 4th visit at 33 to 38 weeks were included in repeated measures analyses but excluded from calculating average exposure given low availability among cases. Case and control Ns for each visit were: 129 and 350; 118 and 304; 111 and 301; and 66, 314, respectively. Samples below LOD (ranging from 0 to 4.7%) were imputed as LOD divided by the square root of 2. Models adjusted for specific gravity to account for urine dilution. Exposure to individual phthalates or the sum of four DEHP metabolites was analyzed as the mean of up to three measures or using up to four repeated measures in linear mixed models. Given the short half-life of metabolites, estimating prenatal phthalates exposure using multiple samples collected throughout pregnancy to reduce exposure misclassification was a strength of this study.
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Outcomes analyzed included preterm birth defined as $< 37$ weeks of gestation, and gestational age at delivery analyzed continuously. Gestational ages at individual clinic visits and at delivery were calculated based on last menstrual period (LMP) and confirmed by first trimester ultrasound. Details on how LMP-estimated gestational age was evaluated and adjusted based on ultrasound data were not provided. However, there was no evidence of important error or bias.
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., Mcelrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728664			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all analyses.	
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	The authors did not specify the strategy used to identify confounders. All models adjusted a priori for urine specific gravity, maternal age, race, and education; models for non-DEHP metabolites additionally adjusted for private vs. public health insurance provider. Repeated measures models additionally adjusted for time of sample collection. The same adjustments were included in an earlier study using the same data to analyze individual phthalates and preterm birth (but not gestational age at delivery or phthalate mixtures), which used a 10% change in estimate criterion to select additional confounders selected from covariates that included infant sex, maternal smoking, alcohol use, parity and use of assisted reproductive technology (Ferguson et al. 2014, HEROID 2345449). Co-exposure to other phthalates was addressed using two general approaches to develop phthalate mixture variables (weighted quantile sums and environmental risk scores) as detailed in the methods. There was no evidence that important confounders were omitted or that intermediate variables were inappropriately included.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Descriptive data included distributions of covariates among preterm (<37 weeks of gestation) and non-preterm infants, and detailed distributions of phthalate metabolites. As data came from a nested case control sample, inverse probability sample weights for the overall cohort were applied in all analyses. Phthalate variables were natural log transformed for analysis. Models analyzing exposure as the mean of measures from up to three visits adjusted for mean specific gravity to address dilution; models analyzing repeated measures included individual specific gravity measures. Repeated phthalates measures were analyzed using a two-step approach: subject-specific intercepts were extracted from a linear mixed effects model with random intercepts fitted to the phthalates measures and used as predictors in the outcome models. Associations between an IQR increase in phthalates and infant age at delivery were compared from models using logistic regression (for preterm birth) vs. Cox proportional hazards regression and accelerated failure time models (for gestational age at delivery). The authors did not explicitly specify using complete case analysis (n=12 had missing covariate) or discuss model assumptions; effect modification by variables such as infant sex was not discussed. There was no evidence of important deficiencies or errors in the analyses.	
	Metric 5B: Sensitivity	Medium	The study included adequate sample size and adequate variability in exposure levels to evaluate the primary study hypothesis. No major concerns were identified for study sensitivity.	
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Additional Comments:	This study analyzed the relationship between phthalates and time to delivery among 482 singleton infants from a cohort that recruited ~ 1600 pregnant women in the Boston area in 2006-2008. The study re-analyzed data from a nested case-control study of preterm birth (n=130 cases), applying inverse probability weights to compute inferences for the overall cohort. Using the mean of phthalates measured in up to three spot urines collected throughout pregnancy, the sum of DEHP metabolites was associated with significantly shorter gestation using three approaches: Cox regression, accelerated failure time models, and logistic regression modeling preterm birth. The individual metabolites MBzP and MBP were also associated with significantly shorter gestation using Cox models. Furthermore, multiple indices of phthalates mixtures were associated with significantly shorter gestation using all three approaches. Findings suggest that that prenatal exposure to several phthalates in pregnancy may reduce the duration of gestation.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. <i>Environment International</i> 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.

Domain 3: Outcome Assessment

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<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal hematologic parameters in pregnancy: total white blood cell counts (WBC), red blood cell counts (RBC), hemoglobin (Hb), and platelet counts (PLT), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Data on blood cell counts and coagulation parameters was obtained from routine testing by professional clinical laboratorians following standard operating procedures for the healthcare center. Samples were tested for total white blood cell count (WBC), red blood cell count (RBC), hemoglobin (Hb), and platelet counts (PLT) within two hours after collection using an automatic blood cell analyzer. In addition, samples were anti-coagulated for fifteen minutes to obtain plasma and the following routine coagulation measures were obtained using an automated analyzer: activated partial thromboplastin time (APTT), prothrombin time (PT), thromboplastin time (TT) and fibrinogen (Fg). These routine hemostatic measures were analyzed as continuous measures. Reference intervals to define measures of potential concern were not applied; the authors noted that standard cutoffs may not be suitable for pregnant women given that normal pregnancy involves changes in blood volume and the coagulation system. However, non-established trimester-specific reference intervals from several publications were presented in the supplemental materials. The timing of the routine clinical measures collected in this study varied considerably: 19% prior to 18.5 weeks, 68% 18.5 to 23.9 weeks, and 13.5% ≥24 weeks gestation. The authors adjusted for gestational age at sample collection in statistical models. While the authors did not discuss whether the variable timing might relate to complications that arose throughout pregnancy they presented, a sensitivity analysis excluding women with gestational hypertension, gestational diabetes or spontaneous membrane rupture; findings did not meaningfully change. There was no evidence of important error or bias.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.

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<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 5: Analysis	Metric 5A: Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
	Metric 5B: Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.
Additional Comments:	This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Although there was no direct evidence of important bias, the use of a single exposure measure collected close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester limits confidence in findings for associations with routine hematology outcomes.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
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<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	Anemia in the third trimester was measured in blood samples collected shortly before delivery and was defined as hemoglobin (Hb) Hb concentration <110 g/L in third trimester, in accordance with a 2008 WHO reference. This measure is appropriate but lacks specificity in that it does not identify types of anemia, i.e. due to deficiencies in iron, folate, B12 or other causes such as changes in blood volume. In addition, authors did not discuss the timing or duration of anemia, i.e., whether any participants had been previously identified as having anemia during pregnancy that remained unresolved.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
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<b>HERO ID:</b>	4728517			
Domain		Metric	Rating	Comments
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of p<0.10 for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.
Domain 5: Analysis	Metric 5A:	Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
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<b>HERO ID:</b>	4728517			
Domain	Metric	Rating	Comments	
Metric 5B:	Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.	
Additional Comments:	This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. Anemia was defined based on hemoglobin levels; the study did not additionally include information on anemia type or duration. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Despite some limitations, there was no direct evidence of important error or bias in analyses relating phthalates metabolites in late pregnancy to third trimester anemia.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, K. N., Lee, M. R., Choi, Y. H., Lee, B. E., Hong, Y. C. (2018). Association between phthalate exposure and lower lung function in an urban elderly population: A repeated-measures longitudinal study. Environment International 113:177-183.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry (FEV1, FVC, FEV1/FVC, FEF25-75), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728477			
Domain	Metric	Rating	Comments	
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	Study participants were recruited from 2 elderly welfare centers from 2012 to 2015 with repeat surveys conducted every year. The proportion of participants completing 1, 2, or all 3 surveys is reported however rationale for the participation rate is not reported. Enough description of the recruitment process is reported to be comfortable that there is no serious risk of bias.	
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Exposure to phthalate metabolites determined by repeat urine samples collected annually and adjusted for creatinine level. While repeat measures strengthen confidence in exposure classification, the short half-life of phthalate metabolites and the latency between repeat measures may allow for the existence of exposure misclassification but it is not expected to greatly influence the effect estimates. Exposure measurement represents the etiologically relevant time period of interest. LOD and proportion of samples below the LOD are reported.	
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Lung function measurements were assessed by a trained technician using a standard instruments following European Respiratory Society and American Thoracic Society recommendations. Three lung function tests that met quality standards were obtained and the greatest value was recorded. Moderate confidence that outcome definition was specific and sensitive though some uncertainty remains with respect to misclassification but it is not expected to greatly impact the effect estimates.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	Distribution of sociodemographic characteristics and the outcome lung function measures is presented. Analysis restricted to those without missing lung function and phthalate metabolite information. Key confounders between the association of phthalate exposure and lung function measures are considered, including: age, sex, SES, smoking status, physical activity, and comorbidity status.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, K. N., Lee, M. R., Choi, Y. H., Lee, B. E., Hong, Y. C. (2018). Association between phthalate exposure and lower lung function in an urban elderly population: A repeated-measures longitudinal study. Environment International 113:177-183.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry (FEV1, FVC, FEV1/FVC, FEF25-75), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728477			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Quantitative results of analyses are reported by effect estimate and confidence limits or estimate variability. Descriptive statistics presented for exposure and outcome. LOD of exposures and percentage below LOD are reported. Creatinine-adjusted phthalate metabolite levels were log2-transformed based on the observed log-normal distribution of the data. Analyses addressing the robust of the data are provided, including: stratification by COPD status, adjustment for blood heavy metals, inverse probability weighting of participation in each follow-up survey, further adjustment for smoking status variables, and exclusion of participants with surgery on the chest or abdomen within 1 year of spirometry.
	Metric 5B:	Sensitivity	Medium	Sample size (n = 537) is adequate to determine changes in lung function following exposure to phthalates. The variability and range of exposure levels provide adequate variability to evaluate the effect of phthalate exposure. Few samples were below the LOD.
<b>Additional Comments:</b>	This cohort study included n = 559 participants and presented relatively high-quality analysis methodology. Other than the limitations inherent to cohort studies, the study did not have substantial flaws. The authors reported an inverse associations between a doubling of creatinine-adjusted urinary phthalate levels and FEV (Beta = -0.01 for mono-(-2-ethyl-5-hydroxyhexyl) phthalate; Beta = -0.02 for mono-(2-ethyl-5-oxohexyl) phthalate; Beta = -0.01 for mono-n-butyl phthalate), as well as FVC (Beta = -0.02 for mono-(-2-ethyl-5-hydroxyhexyl) phthalate; Beta = -0.02 for mono-(2-ethyl-5-oxohexyl) phthalate; Beta = -0.02 for mono-n-butyl phthalate). Statistical models were adjusted for several potential confounding factors.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFR measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFR during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.	
	Metric 3B: Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.	
Domain 5: Analysis				
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<b>Study Citation:</b> Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.				
<b>Health Outcome(s) Assessed:</b> Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer				
<b>Chemical:</b> Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)				
<b>HERO ID:</b> 5043508				
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFr, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFr, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, expect for evening PEFr models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFr, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFr outcomes. In these models, negative associations were found between each metabolite and PEFr. Only the models for a 1-day lag were significant. The authors do not explain why only PEFr was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.
	Metric 5B:	Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFr – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	5043508

Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEF, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFR measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFR during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.
	Metric 3B:	Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.
Domain 5: Analysis				
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEFr, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
Metric 5A:	Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFr, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFr, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, expect for evening PEFr models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFr, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFr, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFr outcomes. In these models, negative associations were found between each metabolite and PEFr. Only the models for a 1-day lag were significant. The authors do not explain why only PEFr was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.	
Metric 5B:	Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFr – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.	

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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEFr, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	5043508

Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5043508			
Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFR measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFR during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.
	Metric 3B:	Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer			
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<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFR, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFR, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, expect for evening PEFR models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFR, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFR outcomes. In these models, negative associations were found between each metabolite and PEFR. Only the models for a 1-day lag were significant. The authors do not explain why only PEFR was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.	
	Metric 5B: Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFR – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.	

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Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Shim, Y. H., Ock, J. W., Kim, Y. J., Kim, Y., Kim, S. Y., Kang, D. (2019). Association between heavy metals, bisphenol A, volatile organic compounds and phthalates and metabolic syndrome. International Journal of Environmental Research and Public Health 16(4):671.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- Metabolic syndrome (MetS), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5114010		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
	Metric 1A: Participant Selection	Medium	Study participants were adults aged > 20 years from the Korean National Environmental Health Survey II (2012–2014, KNEHS). KNEHS is an annual survey with “a rolling sampling design that involves a complex, stratified, multistage, probability-cluster survey of representative sample of the civilian population of South Korea.” Participants whose blood lead and mercury, urinary cadmium, bisphenol A, phthalates metabolite, and VOC metabolite levels were not measured (n = 507) and those with missing data on urinary creatinine (n = 709), alanine aminotransferase (ALT) and aspartate aminotransferase (AST) (n = 1) were excluded. Of the 6468 participants, 5251 were included in the analysis. It is possible that the 19% of participants that were excluded due to missing data differed from the participants that were included.
Domain 2: Exposure Characterization			
	Metric 2A: Exposure Measurement	Medium	Concentrations of MEHHP, MEOHP, MECCP, MnBP, and MBzP in urine were analyzed using ultra-performance liquid chromatography-tandem mass spectrometry, based on protocols “described by the National Institute of Environmental Research.” Concentrations in urine samples were adjusted for creatinine. Limits of detection (LOD), % below the LOD and handling of values below the LOD were not reported. There are temporal-ity concerns due to the cross-sectional study design, which precludes the determination of causation. The paper didn’t report the time of day that the urine samples were collected or whether that timing varied by participant, which is a concern due to potential differences in urinary metabolite levels at different times of the day. Furthermore, it is unclear whether only one urine sample was taken per participant.
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	The authors stated that they defined metabolic syndrome (MetS) “using criteria from the US National Cholesterol Education Program-Adult Treatment Panel III” but then went on to explain that because blood pressure, waist circumference, and fasting glucose levels weren’t measured, they used “an operational definition for MetS” based on current BP medication use, current anti-diabetic medication use, and body mass index (BMI) >30). Height and weight were measured and presumably used to calculate BMI. The authors claim that their “operational definition was stricter than the original MetS definition, which might increase the specificity of the outcome.” However, if MetS is the outcome of interest then there is the potential for outcome misclassification due to the different definition of MetS and some concern about the comparability of the MetS definition with that from other studies.
	Metric 3B: Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all primary analyses.

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<b>Health Outcome(s) Assessed:</b>	Cardiovascular- Metabolic syndrome (MetS), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5114010		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Covariates included sex, age, smoking status, drinking status, education level, marital status, income level, ALT and AST. Covariates were selected based on significance in univariate analysis with MetS status, except for smoking, ALT and AST. Covariates were measured as part of the KNEHS protocol.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Simple and multiple logistic regression analyses were performed with exposures ln-transformed. Results are reported as odds ratios and 95% confidence intervals.
	Metric 5B: Sensitivity	Medium	The study had a large sample size (n=5251) and adequate exposure contrast.
Additional Comments:	This was a large cross-sectional study of the association between urinary phthalate metabolites and risk of metabolic syndrome in adults 20 years and older from the Korean National Environmental Health Survey II (2012–2014, KNEHS). Limitations include a lack of some exposure assessment details, the use of a modified definition of the outcome of metabolic syndrome, and the cross-sectional study design, which limits causal interpretations.		
<b>Overall Quality Determination</b>	<b>Medium</b>		

<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'anshan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this prospective cohort study included pregnant women from the Ma'anshan Birth Cohort (MABC, China) and examined the relationship between several phthalate metabolites and hemoglobin levels and anemia during pregnancy. Pregnant women were recruited from the Ma'anshan Maternal and Child Health hospital in China between May 2013 and September 2014. Participants were interviewed during their first health care visit during the first trimester of pregnancy and were subsequently re-assessed by trained staff at 26 and 34 weeks of gestation as well as at delivery. Participants were included if they were $\geq 18$ years of age, $< 14$ gestation weeks, living in Ma'anshan, had no communication problems, and had intent to deliver at the reference hospital. Participation rates and recruitment details were not described in this study. 3474 women were originally enrolled in the birth cohort, and 3273 (94.2%) were followed until delivery and had singleton live births; an additional 4 women who did not provide urine or blood samples at any study visit during follow up were excluded. A total of 3269 pregnancies were analyzed. There was no evidence to indicate risk of important selection bias.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer			
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<b>HERO ID:</b>	4829283			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Maternal spot urine samples were collected at each study visit (mean timing 10.5, 26.0, and 34.4 weeks of gestation, and at delivery). The study included 9263 samples from 3269 pregnancies. Urine samples were collected in polypropylene tubes, stored at -80 degrees C until analysis, and assayed for phthalate metabolites using high performance liquid chromatography-mass spectrometry. Details on quality controls were not provided in this study. Measures included 5 metabolites of interest, including DBP metabolite mono-butyl phthalate (MBP), BBP metabolite mono-benzyl phthalate (MBzP), and DEHP metabolites mono-2-ethylhexyl-phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP). Sums of high and low molecular weight phthalates, but not the sum of DEHP metabolites, were analyzed along with individual metabolites. Detection frequencies ranged from 99-100% for all phthalates except MBzP, which was detected at 65.1%. Concentrations below LODs (not detailed in this study) were assigned the value of LOD/square root of 2. Urinary creatinine was included in models to account for urine dilution. Spearman correlations among different phthalates metabolites were described as ranging from 0.04 to 0.855. In a previous study, intra-class correlations for repeated measures of phthalates were reported as ranging from 0.30 to 0.44 for the 5 metabolites of interest. The authors analyzed trimester specific exposure-outcome associations in addition to repeated measures analyses of these associations. Phthalates exposure was not additionally characterized as the mean of multiple repeated measures. Though individual trimester estimates may misclassify habitual exposure due to the short half-life of these urinary metabolites, repeated measures analysis provided an estimate of associations between habitual phthalates exposure and concurrent hemoglobin levels or anemia.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	Blood samples collected during the same study visits at which urine samples were obtained were used to measure hemoglobin (Hb) concentrations. Hb concentrations were obtained from the maternal electronic medical records. Anemia was defined using the WHO 2011 definition as a hemoglobin concentration below 110 g/L during any trimester. Anemia was further characterized as mild (100-109 g/L) or moderate (70-99 g/L); only 3 women had severe anemia. For descriptive analyses, the authors also defined persistent anemia as pregnancy with anemia in the second and third trimester; few women (3% vs 18-19%) had anemia in the first trimester. Specific types of anemia (e.g. iron, folate, or B12 deficiency) or hematological effects (e.g. red blood cell or platelet counts) cannot be characterized based solely on Hb levels. However, iron deficiency is typically the most common cause.
	Metric 3B:	Selective Reporting	Medium	Analyses described in the methods were reported in the results. However, the methods section did not detail to what extent anemia severity or persistence were analyzed; limited results were shown for these variables.

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<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Low	Covariates were selected from a wide array of potential confounders based on previous work, a review of the literature, and biological and statistical considerations. Confounders included in multivariate models were maternal age, gestation week at sample collection, pre-pregnancy BMI, education, occupation, smoking status, nutritional supplements (folic acid, vitamins, and iron) before conception and during pregnancy, maternal serum iron, and urinary creatinine. A concern is that multivariate models included serum iron as an indicator of iron status, an overadjustment. Unlike serum ferritin or transferrin, serum iron provides only a crude indicator of iron status. However, some phthalate metabolites (including MBP, MEHHP) were associated with significantly lower maternal serum iron. Concern for important bias was diminished for metabolites for which unadjusted and adjusted results, shown in detail for repeated measures models, were largely similar (e.g., MEHHP, MEHP).
Domain 5: Analysis	Metric 5A: Analysis	Medium	Univariate descriptives indicated that phthalate concentrations were lowest in the third trimester, and that the prevalence of anemia increased after the first trimester of pregnancy. Urinary phthalate metabolite concentrations were natural log-transformed to improve linearity. The distribution of Hb approximated normality. Handling of missing data was not discussed. Linear mixed models were used to examine associations between ln-transformed phthalates metabolites levels and maternal Hb concentrations, and generalized linear models used to estimate odds ratios for maternal anemia. Effect estimates were presented with 95% confidence intervals. Each outcome – maternal anemia and Hb concentrations measured in each trimester – was analyzed multiple times. Primary analyses included repeated measures models estimating associations between repeated measures of phthalates and repeated measures of Hb and anemia from each trimester, and separate analyses that examined associations within each trimester. Adjusted and unadjusted effect estimates were presented for repeated measures analyses. The authors also ran repeated measures and trimester-specific models which analyzed moderate anemia as the outcome. Results for all analyses were shown for the population overall and stratified by infant sex; significance testing for sex differences was not discussed. The authors did not present significance testing adjusted for multiple comparisons. As noted earlier, overadjustment for serum iron is a potential concern. Bivariate descriptive analyses included presenting median phthalate concentrations for women with persistent vs. non-persistent 2nd and 3rd trimester anemia. However, phthalate concentrations among women without anemia were not shown, and models analyzing persistent anemia as the outcome were not discussed. Additional sensitivity analyses (e.g. stratifying by or excluding women using iron supplements, 5.8 to 23.8% of the sample; evaluating robustness of MBzP results given that nearly a third of samples were below LOD) were not described.

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<b>HERO ID:</b>	4829283			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	There were no major sensitivity concerns as sample size was large (n = 3269) and there was variability in exposure (distributions of phthalate metabolites presented graphically).
Additional Comments:	This cohort study used data on more than 3000 pregnant women from the MABC cohort in China to assess the relationship between urinary metabolites of DBP, BBP, and DEHP during pregnancy and maternal hemoglobin levels and anemia. Anemia was defined based on Hb levels; specific types or causes of anemia were not characterized. Stronger and more consistent associations were observed among mothers of male infants. Among these women, several phthalate metabolites were associated with significantly lower maternal Hb, and/or with significant increases in odds of maternal anemia. Associations were stronger and more likely to be significant in the third trimester of pregnancy, and when analyzing moderate anemia. In repeated measures models for which results were presented only in figures, there was a significant increase in odds of moderate anemia associated with MEHHP, MEOHP, MEHP and MBP in boys, but not in girls. Similarly, associations with moderate anemia were significant for MEHHP and MEOHP only in the third trimester, and for MEHP only in the first and third trimester (strongest in the third trimester). Overadjustment was a potential limitation in this study, as multivariate models for both Hb and anemia included serum iron as a covariate. However, results from unadjusted and adjusted shown for the repeated measures models were very similar for associations with maternal Hb and were also largely consistent for odds of anemia.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jankowska, A., Polańska, K., Hanke, W., Wesołowska, E., Ligocka, D., Waszkowska, M., Stańczak, A., Tartaglione, A. M., Mirabella, F., Chiarotti, F., Garí, M., Calamandrei, G. (2019). Prenatal and early postnatal phthalate exposure and child neurodevelopment at age of 7 years - Polish Mother and Child Cohort. Environmental Research 177:108626.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child cognition and psychomotor development (domains: fluid intelligence, crystallized intelligence, cognition, mathematical skills, psychomotor skills, language skills), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5933662			
Domain	Metric	Rating	Comments	
Domain 1: Study Participation				
Metric 1A:	Participant Selection	Medium	This prospective cohort study examined associations between phthalates and measures of child behavior, cognition, and psychomotor development. Subjects were a subset of 134 maternal-child pairs participating in a larger multicenter cohort study (the Polish Mother and Child Cohort). Details on the larger cohort were reported in Polanska et al. 2009 (HERO ID 2092850) and Polanska et al. 2014 (HERO ID 2347467). Women were recruited in their first trimester at maternity units/clinics in multiple regions across Poland; based on Polanska et al. 2014 it appears the current study was limited to participants from Lodz district (n=165 at age 2 years). Inclusion criteria were: singleton pregnancy up to 12 weeks gestation, no assisted conception, no pregnancy complications, and no chronic diseases. The current study was limited to participants with phthalate measurements who were assessed for neurodevelopmental outcomes at age 7. Information on participation rates, loss to follow-up, and the comparability of the current study population to the larger cohort was not provided; however, the information available on participation and recruitment does not raise major concerns regarding bias.	
Domain 2: Exposure Characterization				
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (OH-MiNP, MiBP, MnBP, OH-MnBP, MBzP, OH-MEHP, oxo-MEHP) were measured prenatally in maternal 3rd trimester urine samples and postnatally in child urine samples collected at age 2 years. Additional details reported in Polanska et al. 2014 (HERO ID 2347467) indicate these were single spot urine samples, raising the potential for some degree of exposure misclassification although this is not a major concern. Phthalate and metabolite concentrations were measured using high-performance liquid chromatography with tandem mass spectrometry (HPLC-MS/MS). For OH-MiNP, MiBP, MnBP, OH-MnBP, OH-MEHP, and oxo-MEHP, at least 70% of samples were above the LOD. For MBzP, 84% of child samples were above the LOD but only 56% of maternal samples were above the LOD; as such, only child samples were used in analysis for this metabolite. Two other relevant metabolites (oxo-MiNP, MEHP) were measured but was not included in further analysis due to <70% of samples above the LOD. Maternal urine phthalate metabolite concentrations were adjusted for creatinine while postnatal samples were not; a rationale for this difference was not provided.	
Domain 3: Outcome Assessment				
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<b>Study Citation:</b>	Jankowska, A., Polańska, K., Hanke, W., Wesołowska, E., Ligocka, D., Waszkowska, M., Stańczak, A., Tartaglione, A. M., Mirabella, F., Chiarotti, F., Garí, M., Calamandrei, G. (2019). Prenatal and early postnatal phthalate exposure and child neurodevelopment at age of 7 years - Polish Mother and Child Cohort. Environmental Research 177:108626.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child cognition and psychomotor development (domains: fluid intelligence, crystallized intelligence, cognition, mathematical skills, psychomotor skills, language skills), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5933662			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest in this study were measures of child behavior, cognition, and psychomotor development assessed at age 7. Child behavior was measured using maternal report on the Strengths and Difficulties Questionnaire. The questionnaire is widely used and has been validated (e.g. Stone et al. 2010, PMID 20589428). Child cognition and psychomotor development was measured by trained psychologists using a Polish adaptation of the Intelligence and Development Scales. This scale is also widely used (Hagmann et al 2016, PMID: 27497247). The authors reported reliability of 0.94 for fluid and crystallized intelligence and cited a study reporting correlations of 0.80 with Wechsler Intelligence Scale for Children scores. The study did not state whether participants and/or trained psychologists were aware of exposure status, but this is unlikely to result in bias as the exposure was measured in biological samples.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary and secondary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	A wide array of potential confounders was considered. The inclusion of potential confounders in regression models was based on either hypothesized relevance to psychosocial epidemiologic studies, or statistical significance of the association with at least one outcome. Potential confounders included in models of outcomes assessed in the Strengths and Difficulties Questionnaire were: child's sex, child's age at examination, birth weight, SES, maternal educational level, prenatal and childhood tobacco smoke exposure, breastfeeding duration and maternal BMI. Potential confounders included in models of outcomes assessed in the Intelligence and Development Scales were: child's sex, child's age at examination, maternal educational level, place of residence, birth weight, prenatal and childhood tobacco smoke exposure and psychologist who have performed child examination. Tobacco smoke exposure was quantified using cotinine measurements in maternal saliva (prenatal) and child's urine (postnatal). Both pre- and post-natal measures of each phthalate were included simultaneously to address co-exposure confounding.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Jankowska, A., Polańska, K., Hanke, W., Wesołowska, E., Ligocka, D., Waszkowska, M., Stańczak, A., Tartaglione, A. M., Mirabella, F., Chiarotti, F., Garí, M., Calamandrei, G. (2019). Prenatal and early postnatal phthalate exposure and child neurodevelopment at age of 7 years - Polish Mother and Child Cohort. Environmental Research 177:108626.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child cognition and psychomotor development (domains: fluid intelligence, crystallized intelligence, cognition, mathematical skills, psychomotor skills, language skills), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5933662			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Analysis methods were largely appropriate. Outcomes assessed using the Strengths and Difficulties Questionnaire were dichotomized (normal vs. borderline/clinical) and analyzed using logistic regression, while outcomes assessed using the Intelligence and Development Scales were left as continuous variables and analyzed using linear regression. Models were adjusted for confounders and included both prenatal and postnatal phthalate metabolite concentrations simultaneously. Metabolite concentrations were log10-transformed prior to analysis. The study does not specify how missing data or values below the limit of detection were handled, although the proportion of participants with such values appears to be low. The authors did not discuss evaluating robustness of findings, stratifying by gender, or examining linearity of dose-response.	
	Metric 5B: Sensitivity	Medium	There was variability in both prenatal and postnatal measures of exposure. No additional concerns related to study sensitivity were identified.	
Additional Comments:	This prospective cohort study evaluated the association between prenatal and postnatal (age 2 years) phthalate metabolites and child behavior, cognition, and psychomotor development at age 7. The study included 134 mother-child pairs from central Poland, a subset of the Polish Mother and Child Cohort. Study methods were largely appropriate, with minor concerns largely due to a lack of information on some aspects of study design and analysis (e.g., loss to follow-up, handling of missing data). MnBP in child urine samples was inversely associated with fluid intelligence and cognition, while oxo-MEHP in maternal urine samples was positively associated with the same two outcomes. No statistically associations observed for other metabolites. For two measured phthalate metabolites (oxo-MiNP and MEHP), associations with outcomes were not quantified due to detection rates of less than 70% in both child and maternal urine samples.			
Overall Quality Determination		Medium		

<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	The authors analyzed data from a nested case-control study that comprised 130 preterm infants and 352 randomly selected infants delivered at $\geq 37$ weeks. The parent cohort recruited women at $< 17$ weeks gestation from prenatal clinics in the Boston area who planned to deliver at Brigham and Women's Hospital (n=1600 recruited from 2006 to 2008; 1181 [74%] followed through delivery with live singleton infants). Further details on participation rates and loss to follow-up were not provided. There was no evidence that participation was associated with either phthalates exposure or birth outcomes, nor any other evidence raising concerns related to selection bias.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	High	Exposure was assessed using phthalate metabolites measured in spot urine samples collected at up to three clinic visits. Measures included four DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP), MBzP (BBP metabolite), MBP (DBP metabolite), and MiBP (DiBP metabolite). Samples were analyzed by an accredited laboratory (NSF International, Ann Arbor, MI) using HPLC-MS methods developed by the CDC, described elsewhere. Quality control procedures specific to this study were not described. Visits occurred at median times of 9.71, 17.9, and 26.0 weeks of gestation; samples from a 4th visit at 33 to 38 weeks were included in repeated measures analyses but excluded from calculating average exposure given low availability among cases. Case and control Ns for each visit were: 129 and 350; 118 and 304; 111 and 301; and 66, 314, respectively. Samples below LOD (ranging from 0 to 4.7%) were imputed as LOD divided by the square root of 2. Models adjusted for specific gravity to account for urine dilution. Exposure to individual phthalates or the sum of four DEHP metabolites was analyzed as the mean of up to three measures or using up to four repeated measures in linear mixed models. Given the short half-life of metabolites, estimating prenatal phthalates exposure using multiple samples collected throughout pregnancy to reduce exposure misclassification was a strength of this study.
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Outcomes analyzed included preterm birth defined as $< 37$ weeks of gestation, and gestational age at delivery analyzed continuously. Gestational ages at individual clinic visits and at delivery were calculated based on last menstrual period (LMP) and confirmed by first trimester ultrasound. Details on how LMP-estimated gestational age was evaluated and adjusted based on ultrasound data were not provided. However, there was no evidence of important error or bias.
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., Mcelrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728664			
Domain	Metric		Rating	Comments
	Metric 3B:	Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all analyses.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The authors did not specify the strategy used to identify confounders. All models adjusted a priori for urine specific gravity, maternal age, race, and education; models for non-DEHP metabolites additionally adjusted for private vs. public health insurance provider. Repeated measures models additionally adjusted for time of sample collection. The same adjustments were included in an earlier study using the same data to analyze individual phthalates and preterm birth (but not gestational age at delivery or phthalate mixtures), which used a 10% change in estimate criterion to select additional confounders selected from covariates that included infant sex, maternal smoking, alcohol use, parity and use of assisted reproductive technology (Ferguson et al. 2014, HEROID 2345449). Co-exposure to other phthalates was addressed using two general approaches to develop phthalate mixture variables (weighted quantile sums and environmental risk scores) as detailed in the methods. There was no evidence that important confounders were omitted or that intermediate variables were inappropriately included.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	Descriptive data included distributions of covariates among preterm (<37 weeks of gestation) and non-preterm infants, and detailed distributions of phthalate metabolites. As data came from a nested case control sample, inverse probability sample weights for the overall cohort were applied in all analyses. Phthalate variables were natural log transformed for analysis. Models analyzing exposure as the mean of measures from up to three visits adjusted for mean specific gravity to address dilution; models analyzing repeated measures included individual specific gravity measures. Repeated phthalates measures were analyzed using a two-step approach: subject-specific intercepts were extracted from a linear mixed effects model with random intercepts fitted to the phthalates measures and used as predictors in the outcome models. Associations between an IQR increase in phthalates and infant age at delivery were compared from models using logistic regression (for preterm birth) vs. Cox proportional hazards regression and accelerated failure time models (for gestational age at delivery). The authors did not explicitly specify using complete case analysis (n=12 had missing covariate) or discuss model assumptions; effect modification by variables such as infant sex was not discussed. There was no evidence of important deficiencies or errors in the analyses.
	Metric 5B:	Sensitivity	Medium	The study included adequate sample size and adequate variability in exposure levels to evaluate the primary study hypothesis. No major concerns were identified for study sensitivity.
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<b>Study Citation:</b>	Boss, J., Zhai, J., Aung, M. T., Ferguson, K. K., Johns, L. E., McElrath, T. F., Meeker, J. D., Mukherjee, B. (2018). Associations between mixtures of urinary phthalate metabolites with gestational age at delivery: a time to event analysis using summative phthalate risk scores. Environmental Health 17(1):56.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Gestational age at delivery, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4728664		
Domain	Metric	Rating	Comments
Additional Comments:	This study analyzed the relationship between phthalates and time to delivery among 482 singleton infants from a cohort that recruited ~ 1600 pregnant women in the Boston area in 2006-2008. The study re-analyzed data from a nested case-control study of preterm birth (n=130 cases), applying inverse probability weights to compute inferences for the overall cohort. Using the mean of phthalates measured in up to three spot urines collected throughout pregnancy, the sum of DEHP metabolites was associated with significantly shorter gestation using three approaches: Cox regression, accelerated failure time models, and logistic regression modeling preterm birth. The individual metabolites MBzP and MBP were also associated with significantly shorter gestation using Cox models. Furthermore, multiple indices of phthalates mixtures were associated with significantly shorter gestation using all three approaches. Findings suggest that that prenatal exposure to several phthalates in pregnancy may reduce the duration of gestation.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. <i>Environment International</i> 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Data on blood cell counts and coagulation parameters was obtained from routine testing by professional clinical laboratorians following standard operating procedures for the healthcare center. Samples were tested for total white blood cell count (WBC), red blood cell count (RBC), hemoglobin (Hb), and platelet counts (PLT) within two hours after collection using an automatic blood cell analyzer. In addition, samples were anti-coagulated for fifteen minutes to obtain plasma and the following routine coagulation measures were obtained using an automated analyzer: activated partial thromboplastin time (APTT), prothrombin time (PT), thromboplastin time (TT) and fibrinogen (Fg). These routine hemostatic measures were analyzed as continuous measures. Reference intervals to define measures of potential concern were not applied; the authors noted that standard cutoffs may not be suitable for pregnant women given that normal pregnancy involves changes in blood volume and the coagulation system. However, non-established trimester-specific reference intervals from several publications were presented in the supplemental materials. The timing of the routine clinical measures collected in this study varied considerably: 19% prior to 18.5 weeks, 68% 18.5 to 23.9 weeks, and 13.5% ≥24 weeks gestation. The authors adjusted for gestational age at sample collection in statistical models. While the authors did not discuss whether the variable timing might relate to complications that arose throughout pregnancy they presented, a sensitivity analysis excluding women with gestational hypertension, gestational diabetes or spontaneous membrane rupture; findings did not meaningfully change. There was no evidence of important error or bias.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 5: Analysis	Metric 5A: Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
	Metric 5B: Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.
Additional Comments:	This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Although there was no direct evidence of important bias, the use of a single exposure measure collected close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester limits confidence in findings for associations with routine hematology outcomes.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>		Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>		Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer		
<b>Chemical:</b>		Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>		4728517		
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Anemia in the third trimester was measured in blood samples collected shortly before delivery and was defined as hemoglobin (Hb) Hb concentration <110 g/L in third trimester, in accordance with a 2008 WHO reference. This measure is appropriate but lacks specificity in that it does not identify types of anemia, i.e. due to deficiencies in iron, folate, B12 or other causes such as changes in blood volume. In addition, authors did not discuss the timing or duration of anemia, i.e., whether any participants had been previously identified as having anemia during pregnancy that remained unresolved.	
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.
Domain 5: Analysis	Metric 5A:	Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)
<b>HERO ID:</b>	4728517

Domain	Metric	Rating	Comments
Metric 5B:	Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.

**Additional Comments:** This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. Anemia was defined based on hemoglobin levels; the study did not additionally include information on anemia type or duration. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Despite some limitations, there was no direct evidence of important error or bias in analyses relating phthalates metabolites in late pregnancy to third trimester anemia.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, K. N., Lee, M. R., Choi, Y. H., Lee, B. E., Hong, Y. C. (2018). Association between phthalate exposure and lower lung function in an urban elderly population: A repeated-measures longitudinal study. Environment International 113:177-183.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry (FEV1, FVC, FEV1/FVC, FEF25-75), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728477			
Domain	Metric	Rating	Comments	
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	Study participants were recruited from 2 elderly welfare centers from 2012 to 2015 with repeat surveys conducted every year. The proportion of participants completing 1, 2, or all 3 surveys is reported however rationale for the participation rate is not reported. Enough description of the recruitment process is reported to be comfortable that there is no serious risk of bias.	
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Exposure to phthalate metabolites determined by repeat urine samples collected annually and adjusted for creatinine level. While repeat measures strengthen confidence in exposure classification, the short half-life of phthalate metabolites and the latency between repeat measures may allow for the existence of exposure misclassification but it is not expected to greatly influence the effect estimates. Exposure measurement represents the etiologically relevant time period of interest. LOD and proportion of samples below the LOD are reported.	
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Lung function measurements were assessed by a trained technician using a standard instruments following European Respiratory Society and American Thoracic Society recommendations. Three lung function tests that met quality standards were obtained and the greatest value was recorded. Moderate confidence that outcome definition was specific and sensitive though some uncertainty remains with respect to misclassification but it is not expected to greatly impact the effect estimates.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	Distribution of sociodemographic characteristics and the outcome lung function measures is presented. Analysis restricted to those without missing lung function and phthalate metabolite information. Key confounders between the association of phthalate exposure and lung function measures are considered, including: age, sex, SES, smoking status, physical activity, and comorbidity status.	
Domain 5: Analysis				
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry (FEV1, FVC, FEV1/FVC, FEF25-75), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4728477			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Quantitative results of analyses are reported by effect estimate and confidence limits or estimate variability. Descriptive statistics presented for exposure and outcome. LOD of exposures and percentage below LOD are reported. Creatinine-adjusted phthalate metabolite levels were log2-transformed based on the observed log-normal distribution of the data. Analyses addressing the robust of the data are provided, including: stratification by COPD status, adjustment for blood heavy metals, inverse probability weighting of participation in each follow-up survey, further adjustment for smoking status variables, and exclusion of participants with surgery on the chest or abdomen within 1 year of spirometry.
	Metric 5B:	Sensitivity	Medium	Sample size (n = 537) is adequate to determine changes in lung function following exposure to phthalates. The variability and range of exposure levels provide adequate variability to evaluate the effect of phthalate exposure. Few samples were below the LOD.
<b>Additional Comments:</b>	This cohort study included n = 559 participants and presented relatively high-quality analysis methodology. Other than the limitations inherent to cohort studies, the study did not have substantial flaws. The authors reported an inverse associations between a doubling of creatinine-adjusted urinary phthalate levels and FEV (Beta = -0.01 for mono-(-2-ethyl-5-hydrohexyl) phthalate; Beta = -0.02 for mono-(2-ethyl-5-oxohexyl) phthalate; Beta = -0.01 for mono-n-butyl phthalate), as well as FVC (Beta = -0.02 for mono-(-2-ethyl-5-hydrohexyl) phthalate; Beta = -0.02 for mono-(2-ethyl-5-oxohexyl) phthalate; Beta = -0.02 for mono-n-butyl phthalate). Statistical models were adjusted for several potential confounding factors.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFR measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFR during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.
	Metric 3B:	Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFr, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFr, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, except for evening PEFr models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFr, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFr outcomes. In these models, negative associations were found between each metabolite and PEFr. Only the models for a 1-day lag were significant. The authors do not explain why only PEFr was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.	
	Metric 5B: Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFr – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.	

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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Spirometry: FEV1, FVC, FEV1/FVC (%), FEF 25-75, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)
<b>HERO ID:</b>	5043508

Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEF, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEFr, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
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Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFr measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFr during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.	
	Metric 3B: Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.	
Domain 5: Analysis				
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEFR, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFR, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFR, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, expect for evening PEFR models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFR, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFR outcomes. In these models, negative associations were found between each metabolite and PEFR. Only the models for a 1-day lag were significant. The authors do not explain why only PEFR was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.	
	Metric 5B: Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFR – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.	

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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Peak Flow: PEFr, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)
<b>HERO ID:</b>	5043508

Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	5043508		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	The study included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). Asthma was diagnosed by a physician based on symptoms (recurrent wheezing, cough or breathing difficulties) in the last 12 months and airway hyper responsiveness (12% improvement in FEV1 in pre/post bronchodilator FEV1 or 20% decline in FEV1 in response to less than 8mg/ml of inhaled methacholine. Skin prick tests for common indoor and outdoor allergens were performed (10 in total), but the authors do not state whether a positive skin test was part of the definition of asthma. The authors do not provide information about exclusion criteria. The authors do not describe their recruitment methods. Pre-screening methods prior to the first study visit are not described, if there were any. The authors also do not provide any information on the participation rate or reasons for exclusion. Selection bias is difficult with the information provided about subject selection in the manuscript, but no direct evidence of selection bias is apparent.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of three phthalate metabolites, including mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-n-butyl phthalate (MnBP). First morning voids and last voids before sleep were collected up to six times on different days from each child. The authors state that last voids prior to sleep were collected at home, but do not state whether first morning voids were collected at home or in the clinic. No information is provided about urine storage conditions in homes, shipping or transport methods, or duration of time between collection in the home delivery to the lab. Urine samples were collected in sterile cups, but it is not clear whether they were phthalate free. In addition, the authors do not provide any information on the schedule of urine collection (i.e. days between collections), if a schedule was followed. Once collected, samples were stored in -80°C freezer up to 3 months prior to analysis. Metabolite concentrations were measured using high performance liquid chromatography-mass selective detector and adjusted for creatinine concentrations. The authors provide the limit of detection for the three metabolites. Daily intake (DI) of phthalates was estimated using physiologically based pharmacokinetic modelling that incorporated the metabolite concentrations and established urinary metabolite excretion factors. The authors provide information on the distributions of the metabolite concentrations, including the mean, standard deviation and interquartile range. They also note that the distributions were skewed.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5043508			
Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	Outcome examined included FEV1, FVC, FEV1/FVC, and FEF25-75, measured by spirometry, and PEFR measured by peak flow meter. Trained examiners conducted spirometry testing and measured PEFR during morning clinic visits up to four times on different days. Measurements were not taken on days that rescue medications were used. Patients or caregivers administered peak flow testing at home during the evening on the same day as spirometric testing. One limitation of the study is that the authors do not provide information on the training methods or quality control and assurance procedures for any of the lung function tests, nor do they provide information on the quality of the tests. While the authors reference 2005 American Thoracic Society standards for acceptability of spirometry, they do not reference reproducibility criteria, which raises concerns about spirometry quality.
	Metric 3B:	Selective Reporting	Medium	The authors describe their analyses in the methods section. The results for all analyses are provided, including non-significant findings.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The authors estimated the association between the ln-transformed metabolite concentrations and respiratory outcomes using linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM). Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. The only rationale the authors provided for the selection of confounders is based the relationship of the variables to the outcomes. Their relationship to the exposures was not a selection factor, and no information is provided on the relationships between the confounders and exposures and outcomes. Some limitations with the confounders included in the models include: no description of the measuring cotinine; use of BMI rather than BMI for age percentile; no specification of the geographic level at which the outdoor environmental measurements were taken; lack of adjustment for indoor exposures to temperature, relative humidity, or PM10; and no definition of controller medication use.
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, Y., Kim, J., Cheong, H., Jeon, B., Ahn, K. (2018). Exposure to phthalates aggravates pulmonary function and airway inflammation in asthmatic children. PLoS ONE 13(12):e0208553.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	5043508			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. The metabolite concentrations used in the models were creatinine adjusted. They were also natural log transformed because they were not normally distributed. The authors used metabolites concentrations in morning urines in models for spirometry outcomes an eNO. In models for PEFr, metabolite concentrations for morning and nighttime urine sample were matched with morning and evening PEFr, respectively. All models were adjusted for PM10 on the day prior to spirometry and temperature and relative humidity levels on the day of testing, except for evening PEFr models which were adjusted for same day PM10. Final LME and GAM models were also adjusted for age, sex, BMI, urinary cotinine level, and controller medication use. The GAMM models additionally adjusted for other metabolite concentrations. GAMM results are presented in the form of figures only. For all three metabolites, the figures demonstrate negative correlations with pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and positive linear relationships with all three urinary phthalate metabolites. LME results included regression coefficients, 95% confidence intervals, and an indicator results with $P < 0.05$ for two sided tests. Negative associations for all outcomes were identified all spirometry outcomes and PEFr, but none were significant. Positive associations were found between all three metabolite concentrations and FeNO. The findings for MEHHP and MEOHP were significant. Additional results are provided for models with 0-, 1-, and 2-day lags for PEFr outcomes. In these models, negative associations were found between each metabolite and PEFr. Only the models for a 1-day lag were significant. The authors do not explain why only PEFr was modelled for lagged outcomes. All of the analyses have two limitations. One is the small sample size and considerable amount of missing data, which likely limited the detection of moderate and small effects. Another is that the authors do not discuss how missing data may have biased estimates, which is a concern because of the amount of missing data and the LME model assumption that data is missing at random. Sample sizes for the various analyses are not provided.	
	Metric 5B: Sensitivity	Low	The sensitivity of the study is limited by a variety of limitations. First, study has a small samples size (N=56). The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect. Second, a considerable amount of data is missing for exposures (30%), outcomes (spirometry and FeNO – 79%, PEFr – 31%) and covariates (31%). No information is provided about patterns or reasons for missing data. Third, the authors do not specify what percentage of the exposure measurements were below the limit of detection versus not measured, and they do not specify how missing values were handled. For these reasons, the sensitivity of the study is likely low, but difficult to assess.	

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Fractional exhaled nitric oxide, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)
<b>HERO ID:</b>	5043508

Domain	Metric	Rating	Comments
Additional Comments:	This prospective study of phthalate exposure in relation to pulmonary function and lung inflammation included 56 asthmatic children aged 6–16 years living in Seoul Metropolitan Area, Korea. The children were followed for 17 months (October 2013 to February 2015). The authors measured exposures to phthalate metabolites in urine (MEHHP, MEOHP, MnBP) and indicators of pulmonary function (PEFR, FEV1, FEV1/FVC, and FEF25-75) and lung inflammation (FeNO). The authors used linear mixed effect (LME) models and penalized regression curves of a generalized additive mixed models (GAMM) to estimate the association between each metabolite concentration and the respiratory outcomes. Final models were adjusted for age, sex, BMI, ambient PM10, outdoor temperature, relative humidity, urinary cotinine level, and controller medication use. The GAMM model adopting smoothing included other metabolites as well. In the LME models, significant positive association were found between both MEHHP and MEOHP and FeNO. In LME models with 0-, 1-, and 2-day lags for PEFR outcomes, significant negative associations were found between each metabolite and PEFR, but only for the 1-day lag. The study has two major limitations, including small sample size and a considerable amount of missing data for exposures, outcomes, and covariates.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'anshan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this prospective cohort study included pregnant women from the Ma'anshan Birth Cohort (MABC, China) and examined the relationship between several phthalate metabolites and hemoglobin levels and anemia during pregnancy. Pregnant women were recruited from the Ma'anshan Maternal and Child Health hospital in China between May 2013 and September 2014. Participants were interviewed during their first health care visit during the first trimester of pregnancy and were subsequently re-assessed by trained staff at 26 and 34 weeks of gestation as well as at delivery. Participants were included if they were $\geq 18$ years of age, $< 14$ gestation weeks, living in Ma'anshan, had no communication problems, and had intent to deliver at the reference hospital. Participation rates and recruitment details were not described in this study. 3474 women were originally enrolled in the birth cohort, and 3273 (94.2%) were followed until delivery and had singleton live births; an additional 4 women who did not provide urine or blood samples at any study visit during follow up were excluded. A total of 3269 pregnancies were analyzed. There was no evidence to indicate risk of important selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b> Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'an shan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.				
<b>Health Outcome(s) Assessed:</b> Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer				
<b>Chemical:</b> Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)				
<b>HERO ID:</b> 4829283				
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Maternal spot urine samples were collected at each study visit (mean timing 10.5, 26.0, and 34.4 weeks of gestation, and at delivery). The study included 9263 samples from 3269 pregnancies. Urine samples were collected in polypropylene tubes, stored at -80 degrees C until analysis, and assayed for phthalate metabolites using high performance liquid chromatography-mass spectrometry. Details on quality controls were not provided in this study. Measures included 5 metabolites of interest, including DBP metabolite mono-butyl phthalate (MBP), BBP metabolite mono-benzyl phthalate (MBzP), and DEHP metabolites mono-2-ethylhexyl-phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP). Sums of high and low molecular weight phthalates, but not the sum of DEHP metabolites, were analyzed along with individual metabolites. Detection frequencies ranged from 99-100% for all phthalates except MBzP, which was detected at 65.1%. Concentrations below LODs (not detailed in this study) were assigned the value of LOD/square root of 2. Urinary creatinine was included in models to account for urine dilution. Spearman correlations among different phthalates metabolites were described as ranging from 0.04 to 0.855. In a previous study, intra-class correlations for repeated measures of phthalates were reported as ranging from 0.30 to 0.44 for the 5 metabolites of interest. The authors analyzed trimester specific exposure-outcome associations in addition to repeated measures analyses of these associations. Phthalates exposure was not additionally characterized as the mean of multiple repeated measures. Though individual trimester estimates may misclassify habitual exposure due to the short half-life of these urinary metabolites, repeated measures analysis provided an estimate of associations between habitual phthalates exposure and concurrent hemoglobin levels or anemia.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	Blood samples collected during the same study visits at which urine samples were obtained were used to measure hemoglobin (Hb) concentrations. Hb concentrations were obtained from the maternal electronic medical records. Anemia was defined using the WHO 2011 definition as a hemoglobin concentration below 110 g/L during any trimester. Anemia was further characterized as mild (100-109 g/L) or moderate (70-99 g/L); only 3 women had severe anemia. For descriptive analyses, the authors also defined persistent anemia as pregnancy with anemia in the second and third trimester; few women (3% vs 18-19%) had anemia in the first trimester. Specific types of anemia (e.g. iron, folate, or B12 deficiency) or hematological effects (e.g. red blood cell or platelet counts) cannot be characterized based solely on Hb levels. However, iron deficiency is typically the most common cause.
	Metric 3B:	Selective Reporting	Medium	Analyses described in the methods were reported in the results. However, the methods section did not detail to what extent anemia severity or persistence were analyzed; limited results were shown for these variables.

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<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'an shan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Low	Covariates were selected from a wide array of potential confounders based on previous work, a review of the literature, and biological and statistical considerations. Confounders included in multivariate models were maternal age, gestation week at sample collection, pre-pregnancy BMI, education, occupation, smoking status, nutritional supplements (folic acid, vitamins, and iron) before conception and during pregnancy, maternal serum iron, and urinary creatinine. A concern is that multivariate models included serum iron as an indicator of iron status, an overadjustment. Unlike serum ferritin or transferrin, serum iron provides only a crude indicator of iron status. However, some phthalate metabolites (including MBP, MEHHP) were associated with significantly lower maternal serum iron. Concern for important bias was diminished for metabolites for which unadjusted and adjusted results, shown in detail for repeated measures models, were largely similar (e.g., MEHHP, MEHP).
Domain 5: Analysis	Metric 5A: Analysis	Medium	Univariate descriptives indicated that phthalate concentrations were lowest in the third trimester, and that the prevalence of anemia increased after the first trimester of pregnancy. Urinary phthalate metabolite concentrations were natural log-transformed to improve linearity. The distribution of Hb approximated normality. Handling of missing data was not discussed. Linear mixed models were used to examine associations between ln-transformed phthalates metabolites levels and maternal Hb concentrations, and generalized linear models used to estimate odds ratios for maternal anemia. Effect estimates were presented with 95% confidence intervals. Each outcome – maternal anemia and Hb concentrations measured in each trimester – was analyzed multiple times. Primary analyses included repeated measures models estimating associations between repeated measures of phthalates and repeated measures of Hb and anemia from each trimester, and separate analyses that examined associations within each trimester. Adjusted and unadjusted effect estimates were presented for repeated measures analyses. The authors also ran repeated measures and trimester-specific models which analyzed moderate anemia as the outcome. Results for all analyses were shown for the population overall and stratified by infant sex; significance testing for sex differences was not discussed. The authors did not present significance testing adjusted for multiple comparisons. As noted earlier, overadjustment for serum iron is a potential concern. Bivariate descriptive analyses included presenting median phthalate concentrations for women with persistent vs. non-persistent 2nd and 3rd trimester anemia. However, phthalate concentrations among women without anemia were not shown, and models analyzing persistent anemia as the outcome were not discussed. Additional sensitivity analyses (e.g. stratifying by or excluding women using iron supplements, 5.8 to 23.8% of the sample; evaluating robustness of MBzP results given that nearly a third of samples were below LOD) were not described.
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<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'an shan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)			
<b>HERO ID:</b>	4829283			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	There were no major sensitivity concerns as sample size was large (n = 3269) and there was variability in exposure (distributions of phthalate metabolites presented graphically).
Additional Comments:	This cohort study used data on more than 3000 pregnant women from the MABC cohort in China to assess the relationship between urinary metabolites of DBP, BBP, and DEHP during pregnancy and maternal hemoglobin levels and anemia. Anemia was defined based on Hb levels; specific types or causes of anemia were not characterized. Stronger and more consistent associations were observed among mothers of male infants. Among these women, several phthalate metabolites were associated with significantly lower maternal Hb, and/or with significant increases in odds of maternal anemia. Associations were stronger and more likely to be significant in the third trimester of pregnancy, and when analyzing moderate anemia. In repeated measures models for which results were presented only in figures, there was a significant increase in odds of moderate anemia associated with MEHHP, MEOHP, MEHP and MBP in boys, but not in girls. Similarly, associations with moderate anemia were significant for MEHHP and MEOHP only the the third trimester, and for MEHP only in the first and third trimester (strongest in the third trimester). Overadjustment was a potential limitation in this study, as multivariate models for both Hb and anemia included serum iron as a covariate. However, results from unadjusted and adjusted shown for the repeated measures models were very similar for associations with maternal Hb and were also largely consistent for odds of anemia.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, J. I., Kim, J. W., Shin, I., Kim, B. N. (2018). Interaction of DRD4 methylation and phthalate metabolites affects continuous performance test performance in ADHD. <i>Journal of Attention Disorders</i> 25(2):161-170.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Inattention–omission errors on continuous performance test (CPT), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)		
<b>HERO ID:</b>	4829342		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cross-sectional study included 249 children and adolescents with Attention-deficit/hyperactivity disorder (ADHD) and 98 healthy controls (HCs) between 6 and 17 years of age, who were recruited between August 2010 and February 2015 to examine the interaction between methylation status of dopamine receptor CpG sites of DRD4 (particularly CpG26 and CpG28) and phthalate exposure in ADHD patients and healthy controls (HC) using continuous performance test (CPT) indicators of inattention (omission errors), impulsivity (commission errors), and sustained attention (response time variability). ADHD patients were medication-naïve, of Korean ethnicity, and had visited the child and adolescent psychiatry outpatient clinic at the Seoul National University Hospital. For this study, participants from two studies that were conducted using the same protocol were combined into a single subject pool; detailed explanations of both study protocols and the combined protocol have been provided elsewhere (J. I. Kim et al., 2016). The first study initially recruited 90 ADHD patients and 33 HCs; after excluding five ADHD patients with missing CPT data and one HC with missing genetic data, 85 ADHD patients and 32 HCs were assessed (Hong et al., 2015). The second study initially recruited 191 ADHD patients and 78 HCs; after excluding four patients with missing CPT data, six patients missing phthalate data and 17 patients with missing genetic data from the ADHD group and one subject with missing CPT data and 11 subjects with missing genetic data from the HC group, 164 ADHD patients and 66 HCs were assessed (S. Park et al., 2015). ADHD exclusion criteria were: individuals with IQ<70, a hereditary genetic disorder, current or past history of brain trauma, organic brain disorder, seizure, or any neurological disorder, autism spectrum disorder (ASD), communication disorder, or learning disorder, schizophrenia or any other childhood-onset psychotic disorder, major depressive disorder or bipolar disorder, Tourette's syndrome or chronic motor/vocal tic disorder, obsessive compulsive disorder, and/or a history of methylphenidate treatment lasting more than 1 year or having taken the drug within the past four weeks were excluded for the current study. Healthy controls included typical-development children and adolescents who were free of any psychiatric diagnoses according to the K-SADS-PL. Relevant demographic or other differences between those included and excluded were not detailed. The mean age and IQ of the ADHD group (8.9 years and 105.6) was significantly lower than those of the HC group (10.4 and 113.7) and the proportion of male subjects was significantly higher (191 vs 54).
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Kim, J. I., Kim, J. W., Shin, I., Kim, B. N. (2018). Interaction of DRD4 methylation and phthalate metabolites affects continuous performance test performance in ADHD. Journal of Attention Disorders 25(2):161-170.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Inattention–omission errors on continuous performance test (CPT), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)			
<b>HERO ID:</b>	4829342			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Low	Quantification of urinary mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP), and mono-n-butyl phthalate (MBP) was conducted utilizing high-performance liquid chromatography tandem mass spectrometry. Results were adjusted for urinary creatinine to account for urinary dilution. Details regarding limits of detection (LOD), how values below the LOD were handled within statistical analysis, and percent of samples below the LOD were lacking. There is uncertainty given the potential for reverse causality due to the cross-sectional nature of the study. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures during the prenatal period responsible for initiation and development of outcomes of interest.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Inattention, impulsivity, and sustained attention were assessed using the Korean version of the computerized continuous performance test (CPT). CPT omission errors (failure to respond) measured inattention while CPT commission errors (false response) measured impulsivity and CPT response time variability (the SD of the response times of correct responses) was used as a measure of sustained attention. Validity of the CPT assessment was not detailed. All CPT data were transformed into T-scores adjusted for age relative to a normal population of 847 children between 5 and 15 years of age, with lower T-scores indicating better performance.	
	Metric 3B: Selective Reporting	Low	Analyses described in the methods were reported in the results for interaction of MEHHP levels on omission errors and response time. Results for similar analyses with commission errors, as well as with MEOHP and MBP were not presented. Non-significant interaction results for methylation status and phthalate metabolite levels on CPT scores in the healthy control group were noted within the text but not with numeric results in text or tables.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	Although multivariable linear regression analyses were described as utilized in investigating the interaction between each dopamine receptor CpG site and each phthalate metabolite level on CPT variables of age-adjusted T-score inattention (omission errors), impulsivity (commission errors) and sustained attention (response time variability), it appears that only age was adjusted for within these analyses (age-adjusted T-score CPT results). Additional key confounders were not adjusted for, including child sex, but may not be likely to invalidate results.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, J. I., Kim, J. W., Shin, I., Kim, B. N. (2018). Interaction of DRD4 methylation and phthalate metabolites affects continuous performance test performance in ADHD. Journal of Attention Disorders 25(2):161-170.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Inattention–omission errors on continuous performance test (CPT), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)
<b>HERO ID:</b>	4829342

Domain	Metric	Rating	Comments
	Metric 5A: Analysis	Medium	Chi-square tests and Fisher exact tests were used to compare the difference in means of phthalates between ADHD and healthy control (HC) groups. A hierarchical multi-variable linear regression analysis was used to study the interactive effect between CpG methylation status and MEHHP levels on CPT variables. In addition, post hoc analyses were conducted to evaluate the association between MEHHP and CPT variables in the methylated and unmethylated CpG groups. Quantitative results were presented as effect estimates, 95% CIs, and p-values for analyses investigating the potential interaction between CpG methylation and phthalate levels on CPT outcomes. A two-tailed p-value of <0.002 was considered statistically significant. Other than the age-adjusted T-scores of CPT outcomes, no other confounding variables appear to have been utilized in what was described as multivariate analyses, and additional sensitivity analyses addressing the robustness of findings were not detailed.
	Metric 5B: Sensitivity	Low	The sample size is adequate for the ADHD cases (n = 249) . Exposure range was not described, but mean (SD) MEHHP levels for ADHD cases was 1.6 (0.4), similar to control samples (1.5 [0.4]).

**Additional Comments:** This cross-sectional study utilized participants from two studies of Korean children (age 6-17 years) who were patients of the child and adolescent psychiatric outpatient clinic at the Seoul National University hospital in South Korea. This study examined the relationship between DEHP and DBP metabolites (mono- (2-ethyl-5-hydroxyhexyl) phthalate (MEHHP) and mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP) and mono-n-butyl phthalate (MBP)) interactions with Dopamine receptor D4 (DRD4) methylation on continuous performance test (CPT) variables in ADHD and control patients and also investigated the association between methylation of DRD4 CpG sites and CPT variables. The mean age, proportion of male subjects, and IQ varied among ADHD participants and healthy controls yet only age adjustments (age-adjusted CPT T-scores) were made. There is uncertainty due to potential reverse causality due to the cross-sectional nature of the study, a lack of presentation of LOD values and % below the LOD, the use of single spot urine samples, and the lack of adjustment for key confounders potentially impact the validity of the results presented.

## Overall Quality Determination

**Low**

<b>Study Citation:</b>	Malits, J., Attina, T. M., Karthikraj, R., Kannan, K., Naidu, M., Furth, S., Warady, B. A., Vento, S., Trachtman, H., Trasande, L. (2018). Renal function and exposure to bisphenol A and phthalates in children with chronic kidney disease. <i>Environmental Research</i> 167:575-582.		
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Estimated glomerular filtration rate (eGFR), urinary protein to creatinine ratio (UPCR), Non-cancer; Cardiovascular- Systolic blood pressure z-score (SBPz), diastolic blood pressure z-score (DBPz), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl) phthalate (MECPP); Mono-[(2-carboxymethyl) hexyl] phthalate (MCMHP); $\Sigma$ DEHP		
<b>HERO ID:</b>	4829246		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study is a cross-sectional analysis of baseline data from children (aged 1-17 years) enrolled in the Chronic Kidney Disease in Children Study (CKiD) from the United States. Enrollment was described elsewhere as taking place between 2005 and 2014 (Fuhrman et al. 2017, PMID 28546440), Inclusion and exclusion criteria are well described. ( <a href="https://einstein.elsevierpure.com/en/publications/design-and-methods-of-the-chronic-kidney-disease-in-children-ckid-2">https://einstein.elsevierpure.com/en/publications/design-and-methods-of-the-chronic-kidney-disease-in-children-ckid-2</a> ). This study included children with both baseline and serial specimens (n = 538). Participation rates for the parent study were not provided, and the proportion of children excluded due to missing sample or data was not provided. The authors stated that the analysis sample was similar to the parent study, though they presented no supporting data (e.g. N=751 in Fuhrman et al. 2017). Differences in descriptive data in this paper vs. cited parent study references did not facilitate comparisons across study populations (e.g. means vs. medians, proportion with elevated blood pressure vs. mean z-scores). The authors reported that the majority of specimens used in this study were collected in 2005-2008, with some collected between 2009 and 2014. Though participation data were limited, there is no evidence of selectivity.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	A total of 21 other phthalate metabolites and BPA, were measured in first morning urine samples collected and stored in polycarbonate-free tubes. Urine samples were analyzed at the Wadsworth Center, New York State Department of Health using enzymatic de-conjugation and solid phase extraction with reversed phase HPLC-ESI-MS/MS, and internal standards for each metabolite. Metabolites for which 50% or more of samples had concentrations below the LOD were excluded from the analyses. These included other metabolites of DiNP [mono(carboxyisooctyl) phthalate (MCIOP); monoisononyl phthalate (MINP)] and DiDP [mono(carboxy-isononyl) phthalate (MCINP)]. Detection limits were described as being in the range of 0.02-0.5 ng/mL. Exact detection limits for DEHP metabolites were not reported, and the proportion with below detection was not specified. Values below detection were replaced by the LOD divided by the square root of 2. Potential limitations of exposure measurement included the possibility of reverse causation: it is plausible that impaired kidney function could influence excretion of phthalate metabolites in this cross-sectional analysis of a population of children with chronic kidney disease. Changes in diet or other behaviors as a consequence of kidney impairments and related disorders may also influence phthalate exposure. Given their short half-life, use of a single spot urine sample may misclassify habitual phthalate exposure, but the extent of any misclassification is unknown. There is, however, no evidence of substantial error or bias.

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<b>Study Citation:</b>	Malits, J., Attina, T. M., Karthikraj, R., Kannan, K., Naidu, M., Furth, S., Warady, B. A., Vento, S., Trachtman, H., Trasande, L. (2018). Renal function and exposure to bisphenol A and phthalates in children with chronic kidney disease. <i>Environmental Research</i> 167:575-582.
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Estimated glomerular filtration rate (eGFR), urinary protein to creatinine ratio (UPCR), Non-cancer; Cardiovascular- Systolic blood pressure z-score (SBPz), diastolic blood pressure z-score (DBPz), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl) phthalate (MECPP); Mono-[(2-carboxymethyl) hexyl] phthalate (MCMHP); $\Sigma$ DEHP
<b>HERO ID:</b>	4829246

Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Outcomes were ascertained using standard procedures at the baseline study visit, prior to the analysis of urinary phthalate concentrations. Renal outcomes in this study included estimated glomerular filtration rate (eGFR) and urinary protein to creatinine ratio (UPCR). Authors report using the modified published equation by Schwartz et al., 2009, which accounts for updated methods to measure serum creatinine, to calculate pediatric eGFR. Creatinine-based equations for estimating GFR are pragmatic, though accuracy is uncertain. UPCR, a prognostic indicator for kidney disease progression, was calculated from measured in the non-fasting morning urinary sample. UPCR was log-transformed as its distribution was skewed. Both outcomes were measured using a single specimen. Cardiovascular outcomes in this study include systolic blood pressure (SBP) and diastolic blood pressure (DBP). The mean of three blood pressure measurements taken with a standard aneroid sphygmomanometer was used to derive z-scores standardized using the National High Blood Pressure Education Program Fourth Report reference population. A potential concern is the high proportion (44.8%) of participants using ACE inhibitors, medications used for blood pressure control. A potential limitation is that the authors mentioned adjusting for, but not stratifying by, use of relevant medications in their analyses relating phthalates to blood pressure.
	Metric 3B: Selective Reporting	Medium	Results of all primary analyses were presented in full in the main manuscript. Results for included metabolites (i.e. with $\geq 50\%$ detection rates) were all reported, regardless of statistical significance. However, for several stratified analyses included in the supplement, the authors presented results for only one stratum. This included analyses stratified by sex (results provided only for males, 63.9% of the sample) and by glomerular disease (results among n=51 cases only). The associations shown did not meaningfully differ from the main findings. A rationale for this approach was not provided, but there is no evidence of bias.

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Malits, J., Attina, T. M., Karthikraj, R., Kannan, K., Naidu, M., Furth, S., Warady, B. A., Vento, S., Trachtman, H., Trasande, L. (2018). Renal function and exposure to bisphenol A and phthalates in children with chronic kidney disease. Environmental Research 167:575-582.			
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Estimated glomerular filtration rate (eGFR), urinary protein to creatinine ratio (UPCR), Non-cancer; Cardiovascular- Systolic blood pressure z-score (SBPz), diastolic blood pressure z-score (DBPz), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl) phthalate (MECPP); Mono-[(2-carboxymethyl) hexyl] phthalate (MCMHP); $\Sigma$ DEHP			
<b>HERO ID:</b>	4829246			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	Covariates were included a priori. The authors provided a specific rationale for several covariates, including those evaluated in sensitivity analyses (e.g. serum albumin, including blood pressure in models for renal outcomes), and noted that overall clinical and laboratory measures were selected as covariates due to their associations with both severity and progression of CKD as well as exposure to the environmental chemicals. However, not all covariates were justified, a directed acyclic graph was not included, and potential intermediates (e.g. BMI) were not discussed or evaluated. While there was no direct evidence of confounding bias, neither descriptive analyses nor associations included socioeconomic indicators such as parental income or education. Additionally, the authors did not address potential co-exposure confounding or adjust for study centers. Nonetheless, confounders adjusted for in multivariate analyses were age at visit, sex, race/ethnicity, glomerular disease, birth weight, low birth weight, prematurity, BMI z-score, use of ACE-I/ARB, urinary creatinine, and urinary cotinine. When blood pressure was not the outcome, adjustments were made for systolic and diastolic blood pressure as well.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Methods used for analyses were generally appropriate. Geometric means and median (IQR) were used to describe exposure variables. Multivariate linear regression was used to analyze continuous outcome measures, with log transformations applied to non-normally distributed exposure and outcome variables. The authors did not report further evaluating potentially non-linear dose-response. The authors also presented minimally adjusted associations which adjusted for urinary creatinine; however, these models did not adjust for age despite the large range (1-17 years). Effect estimates (regression coefficients), 95% confidence intervals, and p-value were provided. The authors indicated cases where, prior to accounting for multiple comparisons, results were significant (p-value < 0.05) but did not meet Bonferroni-corrected significance criteria. The proportion of missing values was provided in descriptive data and was not excessive; varying Ns in analyses tables suggest that complete case analyses were conducted. As noted earlier, results of analyses stratified by sex were shown only for males.	
	Metric 5B: Sensitivity	Medium	Statistical power was optimized by using continuous exposure and outcome variables. The median (IQR) concentration of the DEHP metabolites were: MECPP (0.77 (0.41, 6.73)), MEHHP (3.12 (1.53, 8.60)), MEOHP (1.46 (0.69, 4.99)), and MCMHP (11.85 (6.59, 24.2)) ng/mL. The median (IQR) concentration of $\Sigma$ DEHP, which included MECPP, MEHHP, MEOHP and MCMHP, was: 0.09 (0.05, 0.18) ng/mL. Analysis samples were on the order of 500 children in unstratified analyses. The smaller Ns available for stratified analyses may have limited sensitivity. For example, the authors did not discuss whether associations might vary by age groups (e.g. school age vs adolescents), use of blood pressure medication, or other co-morbidities (e.g. diabetes). Analyses of such subgroups would have reduced effective sample size.	
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<b>Study Citation:</b>	Malits, J., Attina, T. M., Karthikraj, R., Kannan, K., Naidu, M., Furth, S., Warady, B. A., Vento, S., Trachtman, H., Trasande, L. (2018). Renal function and exposure to bisphenol A and phthalates in children with chronic kidney disease. Environmental Research 167:575-582.		
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Estimated glomerular filtration rate (eGFR), urinary protein to creatinine ratio (UPCR), Non-cancer; Cardiovascular- Systolic blood pressure z-score (SBPz), diastolic blood pressure z-score (DBPz), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl) phthalate (MECPP); Mono-[(2-carboxymethyl) hexyl] phthalate (MCMHP); $\sum$ DEHP		
<b>HERO ID:</b>	4829246		
Domain	Metric	Rating	Comments
Additional Comments:	This cross-sectional study used baseline data from the Chronic Kidney Disease in Children (CKiD) Study. The study examined associations between phthalate metabolites and indicators of renal and cardiovascular health among 538 children aged 1-17 years with chronic kidney disease (CKD). Exposure measures included the DEHP metabolites mono(2-ethyl-5-carboxypentyl) phthalate (MECPP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP) as well as the sum of DEHP metabolites. Blood pressure z-scores, estimated glomerular filtration rate, and the ratio of urinary protein to creatinine were analyzed as outcomes. Three DEHP metabolites were found to have significant positive associations with eGFR (MECPP = 2.35 (1.44, 3.26), MEHHP = 2.40 (1.15, 3.64), MEOHP = 1.85 (0.78, 2.91)) and one metabolite reported a significant negative associate with eGFR (MCMHP = -2.30 (-3.74, -0.85)). Additionally, three DEHP metabolites reported significant negative associations with the urinary protein to creatinine ratio (MECPP = -10.20 (-15.80, -4.95), MEHHP = -13.23 (-20.34, -5.38), and MEOHP = -9.23 (-15.04, -2.91)). The authors noted limitations such as the cross-sectional design, the potential for unknown confounders at play specific to children with CKD, and the limited 12-hour half-life of phthalate monoesters. Other limitations include the lack of adjustment for socioeconomic indicators, and not analyzing potential modifiers such as use of blood pressure medication. Reverse causation may be an issue should urinary excretion of phthalates be influenced by kidney disease. Despite concerns, however, there is no specific evidence of bias.		

**Overall Quality Determination****Medium**



<b>Study Citation:</b>	Kim, J. I., Lee, J., Lee, K. S., Lee, Y. A., Shin, C. H., Hong, Y. C., Kim, B. N., Lim, Y. H. (2021). Association of phthalate exposure with autistic traits in children. <i>Environment International</i> 157:106775.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic traits, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9415898		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study was part of the Environment and Development of Children (EDC) study, which is a prospective birth cohort study in South Korea that enrolled participants from the Congenital Anomaly Study (CAS). During 2008-2010, pregnant women (n=13,484) were recruited to participate in the CAS during their second trimester. Women were recruited from eight hospitals in Seoul and Gyeonggi provinces, South Korea (Kim et al. 2018, <i>International Journal of Epidemiology</i> 47(4): 1049-1050, not available in HERO). For the EDC, participants were excluded if the child had a congenital birth defect or if they had invalid contact information (Kim et al. 2018). Of the women enrolled, n=2,085 were randomly selected for follow-up of their children and n=726 of those selected “were finally recruited in the EDC study”. Mothers with children enrolled in the EDC study were more likely to drink alcohol regularly compared to those who participated in the CAS but not the EDC (26.0% vs 22.1%) but didn’t differ substantially on several other variables (Kim et al. 2018). For the study reported in this paper, mother-child pairs were excluded if the child did not have at least one follow-up visit between ages 4 and 8 (n=62), if the child was missing information on the outcome measurement (n=37), or missing information on the exposure (n=80). The characteristics of maternal-child pairs who were included versus excluded were similar. Of the n=547 mother-child pairs included in the current study after these exclusions, n=344 had follow-up at age 4, n=477 had follow-up at age 6, and n=440 had follow-up at age 8. The information provided does not raise substantial concerns regarding selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Kim, J. I., Lee, J., Lee, K. S., Lee, Y. A., Shin, C. H., Hong, Y. C., Kim, B. N., Lim, Y. H. (2021). Association of phthalate exposure with autistic traits in children. Environment International 157:106775.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic traits, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9415898

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured in maternal spot urine samples collected between 14 and 27 weeks gestation (mean: 20 weeks) as well as in child spot urine samples collected at ages 4, 6, and 8. Urine samples were collected between 9am and 11am and were transferred to polypropylene Falcon tubes and stored at -20 degrees C. Phthalate concentrations were measured using high-performance liquid chromatography tandem mass spectrometry. One blank and one quality control sample were included in each batch of samples and linearity, accuracy, precision, and limits of detection (LOD) were assessed and the reported values were sufficiently high for these measures. LODs were as follows: MEHHP 0.208 ug/L, MEOHP 0.487 ug/L, MnBP 0.724 ug/L, MECPP 0.270 ug/L, MBzP 0.356 ug/L. Detection rates were >95% for all metabolites at all timepoints except for MBzP at child age 8 (80.1%). The paper reported that there was missing information on MECPP and MBzP levels “due to shortage of urine volume in some of the samples.” The number of samples available for MECPP and MBzP was n=232 at age 4, n=349 at age 6, and n=326 at age 8 and associations for these metabolites were reported as supplementary analyses. MEHHP, MEOHP, and MnBP were measured in all available samples and were used in the main analyses. Values below the limit of detection were replaced with the LOD divided by the square root of two. Values were corrected for creatinine. Although samples were collected at multiple timepoints during gestation and in childhood, there are limitations due to the use of a spot urine sample. Multiple samples during each time window would have better characterized exposure. The authors noted that the phthalate measurements “may not represent the actual phthalate exposure at specific time-points due to its short half-life of 12–48 h” and that there “may be substantial within-day variability in a single participant according to sampling time,” and thus “pooled measurements within-subject are desirable for future studies.”

## Domain 3: Outcome Assessment

Metric 3A:	Outcome Ascertainment	Medium	The outcome of interest was autistic traits, measured at ages 4, 6, and 8 using the Social Communication Questionnaire (SCQ), which is a parent-report questionnaire. The SCQ contains one eligibility question and 39 binary questions, with 1=yes and 0=no, on child behaviors over the previous 3 months, including communication skills, social functioning, and repetitive behaviors. Individual questions are summed to yield a total score; higher scores represent more autistic traits. The authors noted that the SCQ has a high validity and reliability as a screening tool for autism, but stated that “a semi-structured interview may better quantify autistic traits”. Additionally, the authors suggested that the assessment of autistic traits by teachers might have been useful, particularly beginning at age 6. The authors noted that although a cutoff score of 11 to 18 is recommended, because only a small proportion of children in the sample exceeded a score of 11, they used a cutoff score of 8 to define subthreshold autism.
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<b>Study Citation:</b>	Kim, J. I., Lee, J., Lee, K. S., Lee, Y. A., Shin, C. H., Hong, Y. C., Kim, B. N., Lim, Y. H. (2021). Association of phthalate exposure with autistic traits in children. Environment International 157:106775.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic traits, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9415898			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The analyses described in the methods section were presented in the results. Results from analyses using logistic regression to explore associations with dichotomized outcome scores were not provided quantitatively but were stated to be not significant for all phthalate metabolites.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounding variables were identified based on prior literature, with different variables selected for models involving different exposure windows based on exploratory analyses of associations of the potential covariates with the outcome variable at the different study time points. The full set of potential confounders considered included the following parental variables: maternal age at pregnancy, maternal education, paternal education, socioeconomic status, pre-pregnancy maternal diabetes mellitus, maternal IQ; and the following child variables: child age, child sex, child BMI, whether the child had a twin, birth order, gestational age at birth, breastfeeding, current environmental tobacco smoke exposure, percent of total energy intake from ultra-processed foods, and child IQ at age 6. Generalized estimating equation models were adjusted for age, sex, twin, birth order, maternal education, environmental tobacco smoke, and phthalate levels during pregnancy. Individual exposure window models for the prenatal period were adjusted for child age, sex, twin, birth order, and childhood phthalate metabolite levels at the age of outcome assessment. Individual exposure window models for the postnatal period were adjusted for child age, sex, twin, birth order, maternal education, environmental tobacco smoke, and “mutual prenatal or childhood phthalate metabolite levels” at the age of outcome assessment.” Although several relevant potential confounders were addressed, the potential for residual confounding remains. The authors noted the potential for confounding by other factors including exposure to chronic stress, novel positive experiences, maternal diet or intake of vitamins or folic acid during pregnancy, or other chemical co-exposures.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Kim, J. I., Lee, J., Lee, K. S., Lee, Y. A., Shin, C. H., Hong, Y. C., Kim, B. N., Lim, Y. H. (2021). Association of phthalate exposure with autistic traits in children. Environment International 157:106775.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic traits, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9415898			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Phthalate metabolites were natural log-transformed prior to analysis. Associations between phthalate exposure and SCQ scores were assessed using two different methods. In the first method, an overall association across timepoints considering within-subject correlation was assessed using a repeated measures analysis using generalized estimating equations with a log-link function. In the second method, specific exposure windows were identified using potential combinations of exposure and outcome measurement timepoints in Poisson regression models (continuous outcome score) and logistic regression models (dichotomized outcome score). The dichotomous cutoff used for the outcome variable was below recommended thresholds for defining autism, but was appropriate for categorizing autistic traits for the analyses. Analyses were conducted among all participants as well as among participants stratified by sex. Sensitivity analyses included adjustment for additional potential confounding variables (maternal or childhood IQ, breastfeeding, socioeconomic status, ultra-processed foods). A minor concern is that numerous statistical analyses were performed without correction for multiple comparisons.
	Metric 5B:	Sensitivity	Medium	The sample size was adequate (n=547 included maternal-child pairs, including n=344 with follow-up at age 4, n=477 with follow-up at age 6, and n=440 with follow-up at age 8. For MECPP and MBzP, sample sizes at follow-up were smaller due to insufficient urine volume to measure all phthalate metabolites (n=232, 349, and 326 samples at ages 4, 6, and 8, respectively with measured MECPP and MBzP). Exposure levels and distributions were adequate.
<b>Additional Comments:</b>	This prospective birth cohort study evaluated associations between phthalate metabolites measured during pregnancy and at multiple time points throughout childhood with autistic traits at child ages 4, 6, and 8. Strengths include the longitudinal prospective design, consideration of phthalate exposures at multiple time points, and a well-developed analytic approach. Some participants were missing exposure information for MECPP and MBzP due to lack of adequate urine volume.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Lee, K. S., Lim, Y. H., Kim, K. N., Choi, Y. H., Hong, Y. C., Lee, N. (2018). Urinary phthalate metabolites concentrations and symptoms of depression in an elderly population. Science of the Total Environment 625:1191-1197.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Depression symptoms (score on Korean Version of Short Form Geriatric Depression Scale), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5556125		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study measured the association between phthalate exposure and depressive symptoms in an elderly Korean population. Elderly individuals (n=560) were recruited from two welfare community centers in Seoul, South Korea. Participants gave urine samples for phthalate metabolites and completed questionnaires for demographic data and depressive symptoms at three timepoints between 2012 and 2014. Participants (n=11) were excluded if they were missing data related to phthalate exposure, outcome, or covariates. Patients who were being treated for depression (n=14) were also excluded. The final sample size was 535 individuals. Not all participants provided data in each of the three visits. Inverse probability weighting was used to address potential selection bias. Additionally, there were no statistically significant differences in measured characteristics among participants providing data at each time point. The available information does not raise serious concerns that selection or continuation into the study was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Some phthalate metabolites (MEHHP, MEOHP, and MnBP) were measured in urine samples during all three visits. Other phthalate metabolites (MECPP and MBzP) were measured only during second visit in 2013. Urinary metabolites measured using high performance liquid chromatography tandem mass spectrometry with an Agilent 6410 triple Quad LCMS (Kim, 2009, HERO ID 673471). Urinary metabolites were creatinine adjusted. Limits of detection (ug/L) are given for each metabolite: MEOHP=0.32; MEHHP=0.20; MECPP=0.26; MnBP=0.35; and MBzP=0.19. Authors note that they replaced urinary phthalate metabolite levels that were below the LOD with the LOD divided by the square root of 2. The percent of values below the LOD for each metabolite was not provided. Two different DEHP metabolite sums were calculated. DEHP1 was defined as the sum of MEHHP, MEOHP, and MECPP. DEHP 2 was defined as the sum of MEHHP and MEOHP, the two DEHP metabolites assessed at all time points. Phthalate concentrations were corrected for creatinine.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Lee, K. S., Lim, Y. H., Kim, K. N., Choi, Y. H., Hong, Y. C., Lee, N. (2018). Urinary phthalate metabolites concentrations and symptoms of depression in an elderly population. Science of the Total Environment 625:1191-1197.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Depression symptoms (score on Korean Version of Short Form Geriatric Depression Scale), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5556125			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The outcome of interest was depressive symptoms. Symptoms were assessed using the Korean version of Short Form Geriatric Depression Scale (SGDS-K) questionnaire. Questionnaire consists of 15 items, with "yes" or "no" answers. Scores range from 0-15 with higher scores indicating more severe depression. SGDS-K was stated to be validated with "acceptable sensitivity and specificity" but no further details were provided. Outcomes included in analyses were the total score, scores for subgroups defined using factor analysis (affective symptoms, spiritual symptoms, and physical symptoms), and responses to individual questions. There is a minor concern for outcome misclassification due to the use of a self-reported measure of depression.	
	Metric 3B: Selective Reporting	Medium	Analyses reported in the methods are shown in the results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Regression models were adjusted for a number of potentially important confounders: sex, age, education level, marital status, number of rooms per participant home, and moderate physical activity. Covariates which produced at least a 10% change of the regression coefficient were selected in the final model. The strategy for selecting potential confounders was not optimal, but there is no serious concern for bias due to residual confounding.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Urinary phthalate metabolite concentrations were log-transformed since all phthalates followed log-normal distributions (type of log transformation not specified). The association between repeated measures of phthalate metabolites and total SGDS-K score was assessed using generalized estimating equations. Total SGDS-K score was examined both as a continuous variable and dichotomized around a score of 8. Logistic models were also used to determine the association between each phthalate and each SGDS-K item score. The form of the model used to examine SGDS-K subgroup scores defined using factor analysis was not specified but was likely similar to the approach used for continuous total score. Additional analyses included evaluation of linearity using generalized additive models and use of urinary creatinine as a covariate rather than use of creatinine-corrected phthalate metabolite concentrations.	
	Metric 5B: Sensitivity	Medium	The sample size (n=535), exposure levels, and exposure distributions were adequate. No other concerns regarding sensitivity were identified.	
Additional Comments:	This prospective cohort study examined the association between urinary phthalate metabolites and depression symptoms among older adults. The study used appropriate participant selection, exposure assessment, outcome ascertainment, confounding adjustment, and analytical techniques. Minor concerns include limited information on some aspects of exposure assessment methods (e.g., the percentage of samples below the LOD) and the potential for outcome misclassification due to the use of self-reported symptoms. Individual and summed DEHP metabolites were significantly positively associated with total scores on the Korean version of the Short Form Geriatric Depression Scale.			
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Study Citation:	Lee, K. S., Lim, Y. H., Kim, K. N., Choi, Y. H., Hong, Y. C., Lee, N. (2018). Urinary phthalate metabolites concentrations and symptoms of depression in an elderly population. Science of the Total Environment 625:1191-1197.		
Health Outcome(s) Assessed:	Neurological/Behavioral- Depression symptoms (score on Korean Version of Short Form Geriatric Depression Scale), Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	5556125		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Dries, v.d., M. A., Guxens, M., Spaan, S., Ferguson, K. K., Philips, E., Santos, S., Jaddoe, V., V.W., Ghassabian, A., Trasande, L., Tiemeier, H., Pronk, A. (2020). Phthalate and bisphenol exposure during pregnancy and offspring nonverbal IQ. Environmental Health Perspectives 128(7):77009.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child nonverbal IQ, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	9387317		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study aims to look at the association between prenatal urinary biomarkers of phthalate exposure and nonverbal intelligence quotient (IQ) in children who are 6 years old. Study participants are pregnant women living in Rotterdam, Netherlands, with a delivery date between April 2002 and January 2006. All pregnant women who saw an obstetrician or midwife in Rotterdam were recruited. 9,778 mothers participated in the study and 8,879 mothers were enrolled during their pregnancy. Women provided spot urine samples at ultrasound appointments during early, mid, and late pregnancy between February 2004 and January 2006. Families completed in-person follow up visit when child was 6 years old and provided neurobehavioral data, biospecimens, and sociodemographic and health data as well. Out of 2,083 mother-child pairs with three urinary samples, 1,405 provided data at follow-up visit and 1,282 had complete data. Authors note that women in this study sample were more educated, had higher incomes, were older, and were more likely to be Dutch when compared to the Generation R cohort as a whole.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MnBP, MiBP, MECPP, MEHPP, MEOHP, MCMHP, and MBzP) were measured in spot urine samples collected during early, mid, and late pregnancy. A solid phase extraction method with enzyme deconjugation of glucuronidated phthalate monoesters was used with high performance liquid chromatography electrospray ionization-tandem mass spectrometry. Authors note that samples were also analyzed for creatinine using this method. Limits of detection ranged from 0.008-0.89 ng/mL. Authors note that biomarkers were excluded from analyses if at least 80% of the study population had concentrations that were below the limit of detection. Phthalates were grouped into low molecular weight phthalates, high molecular weight phthalates, DEHP, DNOP, and PA.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Nonverbal IQ was assessed for children 6 years old. Mosaics and Categories subtests from the Snijders-Oomen Nonverbal Intelligence Test-Revised (SON-R) were administered. Authors note correlation between total score of SON-R 2.5-7 and performance IQ score of the Wechsler Preschool and Primary Scale of Intelligence to be between 0.60 and 0.83 and average reliability of SON-R 2.5-7 IQ score to be 0.90. Authors add that "test is regarded as highly reliable and rated good (3 of 3) by the commission of Netherlands Institute for Psychologists. Subtest raw scores were changed to age-standardized nonverbal IQ scores.

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<b>Study Citation:</b>	Dries, v.d., M. A., Guxens, M., Spaan, S., Ferguson, K. K., Philips, E., Santos, S., Jaddoe, V., V.W., Ghassabian, A., Trasande, L., Tiemeier, H., Pronk, A. (2020). Phthalate and bisphenol exposure during pregnancy and offspring nonverbal IQ. Environmental Health Perspectives 128(7):77009.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child nonverbal IQ, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	9387317			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	Analyses mentioned in the methods are described in the results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified from the literature describing prenatal phthalate exposure and child neurodevelopment in addition to biologically plausible covariate-exposure and covariate-outcome associations determined from study data. Potential confounders were determined a priori using a DAG. Potential confounders include: maternal age, ethnicity, education, income, marital status, alcohol consumption during pregnancy, maternal nonverbal IQ, pre-pregnancy BMI, parity, smoking during pregnancy, child sex, and child age at assessment.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Urinary phthalate concentrations were log10 transformed into micrograms per gram creatinine. Missing phthalate metabolite and covariate data were imputed 10 times with multivariate imputation by chained equations method. Urinary BPA, PA metabolite concentrations, and child nonverbal IQ score were predictors for covariate imputation. Child nonverbal IQ was not imputed. Authors calculated intraclass correlation coefficients (ICCs) for individual measurements (e.g., mean of three measurements across pregnancy) using two-way mixed effects models with absolute agreement. Authors also carried out regression analyses to determine associations of grouped phthalate urinary concentrations with nonverbal IQ for gestational age <18, 19-25, and >25 weeks. Authors also used mutually adjusted model to estimate association of prenatal phthalate urinary concentrations from each time period on nonverbal IQ. Authors used multiple informant method where different exposure windows are treated as informants. Authors performed regression analyses to determine association between averaged prenatal urinary concentrations across pregnancy and nonverbal IQ. Authors used restrictive cubic splines for untransformed biomarker concentrations that predicted nonverbal IQ. Authors also "explored possible effect modification by sex using stratification, interaction terms, and augmented product terms."	
	Metric 5B: Sensitivity	Medium	The study seemed to have adequate sensitivity o assess the association between urinary phthalate metabolite levels and nonverbal IQ. The sample size was adequate (n=1,282). Exposure distributions seem sufficient to detect an association.	
Additional Comments:	Medium confidence. This prospective cohort study in Rotterdam examined the association between prenatal maternal urinary biomarkers of phthalate exposure and nonverbal IQ score in children who are 6 years old in a subset of women from the Generation R cohort. Authors used adequate participant selection, exposure assessment, outcome ascertainment, strategies to address potential confounding, and analytical approaches. Possible concern for bias in participant selection as women from subset of Generation R cohort were older, more likely to be Dutch, and had higher income and education levels than the broader Generation R cohort.			

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Study Citation:	Dries, v.d., M. A., Guxens, M., Spaan, S., Ferguson, K. K., Philips, E., Santos, S., Jaddoe, V., V.W., Ghassabian, A., Trasande, L., Tiemeier, H., Pronk, A. (2020). Phthalate and bisphenol exposure during pregnancy and offspring nonverbal IQ. Environmental Health Perspectives 128(7):77009.		
Health Outcome(s) Assessed:	Reproductive/Developmental- Child nonverbal IQ, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
HERO ID:	9387317		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Jenkins, R., Tackitt, S., Gievers, L., Iragorri, S., Sage, K., Cornwall, T., O'Riordan, D., Merchant, J., Rozansky, D. (2019). Phthalate-associated hypertension in premature infants: a prospective mechanistic cohort study. <i>Pediatric Nephrology</i> 34(8):1413-1424.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- systolic blood pressure, hypertension, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-(2-ethylhexyl) phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)		
<b>HERO ID:</b>	5625293		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	Prospective observational study of 20 premature infants recruited bi-monthly. Inclusion and exclusion criteria are presented. Study funding limited sample size to 20. Of 26 infants approached, 20 were enrolled and 18 included in the final analyses (1 death, 1 lost to follow-up). Inclusion criteria included age 2 weeks or less at birth and residence within 90 miles; exclusion criteria included factors that might influence DEHP exposure or infant blood pressure, including kidney disease or injury, secondary hypertension, and receipt of any IV fluids or diuretics at the time of hypertension diagnosis, among others. Indications for hospital visits or diagnosed conditions among normotensive infants were not described. Details on eligible participants who refused or were not approached were not discussed. The authors stated that there were as many as 600 potential infants to enroll, but only 2 to 4 met criteria on each bi-monthly recruiting day. The infants with the lowest gestational age were approached first to minimize the number of outpatient visits required. There is concern for selection bias given that the lowest GA infants were also more likely to have interventions at birth that may have resulted in higher exposures to DEHP, and also could be more susceptible to developing hypertension.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Urinary DEHP exposure was based on one sample collected from infants 48 hours prior to onset of hypertension. Sample collection and handling was not described. Samples were analyzed for MEHHP, MEOHP and MEHP in a commercial lab using high performance liquid chromatography with tandem mass spectrometry (LC-MS/MS). Levels were reported with and without creatinine adjustment. Neither LOD nor QC measures were reported. The results show that the "assay failed", was not conducted or was below LOD for all three metabolites in all but 5 of the 14 infants for whom urine was available, in addition to assay failure for 1-2 metabolites among the 5 infants with data reported. No details are provided on what was meant by, or reasons for, assay failure, raising serious concerns about the assessment. In addition, cumulative exposures to DEHP were quantified in aggregate by the following methodology: The volume (mL) of IV fluid administered to the infant from DEHP-containing IV bags quantified the IV exposure and respiratory tubing exposure was quantified by the number of days the patient was connected to any respiratory tubing containing DEHP. The authors stated that indices were based on the presence of DEHP in equipment labeling; information on concentrations of DEHP was not available. Separate indices were calculated for IV bag and respiratory DEHP exposure. There was no discussion on how data for cumulative DEHP indices were recorded and abstracted, the extent to which data may be susceptible to error or bias, or validation of these measures as indicators of DEHP exposure.

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- systolic blood pressure, hypertension, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-(2-ethylhexyl) phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)		
<b>HERO ID:</b>	5625293		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Systolic blood pressure (SBP) was measured by nurses using the oscillometric method for infants while in the NICU and by a single experienced physician using the auscultatory method on the right arm when seen in the outpatient clinical setting. There was no specification as to which extremity was used for testing for the former. No information on the proportion of measures obtained by each method, or whether measurements varied by method used, was provided. Infants met the criteria for inclusion in the hypertensive group if their mean daily SBP (3 or more measurements per day) exceeded the 95th percentile for at least three sequential days while in the NICU or three sequential visits for outpatients. The SBP 95th percentiles used for this study originated from the reference data compiled by Dionne et al. 2012, which provides blood pressure norms adjusted by gestational age (postmenstrual age, PMA) for premature infants. Because SBP varies greatly with PMA, an SBP index (SBP/SBP 95th percentile) was calculated and used to represent systolic blood pressure relative to the PMA-adjusted 95th percentile for SBP. Accuracy and validity of postmenstrual age estimates was not discussed. Outcomes were analyzed as presence or absence of hypertension, and as continuous SBP index measured at intervals of 2 to 4 weeks. Though details were lacking, there was no evidence of important error or bias.
	Metric 3B: Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	No confounders were considered for analyses relating DEHP exposure indices with SBP or hypertension in infants. Length of stay and gestational age were significantly associated with infant hypertension status. Confounding is a concern as the authors reported that DEHP indices were also correlated with variables that included gestational age, length of stay, and birthweight. These correlations were significant for the respiratory, but not the IV-related, DEHP index; the latter was the primary measure of interest. However, Pearson's rather than Spearman's correlations were used despite the small N, and validity is uncertain. Potential for substantial confounding bias is a concern.
Domain 5: Analysis			
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<b>Study Citation:</b>	Jenkins, R., Tackitt, S., Gievers, L., Iragorri, S., Sage, K., Cornwall, T., O'Riordan, D., Merchant, J., Rozansky, D. (2019). Phthalate-associated hypertension in premature infants: a prospective mechanistic cohort study. <i>Pediatric Nephrology</i> 34(8):1413-1424.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- systolic blood pressure, hypertension, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-(2-ethylhexyl) phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)
<b>HERO ID:</b>	5625293

Domain	Metric	Rating	Comments
Metric 5A:	Analysis	Low	Bivariate analyses included statistical tests of differences in DEHP exposure indices by hypertensive status (Wilcoxon rank sum, chi-square with Yates' continuity correction), and figures presenting the relationship between SBP indices and DEHP exposure indices by case status. Bivariate linear regression was used to analyze association between DEHP exposure indices and SBP index at the time of diagnosis (or 40 weeks corrected gestational age in normotensive infants). Although descriptive data showed that the DEHP exposure index related to IV use was 0 among normotensive infants, the authors did not discuss model assumptions, evaluate robustness of associations using transformations to improve distributional assumptions, or categorize exposure. The authors did not discuss or examine in sensitivity analyses the influence of indications or symptoms prior to hypertension onset that may have led to both development of hypertension and treatments that increased DEHP exposure. As data were largely missing, no analyses evaluated associations with urinary DEHP metabolites and SBP or hypertension.
Metric 5B:	Sensitivity	Low	Very small sample size (up to n=18 for DEHP "indices" based on IV and respiratory tube use) and many uncertainties on exposure assessment likely limit study sensitivity.

**Additional Comments:** Small prospective observational study designed to assess whether DEHP exposures were related to hypertension or systolic blood pressure in premature infants (n=9 hypertensive, 9 normotensive). Urinary DEHP metabolites measures were not available for most infants due to assay failure or limitations; these data were not analyzed. The study analyzed DEHP exposure indices derived based on the volume of administered IV fluids or the number of days on which infants were connected to respiratory tubing known to contain DEHP; these indices were not validated, and there is no information available to ascertain how these indices quantitatively relate to DEHP exposure per se. The authors reported associations between the IV DEHP index and systolic blood pressure. However, these associations may have been confounded by variables such as gestational age, length of stay, and treatment indications. In addition, linear regression model assumptions may not have been met, as this exposure index was null among normotensive infants. A further concern is the potential risk of selection bias related to prioritizing the recruitment of infants with the lowest gestational ages, who may have had interventions at birth resulted in higher exposures to DEHP, and who may also be more susceptible to developing hypertension. The extent to which associations observed in this small sample may reflect causal relationships with DEHP exposure is uncertain.

## Overall Quality Determination

**Low**

<b>Study Citation:</b>	Henrotin, J. B., Feigerlova, E.,va, Robert, A., Dziurla, M., Burgart, M., Lambert-Xolin, A. M., Jeandel, F., Weryha, G. (2020). Decrease in serum testosterone levels after short-term occupational exposure to diisononyl phthalate in male workers. Occupational and Environmental Medicine 77(4):214-222.		
<b>Health Outcome(s) Assessed:</b>	Musculoskeletal- Bone formation (serum procollagen-type-I-N propeptide (P1NP); Bone resorption (serum C terminal cross-linking telopeptide of type I collagen (CTX), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethylhexyl) phthalate (MEHP); mono (2-ethyl- 5-hydroxyhexyl) phthalate (OH-MEHP); mono(2-ethyl- 5-oxohexyl) phthalate (OXO-MEHP); mono(2-ethyl- 5-carboxypentyl) phthalate (MCEPP);		
<b>HERO ID:</b>	7978431		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Male French factory workers from six factories in the plastics industry were recruited from 2015-2018. The six factories were located between four different French regions: North, Center, Paris, and South-East. Authors provided details regarding the specific factory productions (PVC compounds, plastisol coating on bottles, coated fabrics). Authors provided clear inclusion criteria: " aged 18 years and older; do not have any disease related to low serum testosterone level; have been working for at least 1year; a French speaker; and did not work at night (00:00–05:00) in the 10 days before the first blood sample was taken." Participation rate and excluded participant rates were not reported, resulting in a medium/adequate rating. Overall, 97 workers met the inclusion criteria.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Henrotin, J. B., Feigerlova, E.,va, Robert, A., Dziurla, M., Burgart, M., Lambert-Xolin, A. M., Jeandel, F., Weryha, G. (2020). Decrease in serum testosterone levels after short-term occupational exposure to diisononyl phthalate in male workers. Occupational and Environmental Medicine 77(4):214-222.			
<b>Health Outcome(s) Assessed:</b>	Musculoskeletal- Bone formation (serum procollagen-type-I-N propeptide (PINP); Bone resorption (serum C terminal cross-linking telopeptide of type I collagen (CTX), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethylhexyl) phthalate (MEHP); mono (2-ethyl- 5-hydroxyhexyl) phthalate (OH-MEHP); mono(2-ethyl- 5-oxohexyl) phthalate (OXO-MEHP); mono(2-ethyl- 5-carboxypentyl) phthalate (MCEPP);			
<b>HERO ID:</b>	7978431			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	High	Di-isononyl phthalate (DINP) and di-2-ethylhexyl phthalate (DEHP) exposure was measured by urinary sampling of mono-4-methyl-7-oxo-octyl phthalate (OXO-MINP), mono-4-methyl-7-hydroxy-octyl phthalate (OH-MINP), mono-4-methyl-7-carboxyheptylphthalate (CX-MINP) and mono(2-ethylhexyl) phthalate (MEHP), mono (2-ethyl- 5-hydroxyhexyl) phthalate (OH-MEHP), mono(2-ethyl- 5-oxohexyl) phthalate (OXO-MEHP) and mono(2-ethyl- 5-carboxypentyl) phthalate (MCEPP) . Workers recruited from the six plastics factories provided two urinary samples, one pre-shift at the beginning of the work week (with two work-free days before collection), and a post-shift sample after three days of working. This design was used to reflect within-subject changes in occupational exposure for the short longitudinal study. Urinary samples were collected in 250mL bottles and sent for analysis. Urinary DINP and DEHP metabolites were measured by two-dimensional high-performance liquid chromatography coupled with tandem mass spectrometry (HP-LC/MS-MS). Workers were described as wearing gloves while handling, mixing liquid plasticizer but working without special personal protective equipment for all other activities. All factories were described as equipped with local exhaust systems, however workstation-specific exhaust was not detailed. Two study groups of participants with DINP metabolite urinalysis were identified. The ‘exposed’ group (n=55) was defined as workers exposed to DINP at the workstation for the 3 days of the follow-up period. The group ‘less exposed’ (n=42) was defined as workers not directly exposed to DINP at the workstation (those working in administration offices). Limits of detection were reported. DINP metabolites were detected in 97% of the samples from the ‘exposed’ group and 90.2% of the samples from the ‘less exposed’ group. Although pre- and post-shift urine sampling for exposure was conducted, given the relatively short half-life of phthalates it is unclear if the concentrations adequately represented the intensity and potential peak exposures responsible for initiation of outcomes of interest.	
Domain 3: Outcome Assessment				
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<b>Study Citation:</b>	Henrotin, J. B., Feigerlova, E.,va, Robert, A., Dziurla, M., Burgart, M., Lambert-Xolin, A. M., Jeandel, F., Weryha, G. (2020). Decrease in serum testosterone levels after short-term occupational exposure to diisononyl phthalate in male workers. Occupational and Environmental Medicine 77(4):214-222.			
<b>Health Outcome(s) Assessed:</b>	Musculoskeletal- Bone formation (serum procollagen-type-I-N propeptide (P1NP); Bone resorption (serum C terminal cross-linking telopeptide of type I collagen (CTX), Non-cancer			
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<b>HERO ID:</b>	7978431			
Domain	Metric	Rating	Comments	
Metric 3A:	Outcome Ascertainment	Medium	Total and free testosterone levels were analyzed from non-fasting blood samples collected. Each worker provided two blood samples, (1) on the first day and (2) on the fourth day, each between 7:45 and 11:00. Serum levels of total testosterone (TT), oestra- diol (E2), follicle-stimulating hormone (FSH) and luteinising hormone (LH) were mea- sured by the University Hospital Laboratory of Nancy (France), and free testosterone (FT) levels were measured by a commercial laboratory in Nancy. The radioimmunoas- say technique was used to measure TT, E2, FSH, LH and FT. Limits of detection (LOD) and coefficients of variation (CV) were reported. Limits of detection (LOD) and co- efficients of variation (CV) were 0.05ng/mL and 4.3% for TT, 20pg/mL and 21% for E2, 0.2 mUI/mL and 4.3%–5.6% for FSH, 0.2 mUI/mL and 4.3%–6.4% for LH, and 0.1pg/mL and 5.7%–11.4% for FT. Indirect estimation of aromatase activity was cal- culated as the ratio of TT to E2.” Serum bone turnover biomarkers of bone formation (serum procollagen type I N propeptide, P1NP) and one marker of bone resorption (serum C terminal cross-linking telopeptide of type I collagen, CTX) were also mea- sured. Sexual health was quantified using the International Index of Erectile Function (IIEF-5), and Androgen Deficiency in Aging Males (ADAM) instruments. Authors note some uncertainty with the methods used to measure free testosterone (radioimmunoas- say technique) as alternative methods such as dialysis or ultrafiltration are known to present more accurate levels.	
Metric 3B:	Selective Reporting	Medium	Results are well reported by study authors. There is consistency in the reporting of the results throughout the abstract, results and discussion section.	
Domain 4: Potential Confounding / Variability Control				
Metric 4A:	Potential Confounding	Medium	Confounders related to serum testosterone levels were sourced from previous literature: age ≥50 years and abdominal diameter (≥102cm). As the study divided participants into "exposed" and "less exposed" groups, authors included an "exposed" binary vari- able for DEHP adjustments. Overall, the study provided adjustments in analyses for important confounders. Authors excluded a number of covariates following a sensitivity analysis: a given factory, hard physical work, some lifestyle habits, some medical his- tory, age >50 years, abdominal perimeter >102cm and summer period.	
Domain 5: Analysis				
Continued on next page ...				



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<b>Study Citation:</b>	Henrotin, J. B., Feigerlova, E.,va, Robert, A., Dziurla, M., Burgart, M., Lambert-Xolin, A. M., Jeandel, F., Weryha, G. (2020). Decrease in serum testosterone levels after short-term occupational exposure to diisononyl phthalate in male workers. Occupational and Environmental Medicine 77(4):214-222.
<b>Health Outcome(s) Assessed:</b>	Musculoskeletal- Bone formation (serum procollagen-type-I-N propeptide (P1NP); Bone resorption (serum C terminal cross-linking telopeptide of type I collagen (CTX), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono(2-ethylhexyl) phthalate (MEHP); mono (2-ethyl- 5-hydroxyhexyl) phthalate (OH-MEHP); mono(2-ethyl- 5-oxohexyl) phthalate (OXO-MEHP); mono(2-ethyl- 5-carboxypentyl) phthalate (MCEPP);
<b>HERO ID:</b>	7978431

Domain	Metric	Rating	Comments
Metric 5A:	Analysis	High	The difference in serum testosterone between T1 and T2 as an outcome with the difference in DINP metabolite T1 and T2 as exposure was examined within linear mixed regression models nested within a factory variable cluster. To investigate the low dose effects, differences in DINP metabolites according to a cut-off of “less than median” or “greater than or equal to median” were also analyzed. Exposed binary variables were adjusted within models for each DEHP metabolite. Sensitivity analyses excluded variables of factory, hard physical work, lifestyle habits, some medical history, age greater than 50 years, abdominal perimeter greater than 102 cm and summer period. Additional analyses were described as conducted examining the effect of oxo-MINP on FSH and LH, on TT:E2, and on P1NP and CTX. Indicators of sexual health as measured by the IIEF-5 and ADAM were also compared between exposed and less exposed groups.
Metric 5B:	Sensitivity	Medium	Authors note that the sample size is small due to the limitations in finding factories and workers, which introduces bias into the results. The longitudinal design is appropriate for measuring short-term occupational exposures to oxidized DiNP metabolites, which have short half-lives. Although pre- and post-shift urine sampling for exposure was conducted, given the relatively short half-life of phthalates it is unclear if the concentrations adequately represented the intensity and potential peak exposures responsible for initiation of outcomes of interest.

**Additional Comments:** This occupational short longitudinal study observed the three-day changes in levels of total and free testosterone and oxidized MiNP exposure in male factory workers. Limitations included a smaller sample size and potential bias through the measurement methods of free testosterone. The study also had strength in testing for robustness with multiple sensitivity analyses and knowledge that the workers selected controlled their own work, increasing the statistical power of the study.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	England-Mason, G., Grohs, M. N., Reynolds, J. E., Macdonald, A., Kinniburgh, D., Liu, J., Martin, J. W., Lebel, C., Dewey, D. (2020). White matter microstructure mediates the association between prenatal exposure to phthalates and behavior problems in preschool children. Environmental Research 182:109093.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Behavioral problems–Child Behavior Checklist (CBCL) Internalizing problems, Externalizing problems), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono(2-ethylhexyl) phthalate (MEHP); mono(2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP); mono(2-ethyl-5-oxyohexyl) phthalate (MEOHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) as part of molar sum of High molecular weight phthalates (HMWP) and sum of DEHP metabolites
<b>HERO ID:</b>	6958936

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Mother-child pairs within this evaluation of maternal second trimester urinary phthalate exposures with behavior problems in preschool children ages 3-5 years were recruited from an ongoing prospective pregnancy cohort study, the Alberta Pregnancy Outcomes and Nutrition (APrON) study to investigate if associations between prenatal phthalates and preschool behavior problems were mediated by microstructural white matter. Inclusion criteria were specified as providing a maternal second trimester spot urine sample, preschool child completion of a successful magnetic resonance imaging (MRI) scan with usable results, parent-reported measure of child behavior problems completed within 6 months of the MRI, lack of child diagnosis of a neurological or neurodevelopmental disorder, and full-scale Intelligence Quotient/FSIQ greater than or equal to 80. The number of individuals within the original APrON cohort and the number recruited from this cohort was not detailed. Eighty-four children participated in MRI scanning, with incidental findings (previously undiagnosed medical conditions that were unintentionally discovered by the MRI scan, including treatable abnormalities (cysts)) were noted for four participants, who were subsequently excluded from the current study. Additional participants (n=4) were excluded due to artifacts and/or motion corruption within the diffusion tensor imaging (DTI) scans, resulting in a total of n=76 for the current study. There is uncertainty as the number within the original APrON study from which the current study participants were recruited, as well as potential relevant demographic or other differences between the original cohort and those participating were not detailed.

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	England-Mason, G., Grohs, M. N., Reynolds, J. E., Macdonald, A., Kinniburgh, D., Liu, J., Martin, J. W., Lebel, C., Dewey, D. (2020). White matter microstructure mediates the association between prenatal exposure to phthalates and behavior problems in preschool children. Environmental Research 182:109093.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Behavioral problems–Child Behavior Checklist (CBCL) Internalizing problems, Externalizing problems), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono(2-ethylhexyl) phthalate (MEHP); mono(2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP); mono(2-ethyl-5-oxyohexyl) phthalate (MEOHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) as part of molar sum of High molecular weight phthalates (HMWP) and sum of DEHP metabolites			
<b>HERO ID:</b>	6958936			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Maternal second trimester urinary phthalates were quantified and included four metabolites of DEHP: mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP), mono(2-ethyl-5-oxyohexyl) phthalate (MEOHP), and mono(2-ethyl-5-carboxypentyl) phthalate (MECPP); two metabolites of dibutyl phthalate (DBP): mono-n-butyl phthalate (MBP) and mono-iso-butyl phthalate (MiBP); and three other common metabolites: mono-benzyl phthalate (MBzP), mono-ethyl phthalate (MEP), and mono-methyl phthalate (MMP). Quantification of maternal urinary phthalates was conducted utilizing liquid chromatography-tandem mass spectrometry (QTRAP 5500) at the Alberta Centre for Toxicology, University of Calgary. Results were adjusted for creatinine (μmol/g creatinine) to account for urine dilution. The limit of detection (LOD) was 0.10 μg/L for all metabolites, and values below the LOD were assigned the value of LOD divided by the square root of 2. The percentage of samples above the LOD ranged from 98.7 to 100.0 percent for all phthalate metabolites. Quality control (QC) procedures in terms of sampling equipment, storage and QC experiments were described. Log-transformation was utilized for skewed phthalate concentration data. There was no missing data for the n=76 mother-child pairs within the current study. Given the short half-life of phthalates, it is unclear if a single second trimester spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of the outcomes of interest.	
Domain 3: Outcome Assessment	Metric 3A:	Outcome Ascertainment	Medium	Ages 3-5 years behavior problems were assessed within 6 months of the preschooler magnetic resonance imaging (MRI) scan utilizing the parent responses to the Child Behavior Checklist (CBCL). The CBCL asked parents to rate 99 different problems on a three-point rating scale (0=not at all, 1=sometimes, 2=yes). Factor analysis was used to group problems that tended to occur together into seven syndrome scales: emotionally reactive, anxious/depressed, somatic complaints, withdrawn, sleep problems, attention problems, and aggressive behavior, which were scored in terms of internalizing (emotionally reactive, anxious/depressed, somatic complaints and withdrawn) and externalizing problems (attention problems and aggressive behavior). Previous research indicated the CBCL has strong psychometric properties and that preschool scores on the Internalizing and Externalizing Problems scales are predictive of psychopathology in later childhood and adolescence. T-scores (higher T-scores indicating more behavior problems) in the current study from both Internalizing and Externalizing Problem scales demonstrated acceptable internal consistency (Cronbach's $\alpha = 0.07$ ). There is uncertainty in utilizing parent responses to a behavior checklist, rather than a seasoned clinician or educator.
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<b>Study Citation:</b>	England-Mason, G., Grohs, M. N., Reynolds, J. E., Macdonald, A., Kinniburgh, D., Liu, J., Martin, J. W., Lebel, C., Dewey, D. (2020). White matter microstructure mediates the association between prenatal exposure to phthalates and behavior problems in preschool children. Environmental Research 182:109093.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Behavioral problems–Child Behavior Checklist (CBCL) Internalizing problems, Externalizing problems), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono(2-ethylhexyl) phthalate (MEHP); mono(2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP); mono(2-ethyl-5-oxyohexyl) phthalate (MEOHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) as part of molar sum of High molecular weight phthalates (HMWP) and sum of DEHP metabolites			
<b>HERO ID:</b>	6958936			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The authors described their primary analyses in the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounding variables included consideration of maternal sociodemographic variables (ethnicity, education, marital status, household income), gestational characteristics (body weight/height, tobacco use, physical and mental illnesses), and child characteristics (birth weight, gestational age at birth, sex, age at assessment). The strategy for selection of potential confounders was described as based on review of previous examinations of prenatal phthalate exposure and children’s neurobehavioral outcomes. Data regarding potential confounding variables of sociodemographic variables (ethnicity, education, marital status, household income) and gestational characteristics (body weight/height, tobacco use, physical and mental illnesses) was obtained through maternal completion of questionnaires at the time of maternal second trimester urine collection. Information regarding birth outcomes (birth weight, gestational age, sex) was obtained later from medical records. Final mediation analysis models included the only variable which emerged within exploratory analyses as a significant predictor, child age. Data on preschooler mediating variables of white matter microstructure, including fractional anisotropy (FA) and mean diffusivity (MD), were obtained from diffusion tensor imaging (DTI). There is some uncertainty in the covariate data associated with social stigma (tobacco use, mental illnesses) provided by mothers, which may have had less accuracy in participants with potentially differing exposure and outcome status.	
Domain 5: Analysis				
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<b>Study Citation:</b>	England-Mason, G., Grohs, M. N., Reynolds, J. E., Macdonald, A., Kinniburgh, D., Liu, J., Martin, J. W., Lebel, C., Dewey, D. (2020). White matter microstructure mediates the association between prenatal exposure to phthalates and behavior problems in preschool children. Environmental Research 182:109093.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Behavioral problems–Child Behavior Checklist (CBCL) Internalizing problems, Externalizing problems), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono(2-ethylhexyl) phthalate (MEHP); mono(2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP); mono(2-ethyl-5-oxyohexyl) phthalate (MEOHP); mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) as part of molar sum of High molecular weight phthalates (HMWP) and sum of DEHP metabolites			
<b>HERO ID:</b>	6958936			
Domain	Metric	Rating	Comments	
Metric 5A:	Analysis	Medium	Using standardized variables, mediation analyses were conducted utilizing the bootstrapping method, based upon significant associations obtained within multivariate linear regressions using Benjamini-Hochberg procedures to control for false discovery rates within multiple exploratory analyses, to examine if the mean diffusivity (MD) of the right inferior fronto-occipital fasciculus (IFO) mediated the association between the sum of High Molecular Weight Phthalates (HMWP-sum of MEHP, MEHHP, MEOHP, MECPP and MBzP) and preschool Childhood Behavior Checklist (CBCL) Internalizing and/or Externalizing Problems, if the MD of the pyramidal fibers mediated the association between the sum of HMWP and preschool Internalizing and/or Externalizing Problems, if the fractional anisotropy (FA) of the left inferior longitudinal fasciculus (ILF) mediated the association between the sum of Low Molecular Weight Phthalates (LMWP-sum of MBP, MiBP, MEP and MMP) and preschool Internalizing Problems. CBCL Internalizing and Externalizing Problems scores were analyzed as T-scores. Additional post-hoc analyses attempted to investigate mediation by MD of white matter tracts of the association between prenatal exposure to the sum of DEHP metabolites (MEHP, MEHHP, MEOHP and MECPP) and Internalizing and/or Externalizing Problems, however it was noted that MD of the right UF was not associated with Internalizing or Externalizing Problems on the CBCL such that no further analyses with DEHP was considered. Only child age was included as an additional covariate within final mediation models.	
Metric 5B:	Sensitivity	Low	The analytic sample size (n=76) was less than optimal given the number of covariates. A limited variability in exposure levels was indicated by narrow IQRs for phthalate metabolites.	
Additional Comments:	This study of 76 infant-mother pairs included relatively robust analyses, including mediation and sensitivity analyses. In addition to the inherent limitations of a cross-sectional design, concerns were raised regarding study sensitivity given the sample size and variability of the exposure of interest. Generalizability to other study populations may be limited due to a relatively homogenous sample.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978414		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this longitudinal study are a sub-sample of the Swedish birth cohort, BAMSE (Swedish abbreviation for Children, Allergy, Milieu, Stockholm, Epidemiology) which enrolled 4,089 participants born in Stockholm in 1994-1996. Follow-up occurred at 2 months, and at 1, 4, 8, 12, 16, and 24 years of age. This analysis includes a sub-sample of 100 participants selected for a time trend analysis of preschool phthalates exposure. Eligible BAMSE participants had questionnaires at baseline, 4 and 16 years, and urine samples at age 4y (n=720); selection for urine sampling at age 4 was based on allergy prevalence (n=933, 684 with symptoms). The sub-sample of 50 girls and 50 boys was selected to have an equal number of each sex with/without symptoms. The sample was similar to the parent cohort in terms of parental occupation, breastfeeding duration, and maternal smoking in pregnancy. Attrition was modest (n=100 at 4 and 16y, n=91 at 8y, n=71 at 24y). There was no evidence of biased selection (i.e., associated with both phthalates and obesity). The authors stated there was no significant difference in phthalate concentrations for participants with vs without allergy symptoms (data not shown). The authors did not discuss whether there was an association between allergy prevalence and obesity measures within the sub-sample, as observed in some childhood studies.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	DEHP metabolites mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), and mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) were measured in a single urine sample collected at age 4 years. Obesity outcome measures were collected at repeated time points following the age 4y exam, as well as during the same visit. The molar sum of the four metabolites was used as a measure of DEHP; this measure was converted back to ng/ml multiplying by the average molar mass of each metabolite. Liquid chromatography tandem mass spectrometry (LC-MS/MS) was used to analyze the samples. The laboratory conducting analyses participates in a European QA/QC and is certified as qualified for analysis of these phthalate metabolites. The authors stated that 100% of samples were above detection limits. Specific gravity was used to correct for urine dilution. The authors acknowledged that due to high within-person variability and short half-lives, use of a single spot urine sample collected at random times of day may to some extent misclassify habitual phthalate exposure. However, there was no evidence of differential misclassification.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	7978414

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	Obesity based on BMI was assessed using repeated measures over time; at age 24 y additional measures were obtained. Height and weight measures were obtained at ages 4, 8, 16, and 24. The International Obesity Task Force (childhood) and WHO standards (age 24y) were used to classify participants as overweight and obese. Height was measured to the nearest 0.1 cm, and weight to the nearest 0.1 kg. At age 24y, waist circumference was measured (nearest 0.1cm) and body fat percentages (total and trunk fat) were estimated using bioelectrical impedance analysis (BIA, Tanita MC-708 MA P). The use of multiple, longitudinal BMI measures, and of more direct measures of body fat amounts and distribution at age 24y, are an important strength. However, BIA based estimates of body fat are not a gold standard; estimates are based on prediction equations that may have substantial error.
	Metric 3B: Selective Reporting	Medium	The authors presented all analyses reported in the methods and results sections adequately.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Covariates were identified based on previous literature. Models exploring the association between phthalate metabolite levels at age 4 years with repeated measures of BMI category outcomes of overweight/obesity versus thin/normal were adjusted for gender, baseline parental socioeconomic status (SES) based on parental education and occupation, maternal smoking during pregnancy, exclusive breastfeeding duration, total energy intake at 8 years, participation in organized physical activity at 8, 16 and 24 years, puberty stage at 16 years, smoking at 16 and 24 years and urinary cotinine. Associations between urinary phthalate concentrations and BMI, WC, body fat % and trunk fat % at age 24 years were adjusted for gender, parental socioeconomic status, maternal smoking during pregnancy, duration of exclusive breastfeeding, physical activity and smoking at age 24 years and urinary cotinine. Information on potential confounders came from questionnaires completed by both parents and participants. Models did not adjust for allergy, which may be a downstream effect of obesity. The authors noted residual confounding by dietary factors at age 4 (the time of exposure assessment) as a limitation. Other potential sources of residual confounding include changes in SES over time and measures of diet quality at age 8y beyond energy intake (measured with error in food frequency questionnaires). Co-exposure confounding by other phthalates was not evaluated, however, the authors analyzed both individual DiNP metabolites and their sum.

Domain 5: Analysis

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<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	7978414			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Descriptive data on participant characteristics, outcome measures, and phthalates exposures were presented. Analysis methods were appropriate. Phthalate metabolite measures were log-transformed for analyses. Associations between phthalates exposures at age 4y and repeated measures of overweight/obesity status were analyzed using generalized estimating equations with a logit link. Exposure by age interaction terms were used to estimate age-specific associations. Associations between phthalates and measures of BMI, waist circumference, body fat percentage and trunk fat percentage at age 24 years were estimated using multiple linear regression. Effect estimates were reported as odds ratios or beta coefficients with 95% confidence intervals. Stratified analyses (e.g., by gender) were not discussed. The authors did not mention conducting sensitivity analyses to assess the robustness of findings. However, robustness was observed in terms of consistent associations for associations at multiple ages and multiple outcome measures.	
	Metric 5B: Sensitivity	Medium	There was substantial variability in both individual DEHP metabolites and their sum (DEHP mean $\pm$ sd = 331 $\pm$ 228 ng/mL). The prevalence of overweight was adequate for analysis: 20% at age 4y and 23.9% at age 24y. Statistical power was increased by the availability of repeated measures for some outcomes. However, the relatively small sample size (n=71 to 100) means that power was likely limited for stratified analyses.	
Additional Comments:	This longitudinal cohort study analyzed associations between phthalates exposure at age 4 and obesity measures through age 24y in a subset of 100 participants in the Swedish BAMSE cohort. Cohort members were born in 1994-1996. DEHP metabolites mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) were measured in urine samples at 4 years of age. Overweight status was measured at ages 4, 8, 12, 16, and 24 years. In addition, waist circumference, and BIA based body fat percentage and trunk fat percentage were analyzed at age 24y. The study found significant associations between increases in $\Sigma$ DEHP metabolites at age 4y and obesity measures obtained at ages 24. The cross-sectional association between DEHP metabolites and obesity at all ages, were null. The long follow-up and multiple obesity measures are strengths of this study. However, sample size was small. An additional potential limitation is residual confounding, in particular by dietary factors, which were not assessed at age 4y.			

**Overall Quality Determination****Medium**



<b>Study Citation:</b>	Liao, K. W., Kuo, P. L., Huang, H. B., Chang, J. W., Chiang, H. C., Huang, P. C. (2018). Increased risk of phthalates exposure for recurrent pregnancy loss in reproductive-aged women. Environmental Pollution 241:969-977.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Recurrent pregnancy loss, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	4728516		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This case-control study evaluated the association between phthalate exposure and recurrent pregnancy loss (RPL) among cases and controls recruited from the Obstetrics and Gynecology Department at the National Cheng Kung University Hospital in Taiwan, August 2013-August 2017. Cases (n=103) were reproductive-aged women between ages 20-49 who were diagnosed with RPL. Controls were women of similar age (22.8-47.8) who did not have RPL but were diagnosed with other "mild gynecological conditions" (not further specified). Controls were further excluded if they had endometriosis, adenomyosis and leiomyoma, polycystic ovary syndrome, or ovary- or uterus-related diseases; the study did not specify whether these exclusion criteria also applied to cases. No further inclusion/exclusion criteria were stated. No information on participation rates was provided. All cases and controls were of Chinese descent. There is some concern for selection bias given the lack of information of some aspects of participation recruitment.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were analyzed from single spot urine samples provided by the participants using an "online system coupled with liquid chromatography-electrospray tandem mass spectrometry." The LOD and the percentage of samples above the LOD for each metabolite is documented in Table 2. The LOD for MBzP, MCMHP, and MiNP were 0.3 ng/mL, 0.1 ng/mL, and 0.1 ng/mL, respectively. <50% of both the controls and the cases had MBzP values above the LOD. Only 40.8% of controls and 58.3% of the cases had MCMHP values above the LOD. Notably, only 2.6% of controls and 2.9% of cases had values of MiNP above the LOD. The timing of urine sample collection was not provided, although presumably this took place at enrollment given the case-control design. There is some concern for exposure misclassification due to the use of a single spot urine sample to represent exposure levels prior to the development of the outcome (recurrent pregnancy loss).
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Authors stated that diagnosis of RPL was clinically defined as having two or more consecutive miscarriages (terminated pregnancy before 20 weeks of gestation). Although the source of the clinical definition is not specified, there is minimal concern for outcome misclassification as the diagnosis was conducted by a physician.
Metric 3B:	Selective Reporting	Medium	The results reported are consistent with the analyses described in the methods section.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Liao, K. W., Kuo, P. L., Huang, H. B., Chang, J. W., Chiang, H. C., Huang, P. C. (2018). Increased risk of phthalates exposure for recurrent pregnancy loss in reproductive-aged women. Environmental Pollution 241:969-977.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Recurrent pregnancy loss, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	4728516			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	The association between the relevant metabolites (MBzP, MCMHP, and MiNP) and RPL was examined only in bivariate analyses given the low percent of samples with detectable concentrations for each metabolite (i.e., no adjustment for potential confounders). The lack of adjustment for confounders in analyses for each metabolite is the major driver of the low confidence rating in this domain.	
Domain 5: Analysis	Metric 5A: Analysis	Low	The association between the relevant metabolites (MBzP, MCMHP, and MiNP) and RPL was examined only in bivariate analyses (Mann-Whitney U test for each metabolite in cases vs. controls) given the low percent of samples with detectable concentrations. Handling of missing data are not discussed. Additional analyses to evaluate bias, such as sensitivity analyses, are not discussed in this study.	
	Metric 5B: Sensitivity	Low	A major concern regarding study sensitivity is the low percentage of cases and controls with detectable levels of MBzP, MCMHP, and MiNP.	
Additional Comments:	This case-control study examined associations between phthalate exposures measured in urine samples and recurrent pregnancy loss among women in Taiwan. A major concern is that MBzP, MCMHP, and MiNP were only examined in bivariate analyses given the very low percentage of samples with values above the limit of detection. In particular, detectable MiNP exposure was less than 3% in both cases and controls). Other concerns include the lack of information on some aspects of participant selection and the use of a single spot urine sample to assess exposure.			
<b>Overall Quality Determination</b>		<b>Low</b>		

<b>Study Citation:</b>	Tian, M., Liu, L., Wang, H., Wang, X., Martin, F. L., Zhang, J., ie, Huang, Q., Shen, H. (2018). Phthalates induce androgenic effects at exposure levels that can be environmentally relevant in humans. Environmental Science & Technology Letters 5(5):232-236.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- androstenedione (ASD) and testosterone levels, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2- ethylhexyl phthalate (MEHP); mono-2-ethyl-5- hydroxyhexyl phthalate (MEHHP); mono-2-ethyl-5- carboxypentyl (MECPP); and mono-2-ethyl-5-oxohexyl phthalate (MEOHP)		
<b>HERO ID:</b>	4728602		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	For this cross-sectional study, “reproductive age healthy male subjects” were recruited from a hospital in Xiamen, China while taking part in their annual physical examinations. Important details such as recruitment dates and participation rates were not provided. The brief description of the inclusion criteria lacked details. The authors reported that 84 participants met the inclusion criteria of having “lifestyles, diet, and an environment that remained unchanged for several months prior to sample collection”. The number of subjects who were excluded was not specified. Demographic characteristics were provided for participants but not for non-participants, and characteristics were not compared between participants and non-participants. The authors stated that “infertility or clinical selection-introduced bias was excluded” but there is no evidence of how that was done. Due to the limited and vague information on recruitment, the potential for selection bias cannot be ruled out.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalates were measured for each participant in a single spot urine sample collected “in the middle part of a morning”. Participants were instructed to fast for at least 8 hours prior to sampling. Samples were stored in glass bottles at -80 degrees C. Urinary phthalate metabolites were detected using liquid chromatography electrospray ionization coupled with tandem mass spectrometry (LC–ESI-MS/MS). QC details are described adequately in the supplemental material. Two blanks, two quality control samples, and two sets of calibration standards were analyzed with each batch. LODs and % detects are presented. MBzP had a relatively low detection rate (64%) and was not further considered in statistical analyses. All other phthalates were detected at 100%. The cross-sectional study design precludes assessment of causation because the exposure and outcome were measured at the same timepoint. Due to within-day variability of phthalate levels in urine and variability in exposure over time, a single spot urine sample is likely not adequate to fully capture past exposure.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Urinary androstenedione (ASD) and testosterone were assessed using LC–ESI-MS/MS. Methods are described adequately. Two quality control samples and two sets of standards were analyzed together with the unknown samples in each analytical batch. ASD and testosterone were detected in all 84 samples (100% detect).
Metric 3B:	Selective Reporting	Medium	The analyses described in the Materials and Methods section were reported in the Results and Discussion section or the Supporting Information/Supplemental Materials.
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<b>Study Citation:</b>	Tian, M., Liu, L., Wang, H., Wang, X., Martin, F. L., Zhang, J., ie, Huang, Q., Shen, H. (2018). Phthalates induce androgenic effects at exposure levels that can be environmentally relevant in humans. Environmental Science & Technology Letters 5(5):232-236.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- androstenedione (ASD) and testosterone levels, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2- ethylhexyl phthalate (MEHP); mono-2-ethyl-5- hydroxyhexyl phthalate (MEHHP); mono-2-ethyl-5- carboxypentyl (MECPP); and mono-2-ethyl-5-oxohexyl phthalate (MEOHP)
<b>HERO ID:</b>	4728602

Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	The "relevant confounders of age, BMI, smoking, alcohol drinking, and plastic usage" were included in regression models. No information was provided on how these covariates were determined to be "relevant confounders". The description of how covariates were measured was vague. The paper states that "information, including demographics (age, height, weight, etc.), lifestyle habits (smoking, drinking, and plastic tableware and/or disposable plastic cup use in daily life with a value of yes or no), and education status, was recorded during sampling".
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	The external individual exposure levels for diester phthalate acid esters (PAEs) were calculated based on the concentrations of the relevant urinary metabolite monoesters. Thus, the DEHP exposure level was calculated based on the sum of the urinary concentrations of MEHP, MEOHP, MECPP, and MEHHP. Multiple linear regression was used to assess the association between these PAE levels and hormone levels (both were log-transformed because of skewness and the transformed data were assessed to verify normality). Results were presented as betas with 95% CIs. Additionally, the authors stated that to "show dose-dependent steroid hormone changes, phthalate data were grouped into tertiles, and Welch's t test was applied to check the statistical hypothesis". A concern is that a t test is not a test for trend. Although p-values for trend were reported for the tertile analyses, methods for a test for trend were not described.
	Metric 5B: Sensitivity	Medium	The sample size was relatively small (n=84), but exposure contrasts seemed adequate to detect an association.
Additional Comments:	This was a cross-sectional study of 84 males in China. Participants had a mean age of 29.8 years and were highly educated (91.6% had master's degrees or above). The limitations include potential selection bias, assessment of exposure using only a single spot urine sample, and a lack of description of statistical methods for a test for trend. Additionally, there are temporality concerns due to the cross-sectional study design. In addition to the epidemiology study, this paper and the associated supplemental files also reported methods and results for a corresponding in vitro mouse Leydig tumor cell (MLTC-1) study, which found that high dose phthalate exposures were associated with anti-androgenic outcomes and low dose phthalate exposures were associated with androgen production.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Huang, H. B., Kuo, P. H., Su, P. H., Sun, C. W., Chen, W. J., Wang, S. L. (2019). Prenatal and childhood exposure to phthalate diesters and neurobehavioral development in a 15-year follow-up birth cohort study. <i>Environmental Research</i> 172:569-577.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child Behavior Checklist Scores for internalizing problems (somatic complains, anxious or depressed, withdrawn) and externalizing problems (delinquent behavior, aggressive behavior), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP), mono (2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP)		
<b>HERO ID:</b>	5750709		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study included 153 mother-child pairs recruited in 2000 to 2001 as part of the nationwide Taiwan Maternal and Infant Cohort Study. A total of 430 women were recruited in the third trimester of pregnancy; their children were followed through age 14 years. Urine samples were collected from mother in the third trimester, and from children at ages 2-3, 5-6 and 8-9 years. Behavioral outcomes were assessed at ages 8-9, 11-12 and 14-15 years. The analysis sample included participants meeting the following criteria: (1) the mother provided a urine sample, (2) the child had at least one follow-up at 2–8 years and provided a urine sample, and (3) the child had at least one follow-up at 8–14 years where Child Behavior Checklist (CBCL) scores were collected. The authors stated that differences in the analysis sample and excluded participants were not significant. While most characteristics were similar, the analysis sample had higher parental education and family income than those excluded. Concentrations of some maternal phthalate metabolites were somewhat higher and others somewhat lower in the analysis sample vs. excluded participants. Though there were some differences in the analysis sample and parent cohort, there was no evidence of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalates exposure was estimated both pre- and postnatally. Exposure during pregnancy was estimated using a single spot urine sample in the third trimester; childhood exposure was estimated in spot urines collected on at least one of the following ages: 2-3 (n=88), 5-6 (n=104) and 8-9 (n=131) years. Measures preceded or were concurrent with behavioral outcome measures, which were collected starting when children were aged 8-9 years. Measured metabolites included MBP, MBzP, and three DEHP metabolites (MEHP, MEHHP and MEOHP), assessed using liquid chromatography–tandem mass spectrometry. Associations with individual metabolites and the molar sum of the DEHP metabolites (ΣMEHP) were estimated. Urinary creatinine was used to account for dilution. Detection rates for urinary phthalate metabolites ranged from 84% to 100% during pregnancy, and 87% to 100% during childhood. LODs for MBP, MBzP, MEHP, MEHHP, and MEOHP were 1, 0.3, 0.7, 0.1, and 0.1 ng/mL, respectively; levels below LOD were replaced with half of the LOD. Quality control (QC) blanks were included in each batch of the analyzed samples. Intra-day variations were <10%, and intra-day recoveries were at 100 ± 20% at multiple concentrations. Lin et al 2011 (HEROID 699485) describes sample collection and handling using glass receptables. Given the short half-life of phthalate metabolites, it is a limitation that that maternal exposure was estimated using a single spot urine from the 3rd trimester. However, the additional assessment of childhood exposure using multiple samples was a strength, facilitating analyses comparing associations with pre- and postnatal exposure.

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<b>Study Citation:</b>	Huang, H. B., Kuo, P. H., Su, P. H., Sun, C. W., Chen, W. J., Wang, S. L. (2019). Prenatal and childhood exposure to phthalate diesters and neurobehavioral development in a 15-year follow-up birth cohort study. <i>Environmental Research</i> 172:569-577.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child Behavior Checklist Scores for internalizing problems (somatic complains, anxious or depressed, withdrawn) and externalizing problems (delinquent behavior, aggressive behavior), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP), mono (2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP)		
<b>HERO ID:</b>	5750709		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Behavioral outcomes were assessed using the Chinese version of the Child Behavior Checklist (CBCL) completed by mothers at visits when children were aged 8–9 (n=144), 11–12 (n=123), and 14–15 (n=104) years. Assessments were based on child behaviors in the preceding 6 months. All scores in the CBCL were shown as T scores based on well-established normative data in Taiwan. Reliability and validity of the Chinese version of the CBCL were reported to be good among Taiwanese adolescents aged 12-16 years. Internalizing problems were based on summed scores from withdrawn, somatic complaints, and anxious or depressed syndromes. Externalizing problems was defined based on summed scores for delinquent behavior and aggressive behavior. In addition to continuous T-scores, outcomes were analyzed characterizing children's behavior scores for internalizing or externalizing problems as borderline (90 to 95th percentile, n=9 and 15 children for internalizing and externalizing, respectively), clinical (>95th percentile, n=19 and 13) and borderline/clinical (n=28 for both). It was unclear whether these definitions were based on scores at any one visit, or to what extent characterization was consistent across visits. The authors did not discuss reliability and validity of the Chinese CBCL in Taiwanese children at younger ages, and details on administration and internal reliability within the study population were not provided.
	Metric 3B: Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Analyses adjusted for children's sex, child IQ (Wechsler scales), family income, and study visit. T-score outcomes are normalized for child age. Models included both maternal and child concentrations of the same phthalate metabolite. The authors reported that covariates in the models were selected on the basis of being associated with exposure, associated with outcomes, and not intermediate variables between exposure and outcome, a 10% change-in-estimate criterion, and previous research. There was no evidence of important confounding bias. However, lack of confounding by parental education and several other potential confounders (e.g. maternal age, maternal depression or IQ, parity/birth order, breastfeeding) was not specified.
Domain 5: Analysis			
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<b>Study Citation:</b>	Huang, H. B., Kuo, P. H., Su, P. H., Sun, C. W., Chen, W. J., Wang, S. L. (2019). Prenatal and childhood exposure to phthalate diesters and neurobehavioral development in a 15-year follow-up birth cohort study. Environmental Research 172:569-577.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child Behavior Checklist Scores for internalizing problems (somatic complains, anxious or depressed, withdrawn) and externalizing problems (delinquent behavior, aggressive behavior), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP), mono (2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP)			
<b>HERO ID:</b>	5750709			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Descriptive data included distributions of phthalate metabolites and CBCL T-scores overall and by child sex. The analysis sample included 243 observations for 153 mother-child pairs. Associations between the CBCL T scores at multiple ages and maternal and children’s creatinine-adjusted levels of the same phthalate metabolites. Associations with continuous T scores were estimated using mixed-model repeated-measure analyses after adjustment for covariates. Generalized linear mixed models were applied to estimate odds ratios (ORs) comparing exposure levels between the children classified as having borderline and/or clinical behavior problems with those defines as having normal behavior (< 90th percentile). Natural log (ln)–transformed values were used in the analysis because the distributions of both urinary phthalate metabolites and CBCL T-scores were skewed. Results were reported as beta coefficients or ORs and 95% CIs. Effect modification by child sex was examined. Models were inspected for outliers and influential points; none were identified. Sensitivity analyses involved including urinary creatinine in the models. Multivariate but not unadjusted associations were presented. Spearman correlations indicated that correlations between maternal and child phthalates varied and were generally low to moderate. Associations from models including only maternal or only child phthalates were not shown. Along with sex differences, there were significant changes in several CBCL scores measured at different ages. However, the authors did not discuss evaluating the consistency of associations by age at outcome measurement, or by timing of postnatal exposure measure.	
	Metric 5B: Sensitivity	Medium	There was variability in exposure, and the sample size of 153 was likely adequate for analyzing continuous outcomes. However, there were few children characterized as having borderline or clinical levels of behavioral problem scores (up to n=28).	
Additional Comments:	This prospective birth cohort study in Taiwan (n=153 children) evaluated associations between prenatal and childhood exposure to several phthalates and child behavioral based on maternal CBCL scores obtained between ages 8-9 and 14-15 years. Though prenatal exposure was estimated using a single spot urine in the third trimester, the availability of postnatal exposure measures was a strength. Other strengths include the longitudinal design, and the availability of repeated measures of child behavior. However, due to the sample size, there were few children characterized as having behavioral problems, and power may have been limited to analyze and detect any differences in associations by child sex or age.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Weng, J., Hong, C., Tasi, J., Shen, C. Y., Su, P., Wang, S. (2020). The association between prenatal endocrine-disrupting chemical exposure and altered resting-state brain fMRI in teenagers. <i>Brain Structure and Function</i> 225(5):1669-1684.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Resting state fMRI measures: mean fractional amplitude of low-frequency fluctuation (mfALFF) and mean regional homogeneity (mReHo) in multiple brain regions., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-2-ethylhexyl phthalate (MEHP), Mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), Mono-2-ethyl-5-oxohexyl phthalate (MEOHP)		
<b>HERO ID:</b>	6718530		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cohort study recruited adolescent children of 59 pregnant women participating in a previous cohort study, the Taiwan Maternal and Infant Cohort Study (TMICS). At recruitment to the parent cohort (n=610, Lien et al 2014 HEROID 5570998) participating women were 25-34 years old and had no complications such as eclampsia or pre-eclampsia during pregnancy, delivery, or after delivery. All participants delivered at a designated medical center between December 2000 and November 2001. Children in this study were recruited as teenagers (33 male, 26 female) to complete brain imaging between July 2015 and August 2015. The authors stated that none of the teenagers had "neurologic or psychiatric" conditions, allowing for appropriate outcome ascertainment. Methods used to recruit participants, screen for neurological or psychiatric conditions, and any other exclusion or inclusion criteria (e.g., preterm birth) were not described. Participation rates were not provided. Questionnaires were completed by the mothers during pregnancy to obtain information on demographics, dietary habits during pregnancy, and medical history. Additional information on education level, vocation, and family income was collected when the teenagers completed brain imaging. While extensive information on inclusion and exclusion criteria was not provided, there was no evidence to suggest major risk of bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	All participating mothers provided urine and/or serum samples during their third trimester of pregnancy for quantification of endocrine disrupting chemical (EDC) exposures. Phthalate metabolite concentrations were determined in a single spot urine sample for MBP, MBzP, MEHP, MEHHP, and MEOHP. Authors report that the intra-day variations of all metabolites were below 10%, and two reference urine samples with known phthalate concentrations were used to ensure accuracy. The LODs are reported as 1.6, 0.99, 0.55, 0.23, and 0.26 ug/L for MBP, MBzP, MEHP, MEHHP, and MEOHP, respectively. Percentages of samples with concentrations below LOD were reported as 6.4% for MBzP, 10.6% for MEHHP, and 2.1% for MEOHP. No sample was below the LOD for MBP and MEHP. For those samples below the LOD, authors assigned them a value equal to half the LOD. Urinary creatinine was used to address dilution. Quantitative analysis of phthalate concentrations was performed with liquid chromatography-electrospray ionization-tandem mass spectrometry (LC/MS/MS). These methods are appropriate for performing exposure measurements. While the use of a single sample may misclassify habitual exposure limitation given the short half-life of phthalate metabolites, there are no concerns noted about potential bias in exposure estimation.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Weng, J., Hong, C., Tasi, J., Shen, C. Y., Su, P., Wang, S. (2020). The association between prenatal endocrine-disrupting chemical exposure and altered resting-state brain fMRI in teenagers. Brain Structure and Function 225(5):1669-1684.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Resting state fMRI measures: mean fractional amplitude of low-frequency fluctuation (mfALFF) and mean regional homogeneity (mReHo) in multiple brain regions., Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-2-ethylhexyl phthalate (MEHP), Mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), Mono-2-ethyl-5-oxohexyl phthalate (MEOHP)			
<b>HERO ID:</b>	6718530			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	3-T magnetic resonance imaging (MRI) scanners with a 20-channel head-neck coil were used to obtain resting-state functional images of the brain (Siemens). All 59 teenagers underwent this examination at the Chung Shan Medical University Hospital. Participants were instructed to remain still, stay awake, close their eyes, and avoid thinking about specific thoughts during the scan. rs-fMRI measurement parameters used were reported (e.g., repetition time = 2000 ms, slice thickness =4 mm, number of scans = 240, scan time = 8’08”). Methods used to process images, and to derive and standardize measures, were described, including the following. Statistical Parametric Mapping (SPM8) was used to pre-process raw fMRI data, and slice timing correction and realignment were performed to correct for different acquired times and head motions. Corrected images were spatially normalized to the Montreal Neurological Institute template and smoothed. Resting-State fMRI Data Analysis Toolkit (REST1.8, Beijing Normal University) was used to remove linear trends. The authors performed mean fractional amplitude of low-frequency fluctuation (mfALFF) and mean regional homogeneity (mReHo) analyses to ”calculate resting-state brain connectivity after removing physiological noises, such as cardiac and respiratory cycles.” fALFF and ReHO values for each voxel were divided by mean values of each subject for standardization. The authors characterized fALFF analysis as providing a “quantitative measure to calculate spontaneous brain activity” and the ReHo as a measure that “can indicate the concordance or local homogeneity of the rs-fMRI signal in the brain”. mfALFF and mReHO values were analyzed in several brain regions. These regions included: middle frontal gyrus, superior frontal gyrus, anterior cingulum gyrus, insula, putamen, pallidum, cuneus, superior temporal gyrus, inferior temporal gyrus, middle temporal gyrus, and caudate nucleus. The authors did not discuss the validity of these resting brain activity outcome measures for capturing potential effects of EDC exposures on adolescent brain function. However, there was no evidence of inadequate sensitivity or specificity, and bias in outcome assessment related to prenatal phthalate exposures is unlikely.	
	Metric 3B: Selective Reporting	Medium	Results were reported as regions for which there were significant associations between exposure levels and brain activity, with MNI coordinates. The presentation of tables listing locations of significant activity or activation differences is a common approach in fMRI studies.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors stated that they identified potential covariates through review of previous literature and included family income and gender as covariates. Models also examined effects stratified by gender. Potential confounding by other variables, including co-exposure to other EDCs or other factors that may correlate with both prenatal phthalate exposure and brain function (e.g., childhood exposure to phthalates, diet or physical activity patterns) was not discussed. However, there was no evidence of important confounding bias.	

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<b>Study Citation:</b>	Weng, J., Hong, C., Tasi, J., Shen, C. Y., Su, P., Wang, S. (2020). The association between prenatal endocrine-disrupting chemical exposure and altered resting-state brain fMRI in teenagers. Brain Structure and Function 225(5):1669-1684.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Resting state fMRI measures: mean fractional amplitude of low-frequency fluctuation (mfALFF) and mean regional homogeneity (mReHo) in multiple brain regions., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-2-ethylhexyl phthalate (MEHP), Mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), Mono-2-ethyl-5-oxohexyl phthalate (MEOHP)
<b>HERO ID:</b>	6718530

Domain	Metric	Rating	Comments
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multivariate linear regression was used to examine the correlation between maternal third trimester urinary phthalate concentrations and adolescent resting brain activity in different brain regions. Models adjusted for family income and gender; the authors also stratified by sex to identify evidence of sex-specific effects. Brain regions for which there was a significant multivariate-adjusted correlation were included in tables, with MNI coordinates and false-discovery rate corrected p-values. The authors did not specify whether exposure variables were transformed for analysis. Model assumptions (e.g. use of parametric vs. non-parametric approaches) were not discussed. The authors conducted supplementary analyses to evaluate the robustness of findings after additional adjustments for perfluorinated chemicals; similar results were not shown for phthalates.
	Metric 5B: Sensitivity	Medium	There was variability in prenatal phthalate exposure levels. However, sample size was limited, particularly in analyses stratified by sex. While the sample size is a potential concern, power calculations were not provided and there was no direct evidence of inadequate sensitivity.

**Additional Comments:** This cohort study analyzed the association between third trimester urinary phthalates and resting fMRI measures in 59 teenagers (mean age 13.95 years, 33 male, 26 female) from the TMICs cohort. Results were reported as brain regions with significant differences in resting brain activity. There were differences in mean fractional amplitude of low-frequency fluctuation (mfALFF) and mean regional homogeneity (mReHo) in several regions associated with MBP and MBzP that remained significant after false discovery rate correction. Potential limitations include uncertainty regarding inclusion and exclusion criteria used to assemble participants, such as criteria and methods used to exclude children with psychological or neurologic conditions, along with small sample size. Strengths include the longitudinal design, and the use of fMRI measures to characterize brain functional development.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Merced-Nieves, F. M., Dzwilewski, C., K.L., Aguiar, A., Musaad, S., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 4.5-month-old infants. International Journal of Environmental Research and Public Health 18(4):1838.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- cognition (physical reasoning–looking time difference (seconds)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978433		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective study included women enrolled within the Illinois Kids Development Study (IKIDS) from January 2014 to August 2018. Brochures were provided to women at their first prenatal clinic visit and interested women received a call from research study staff during which the study was described in more detail and eligibility was determined. Eligible women were between 18 and 40 years of age, fluent in English, not in a high-risk pregnancy or carrying multiples, lived within a 30-min drive of the University of Illinois at Urbana-Champaign campus, and were not planning to move out of the area before their child reached one year of age. Women who reported use of over-the-counter or prescription medications were not excluded from the study. Final sample size for analysis was n=159 women (infants). Participation rate not discussed. There is no comparison of characteristics of those excluded/included in the study.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine DiNP and DEHP metabolite concentrations were collected at 5 time points across pregnancy (10–14, 16–18, 22–24, 28–30, and 34–36 weeks of gestation) and were measured using high performance liquid chromatography-isotope dilution tandem mass spectrometry and were pooled to include the 5 time points. DINP was quantified as the molar sum of two urinary metabolites: mono-(2,6-dimethyl-7-carboxyheptyl) phthalate (MCOP) and mono-isononyl phthalate (mNP) and expressed as $\Sigma$ DINP. DEHP was quantified as the molar sum of four urinary metabolites and was expressed as $\Sigma$ DEHP: mono-2-ethyl-5-carboxypentyl phthalate (MECPP), mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), mono-2-ethyl-5-oxohexyl phthalate (MEOHP), and mono-2-ethylhexyl phthalate (MEHP). Sum(DINP) phthalate metabolite exposure was reported for 16-18 weeks gestation (n=158) as median (interquartile range, IQR) = 0.02 micromol/L (0.04) and for the pooled sample as (n=159) median (IQR) = 0.03 micromol/L (0.04). Sum(DEHP) phthalate metabolite exposure was reported for 16-18 weeks gestation (n=158) as median (interquartile range, IQR) = 0.06 micromol/L (0.05) and for the pooled sample as (n=159) median (IQR) = 0.07 micromol/L (0.05). LODs and percent of samples below the LOD (if any) not reported.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Merced-Nieves, F. M., Dzwilewski, C., K.L., Aguiar, A., Musaad, S., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 4.5-month-old infants. International Journal of Environmental Research and Public Health 18(4):1838.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- cognition (physical reasoning–looking time difference (seconds)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	7978433			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	A physical reasoning task, the difference in total looking time between videos of impossible and possible events (looking time at impossible minus possible in seconds), was assessed by using an automated version of the physical reasoning task designed by Baillargeon. Infants were assessed at 123-146 days of age (4.5 months). Infants sat upon parent’s lap while watching videos on a screen, while parents wore dark sunglasses and were asked to remain silent during the test to prevent them from accidentally influencing the infants looking behavior. Infant looking behaviors were tracked using an EyeLink 1000 Plus infrared eye tracker. Physical reasoning ability was measured by calculating the difference in total looking time between the impossible and possible events (impossible minus possible) wherein a higher number meant the infant looked longer at the impossible than the possible event. Instrumentation was described as “state-of-the-art eye tracking technology” which allowed automated collection of precise looking behavior at a very early age.	
	Metric 3B: Selective Reporting	Medium	No concerns for selective reporting. Secondary analyses results presented in supplemental material.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified based on a priori knowledge, a directed acyclic graph. Potential confounders included were maternal age at birth, education, IQ, and parity, household income, infant’s age at assessment, sex, and order of event presentation (possible first or impossible first). Only the order of event presentation and infant sex were associated with the outcome. Final models included covariates for order of event presentation, infant sex and maternal age.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Multivariable linear regression models were used to examine the association between an interquartile range (IQR) increase in each continuous maternal urinary biomarker of exposure (ΣDEHP, ΣDINP, MEP, ΣAA, and the Σall phthalates) and looking time difference (in seconds). Interaction of sex by exposure was assessed, as well as additional interactions, including interaction of exposure with order of event presentation. Sensitivity analyses included those removing women reporting any smoking, adjusted for first trimester alcohol intake, as well as analyses with models including additional demographic variables, including maternal education, household income, infant’s age at time of testing, and maternal prenatal stress. Complex statistical methods for analyses of phthalate mixtures were not conducted.	
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<b>Study Citation:</b>	Merced-Nieves, F. M., Dzwilewski, C., K.L., Aguiar, A., Musaad, S., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 4.5-month-old infants. International Journal of Environmental Research and Public Health 18(4):1838.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- cognition (physical reasoning–looking time difference (seconds)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978433		
Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	Sample size (n=159) was fairly small, but results were robust to sensitivity analyses. Sum(DINP) phthalate metabolite exposure distribution for 16-18 weeks gestation (n=158) median (interquartile range, IQR) = 0.02 micromol/L (0.04) and for the pooled sample (n=159) median (IQR) = 0.03 micromol/L (0.04) was limited. Sum(DEHP) phthalate metabolite exposure for 16-18 weeks gestation (n=158) median (interquartile range, IQR) = 0.06 micromol/L (0.05) and for the pooled sample (n=159) median (IQR) = 0.07 micromol/L (0.05) was limited.
Additional Comments:	In this study, the association of prenatal phthalate exposure with physical reasoning, as assessed by difference in looking times at physically impossible and possible events, was assessed in 159 (78 female; 81 male) 4.5-month-old infants from a prospective cohort of children enrolled in the Illinois Kids Development Study (IKIDS) from January 2014 to August 2018. Although the sample size was relatively small and complex statistical analyses for mixtures was thus not possible, results were consistent across sensitivity analyses, suggesting robustness. This study utilized pooled urine samples from multiple samples collected across pregnancy, providing a measure of average exposure throughout pregnancy. Additional analyses evaluated the associations with the sample collected between 16 and 18 weeks of gestation, an important window in the sexual differentiation of the brain. Results indicated that higher prenatal exposure to MEP (16–18 weeks of gestation and pooled sample), sumDINP (pooled sample), and the sum of all phthalates (16–18 weeks gestation and pooled sample) were each associated with male infants looking longer at the possible event than the impossible event. An IQR increase in sumDINP was associated with a negative looking time difference in males (Beta= -1.0; 95% CI: -1.8, -0.1; p-value = 0.03). No significant associations with sumDEHP.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jankowska, A., Polańska, K., Koch, H. M., Pálmke, C., Waszkowska, M., Stańczak, A., Wesołowska, E., Hanke, W., Bose-O'Reilly, S., Calamandrei, G., Garí, M. (2019). Phthalate exposure and neurodevelopmental outcomes in early school age children from Poland. Environmental Research 179(Pt B):108829.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavioral and emotional problems at age 7 years, child cognitive and psychomotor development, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); mono-2-ethyl-5-hydroxyhexyl phthalate (5OH-MEHP); mono-2-ethyl-5-oxo-hexyl phthalate (5oxo-MEHP); mono-2-ethyl-5-carboxypentyl phthalate (5cx-MEPP)		
<b>HERO ID:</b>	5932896		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cross-sectional included 250 mother-child pairs from the Polish Mother and Child Cohort study (REPRO_PL) recruited in maternity units 2007 with inclusion criteria specified as first trimester of healthy singleton pregnancy not assisted with reproductive technology and exclusion criteria of spontaneous abortions, women with serious chronic diseases like diabetes, hypertension, nephropathy, epilepsy, and cancer, as well as suspicion of serious child malformations., (HERO ID: 2092850 Polanska et al., 2009). The current study investigated phthalate exposure and neuropsychological outcomes in early school age children (age 7). The current assessment focused on n=250 out of 407 (61%) children from the REPRO_PL cohort. There were no statistically significant differences between the subset of children included and not included in current analyses except for age at examination ( $7.2 \pm 0.23$ years vs. $7.5 \pm 1.1$ years; $p < 0.05$ ).
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Child spot urine samples were collected at the REPRO_PL age 7 follow-up examination for analysis of 21 metabolites of 11 phthalate compounds using on-line high performance liquid chromatography coupled to tandem mass spectrometry (HPLC-MS/MS) with isotope dilution for quantification. Additional details regarding sampling results can be found within Gari et al., 2019 (HERO ID 5540505). The current analysis focused upon 18 metabolites above the Limit of Quantification (LOQ) in more than 90% of analyzed samples. A total of 8 parent phthalates were considered for study. Limits of quantification were reported for each metabolite as 0.2 ug/L. Detection frequencies for each phthalate metabolite were reported in the referenced study (Gari et al., 2019 (HERO ID 5540505)). Details regarding handling of concentrations below the limit of detection and sample storage prior to analysis were lacking.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Jankowska, A., Polańska, K., Koch, H. M., Pälmeke, C., Waszkowska, M., Stańczak, A., Wesołowska, E., Hanke, W., Bose-O'Reilly, S., Calamandrei, G., Garí, M. (2019). Phthalate exposure and neurodevelopmental outcomes in early school age children from Poland. Environmental Research 179(Pt B):108829.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavioral and emotional problems at age 7 years, child cognitive and psychomotor development, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); mono-2-ethyl-5-hydroxyhexyl phthalate (5OH-MEHP); mono-2-ethyl-5- oxo-hexyl phthalate (5oxo-MEHP); mono-2-ethyl-5-carboxypentyl phthalate (5cx-MEPP))			
<b>HERO ID:</b>	5932896			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	High	Child behavioral and emotional problems at 7 years of age were assessed by the Strengths and Difficulties Questionnaire (SDQ) which was filled out by the mothers. The 25 items in the SDQ consist of five scales (conduct problems, hyperactivity/inattention problems, emotional symptoms, peer relationship problems and prosocial behavior) of five items each. In the current study, the outcomes were assessed both as continuous (score) variables and as dichotomized, according to a clinically relevant cut-off (normal vs. clinical). Child cognition and psychomotor development were assessed by a Polish adaptation of the Intelligence and Development Scales (IDS). The IDS allows assessing general intellectual ability (Fluid and Crystallized intelligence) and six developmental domains and included scales regarding cognition, mathematical skills, language skills, and psychomotor skills. Reliability and validity values of the IDS for Polish population were reported as satisfactory and the correlation with the Wechsler Intelligence Scale for Children (WISC-R) was about 0.80. These tests were administered by trained psychologists according to standard procedures.
	Metric 3B:	Selective Reporting	Medium	No significant concerns for selective reporting.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Jankowska, A., Polańska, K., Koch, H. M., Pálmke, C., Waszkowska, M., Stańczak, A., Wesołowska, E., Hanke, W., Bose-O'Reilly, S., Calamandrei, G., Garí, M. (2019). Phthalate exposure and neurodevelopmental outcomes in early school age children from Poland. Environmental Research 179(Pt B):108829.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavioral and emotional problems at age 7 years, child cognitive and psychomotor development, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); mono-2-ethyl-5-hydroxyhexyl phthalate (5OH-MEHP); mono-2-ethyl-5-oxo-hexyl phthalate (5oxo-MEHP); mono-2-ethyl-5-carboxypentyl phthalate (5cx-MEPP))
<b>HERO ID:</b>	5932896

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	High	Potential confounders were defined a priori based upon previous literature. Details regarding source of data for potential confounders was lacking but assumed to be part of the REPRO_PL cohort procedures. The following variables related to child characteristics were initially considered: child's sex and age at the neurodevelopmental assessment, prenatal exposure to tobacco smoke (with 10 ng/ml as cut off point for cotinine level in maternal saliva) and postnatal tobacco smoke exposure (with 2,1 ng/ml as cut off point for cotinine level in child urine collected at examination), traumatic events (including death of close family member or parental divorce) experienced by the child (yes/no), child age when he/she has started school education (at age of 6 years/at age of 7 years), child body mass index (BMI) based on height and weight measured by trained staff at child examination, breastfeeding duration (0–2 months/2–6 months/>6 months) and number of siblings (0/1/>2). The parental factors included were maternal age at childbirth, parental educational level at child examination (years of completed education: ≤9/10–12/>12), socio-economic status (SES) of the family (very poor and poor/good/very good), household status (parents living together/single parent household) and place of residence (urban/rural). Confounding factors within final analysis of Behavioral scales (SDQ) outcomes: child's sex and age at examination, age at school attendance, household status, SES, parental educational level, maternal age at birth, traumatic events, children's BMI, place of residence, number of siblings, exposure to tobacco during pregnancy and in children's at 7 years of age. Confounding factors within final analysis of Intelligence and development scales (IDS) outcomes: child's sex and age at examination, age at school attendance, examiner, household status, SES, parental educational level, maternal age at birth, breastfeeding duration, place of residence, number of siblings, exposure to tobacco during pregnancy and in children at 7 years of age. Additional covariates not considered included the quality of home environment and parental IQ, although SES and parental education were regarded as reliable proxies.

## Domain 5: Analysis

Metric 5A: Analysis	Medium	Multivariate linear regression models were used to assess the neurodevelopmental outcomes (both SDQ and IDS) and phthalate concentrations. Phthalate metabolite concentrations (ng/ml) were transformed into the natural logarithm form normalization. Details of alternative multivariate logistic modeling for SDQ outcomes with categorization of the outcome variables into normal versus clinical groups, as well as additional multivariate linear regression models using confirmatory factor analysis (CFA) was provided within supplemental materials. Consideration for effect modification by gender was lacking.
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<b>Study Citation:</b>	Jankowska, A., Polańska, K., Koch, H. M., Pálmke, C., Waszkowska, M., Stańczak, A., Wesołowska, E., Hanke, W., Bose-O'Reilly, S., Calamandrei, G., Garí, M. (2019). Phthalate exposure and neurodevelopmental outcomes in early school age children from Poland. Environmental Research 179(Pt B):108829.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavioral and emotional problems at age 7 years, child cognitive and psychomotor development, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: mono-2-ethylhexyl phthalate (MEHP); mono-2-ethyl-5-hydroxyhexyl phthalate (5OH-MEHP); mono-2-ethyl-5- oxo-hexyl phthalate (5oxo-MEHP); mono-2-ethyl-5-carboxypentyl phthalate (5cx-MEPP))			
<b>HERO ID:</b>	5932896			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	The analytic sample size (n=250) was adequate, but limited when considering potential for analyses of effect modification. Ranges of metabolites were adequate as reported in referenced study (Gari et al., 2019 (HEROID 5540505)). Given the short half-life of phthalates, it is unclear if a single spot urine at age 7 adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of the outcomes of interest.	
Additional Comments:	This cross-sectional study included a fairly large (n=250) sample size and relatively high-quality exposure assessment methodology of an extensive set of phthalate metabolites. Given the short half-life of phthalates, it is unclear if a single spot urine at age 7 adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of the age 7 behavioral and cognitive/psychomotor outcomes of interest. Overall high phthalate exposures were noted for this population of Polish children. Negative associations in peer relationship problems were noted for sumDiNP metabolites, and lower IDS scores were generally positively associated with higher phthalate concentrations.			
<b>Overall Quality Determination</b>		<b>Medium</b>		

<b>Study Citation:</b>	Fernandez, Moreira, M. A., Cardeal, Z. L., Carneiro, M. M., André, L. C. (2019). Study of possible association between endometriosis and phthalate and bisphenol A by biomarkers analysis. Journal of Pharmaceutical and Biomedical Analysis 172:238-242.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Endometriosis, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	5432788		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This case-control study evaluated the association between phthalate metabolites and endometriosis. Participants were aged 18-45 years. Diagnosis or the absence of disease was confirmed at the Endometriosis Center of the Hospital School of the Federal University of Minas Gerais, Brazil. 30 endometriosis cases and 22 controls without endometriosis were recruited in Brazil. No information was provided on the recruitment process, participation rates, inclusion/exclusion criteria, or on the underlying population(s) from which the cases and controls arose. The potential for selection bias cannot be ruled out.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured in urine samples using an Agilent 7890 "GC system...coupled to a MS equipped with a quadrupole mass analyser." Details on the analytic method were previously published (Fernandez et al 2016, HEROID 3466575 ). Concentrations were adjusted for creatinine. Measured metabolites included MiNP, MiBP, MBP, MCHP, MBzP, and MEHP. Limits of quantification (LOQ) ranged from 2.91 ug/L for MBzP to 38.9 ug/L for MiBP. Values below the LOQ were replaced with 0. The proportion of participants above LOQ was typically <50%. Of 30 cases and 22 controls, case/control Ns above LOQ were: MiNP 9/6, MiBP 18/7, MBP 8/3, MCHP 10/3, MBzP 2/0, and MEHP 10/6. The authors' stated that metabolites were categorized at the median for analysis, or effectively as any vs no detectable amounts. No information on the details or timing of urine sample collection was provided (e.g., spot urine sample vs. first morning void). Given the case control design, samples were collected after diagnosis. However, timing of diagnosis relative to enrollment (e.g., inclusion of incident vs. prevalent cases) was not discussed. As such, there is uncertainty as to whether the exposure represents the etiologically relevant time period. However, there is no direct evidence of bias (e.g. post-diagnosis behavior changes or treatments that affected exposure).
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Presence or absence of endometriosis was confirmed in cases and controls using "videolaparoscopy surgery with visual inspection of the pelvis and biopsy of suspected lesions" for most participants. For three participants, diagnosis was done via MRI. Though the rationale for the use of a different method for these three participants was not provided, both methods are valid, and the different approaches may be medically justified. The authors did not discuss whether cases were incident diagnosis or had prevalent disease. There was no discussion of the stage of disease. The authors did not discuss whether controls were patients who had been examined in relation to ongoing medical concerns (e.g. pelvic pain, infertility) to exclude a diagnosis of endometriosis.

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<b>Study Citation:</b>	Fernandez, Moreira, M. A., Cardeal, Z. L., Carneiro, M. M., André, L. C. (2019). Study of possible association between endometriosis and phthalate and bisphenol A by biomarkers analysis. Journal of Pharmaceutical and Biomedical Analysis 172:238-242.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Endometriosis, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	5432788			
Domain		Metric	Rating	Comments
	Metric 3B:	Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary and secondary analyses.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	No potential confounders accounted for either by design or adjustment. Descriptive data indicated differences in cases and controls in variables including BMI (24.7 vs 27.6 kg/m2), family history of endometriosis (16.7% vs 9.1%), oral contraceptive use (43.3 vs. 31.8%), and frequent intake of microwaved food (36.6 vs 45.4%); there was no significance testing. Associations between potential risk factors for endometriosis and phthalate metabolites were not shown. Though residual confounding is likely, there is no direct evidence of substantial bias.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between creatinine adjusted phthalate metabolites and endometriosis was assessed using a chi-square test and via calculation of an odds ratio and 95% confidence interval. Phthalate metabolite concentrations were dichotomized at the median for analysis. Only bivariate analyses were conducted. No sensitivity analyses were conducted to assess robustness of findings.
	Metric 5B:	Sensitivity	Low	The overall sample size was relatively small (n=52). In addition to a small number of cases (n=30) this study did not increase the number of controls (n=22) to enhance statistical power. Few participants had urinary concentrations of phthalate metabolites above LOQ. For example, only 15 participants (9 cases, 6 controls) had quantifiable MiNP. However, among participants with detectable amounts, there was variability in exposure (e.g., MiNP median 21.8 ug/L, range 8.4 to 249 among cases). The unclear timing of outcome diagnosis vs. exposure ascertainment and the use of a single urine sample to characterize exposure may have contributed to misclassification that would further reduce statistical power.
Additional Comments:	This case-control study of women in Brazil evaluated the association between phthalate metabolites and endometriosis. The sample included 30 cases and 22 controls. An important concern was the potential for residual confounding, as no potential confounders were controlled for by design or by adjustment. Descriptive data indicated that cases and controls differed in several characteristics, including BMI. Additional concerns include the lack of information on the participant recruitment process, and whether cases were incident diagnoses vs. women with prevalent disease. It was also unclear whether controls were screened laparoscopically for endometriosis because they were patients being attended at the same hospital center with other unnamed gynecologic or reproductive disorders.			
<b>Overall Quality Determination</b>			<b>Low</b>	

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. <i>Environment International</i> 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Data on blood cell counts and coagulation parameters was obtained from routine testing by professional clinical laboratorians following standard operating procedures for the healthcare center. Samples were tested for total white blood cell count (WBC), red blood cell count (RBC), hemoglobin (Hb), and platelet counts (PLT) within two hours after collection using an automatic blood cell analyzer. In addition, samples were anti-coagulated for fifteen minutes to obtain plasma and the following routine coagulation measures were obtained using an automated analyzer: activated partial thromboplastin time (APTT), prothrombin time (PT), thromboplastin time (TT) and fibrinogen (Fg). These routine hemostatic measures were analyzed as continuous measures. Reference intervals to define measures of potential concern were not applied; the authors noted that standard cutoffs may not be suitable for pregnant women given that normal pregnancy involves changes in blood volume and the coagulation system. However, non-established trimester-specific reference intervals from several publications were presented in the supplemental materials. The timing of the routine clinical measures collected in this study varied considerably: 19% prior to 18.5 weeks, 68% 18.5 to 23.9 weeks, and 13.5% ≥24 weeks gestation. The authors adjusted for gestational age at sample collection in statistical models. While the authors did not discuss whether the variable timing might relate to complications that arose throughout pregnancy they presented, a sensitivity analysis excluding women with gestational hypertension, gestational diabetes or spontaneous membrane rupture; findings did not meaningfully change. There was no evidence of important error or bias.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.

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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal coagulation parameters in pregnancy: Activated partial thromboplastin time (APTT), prothrombin time (PT), thrombin time (TT), fibrinogen (Fg), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 5: Analysis	Metric 5A: Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
	Metric 5B: Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<$ LOD, 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.
Additional Comments:	This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Although there was no direct evidence of important bias, the use of a single exposure measure collected close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester limits confidence in findings for associations with routine hematology outcomes.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	4728517		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This baseline analysis of a birth cohort study examined the relationship between urinary metabolites of DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, and MECPP) and hematologic measures. Women (mean age 28.6 years) were recruited between December 2013 and October 2015 from the Wuhan Medical and Healthcare Center for Women and Children in Wuhan, China. Eligibility criteria included singleton pregnancy, residence in Wuhan for the foreseeable future, donated urine sample before delivery, complete routine blood tests and coagulation function tests, and completed a face-to-face questionnaire prior to delivery. Hematologic parameters were measured in either routine testing throughout pregnancy (blood cell counts, coagulation parameters) or in the late third trimester prior to delivery (anemia). Urine samples were collected prior to delivery. Detailed participation rates during recruitment were not reported. Of 1642 women recruited, this study included 1482 (90.3%) participants with complete urine phthalates and blood test data after excluding 132 women with intravenous fluids or urine catheterization within two weeks before the urine samples were collected (potential for phthalates contamination) and 28 with a history of third trimester medications related to infections (potential for infection-related anemia). There was no evidence of selection bias, as inclusion was not likely related to exposure, and attrition from the initial sample was low.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Phthalates metabolites were measured in a single spot urine sample collected from each participant on the day of admission to the hospital before delivery. Analyses used solid phase extraction coupled with an ultra-performance liquid chromatography-tandem mass spectrometry. Detection rates were high for MBP, MEHP, MEHHP, MEOHP, and MECPP (98.9, 91.0, 99.9, 99.8, and 99.8% respectively), and adequate for MBzP (74.5%). The limits of detection (LOD) were 0.5 ug/L for MBP and MEHP, 0.1 ug/L for MBzP, and 0.2 ug/L for MEHHP, MEOHP, and MECPP, with concentrations below LOD imputed as the LOD divided by the square root of 2. Specific gravity (SG) was used to correct for urine dilution. Each batch of thirty samples included calibration standards, reagent blanks, field blanks and isotope-labels quality control of high and low internal standards. Recoveries ranged from 88.2 to 105.2%. Though external standards were not used, there was no evidence of a lack of robustness. A strength was that women with intravenous fluids or urine catheterization in the previous two weeks were excluded due to risk of urine sample contamination. A limitation of this study was that some misclassification of habitual phthalates exposure was likely, given the short half-life of phthalate metabolites and use of a single random spot urine to estimate exposure. The authors described data from other studies to suggest that estimates of low molecular weight phthalates such as MBP may be more reliable than those others. A more important potential limitation was the use of a single exposure measure close to delivery to estimate potential effects of phthalates on outcomes measured as early as the first trimester. Outcomes obtained from routine clinical testing were measured from <18.5 to >24 weeks' gestation. Only one outcome, third trimester anemia, was measured concurrently with exposure. Despite concerns, there was no direct evidence of important bias.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	Anemia in the third trimester was measured in blood samples collected shortly before delivery and was defined as hemoglobin (Hb) Hb concentration <110 g/L in third trimester, in accordance with a 2008 WHO reference. This measure is appropriate but lacks specificity in that it does not identify types of anemia, i.e. due to deficiencies in iron, folate, B12 or other causes such as changes in blood volume. In addition, authors did not discuss the timing or duration of anemia, i.e., whether any participants had been previously identified as having anemia during pregnancy that remained unresolved.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Low	Potential confounders were described as selected based on previous studies. The authors used a forward stepwise model selection procedure to identify covariates for the final model based on statistical significance of $p < 0.10$ for at least one of the outcomes. Univariate distributions of confounders were presented, but not their relationship with the multiple outcome and exposure variables analyzed. The covariates in the final models included gestational age at sample collection, pre-pregnancy BMI, age, parity, gestational diabetes mellitus, gestational hypertension disorder, education status, passive smoking during pregnancy, and iron supplementation during pregnancy. Folate supplementation was additionally included in models for coagulation parameters (e.g. APTT/PT/TT/Fg), and infant sex in models for cell counts and anemia. Co-exposure confounding was not discussed (e.g. using mixture models). A potential limitation is the use of statistical significance rather than either change-in-estimate or a causal diagram to identify covariates for the final model. While infant sex was excluded coagulation parameter models, there was no direct evidence of important error or bias resulting from inadequate confounder adjustment.
Domain 5: Analysis	Metric 5A:	Analysis	Medium	Detailed univariate descriptive data for both exposure and outcome variables were presented. The study was largely limited to women with complete data; only 0.4% of women were missing data on third trimester anemia. When analyzed as continuous variables, SG-corrected phthalate metabolite concentrations were ln-transformed to reduce the influence of extreme values. One outcome variable (thromboplastin time, TT) was also ln-transformed based on the results of the Kolmogorov-Smirnov normality test. Spearman correlations were presented to characterize unadjusted associations among variables. Continuous outcome variables were analyzed using general linear models and continuous exposure variables. In logistic regression models used for anemia, a categorical outcome, exposure was analyzed using both ln-transformed continuous variables and tertiles. Results were presented as beta coefficients or odd ratios with 95% confidence intervals and p-values. A sensitivity analysis restricted the sample to participants without gestational hypertension disorders, gestational diabetes mellitus or spontaneous membrane rupture before urine sample collection. The authors also calculated and presented p-values adjusted for false discovery rate to account for multiple comparisons. There was no evidence of important deficiencies with respect to analysis.
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<b>Study Citation:</b>	Jiang, M., Li, Y., Zhang, B., Zhou, A., Zhu, Y., Li, J., Zhao, H., Chen, L., Hu, J., Wu, C., Peng, Y., Liao, J., Xia, Z., Cai, Z., Chen, X., Xu, B., Xia, W., Xu, S. (2018). Urinary concentrations of phthalate metabolites associated with changes in clinical hemostatic and hematologic parameters in pregnant women. Environment International 120:34-42.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Maternal anemia (low Hb) in the third trimester, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4728517			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	Sample size was large (n =1482 total). The authors reported results of post-hoc tests suggesting that statistical power was adequate, but details on how tests were conducted were not reported (range from 0.92 to 0.98 for multiple regression and 0.96 to 0.97 for logistic regression). Descriptive data indicated that there was variability in phthalates exposures (e.g. median [IQR] for MBP, which had the highest median concentration, was 78.8 [26.2, 215] ug/L, and MBzP, which had the lowest, was 0.07 ug/L [ $<LOD$ , 0.16]. Continuous outcomes had variability, and the prevalence of third trimester anemia was 16.0%. There was no evidence that sensitivity was inadequate.
Additional Comments:	This baseline analysis of a birth cohort study included n=1482 pregnant women. The study examined the relationship between urinary phthalate metabolites measured shortly before delivery and third trimester anemia measured concurrently with phthalates, as well as routine hematologic parameters (blood cell counts, coagulation parameters) measured throughout pregnancy. Limitations included the timing of exposure measurements relative to outcomes besides anemia, as well as the use of a single random spot urine to characterize exposure. Anemia was defined based on hemoglobin levels; the study did not additionally include information on anemia type or duration. While previous literature was used to identify potential confounders a priori, final variables were selected based on statistical significance. Despite some limitations, there was no direct evidence of important error or bias in analyses relating phthalates metabolites in late pregnancy to third trimester anemia.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>		Martínez-Ibarra, A., Martínez-Razo, L. D., Vázquez-Martínez, E. R., Martínez-Cruz, N., Flores-Ramírez, R., García-Gómez, E., López-López, M., Ortega-González, C., Camacho-Arroyo, I., Cerbón, M. (2019). Unhealthy Levels of Phthalates and Bisphenol A in Mexican Pregnant Women with Gestational Diabetes and Its Association to Altered Expression of miRNAs Involved with Metabolic Disease. International Journal of Molecular Sciences 20(13):3343.		
<b>Health Outcome(s) Assessed:</b>		Nutritional/Metabolic- gestational diabetes mellitus status, mRNA expression (miR-9-5p, miR-16-5p, miR-29a-3p, miR-330-3p), Non-cancer		
<b>Chemical:</b>		Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>		5432795		
Domain	Metric	Rating	Comments	
Domain 1: Study Participation				
Metric 1A:	Participant Selection	Low	Women with singleton gestations in the second trimester of pregnancy seeking care at a single perinatal medical facility in Mexico City were recruited for participation. Forty women ages 24-45 agreed to participate (18 with gestational diabetes mellitus (GDM), and 22 without GDM). All women were assessed for GDM in the same way. Women were excluded if they multiple pregnancies, other health conditions, or if they smoked or drank. Little information was provided regarding the recruitment process, how many women did not meet inclusion criteria and were therefore excluded, or what time period the cases and controls were recruited. It is unclear if the small sample size is due to a short time frame of the study, unwillingness for women to participate, budget, or other factors.	
Domain 2: Exposure Characterization				
Metric 2A:	Exposure Measurement	Low	The laboratory used CDC laboratory procedure manuals for quantification of phthalates in urine. Samples were processed by enzymatic deconjugation of the glucuronides of phthalate monoesters followed by solid phase extraction; identification and quantification of phthalate metabolites were performed by reverse phase ultra-performance liquid chromatography-tandem mass spectrometry. Limits of detection (LODs) were provided for each metabolite; for concentrations below LOD, the LOD divided by the square root of 2 was substituted. Metabolite levels were adjusted for dilution using urinary creatinine values. Additional details regarding the laboratory data were provided in the supplementary materials. While the analysis itself appears sound, no information was provided regarding when samples were obtained (e.g. at the same time as the outcome was ascertained?) The method did not capture important temporal variation.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	High	All pregnant women were screened for GDM by a 75-gram two-hour oral glucose tolerance test. Four miRNAs previously related to GDM development (miR-9-5p, miR-16-5p, miR-29a-3p, and miR-330-3p) were selected for analysis and were measured by first using the TaqMan Advanced miRNA cDNA Synthesis kit, followed by the Applied Biosystems StepOnePlus Real-Time PCR System using TaqMan Fast Advanced Master Mix and stem-loops probes of TaqMan Advanced MicroRNA Assays. Control measures were described in detail for this analysis.	
Metric 3B:	Selective Reporting	Low	Results from analyses described in the methods section were reported consistently in the paper with the exception of the miRNA analysis; four miRNAs were analyzed for each participant, but results for only mir-16 and mir-29a are included in the results (Table 4).	

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<b>Study Citation:</b>	Martínez-Ibarra, A., Martínez-Razo, L. D., Vázquez-Martínez, E. R., Martínez-Cruz, N., Flores-Ramírez, R., García-Gómez, E., López-López, M., Ortega-González, C., Camacho-Arroyo, I., Cerbón, M. (2019). Unhealthy Levels of Phthalates and Bisphenol A in Mexican Pregnant Women with Gestational Diabetes and Its Association to Altered Expression of miRNAs Involved with Metabolic Disease. International Journal of Molecular Sciences 20(13):3343.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- gestational diabetes mellitus status, mRNA expression (miR-9-5p, miR-16-5p, miR-29a-3p, miR-330-3p), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	5432795		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	There is no discussion of the role of confounding in the paper. Population characteristics for which descriptive data were presented included maternal age, weeks of gestation at sampling, pregestational BMI, parity, and pregnancy length. It is unclear if these data were available from medical records or if a questionnaire was used. No attempt to control for confounding was used; analyses assessing associations between phthalate metabolites and the outcomes (GDM status, miRNA expression) did not utilize modeling or any methods that attempted to control for possible confounding.
Domain 5: Analysis			
	Metric 5A: Analysis	Low	The statistical analysis utilized univariable methods only. Descriptive statistics summarized the limited covariate data available by GDM/non-GDM status. Levels of urinary phthalate metabolites were compared using the Mann-Whitney U test, and Spearman correlation was used to assess the association between miRNA expression levels and phthalate metabolites. Non-parametric methods were used as no attempt to normalize the data distribution was used. When assessing phthalate levels and mRNA expression, analyses were stratified by GDM status and only results for mir-16 and mir-29a were presented.
	Metric 5B: Sensitivity	Low	The sample size (40 women, 18 with GDM, 22 without) is quite small. It is unclear when exposure was measured relative to outcome, although it is implied that these data were collected simultaneously. Detection frequencies for each phthalate metabolite were high (>94%-100%) with a range of exposures for each.
<b>Additional Comments:</b>	This is a small study (40 participants, 18 with GDM, 22 without) of pregnant women seeking care at a single prenatal facility in Mexico City. Levels of metabolites of DBP, BBP, and DEHP were measured and compared among the two groups. In addition, levels of phthalate metabolites stratified by GDM status and miRNA expression (for four miRNAs known to be associated with GDM) were explored. The study found statistically significantly higher MEHP (not creatinine-adjusted) among women in non-diabetics compared to women with GDM (p=0.3), and associations between MBzP, MBP, MiBP, and MEHP (among women without GDM) and one or both of mir-16 and mir-29a.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Sarigiannis, D. A., Papaioannou, N., Handakas, E., Anesti, O., Polanska, K., Hanke, W., Salifoglou, A., Gabriel, C., Karakitsios, S. (2021). Neurodevelopmental exposome: The effect of in utero co-exposure to heavy metals and phthalates on child neurodevelopment. Environmental Research 197:110949.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognitive development, language development, motor development, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	8351761		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Individuals in this analysis were a subset of participants from the Polish Mother and Child Cohort, which was established in 2007. Inclusion criteria for this broader cohort included: single pregnancy up to 12 weeks of gestation, no assisted conception, no pregnancy complications, and no chronic diseases as specified in the study protocol. Participants were followed-up with three times throughout the pregnancy, once during each trimester, and again after delivery. The subset of participants in the current study were 148 mother-child pairs “for whom most of the parameters of interest were available.” No information is provided on which parameters were used to identify this subset, what proportion of the total study population the subset represents, or whether the subset is similar to the overall cohort. While information on the study population was limited, the information that was available does not raise serious concerns regarding selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Relevant phthalate metabolites (7-OH-MiNP, 7-oxo-MiNP, MEHP, and MiBP) were measured in maternal and child urine samples. Details of the exposure assessment are provided in Polanska et al. 2014 (HERO ID 2347467). Spot urine samples were collected from mothers during the 3rd trimester of pregnancy as well as from children at approximately 24 months of age. Phthalates were measured using HPLC-MS/MS. For 7-OH-MiNP, the LOD was 0.1 ug/L and 90% and 99% of samples were above the LOD for prenatal and postnatal samples, respectively. For 7-oxo-MiNP, the LOD was 0.03 ug/L and 62% and 74% of samples were above the LOD for prenatal and postnatal samples, respectively. For MEHP, the LOD was 0.03 ug/L and 66% and 14% of samples were above the LOD for prenatal and postnatal samples, respectively. For MiBP, the LOD was 0.03 ug/L and 86% and 97% of samples were above the LOD for prenatal and postnatal samples, respectively. Samples below the LOD were assigned a value of one half the LOD. Maternal samples were adjusted for creatinine. It is unclear whether single spot urine samples at two time points adequately represent exposure over the relevant time period. Postnatal samples taken at 24 months of age are taken after the first time point at which the outcome is assessed (1 year of age).
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The outcome of interest was child neurodevelopment, assessed among children at ages 1 and 2 using the Bayley Scales for Infant Development (Bayley-III). Endpoints examined in this assessment were cognitive function, language development and motor development. The authors detail that these assessments were performed by a pediatrician as well as a psychologist/child development specialist. The Bayley Scales for Infant Development is a commonly used assessment tool for neurodevelopmental outcomes, and there are no major concerns of validity for this assessment tool.

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<b>Study Citation:</b>	Sarigiannis, D. A., Papaioannou, N., Handakas, E., Anesti, O., Polanska, K., Hanke, W., Salifoglou, A., Gabriel, C., Karakitsios, S. (2021). Neurodevelopmental exposome: The effect of in utero co-exposure to heavy metals and phthalates on child neurodevelopment. Environmental Research 197:110949.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognitive development, language development, motor development, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	8351761			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The results reported in the study align with the analyses described within the methods section. However, there is some lack of clarity around the number of phthalates exposures and exposure time points included in this environment-wide association study (EWAS). Table 1 provides a summary of associations only for exposures and exposure time points with statistically significant results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	There are some concerns about potential confounding in this environment-wide association study (EWAS). While the authors discuss adjusting for gender in logistic regression models, they do not discuss or provide information on other potential confounders of the association between phthalates and child neurodevelopment. In the authors' discussion of the EWAS, they mention that one of the coefficients in the logistic regression model equation is "adjusted by other variables," but they are not described further. Given the limited information presented, the potential for residual confounding cannot be ruled out.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	The association between phthalate metabolites and child neurodevelopment was assessed as part of a larger environment-wide association study (EWAS). This analysis involved the development of logistic regression models to evaluate associations between environmental factors (including phthalates) and neurodevelopmental outcomes. The use of logistic regression suggests that outcomes were treated as dichotomous variables, but this is not described. The description of the analysis also suggests some continuous exposure variables may have been categorized, but the specific variables are not stated. The study states that non-monotonic relationships were detected using scatterplots, so "Hoeffding's D-statistics (Hoeffding, 1948) was used to examine a wide variety of dependence structures beyond merely the associations." The Benjamini-Hochberg step-down approach was used to false discovery rate (FDR) was used to estimate the false discovery rate. No information was provided on the handling of missing values (if any), although the study population was limited to mother-infant pairs with limited missing data. In general, methods appear appropriate but additional detail on modeling choices would provide greater confidence in this domain.	
	Metric 5B: Sensitivity	Low	The sample size was relatively small (n=148). The exposure distribution was reported in Polanska et al. 2014 (HERO ID 2347467). Mean (SD) 7-OH-MiNP = 4.5 (12.0) ug/L in prenatal samples, 9.3 (20.0) ug/L in postnatal samples. Mean (SD) 7-oxo-MiNP = 0.4 (0.4) ug/L in prenatal samples, 0.5 (1.4) ug/L in postnatal samples. Mean (SD) MiBP = 73.8 (141.9) ug/L in prenatal samples, 5.8 (8.8) in postnatal samples. Mean (SD) MEHP = 0.4 (0.5) ug/L in prenatal samples, 1.7 (14.7) in postnatal samples. There is some concern for limited sensitivity due to narrow exposure ranges particularly for 7-oxo-MiNP. There is also some concern about the high number of postnatal samples for MEHP that fell below the LOD.	

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Study Citation:	Sarigiannis, D. A., Papaioannou, N., Handakas, E., Anesti, O., Polanska, K., Hanke, W., Salifoglou, A., Gabriel, C., Karakitsios, S. (2021). Neurodevelopmental exposome: The effect of in utero co-exposure to heavy metals and phthalates on child neurodevelopment. Environmental Research 197:110949.		
Health Outcome(s) Assessed:	Neurological/Behavioral- Cognitive development, language development, motor development, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
HERO ID:	8351761		
Domain	Metric	Rating	Comments
Additional Comments:	This study examined a subset of mother-child pairs (n=148) from the Polish Mother and Child Cohort. Major concerns include the lack of information on how potential confounding was addressed and limited sensitivity due to relatively narrow exposure ranges. Other concerns include the relatively small sample size and the potential for selective reporting of only statistically significant results. The authors noted that exposure to DiNP, DEHP, and DiBP metabolites in child urine samples was associated with language development in the second year of life, but did not provide a quantitative measure of association.		
Overall Quality Determination		Low	



<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'anshan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this prospective cohort study included pregnant women from the Ma'anshan Birth Cohort (MABC, China) and examined the relationship between several phthalate metabolites and hemoglobin levels and anemia during pregnancy. Pregnant women were recruited from the Ma'anshan Maternal and Child Health hospital in China between May 2013 and September 2014. Participants were interviewed during their first health care visit during the first trimester of pregnancy and were subsequently re-assessed by trained staff at 26 and 34 weeks of gestation as well as at delivery. Participants were included if they were $\geq 18$ years of age, $< 14$ gestation weeks, living in Ma'anshan, had no communication problems, and had intent to deliver at the reference hospital. Participation rates and recruitment details were not described in this study. 3474 women were originally enrolled in the birth cohort, and 3273 (94.2%) were followed until delivery and had singleton live births; an additional 4 women who did not provide urine or blood samples at any study visit during follow up were excluded. A total of 3269 pregnancies were analyzed. There was no evidence to indicate risk of important selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'an shan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4829283			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Maternal spot urine samples were collected at each study visit (mean timing 10.5, 26.0, and 34.4 weeks of gestation, and at delivery). The study included 9263 samples from 3269 pregnancies. Urine samples were collected in polypropylene tubes, stored at -80 degrees C until analysis, and assayed for phthalate metabolites using high performance liquid chromatography-mass spectrometry. Details on quality controls were not provided in this study. Measures included 5 metabolites of interest, including DBP metabolite mono-butyl phthalate (MBP), BBP metabolite mono-benzyl phthalate (MBzP), and DEHP metabolites mono-2-ethylhexyl-phthalate (MEHP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP). Sums of high and low molecular weight phthalates, but not the sum of DEHP metabolites, were analyzed along with individual metabolites. Detection frequencies ranged from 99-100% for all phthalates except MBzP, which was detected at 65.1%. Concentrations below LODs (not detailed in this study) were assigned the value of LOD/square root of 2. Urinary creatinine was included in models to account for urine dilution. Spearman correlations among different phthalates metabolites were described as ranging from 0.04 to 0.855. In a previous study, intra-class correlations for repeated measures of phthalates were reported as ranging from 0.30 to 0.44 for the 5 metabolites of interest. The authors analyzed trimester specific exposure-outcome associations in addition to repeated measures analyses of these associations. Phthalates exposure was not additionally characterized as the mean of multiple repeated measures. Though individual trimester estimates may misclassify habitual exposure due to the short half-life of these urinary metabolites, repeated measures analysis provided an estimate of associations between habitual phthalates exposure and concurrent hemoglobin levels or anemia.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	Blood samples collected during the same study visits at which urine samples were obtained were used to measure hemoglobin (Hb) concentrations. Hb concentrations were obtained from the maternal electronic medical records. Anemia was defined using the WHO 2011 definition as a hemoglobin concentration below 110 g/L during any trimester. Anemia was further characterized as mild (100-109 g/L) or moderate (70-99 g/L); only 3 women had severe anemia. For descriptive analyses, the authors also defined persistent anemia as pregnancy with anemia in the second and third trimester; few women (3% vs 18-19%) had anemia in the first trimester. Specific types of anemia (e.g. iron, folate, or B12 deficiency) or hematological effects (e.g. red blood cell or platelet counts) cannot be characterized based solely on Hb levels. However, iron deficiency is typically the most common cause.
	Metric 3B:	Selective Reporting	Medium	Analyses described in the methods were reported in the results. However, the methods section did not detail to what extent anemia severity or persistence were analyzed; limited results were shown for these variables.
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<b>Study Citation:</b>	Zhu, Y. D., Zhu, B. B., Gao, H., Huang, K., Xu, Y. Y., Yan, S. Q., Zhou, S. S., Cai, X. X., Zhang, Q. F., Qi, J., Jin, Z. X., Sheng, J., Pan, W. J., Hao, J. H., Zhu, P., Tao, F. B. (2018). Repeated measures of prenatal phthalate exposure and maternal hemoglobin concentration trends: The Ma'an shan birth cohort (MABC) study. Environmental Pollution 242(Pt B):1033-1041.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)		
<b>HERO ID:</b>	4829283		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	Covariates were selected from a wide array of potential confounders based on previous work, a review of the literature, and biological and statistical considerations. Confounders included in multivariate models were maternal age, gestation week at sample collection, pre-pregnancy BMI, education, occupation, smoking status, nutritional supplements (folic acid, vitamins, and iron) before conception and during pregnancy, maternal serum iron, and urinary creatinine. A concern is that multivariate models included serum iron as an indicator of iron status, an overadjustment. Unlike serum ferritin or transferrin, serum iron provides only a crude indicator of iron status. However, some phthalate metabolites (including MBP, MEHHP) were associated with significantly lower maternal serum iron. Concern for important bias was diminished for metabolites for which unadjusted and adjusted results, shown in detail for repeated measures models, were largely similar (e.g., MEHHP, MEHP).
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Univariate descriptives indicated that phthalate concentrations were lowest in the third trimester, and that the prevalence of anemia increased after the first trimester of pregnancy. Urinary phthalate metabolite concentrations were natural log-transformed to improve linearity. The distribution of Hb approximated normality. Handling of missing data was not discussed. Linear mixed models were used to examine associations between ln-transformed phthalates metabolites levels and maternal Hb concentrations, and generalized linear models used to estimate odds ratios for maternal anemia. Effect estimates were presented with 95% confidence intervals. Each outcome – maternal anemia and Hb concentrations measured in each trimester – was analyzed multiple times. Primary analyses included repeated measures models estimating associations between repeated measures of phthalates and repeated measures of Hb and anemia from each trimester, and separate analyses that examined associations within each trimester. Adjusted and unadjusted effect estimates were presented for repeated measures analyses. The authors also ran repeated measures and trimester-specific models which analyzed moderate anemia as the outcome. Results for all analyses were shown for the population overall and stratified by infant sex; significance testing for sex differences was not discussed. The authors did not present significance testing adjusted for multiple comparisons. As noted earlier, overadjustment for serum iron is a potential concern. Bivariate descriptive analyses included presenting median phthalate concentrations for women with persistent vs. non-persistent 2nd and 3rd trimester anemia. However, phthalate concentrations among women without anemia were not shown, and models analyzing persistent anemia as the outcome were not discussed. Additional sensitivity analyses (e.g. stratifying by or excluding women using iron supplements, 5.8 to 23.8% of the sample; evaluating robustness of MBzP results given that nearly a third of samples were below LOD) were not described.
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<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Hemoglobin (Hb) concentrations, anemia, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP)			
<b>HERO ID:</b>	4829283			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	There were no major sensitivity concerns as sample size was large (n = 3269) and there was variability in exposure (distributions of phthalate metabolites presented graphically).
Additional Comments:	This cohort study used data on more than 3000 pregnant women from the MABC cohort in China to assess the relationship between urinary metabolites of DBP, BBP, and DEHP during pregnancy and maternal hemoglobin levels and anemia. Anemia was defined based on Hb levels; specific types or causes of anemia were not characterized. Stronger and more consistent associations were observed among mothers of male infants. Among these women, several phthalate metabolites were associated with significantly lower maternal Hb, and/or with significant increases in odds of maternal anemia. Associations were stronger and more likely to be significant in the third trimester of pregnancy, and when analyzing moderate anemia. In repeated measures models for which results were presented only in figures, there was a significant increase in odds of moderate anemia associated with MEHHP, MEOHP, MEHP and MBP in boys, but not in girls. Similarly, associations with moderate anemia were significant for MEHHP and MEOHP only the the third trimester, and for MEHP only in the first and third trimester (strongest in the third trimester). Overadjustment was a potential limitation in this study, as multivariate models for both Hb and anemia included serum iron as a covariate. However, results from unadjusted and adjusted shown for the repeated measures models were very similar for associations with maternal Hb and were also largely consistent for odds of anemia.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Yang, T. C., Peterson, K. E., Meeker, J. D., Sánchez, B. N., Zhang, Z., Cantoral, A., Solano, M., Tellez-Rojo, M. M. (2018). Exposure to Bisphenol A and phthalates metabolites in the third trimester of pregnancy and BMI trajectories. <i>Pediatric Obesity</i> 13(9):550-557.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body Mass Index trajectory, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP), Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)~		
<b>HERO ID:</b>	4728873		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants (n = 249) in this prospective birth cohort study were part of the Early Life in Mexico to ENvironmental Toxicants (ELEMENT) study which recruited three birth cohorts from 1997 - 2005 in Mexico City, targeting individuals with low-to-moderate incomes. Exclusion criteria included living outside of Mexico City, gestational diabetes, pre-eclampsia, or pregnancy related hypertensive disorders, and were reported to be applied uniformly to all three cohorts. Women were recruited during the first trimester of pregnancy or at delivery. Follow-up continued via study visits at 3, 6, and 12 months of age and then every 6 months for 60 months. 1-3 additional observations were recorded when children were 8-14 years old between 2006-2012. Details are limited for participation rate, and it is unknown how many participants may have been lost to follow-up. Detailed information is not presented in the study or in linked references, but information on the ELEMENT cohort is available on the University of Michigan's School of Public Health web page. There is no direct evidence that selection bias was likely to have occurred.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate exposure was determined by analysis of second morning void spot urine samples from pregnant mothers during the third-trimester visit (average gestational age = 34.06 weeks). Phthalate metabolites were quantified using isotope dilution-liquid chromatography-tandem mass spectrometry (Lewis et al. 2013; HERO ID 2000737) and corrected for specific gravity. The LOD and % of values below the LOD are specified for each metabolite. Use of a single biomonitoring sample raises concern for potential misclassification as phthalate metabolites have short half-lives and a single measurement may not capture temporal variation in exposure, especially within an analysis that estimates the impact of exposure for outcomes more than 14 years after exposure assessment.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Height and weight measured at follow-up by study personnel following research protocols including the use of hospital gowns and without shoes. Specific equipment models are detailed for weight and height measurements. To ensure accuracy, two measurements were made for height and weight at each visit, and if intrapersonal variability was greater than 0.5cm, a third measurement was taken; duplicate or triplicate measurements were averaged. BMI was categorized as weight divided by height squared. Minimal concerns with respect to outcome misclassification.

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<b>Study Citation:</b>	Yang, T. C., Peterson, K. E., Meeker, J. D., Sánchez, B. N., Zhang, Z., Cantoral, A., Solano, M., Tellez-Rojó, M. M. (2018). Exposure to Bisphenol A and phthalates metabolites in the third trimester of pregnancy and BMI trajectories. <i>Pediatric Obesity</i> 13(9):550-557.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body Mass Index trajectory, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP), Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)~			
<b>HERO ID:</b>	4728873			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	Results of likelihood ratio tests are reported for all investigated phthalate metabolites. Sex-stratified BMI trajectories were reported only for metabolite and sex combinations that were statistically significant when all analyses were metabolites were examined.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	Considered covariates included maternal BMI (via measured maternal weight and height 1 month postpartum) and sociodemographic status via maternal years of schooling at enrollment. Covariates were reported to be defined a priori. The analysis was performed stratified by sex. Residual confounding may remain as maternal pre-pregnancy BMI is a risk factor for increased child weight, and maternal weight 1 month postpartum may not reflect pre-pregnancy weight. There are also no other adjustments made for Descriptive information of key confounders relative to either exposure or outcome are not presented.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Sex-stratified models were generated to assess the association between phthalate metabolite levels and predicted BMI trajectories. Mixed effect models with fixed effects using a fractional polynomial age approach to model BMI trajectory were used. Tertiles of metabolites and their interaction terms with selected age variables were entered as fixed effects. Likelihood ratio tests were performed to assess which phthalates were produced a better model fit, and then BMI trajectories by phthalate tertiles were generated for metabolite with significant results. Descriptive information about exposure is provided, and metabolite concentrations below the LOQ were assigned a value of LOQ/sqrt(2). Phthalate metabolites were natural log-transformed to normality. Values of height or weight that were biologically implausible (n=6) were removed prior to analysis, examples included participants where height decreased between visits.	
	Metric 5B: Sensitivity	Medium	The range of exposure levels provides adequate variability to address the primary research question and the study population (n=247 mother-infant pairs) was sensitive to development of the outcome. Concerns exist regarding sensitivity for BMI at ages past 5, as follow-up was not systematic and occurred less frequently, with n=21 children only having 1 measurement after age 5. However, there are no sensitivity concerns for children at earlier ages.	
Additional Comments:	This prospective birth cohort study included 249 participants with a mean follow up of 10.3 years to assess the association between prenatal urinary phthalate metabolites and BMI trajectories. Concerns for bias were raised with potential for exposure misclassification due to having only a single spot urine measurement for outcomes measured many years later, and for potential residual confounding due to lack of adjustment for pre-pregnancy or mid-pregnancy BMI among other potential confounders. However there is not a significant concern for bias overall. Significant associations were reported for MiBP, MBzP, and DEHP metabolites.			

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Health Outcome(s) Assessed:	Nutritional/Metabolic- Body Mass Index trajectory, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP), Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)~		
HERO ID:	4728873		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Shi, W., Lin, Z., Liao, C., Zhang, J., Liu, W., Wang, X., Cai, J., Zou, Z., Wang, H., Norback, D., Kan, H., Huang, C., Zhao, Z. (2018). Urinary phthalate metabolites in relation to childhood asthmatic and allergic symptoms in Shanghai. Environment International 121(Pt 1):276-286.		
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Eczema, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)		
<b>HERO ID:</b>	4829218		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This cross-sectional study is a 2-year follow-up including children aged 5-10 years of age who were previously surveyed as part of the 2011-2012 China, Children, Homes, Health (CCHH) project. Further recruitment details are provided in previously published articles (HEROIDS: 3345039 and 3455192). Briefly, questionnaires were distributed among kindergartens selected by multistage sampling methods across 4 urban and 2 suburban districts of Shanghai, China. Initially, 16,948 valid surveys were completed by parents of children aged 1-8 years (HEROID: 3455192) and children with doctor-diagnosed asthma were considered as potential cases for enrollment. Families of potential cases were contacted along with potential controls in the same community to attempt to obtain two matched controls per case, culminating in 186 cases and 268 controls (HEROID: 3455192). Participants were eligible for follow-up if they did not move homes or if they had neither renovated or redecorated their homes. All 454 children identified were invited to participate in the two year follow-up study, and 434 (95.6%) participated in the survey or contributed urine samples. Suburban areas were noted as having smaller populations and less traffic however no differences were noted in nationality and lifestyle habits. This study analyzed an asthma case-control study population as if they had used a cross-sectional approach for selecting participants. This approach may have induced selection bias by conditioning on a collider as the authors did not adjust for or stratify by asthma case status or residential community matching criteria from the original case-control study (HEROID 3455192) though there is no direct evidence for such bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	434 morning urine samples were collected and analyzed for ten phthalate metabolites including mono-methyl phthalate (MMP), Mono-ethyl phthalate (MEP), Mono-isobutyl phthalate (MIBP), mono-n-butyl phthalate (MnBP), Mono-benzyl phthalate (MBzP), Mono-cyclohexyl phthalate (MCHP), (MEHP), Mono-2-ethyl-5-carboxypentyl phthalate (MECPP), Mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP) and Mono-2-ethyl-5-oxohexyl phthalate (MEOHP) by HPLC coupled with triple quadrupole tandem mass spectrometry (HPLC-MS/MS). Additionally creatinine concentrations were determined by a Roche Cobas C501 biochemical analyzer. Detection rates are provided for all metabolites where all held high detection rates (93.2%) except for MBzP and MCHP with 51.2% and 8.8%, respectively.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Shi, W., Lin, Z., Liao, C., Zhang, J., Liu, W., Wang, X., Cai, J., Zou, Z., Wang, H., Norback, D., Kan, H., Huang, C., Zhao, Z. (2018). Urinary phthalate metabolites in relation to childhood asthmatic and allergic symptoms in Shanghai. Environment International 121(Pt 1):276-286.
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Eczema, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)
<b>HERO ID:</b>	4829218

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Low	Self-reported children's health outcomes were surveyed based on the core questionnaire of the International Study of Asthma and Allergies in Childhood (ISAAC) and assessed the presence of wheezing, rhinitis (defined by presence of sneezing or runny or stuffy nose without a cold), and eczema during the preceding 12 months. Demographic, socio-demographic, and children's home environment were also collected by questionnaire. Doctor-diagnosed asthma cases were considered for enrollment in a previous study (HEROID: 3455192), and knowledge of asthma status may have influenced self-reported results. Additionally, the proportion of children with diagnosed asthma from a previous study (HEROID: 3455192) is unclear and thus the extent of potential bias is unclear.
	Metric 3B: Selective Reporting	Medium	The authors described their primary analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified through published literature of variables known or suspected to be associated with asthma, allergic symptoms, and phthalate exposure. Variables were retained in modeling if they were significantly associated with the outcome or if their removal changed the coefficient of the exposure estimate by more than 10%. Confounders included age, gender, BMI, maternal education, breast-feeding duration, family smoking status, family history of asthma, residential area, parental income, and bedroom wall material. Phthalate levels were adjusted for urinary creatinine using previously published methods for covariate-adjusted standardization. It is possible that residual confounding could explain part of the observed effects, but concern is minimal.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	LOD and detection frequency are reported for 9 metabolites, MCHP was removed from the analysis due to lack enough representative samples. Quantitative results are provided including the effect estimates and associated 95% confidence intervals. Amount of data missingness is not addressed however the authors note that for covariate information, a response of "I don't know" was considered to be missing data. Phthalate metabolite levels were natural-log transformed to achieve a normal distribution.
	Metric 5B: Sensitivity	Medium	The range and exposure levels provided adequate variability to evaluate the study hypothesis, and the study population was sensitive to the development of the outcome of interest. Study authors noted that childhood asthma and allergic symptoms were higher in the study population than in the general Shanghai population which is expected as the study population is derived from a case-control study of those with doctor-diagnosed asthma and would be more likely to report symptoms of asthma and allergies.

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<b>HERO ID:</b>	4829218		
Domain	Metric	Rating	Comments
Additional Comments:	This cross-sectional study evaluated the association between phthalate metabolites from children's morning urine samples and asthmatic or allergic symptoms. MiBP, MnBP, MEHHP, MECPP, and MBzP all found significantly increased prevalence of eczema (crude prevalence odds ratio) in the 3rd quartile. Study authors noted potential bias of self-reported symptoms. Additional concerns were raised due to potential for collider bias.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Whyatt, R. M., Liu, X., Rauh, V., Herbstman, J., Factor-Litvak, P. (2020). Perinatal phthalates exposure decreases fine-motor functions in 11-year-old girls: Results from weighted Quantile sum regression. Environment International 136:105424.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- fine and gross motor function at age 11, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6957610		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This study measured the association between maternal urinary phthalate metabolites (Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEOHP), Mono (2-ethyl-5-carboxypentyl) phthalate (MECPP), Monoethylhexyl phthalic acid (MEHP), mono-Butyl phthalate (MBP), Mono-isobutyl phthalate (MiBP) and Mono-benzyl phthalate (MBzP)) during the third trimester of pregnancy and fine and gross motor skills in children at age 11. Subjects from the Columbia Center for Children's Environmental Health (Mother and Child Study) were eligible. CCCEH included 697 pregnant women from 18-35 years of African-American or Dominican ethnicity living in northern Manhattan or the Southern Bronx for 12 or more months before recruitment. Women gave birth between 1999-2006. Women were excluded if they attended their first prenatal visit after gestational week 20, used illicit drugs, had diabetes or hypertension, were diagnosed as HIV carriers, smoked during pregnancy (identified via blood cotinine levels). Women from CCCEH with urinary phthalate metabolite levels whose children had Bruininks-Oseretsky Test of Motor Proficiency-2 (BOT-2 short version) were included in the study (n = 209). The included and excluded pregnancies from CCCEH were compared. Excluded mothers (i.e., those without metabolite measures) had significantly higher mother's demoralization scores and significantly higher Wechsler Intelligence Scale for Children test scores among children at age 7, indicating there may be selection bias. Mother's demoralization is included as a covariate in models to account for confounding, but there is no control for WISC.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Maternal urinary phthalate metabolite levels (MEOHP, MECPP, MEHP, MBP, MiBP, MBzP) were measured in single spot urine samples obtained during the third trimester (mean (SD): 33.7 (3.2) gestational weeks) in the CDC laboratory. Specific gravity was measured and included as a covariate in models to adjust for urinary dilution. The authors do not explain why models were adjusted for specific gravity as opposed to adjusting individual measures for specific gravity. Single spot urine samples may not fully summarize exposure over the course of pregnancy because of the short half-lives of phthalates. However, a paper is cited noting that single samples may reasonably summarize exposure during this period. Limits of detection and % of samples <LOD are not reported. Authors note that "phthalate metabolites were detected in nearly all the samples."
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Whyatt, R. M., Liu, X., Rauh, V., Herbstman, J., Factor-Litvak, P. (2020). Perinatal phthalates exposure decreases fine-motor functions in 11-year-old girls: Results from weighted Quantile sum regression. Environment International 136:105424.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- fine and gross motor function at age 11, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6957610		

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	Motor skills were assessed via the Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (BOT-2) short form. The test is reported to have "excellent reliability and validity." The test results in an overall motor function score in addition to fine motor function and gross motor function scores. The test is designed for individuals 4-21 years old, which is appropriate for the study population of 11-year old children. The test selection is robust, but there is no information on the test setting and administration, meriting a medium/adequate rating.
	Metric 3B: Selective Reporting	Medium	Results from all anticipated analyses are reported.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	All key confounders were considered and evaluated appropriately. Potential confounders were identified using a directed acyclic graph (DAG) and included: maternal race, age, marital status and education, parity, gestational age at delivery, birth weight and off-spring sex, breastfeeding status, prenatal alcohol consumption and tobacco smoke exposure, maternal report of hardship during pregnancy, maternal demoralization as assessed by the Psychiatric Epidemiology Research Instrument Demoralization Scale, and quality of caretaking environment as measured by the Home Observation for Measurement of the Environment (HOME) scale. Final models included child age in months, child BMI z-score at time of BOT-2 performance, maternal race, prenatal alcohol consumption, maternal demoralization score, and HOME score. Specific gravity was included to account for urinary dilution. Information on potential confounders was collected via questionnaires administered during pregnancy and after delivery and through maternal and child health records. If data were missing, values were imputed based on linear regression models. "Maternal prenatal demoralization: three missing values were imputed using maternal education, maternal satisfaction, maternal hardship, and maternal demoralization at child age 5 and 11 as predictors (R2 = 0.41). 2. HOME scale: nine missing values were imputed using maternal ethnicity, maternal education and IQ, and household income as predictors (R2 = 0.14). 3. child BMI at the age of 11 years: nine missing values were imputed using BMI at nine years as a predictor (R2 = 0.87)."

Domain 5: Analysis

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<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Whyatt, R. M., Liu, X., Rauh, V., Herbstman, J., Factor-Litvak, P. (2020). Perinatal phthalates exposure decreases fine-motor functions in 11-year-old girls: Results from weighted Quantile sum regression. Environment International 136:105424.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- fine and gross motor function at age 11, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	6957610			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Weighted Quartile Sum (WQS) regression was used to assess the impacts of phthalate mixtures on gross and fine motor function. Additionally, linear regression was used to assess associations between summed DEHP (MEOHP, MEHHP, MECPP) and summed non-DEHP (MIBP, MBzP, MBP) metabolites and fine and gross motor function. Effect estimates and 95% CI are reported for both model types. Additionally, component weights are reported for the WQS (MBP, MBzP, and MiBP were found to have the highest weights for fine motor function in females). Models were stratified by child sex. For linear regression models, phthalate metabolite levels were natural log transformed to account for right-skew. Missing values for covariates were imputed using linear regression models (for maternal prenatal demoralization, values were imputed using maternal education, maternal satisfaction, maternal hardship, and maternal demoralization at child age 5 and 11; for the HOME scale, values were imputed using maternal ethnicity, maternal education and IQ, and household income; for child BMI at 11 years, values were imputed using BMI at 9).
	Metric 5B:	Sensitivity	Medium	The sample size was adequate and there appears to be sufficient exposure contrast to detect an effect.
<b>Additional Comments:</b>	This prospective birth cohort examined maternal urinary phthalate metabolites (Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEOHP), Mono (2-ethyl-5-carboxypentyl) phthalate (MECPP), Monoethylhexyl phthalic acid (MEHP), mono-Butyl phthalate (MBP), Mono-isobutyl phthalate (MiBP) and Mono-benzyl phthalate (MBzP)) during pregnancy and child fine and gross motor functions at age 11 as measured by BOT-2. The approaches to exposure measurement and outcome ascertainment, potential confounding, and statistical analyses were appropriate. However, comparisons of the eligible study population and included study population indicate that the findings may be influenced by selection bias.			

**Overall Quality Determination****Medium**

Study Citation:	Amin, M. M., Ebrahimpour, K., Parastar, S., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Poursafa, P., Fallah, Z., Rafiei, N., Kelishadi, R. (2018). Association of urinary concentrations of phthalate metabolites with cardiometabolic risk factors and obesity in children and adolescents. Chemosphere 211:547-556.		
Health Outcome(s) Assessed:	Reproductive/Developmental- Body mass index, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite:	Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)	
HERO ID:	4829277		

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	Participants in this cross-sectional study include 242 children and adolescents who were enrolled in 2016. Participants were included in the study if they were 6 to 18 years old, lived in Isfahan, Iran for at least one year, no history of chronic disease, and no long-term drug use. The authors do not describe the recruitment, screening, or enrollment processes. No information is provided about the participation rate or reasons for exclusion. Due to the lack of detailed information regarding selection, it is not possible to rule out the potential for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	The authors measured urinary concentrations of phthalate metabolites collected from spot urine samples from all participants. Storage information is provided. Metabolite concentration was determined using gas chromatography mass spectrometry. The number of samples below the detection limit is noted, but the exact LODs are not specified. The authors do not provide information about laboratory quality control and assurance methods or findings, nor any information about the correlations between the metabolite concentrations. Phthalate concentrations were adjusted for urinary creatinine. The main limitations of the exposure assessment are that exposures were measured at the time of outcome ascertainment and only measured once. Although reverse causation is possible in any cross-sectional study, the likelihood of the outcomes of interest influencing phthalate metabolite concentrations is low, and there is no direct evidence of it. Given the short half-life of phthalates and the varying exposure pathways of young children and adolescents, a single measurement of metabolite concentrations may not represent exposure levels during critical windows of exposure.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Outcomes examined in the main analysis included body mass index, fasting blood sugar, total cholesterol, triglycerides, high-density lipoprotein cholesterol, and blood pressure. The authors described their procedures for measuring height and weight, determining BMI level, and analyzing blood samples. "Standard protocols" were used for height, weight, and blood pressure measurements. The authors specify that for blood pressure measurements, two measurements were taken and the average was used in statistical analysis. Blood pressure was reported to be measured in the right arm both times while participants were seated. Weight was divided by squared height to arrive at BMI, and CDC growth charts were used to sort participants into BMI-for-age weight status categories. Serum measures such as fasting blood sugar, HDL, and triglycerides were measured using auto-analyzers and "standard kits."

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<b>Study Citation:</b>	Amin, M. M., Ebrahimipour, K., Parastar, S., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Poursafa, P., Fallah, Z., Rafiei, N., Kelishadi, R. (2018). Association of urinary concentrations of phthalate metabolites with cardiometabolic risk factors and obesity in children and adolescents. Chemosphere 211:547-556.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4829277		
Domain	Metric	Rating	Comments
	Metric 3B: Selective Reporting	Low	The authors report describes their analyses in the methods section and provide additional information in the results section. The results for all analyses are provided, including non-significant findings. However, information is not presented clearly in Table 5 and Table 6, which provide crude and adjusted means of outcomes by phthalate metabolite tertiles. No beta coefficients are presented for this analysis, despite reportedly using linear regression. Some outcomes, such as waist circumference and LDL cholesterol, are only presented in Table 5 and Table 6, and do not have odds ratios calculated like other outcomes. No reason is provided for this.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	In the primary analysis, logistic regression models for each outcome were adjusted for age, physical activity, use of cosmetics, exposure to plastic packaging and bottled drinks, as well as other outcomes. The authors report that confounders were selected based on a review of the literature and that they were "related to modeling with dependent and independent variables". Adjustment for sex is only performed in a model that only also includes age - it is unclear why sex was not carried forward into the most-adjusted model. Furthermore, many of these outcomes may be highly correlated with each other and may serve as intermediates on the causal pathway, which makes adjustment inappropriate. Creatinine-adjusted concentrations of phthalates are provided, but these do not appear to have been used in analysis.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Logistic regression models were used to examine the association between phthalate concentrations and each outcome. Exposures were modeled as tertiles of metabolite concentration per ug/L. Metabolite concentrations were below the level of detection (LOD) were imputed as half the LOD. In the results, the authors report that creatine was measured in blood samples, but they do not report whether or not metabolite levels were creatinine adjusted. Outcomes were modeled as "high" versus "not high". The authors do not specify the cut points for "high". except for obesity. For each outcome, models were run to compare the second and third tertiles against the first, and the authors provide the odds ratio and 95% confidence intervals for each model, along with the p-value for a test of trend.
	Metric 5B: Sensitivity	Medium	Exposures were detectable for > 95% of participants for all three phthalates of interest, and the authors point out that concentrations are substantially higher in Iranian than American children. The children and adolescents enrolled in the study should have been sensitive to the outcome since none of them had the outcomes at enrollment. The authors do not provide a justification for the sample size or information about the power of the study to detect various levels of effect, but the sample size is likely sufficient (n=242).

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<b>Study Citation:</b>	Amin, M. M., Ebrahimpour, K., Parastar, S., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Poursafa, P., Fallah, Z., Rafiei, N., Kelishadi, R. (2018). Association of urinary concentrations of phthalate metabolites with cardiometabolic risk factors and obesity in children and adolescents. <i>Chemosphere</i> 211:547-556.
<b>Health Outcome(s)</b>	Reproductive/Developmental- Body mass index, Non-cancer
<b>Assessed:</b>	
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	4829277

Domain	Metric	Rating	Comments
Additional Comments:	This cross-sectional study examined phthalate exposure in relation to obesity and cardiovascular risk factors among 242 Iranian children. Major concerns include a lack of detailed information regarding participant selection, selective reporting concerns due to unclear methods of presenting information, and simultaneous over-adjustment and a lack of consideration of sex as a covariate in fully adjusted models. In fully adjusted logistic regression models, few significant associations were identified, and significant findings were inconsistent. Significant associations were reported for all metabolites and several cardiometabolic risk factors.		

**Overall Quality Determination****Low**



<b>Study Citation:</b>	Amin, M. M., Parastar, S., Ebrahimpour, K., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Kelishadi, R. (2018). Association of urinary phthalate metabolites concentrations with body mass index and waist circumference. Environmental Science and Pollution Research 25(11):11143-11151.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body mass index (BMI), waist circumference, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728682		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This cross-sectional study examined the associations of urinary phthalate metabolites with body mass index and waist circumference among children and adolescents in Isfahan, Iran in 2016. Inclusion criteria were: being between the ages of 6 and 18, living in Isfahan for at least 1 year, no history of chronic disease, and no history of long-term medication use. No information was provided on how participants were recruited or participation rates. N=242 children were included in the study. Given the very limited information on participant selection, the potential for selection bias cannot be ruled out.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in a single fasting morning urine sample using gas-chromatography-mass spectroscopy (GC/MS). LODs and methods for handling values below LODs were not specified. However, detection rates were provided for metabolite measures. The percentage of samples above the LOD was: MBP 100%, MBzP 100%, MEHP 99.58%, MEOHP 95.86%, and MEHHP 96.28%. Urinary creatinine was also measured, and some results are reported with creatinine-adjusted phthalate concentrations as the exposure measurement. Given the cross-sectional nature of the study and the use of single spot urine samples, there is some concern that exposures may not reflect the etiologically relevant time window for the outcomes of interest (BMI, waist circumference) unless exposure patterns were stable over time in this population.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The outcomes of interest were BMI and waist circumference. Weight, height, and waist circumference were measured "according to standard protocols using standard instruments." Height and weight were measured twice with subjects barefoot and lightly dressed. The average of the two measurements was used to calculate BMI. Balances were zero-calibrated, but there is no mention of whether the same balances were used for all participants. No information on the individuals performing the exam in which these measurements were taken was provided, nor the time of day of weight measurement. Raw BMI values were used to calculate BMI z-scores by age and gender. Outcome misclassification is not a major concern.
Metric 3B:	Selective Reporting	Medium	The analyses described in the methods section were presented in the results section.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Amin, M. M., Parastar, S., Ebrahimpour, K., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Kelishadi, R. (2018). Association of urinary phthalate metabolites concentrations with body mass index and waist circumference. Environmental Science and Pollution Research 25(11):11143-11151.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body mass index (BMI), waist circumference, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728682		

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Low	Residual confounding is likely. No information was provided on how potential confounders were selected for inclusion in regression models. Regression models were adjusted for sex, age, and physical activity. Additional key confounders such as parental education, income level, use of plastic packaging for food, and consumption of bottled beverages were measured and their distributions were presented, but they were not evaluated as confounders or adjusted for in regression analyses. Information on potential confounding variables was obtained from questionnaires; it is not clear whether questionnaires were administered to parents or to children/adolescents. Creatinine was measured but it is not clear whether phthalate metabolites in the main regression analysis were adjusted or corrected for creatinine. In addition, the study analyzed co-exposure to multiple phthalates and reported significant correlations between different phthalate metabolites which could be another source of confounding.

## Domain 5: Analysis

	Metric 5A: Analysis	Low	Associations between phthalate metabolites and outcomes were first explored using univariate analyses (Spearman correlation for continuous outcomes of BMI z-score and waist circumference, ANOVA for BMI z-scores categorized into normal/underweight, overweight, and obese). Associations between phthalate metabolites and outcomes (waist circumference, BMI z-score) were then estimated using multivariate regression models adjusted for sex, age, and physical activity. Descriptive information about exposure levels is reported. Effect estimates and p-values were presented without standard errors or confidence intervals. No sensitivity analyses or effect modification analyses were described. Methods for handling missing data is not described.
	Metric 5B: Sensitivity	Medium	The sample size was adequate (n=242). Ranges of exposure were reported and are expected to provide adequate variability to evaluate primary hypotheses in the study. Geometric mean (SD) exposure levels (ug/L) were: MBP 165.26 (159.14), MBzP 173.17 (196.35), MEHP 78.60 (143.80), MEOHP 178.72 (143.07), MEHHP 114.20 (147.30). The cross-sectional design of the study precludes a follow-up interval between exposure measurement and outcome ascertainment, which could reduce sensitivity to the effect of exposure on the outcome of interest if the exposure measure is not representative of previous exposure. No other concerns regarding sensitivity were identified.

**Additional Comments:** This cross-sectional study examined the associations of urinary phthalate metabolites with body mass index and waist circumference among children and adolescents age 6-18 living in Isfahan, Iran. Major concerns include a lack of information on participant selection procedures, potential for exposure misclassification, and likely residual confounding. Additionally, results were reported without confidence intervals or standard errors, making it difficult to evaluate precision. All relevant phthalates were significantly positively associated with BMI z-score and waist circumference. The cross-sectional study design precludes causal interpretation of results.

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Study Citation:	Amin, M. M., Parastar, S., Ebrahimpour, K., Shoshtari-Yeganeh, B., Hashemi, M., Mansourian, M., Kelishadi, R. (2018). Association of urinary phthalate metabolites concentrations with body mass index and waist circumference. Environmental Science and Pollution Research 25(11):11143-11151.		
Health Outcome(s) Assessed:	Nutritional/Metabolic- Body mass index (BMI), waist circumference, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
HERO ID:	4728682		
Domain	Metric	Rating	Comments
Overall Quality Determination		Low	

<b>Study Citation:</b>	Bloom, M. S., Wenzel, A. G., Brock, J. W., Kucklick, J. R., Wineland, R. J., Cruze, L., Unal, E. R., Yucel, R. M., Jiyesova, A., Newman, R. B. (2019). Racial disparity in maternal phthalates exposure; Association with racial disparity in fetal growth and birth outcomes. Environment International 127:473-486.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Small for gestational age (SGA), Birth weight for gestational age z-scores (Z-BW), Preterm birth (PTB), Low birth weight (LBW), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5494469		

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
	Metric 1A: Participant Selection	Medium	Participants in this prospective birth cohort study were enrolled from the Medical University of South Carolina in the Charleston, South Carolina metropolitan area between 2011 and 2014. 391 women were enrolled when presenting between 18-22 weeks gestation at an ultrasound appointment for singleton fetuses; all women were at least 18 years of age. Exclusion criteria included: not having an ultrasound-confirmed gestational age, having multiple gestations, fetal anomalies, women using progesterone or chronic steroids, women with endocrine disorders, women who reported their race/ethnicity to be anything other than white or black (n=9), women who did not have a live-birth at the study hospital, and women with who did not want to know the fetal sex of their child. Demographic characteristics are presented in Table 1 but are split by race/ethnicity rather than exposure or outcome. However, several potential differences between participants (including race/ethnicity) are adjusted for or stratified in statistical analysis. The final sample included n=310 women. However, the analysis sample was restricted to n=181 mothers who had urine samples at both study time points. Inverse probability weights were used to minimize the impact of selection bias resulting from only using women with two samples. The exact methodology for inverse probability weighting is not well described. There are no specific concerns for selection bias, although no evidence that selection bias was unlikely to have occurred.
Domain 2: Exposure Characterization			
	Metric 2A: Exposure Measurement	High	Phthalates were measured as urinary metabolites - all metabolites are specific for the parent compound mentioned. Urine samples were collected at two points: enrollment (18-22 weeks gestation) and approximately 9 weeks after enrollment (24-32 weeks gestation). Samples were quantified using liquid chromatography coupled with triple quadrupole mass spectrometry. QC methods are detailed and appropriate. LODs were calculated as three times the standard deviation of blanks or the value of the lowest detectable calibrant, which was greater. Phthalate concentrations were corrected for urinary specific gravity
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Bloom, M. S., Wenzel, A. G., Brock, J. W., Kucklick, J. R., Wineland, R. J., Cruze, L., Unal, E. R., Yucel, R. M., Jiyessova, A., Newman, R. B. (2019). Racial disparity in maternal phthalates exposure; Association with racial disparity in fetal growth and birth outcomes. Environment International 127:473-486.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Small for gestational age (SGA), Birth weight for gestational age z-scores (Z-BW), Preterm birth (PTB), Low birth weight (LBW), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5494469		
Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	High	Sex-specific birth weight for gestational age Z-scores were calibrated using a North American reference population. Birth weight and gestational age at delivery were extracted from electronic medical records. Small for gestational age was defined as the lowest 10% of birth weight z-scores. Preterm birth was defined as delivery at <37 weeks gestation, where gestational age was confirmed via ultrasound. Low birth weight was defined as weights less than 2,500 grams at delivery. There is no evidence for bias in outcome ascertainment.
	Metric 3B: Selective Reporting	Medium	No concerns - all analyses mentioned in the methods are reported in the results.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	High	Considered covariates included maternal age, maternal BMI, maternal education, cigarette smoking since learning of the study pregnancy, race, and infant sex. Covariates were identified a priori and used a directed acyclic graph (DAG) to identify parsimonious covariate sets. Covariate information was obtained from an interviewer-administered study questionnaire.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	A multiple informants approach was used to estimate the joint impact of both urine sampling time points on birth weight z-scores and small-for-gestational age determination, using linear regression and logistic regression respectively. Logistic regression was also used to assess the association with urinary metabolites and preterm birth and low-birth weight, with only the enrollment urine sample timepoint. Many women with preterm birth or low birth weight were unable to provide a urine sample, and thus the 2nd time-point measure was not used in those analyses. There is no specific evidence to suggest that the exclusion of those participants would result in bias. Machine-read values were used for values below the LOD rather than imputation. Urinary phthalate metabolite levels were natural log transformed to address skewed distributions. Both continuous and categorical (tertile) phthalates were assessed. Analysis methods are well documented and extensively reported.
	Metric 5B: Sensitivity	Medium	The sample size of n=310 women is likely to be sufficiently large enough to detect an effect. Exposure ranges are wide enough to provide contrast between higher and lower exposure.
<b>Additional Comments:</b>	This study assessed the relationship between urinary phthalate metabolites and birth outcomes, including birth weight z-scores, small-for-gestational age, preterm birth, and low birth weight. Strengths of the study include multiple timepoint measures for phthalates and a thorough assessment of potential confounders. MiBP, MEOHP, and MEHP were found to be predictors of adverse effects in this sample.		

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Study Citation:	Bloom, M. S., Wenzel, A. G., Brock, J. W., Kucklick, J. R., Wineland, R. J., Cruze, L., Unal, E. R., Yucel, R. M., Jiyessova, A., Newman, R. B. (2019). Racial disparity in maternal phthalates exposure; Association with racial disparity in fetal growth and birth outcomes. Environment International 127:473-486.		
Health Outcome(s)	Reproductive/Developmental- Small for gestational age (SGA), Birth weight for gestational age z-scores (Z-BW), Preterm birth (PTB), Low birth weight (LBW), Non-cancer		
Assessed:			
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
HERO ID:	5494469		
Domain	Metric	Rating	Comments
Overall Quality Determination		High	

<b>Study Citation:</b>	Chen, C. C., Wang, Y. H., Chen, W. J., Hsiung, C. A., Guo, Leon, Y. L., Wang, Julie, S. L. (2019). A benchmark dose study of prenatal exposure to di(2-ethylhexyl) phthalate and behavioral problems in children. International Journal of Hygiene and Environmental Health 222(6):971-980.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer; Reproductive/Developmental- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5499409		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants were recruited as part of a pilot for the nationwide birth cohort study, the Taiwan Maternal and Infant Cohort Study. 610 pregnant women without clinical complications of eclampsia or preeclampsia were recruited at a medical center in central Taiwan for 1 year (December 2000 through November 2001). Of the 610, 430 completed questionnaires and provided urine samples during the 3rd trimester. Follow-up was conducted when the children were ages 8 (n=122), 11 (n=96), and 14 (n=78) years of age. Analyses to compare groups of children lost to follow-up in later age groups were conducted and provided in supplemental material; no significant differences were found.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolites were measured in maternal urine during the 3rd trimester, and in children at ages 8, 11, and 14 years of age. References were provided that describe the quality control and assurance of the urine analysis. Sample storage conditions prior to analyses were not detailed within the main text. Standard analysis methods were used (beta glucuronidase enzymatic deconjugation followed by solid-phase extraction and qualification using liquid chromatography-electrospray ionization-tandem mass spectrometry). The average daily intake (AvDI) of DEHP was estimated using urinary data for MEHP, MEOHP, and MEHHP, and adjusts for creatinine excretion and body weight. AvDI was used as the exposure variable in the regression models.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Standard assessment tools were used to ascertain outcomes. The CBCL (Chinese version, which was validated for adolescents in Taiwan) was completed by the children's mothers (referring to the children's prior 6 months) at 8, 11, and 14 years of age during follow-up visits and formed the basis of the 8 behavior syndromes and the 2 summary measures (internalizing problems, externalizing problems). The Chinese version of the Wechsler Intelligence Scale for Children-version III was used to evaluate full-scale IQ scores of the children at those same ages. Outcome misclassification is possible due to completion of the tests by the mother, rather than the child. It is unclear what the direction of any associated bias might be (e.g. would mothers tend to under-report behavior syndromes, etc.).
Metric 3B:	Selective Reporting	Medium	Results from analyses described in the methods section were provided in the text, tables and figures, and supplemental material of the paper.

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<b>Study Citation:</b>	Chen, C. C., Wang, Y. H., Chen, W. J., Hsiung, C. A., Guo, Leon, Y. L., Wang, Julie, S. L. (2019). A benchmark dose study of prenatal exposure to di(2-ethylhexyl) phthalate and behavioral problems in children. International Journal of Hygiene and Environmental Health 222(6):971-980.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer; Reproductive/Developmental- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5499409		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Rationale for confounder selection is not expressly stated. Multivariate analyses to assess associations between AvDI and CBCL scores at each time point were adjusted for IQ scores, family income at the time, and gender; additionally, analyses stratified by gender were performed. The longitudinal risk of behavior problems for different levels of prenatal DEHP exposures were estimated, adjusting for mother's age at childbirth, family income, gender, child's age, and IQ measured at the time. An additional sensitivity analysis incorporated information on the mother collected during pregnancy (degree of sadness, tiredness, exhaustion, etc.) in the models. Confounders seem appropriate, although due to the outcomes being somewhat subjective, it's possible that there could be residual confounding. For example, mothers might be more likely to report some of the outcomes during teen years (due to normal psychological development), and perhaps exposure to phthalates varies by age.
Domain 5: Analysis			
	Metric 5A: Analysis	High	The analysis was very thorough and included assessment of effect modification by gender, various modeling approaches, and several sensitivity analyses. It is not expressly stated what proportion of results are >LOD and if any were present, how results <LOD were handled in the analysis. DEHP exposure was log-adjusted to improved normality. Multivariate regression assessed maternal AvDI and child's individual CBCL scores at the three time points. The longitudinal risk of behavior problems for different levels of prenatal DEHP was estimated using a mixed effect logistic model. Bayesian analysis using MCMC simulations was used to relate overall CBCL scores to AvDI. Additional sensitivity analyses 1) incorporated the children's DEHP exposures into the model, 2) excluded two maternal exposure outliers, 3) assessed intra-individual variations in pot urine samples, 4) examined the possible impact of maternal heavy metals measured in urine, and 5) examined the possible impact of maternal stress.
	Metric 5B: Sensitivity	Medium	Since this study is a pilot for a larger national study, sample size was relatively small, and participation decreased over time. The study design (prospective cohort) allowed for assessment of exposure during crucial time windows (e.g. prenatal) and outcomes at various developmentally appropriate follow-up time points. There may be some issues related to maternal reporting of outcome data, although it is unclear how this may impact the results.
<b>Additional Comments:</b>	This prospective cohort study served as a pilot for the Taiwan Maternal and Infant Cohort Study. While sample size is relatively small, exposure assessment and statistical analysis were particular strong points. There were no substantial flaws in the study.		

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<b>Study Citation:</b>	Chen, C. C., Wang, Y. H., Chen, W. J., Hsiung, C. A., Guo, Leon, Y. L., Wang, Julie, S. L. (2019). A benchmark dose study of prenatal exposure to di(2-ethylhexyl) phthalate and behavioral problems in children. International Journal of Hygiene and Environmental Health 222(6):971-980.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer; Reproductive/Developmental- Eight behavior syndromes from the child behavior checklist (CBCL) - withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and two summary measures derived from these (internalizing problems, externalizing problems) at ages 8, 11 and 14., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	5499409

Domain	Metric	Rating	Comments
<b>Overall Quality Determination</b>		<b>Medium</b>	

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<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5499409		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants were recruited as part of a pilot for the nationwide birth cohort study, the Taiwan Maternal and Infant Cohort Study. 610 pregnant women without clinical complications of eclampsia or preeclampsia were recruited at a medical center in central Taiwan for 1 year (December 2000 through November 2001). Of the 610, 430 completed questionnaires and provided urine samples during the 3rd trimester. Follow-up was conducted when the children were ages 8 (n=122), 11 (n=96), and 14 (n=78) years of age. Analyses to compare groups of children lost to follow-up in later age groups were conducted and provided in supplemental material; no significant differences were found.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolites were measured in maternal urine during the 3rd trimester, and in children at ages 8, 11, and 14 years of age. References were provided that describe the quality control and assurance of the urine analysis. Sample storage conditions prior to analyses were not detailed within the main text. Standard analysis methods were used (beta glucuronidase enzymatic deconjugation followed by solid-phase extraction and qualification using liquid chromatography-electrospray ionization-tandem mass spectrometry). The average daily intake (AvDI) of DEHP was estimated using urinary data for MEHP, MEOHP, and MEHHP, and adjusts for creatinine excretion and body weight. AvDI was used as the exposure variable in the regression models.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Standard assessment tools were used to ascertain outcomes. The CBCL (Chinese version, which was validated for adolescents in Taiwan) was completed by the children's mothers (referring to the children's prior 6 months) at 8, 11, and 14 years of age during follow-up visits and formed the basis of the 8 behavior syndromes and the 2 summary measures (internalizing problems, externalizing problems). The Chinese version of the Wechsler Intelligence Scale for Children-version III was used to evaluate full-scale IQ scores of the children at those same ages. Outcome misclassification is possible due to completion of the tests by the mother, rather than the child. It is unclear what the direction of any associated bias might be (e.g. would mothers tend to under-report behavior syndromes, etc.).
Metric 3B:	Selective Reporting	Medium	Results from analyses described in the methods section were provided in the text, tables and figures, and supplemental material of the paper.
Domain 4: Potential Confounding / Variability Control			
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<b>HERO ID:</b>	5499409			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Rationale for confounder selection is not expressly stated. Multivariate analyses to assess associations between AvDI and CBCL scores at each time point were adjusted for IQ scores, family income at the time, and gender; additionally, analyses stratified by gender were performed. The longitudinal risk of behavior problems for different levels of prenatal DEHP exposures were estimated, adjusting for mother’s age at childbirth, family income, gender, child’s age, and IQ measured at the time. An additional sensitivity analysis incorporated information on the mother collected during pregnancy (degree of sadness, tiredness, exhaustion, etc.) in the models. Confounders seem appropriate, although due to the outcomes being somewhat subjective, it’s possible that there could be residual confounding. For example, mothers might be more likely to report some of the outcomes during teen years (due to normal psychological development), and perhaps exposure to phthalates varies by age.	
Domain 5: Analysis	Metric 5A: Analysis	High	The analysis was very thorough and included assessment of effect modification by gender, various modeling approaches, and several sensitivity analyses. It is not expressly stated what proportion of results are >LOD and if any were present, how results <LOD were handled in the analysis. DEHP exposure was log-adjusted to improved normality. Multivariate regression assessed maternal AvDI and child’s individual CBCL scores at the three time points. The longitudinal risk of behavior problems for different levels of prenatal DEHP was estimated using a mixed effect logistic model. Bayesian analysis using MCMC simulations was used to relate overall CBCL scores to AvDI. Additional sensitivity analyses 1) incorporated the children’s DEHP exposures into the model, 2) excluded two maternal exposure outliers, 3) assessed intra-individual variations in pot urine samples, 4) examined the possible impact of maternal heavy metals measured in urine, and 5) examined the possible impact of maternal stress.	
	Metric 5B: Sensitivity	Medium	Since this study is a pilot for a larger national study, sample size was relatively small, and participation decreased over time. The study design (prospective cohort) allowed for assessment of exposure during crucial time windows (e.g. prenatal) and outcomes at various developmentally appropriate follow-up time points. There may be some issues related to maternal reporting of outcome data, although it is unclear how this may impact the results.	
Additional Comments:	This prospective cohort study served as a pilot for the Taiwan Maternal and Infant Cohort Study. While sample size is relatively small, exposure assessment and statistical analysis were particular strong points. There were no substantial flaws in the study.			

**Overall Quality Determination****Medium**

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<b>HERO ID:</b>	5499409		
Domain	Metric	Rating	Comments

<b>Study Citation:</b>	Dales, R. E., Kauri, L. M., Cakmak, S. (2018). The associations between phthalate exposure and insulin resistance, $\beta$ -cell function and blood glucose control in a population-based sample. Science of the Total Environment 612:1287-1292.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Measures of glucose and insulin metabolism among individuals without diagnosed diabetes: fasting glucose, fasting insulin, glycated hemoglobin (HbA1c), homeostasis model assessment for insulin resistance (HOMA-IR), homeostasis model assessment for beta cell function (HOMA- $\beta$ ), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728651		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study analyzed associations between phthalates and measures of insulin and glucose metabolism among participants aged 12 and older in the Canadian Health Measures Survey (CHMS), cycle 2 (2009–2011). The CHMS was designed to represent 96% of the Canadian population (excluding armed forces, institutionalized or reservation residents, and homeless populations). Participants were excluded if they reported being pregnant, had a diagnosis of diabetes, or had not fasted overnight prior to blood sampling. Of 4437 subjects between 12 and 79 years old without reported diabetes, 2563 (57.7%) had measures of urinary phthalate metabolites. The analysis sample included 2119 (47.7%) participants with a fasting glucose measure, at least one phthalate metabolite at detectable concentrations (n=80 with all metabolites below detection limits were excluded), and urinary creatinine in the acceptable range. The mean age was 37 years. The study did not discuss reasons for missing phthalate measures or discuss characteristics of excluded participants. However, there was no evidence that exclusions led to selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	A single urine sample from each participant was used to measure phthalates; urine was collected at the same time as fasting blood used to analyze insulin and glucose metabolism outcomes. Phthalate measures included metabolites of: (i) DBP (mono-n-butyl phthalate MnBP); (ii) DEHP (mono-2-ethylhexyl phthalate MEHP, mono-(2-ethyl-5-hydroxyhexyl) phthalate MEHHP, and mono-(2-ethyl-5-oxohexyl) phthalate MEOHP); (iii) BzBP (mono-benzyl phthalate MBzP as well as some MnBP); and (iv) DiBP (mono-isobutyl phthalate MiBP). Concentrations of DCHP metabolite mono cyclohexyl phthalate (MCHP) were not analyzed as detection rates were <20%. Analyses were conducted using UPLC-MS-MS and published methods (details in Saravanabhavan et al 2013 HEROID 1597648). Calibration curves were developed using certified standard solutions and adjusted using compound-specific correction factors following an accuracy investigation. HEROID 1597648 reported that detection rates for MnBP, MBzP and major DEHP metabolites were >99%; values below limits of detection (LOD) were assigned a value one half the LoD. Samples were adjusted for dilution using creatinine. It is uncertain to what extent measured phthalate exposures are representative of the etiologically relevant period for pre-diabetes. However, limiting eligibility to persons without diagnosed diabetes reduced the likelihood of including participants whose phthalate exposure may be influenced by dietary or other behavior changes in behavior related to the outcome. Some exposure misclassification is likely given the short half-lives of phthalate metabolites, but there was no evidence of bias.

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<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Measures of glucose and insulin metabolism among individuals without diagnosed diabetes: fasting glucose, fasting insulin, glycated hemoglobin (HbA1c), homeostasis model assessment for insulin resistance (HOMA-IR), homeostasis model assessment for beta cell function (HOMA- $\beta$ ), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	4728651

Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Measures of insulin and glucose metabolism were obtained using serum from a blood sample collected after an overnight fast. These included fasting serum glucose, fasting insulin, and percent glycosylated hemoglobin (HbA1C). HbA1c provides a marker of long-term glucose control. HOMA-IR (a measure of insulin resistance) and HOMA- $\beta$ (a measure of pancreatic beta cell function) were calculated from fasting glucose and insulin based on published equations (Wallace et al., 2004: HOMA-IR = fasting insulin mU/l * fasting glucose mmol/l) / 22.5); HOMA- $\beta$ = (20* fasting insulin / (fasting glucose – 3.5). Excluding participants with self-reported diagnosed diabetes reduced the likelihood that levels of these measures were influenced by diabetes medications or special diets. This study was characterized as an analysis of persons without diabetes. However, results should be interpreted as including persons with undiagnosed diabetes, as there was no exclusion or adjustment for this condition. Participants with undiagnosed diabetes (e.g., fasting glucose or HbA1c above established cutoffs) comprised 37.3% of persons with diabetes in CHMS 1 and 2 data (Hosseini et al. 2019, PMID: 31386561). It is uncertain whether or how diabetes may itself influence the metabolism of chemicals, making it difficult to ascertain whether or how including these participants might influence findings.
	Metric 3B: Selective Reporting	Medium	The authors described their primary analyses in the methods section and results were reported for all primary analyses. No concerns for selective reporting.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	The authors examined potential confounding by age, sex, race/ethnicity (Caucasian v. other), smoking (current v. other), alcohol (daily over the past 12 months v. other), physical activity (sedentary vs other) and education level. Covariates that changed the outcome-exposure coefficients by >10% (age, sex, smoking) were required to be retained; models appear to have adjusted for additional variables a priori. BMI and C-reactive protein—potentially intermediates on the causal pathway from phthalates to diabetes—were excluded from the primary models. However, the authors reported evaluating the influence of adding these variables to the models. There is potential residual confounding by phthalate co-exposures based on Spearman correlations. Correlations between metabolites from different parent phthalates were largely <0.5, but there were a few between 0.5 and 0.6. In addition, residual confounding by variables such as past smoking or alcohol use, diet quality, income, other metabolic disorders (e.g. high cholesterol), and medication use cannot be ruled out. However, there was no evidence of important confounding bias.

Domain 5: Analysis

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<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Measures of glucose and insulin metabolism among individuals without diagnosed diabetes: fasting glucose, fasting insulin, glycated hemoglobin (HbA1c), homeostasis model assessment for insulin resistance (HOMA-IR), homeostasis model assessment for beta cell function (HOMA- $\beta$ ), Non-cancer			
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<b>HERO ID:</b>	4728651			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Generalized linear models were used to analyze associations between log transformed phthalate metabolites and each outcome variable. Models accounted for geographic autocorrelation and included sampling weights. In addition to confounding, the authors evaluated effect modification using product terms between phthalates and age, sex, race/ethnicity, smoking, alcohol, and physical activity; none were significant ( $p < 0.10$ ). Descriptive statistics were used to identify and remove extreme outliers (no details provided). A sensitivity analysis was performed to evaluate the impact of adding BMI and CRP to models; results were not shown but were summarized as not significantly reducing observed effect sizes. There were missing details and a few potential limitations of the analyses performed. The authors did not discuss handling missing values for covariates or examining non-linear dose response. The large age range (12-79 years) pooled adolescents, adults, and older adults, groups with potentially heterogeneous phthalate exposure patterns and diabetes /prediabetes risk. It is unclear if the authors examined effect modification by age groups vs age as a continuous variable. The authors did not evaluate the influence of including individuals diagnosed with other metabolic disorders besides diabetes (e.g. high cholesterol, hypertension). Use of medications or special diets related to those conditions may influence both glucose and insulin outcome measures and phthalates exposures. As noted earlier, the authors did not report evaluating the influence of including persons with undiagnosed diabetes. Despite concerns, there was no direct evidence that these analyses would meaningfully change findings or conclusions.	
	Metric 5B: Sensitivity	Medium	The sample size was large ( $>2000$ participants), and geometric means (SD) and interquartile ranges for each phthalate showed substantial variability in exposure. Interquartile ranges (mcg/L) for individual metabolites of interest ranged from 1.65 for MEHP to 35.43 for MnBP.	
<b>Additional Comments:</b> This cross-sectional study analyzed associations between urinary phthalate metabolites and measures of insulin and glucose metabolism in fasting serum in 2,119 participants aged 12–79 years in 2009-2011 Canadian Health Measures Survey (CHMS). Outcomes included fasting glucose, fasting insulin, HbA1c, and the calculated homeostasis model indices HOMA-IR and HOMA-beta. The study excluded individuals with self-reported diagnosed diabetes but included individuals whose outcomes measures were consistent with having undiagnosed diabetes. The study found that MEHHP [parent phthalate DEHP] was associated with significantly higher levels of HbA1c, glucose, HOMA-IR, and HOMA-beta. The sum of DEHP metabolites was positively and significantly associated with all outcomes, including fasting insulin. Several other phthalate metabolites, including the following, were associated with higher HbA1c (MBzP [BBP] and MEHP [DEHP]), HOMA-beta (MnBP [DBP/BBP], MEHPP and MEOHP [DEHP]) and HOMA-IR (MEOHp [DEHP]). The authors reported that interaction terms with log phthalates and variables including sex and age did not reach significance, and that adjusting for BMI and C-reactive protein did not meaningfully influence results. Strengths included the large sample size and availability of multiple measures of glucose and insulin homeostasis. Limitations included the cross-sectional design, and the potential for confounding by the inclusion of participants with undiagnosed diabetes and other metabolic disorders (e.g. dyslipidemia, hypertension). These disorders may associate not only with measures of glucose homeostasis, but also with dietary habits or medications that affect phthalate exposure, as well as the metabolism of phthalates.				

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HERO ID:	4728651		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	



<b>Study Citation:</b>	Huang, L. L., Zhou, B., Ai, S. H., Yang, P., Chen, Y. J., Liu, C., Deng, Y. L., Lu, Q., Miao, X. P., Lu, W. Q., Wang, Y. X., Zeng, Q. (2018). Prenatal phthalate exposure, birth outcomes and DNA methylation of Alu and LINE-1 repetitive elements: A pilot study in China. Chemosphere 206:759-765.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- birth length, birth weight, gestational age, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728501		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study examined associations between prenatal urinary phthalate metabolites and birth outcomes among a subset of mother-infant pairs in a birth cohort. Participants were recruited from two cities in Hubei province, China (Wuhan and Xiaogan) during late pregnancy ( $\geq 35$ weeks) (Cao et al. 2016, HERO ID 10796222). Study text suggests that only participants recruited from Wuhan (recruited 2011-2012) were included in the current study. Inclusion criteria were: $\geq 35$ gestational weeks, maternal age $\geq 18$ years, at least 1 year of residence in the study city, and ultrasound-confirmed single-ton infant. Details of participant recruitment methods and the percentage of women invited to participate who agreed to participate was not provided. 996 eligible subjects in Wuhan agreed to participate, 799 provided a urine samples, 115 had DNA methylation measured in cord blood, and 106 had sufficient urine volume for measuring phthalate metabolites. Participants in the current study were similar to the overall cohort on most measured characteristics with the exception of maternal prenatal BMI. While some details of participant recruitment methods and participation rates were not provided, the available information does not raise concerns regarding selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in maternal first morning urine samples collected at the time of arrival at the clinic for delivery using high performance liquid chromatography-tandem mass spectrometry (HPLC-MS/MS). LODs "ranged from 0.01 ug/L to 0.04 ug/L" (LODs for specific phthalates not provided). Values below the LOD were given a value of the LOD divided by the square root of two. The percentage of samples above the LOD was: MEHP 94.3%, MEHHP 100%, MEOHP 99.1%, MBP 100%, MBzP 100%. While exposure measurement methods were adequate, there is some concern that the timing of exposure assessment (during the same clinic visit as delivery) may not represent the etiologically relevant time period for outcomes assessed at birth.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	The outcomes of interest were birth length, birth weight, and gestational age. No further information was provided regarding outcome assessment. While substantial misclassification in such measurements is unlikely, the absence of any information on outcome assessment methods contributes to a deficient rating in this domain.
Metric 3B:	Selective Reporting	Medium	The analyses described in the methods section were presented in the results section.
Domain 4: Potential Confounding / Variability Control			
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<b>HERO ID:</b>	4728501			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	The method for identifying potential confounding variables was not described. Potential confounding variables were included in regression models if their inclusion resulted in a greater than 10% change in the effect estimate; however, the full set of variables considered during this process was not provided. Final regression models were adjusted for age, pre-pregnancy BMI, marital status, passive smoking, infant sex, and creatinine. Models for birth length and birth weight were additionally adjusted for gestational age. The distribution of household income per month among male versus female infants was presented in Table 1, but information on whether this variable was related to exposure and outcome was not provided and it is not clear if it was evaluated for inclusion in regression models. There is some potential for residual confounding.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Phthalate metabolite values below the LOD were assigned a value of the LOD divided by the square root of two. Values were natural log-transformed prior to analysis. Associations between individual phthalate metabolites and each birth outcome (birth length, birth weight, gestational age) were estimated using general additive models. Additional models were constructed using summed metabolites as the exposure variable (sum DEHP calculated from MEHP, MEOHP, and MEHHP; sum low molecular weight metabolites calculated from MBP and other non-PECO relevant metabolites; sum high molecular weight metabolites calculated from MBzP, MEHP, MEHHP, and MEOHP). Additional analyses conducted using general additive models and mediation analysis examined whether Alu and LINE-1 methylation in cord blood samples mediated associations between phthalates and birth outcomes. All analyses conducted among the entire study population as well as stratified by infant sex. No sensitivity analyses were described.	
	Metric 5B: Sensitivity	Medium	The sample size was adequate (n=106), although statistical power is likely reduced in analyses stratified by infant sex. Median (range) values in ug/L were for MEHP: 3.87 (0.01 – 106.71 ug/L), MEHHP: 14.06 (0.90 – 253.97), MEOHP 9.14 (0.72 – 138.96), MBP: 54.14 (1.34 – 1304.94), MBzP: 0.32 (0.01 – 3.98). No other concerns regarding study sensitivity were identified.	
<b>Additional Comments:</b>	This birth cohort study of mother-infant pairs in Hubei province, China examined the associations between maternal urinary phthalate metabolites measured prior to delivery and birth outcomes among infants. A major concern is the timing of exposure assessment (maternal urine samples taken at the time of presentation to the clinic for delivery), which may not represent the etiologically relevant time window. Other concerns include the absence of information on outcome assessment methods and the potential for residual confounding by socioeconomic status. MBzP, MEHP, and MEOHP were associated with higher gestational age, while MEHHP and MEOHP were associated with lower birth length. Higher gestational age and lower birth length were also associated with the sum of DEHP metabolites and the sum of high molecular weight phthalates (MBzP, MEHP, MEHHP, MEOHP).			

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HERO ID:	4728501		
Domain	Metric	Rating	Comments
Overall Quality Determination		Low	

<b>Study Citation:</b>	Kim, S., Eom, S., Kim, H. J., Lee, J. J., Choi, G., Choi, S., Kim, S., Kim, S. Y., Cho, G., Kim, Y. D., Suh, E., Kim, S. K., Kim, S., Kim, G. H., Moon, H. B., Park, J., Kim, S., Choi, K., Eun, S. H. (2018). Association between maternal exposure to major phthalates, heavy metals, and persistent organic pollutants, and the neurodevelopmental performances of their children at 1 to 2 years of age—CHECK cohort study. Science of the Total Environment 624:377-384.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Neurobehavioral outcomes (Bayley Scales of Infant Development-II (BSID-II), Social Maturity Scale (SMS), Child Behavior Checklist (CBCL)), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	4728479

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
	Metric 1A: Participant Selection	Medium	This birth cohort study examined associations between prenatal exposure to phthalates and neurodevelopmental outcomes among children aged 13-24 months. Participants were maternal-child pairs from the Children's Health and Environmental Chemicals in Korea (CHECK) cohort. No information on participation rates was provided. 337 pregnant women were recruited from five university hospitals located in 4 cities of varying size and levels of industrial activity. Children were excluded from the present study if they had underlying neurodegenerative disease (n=2) or due to maternal depression (n=2). The final sample size was n=140 maternal-child pairs; it is not clear what further inclusion/exclusion criteria were applied to arrive at n=140 from the initially enrolled n=337 although it appears availability of biological samples in which exposures were measured may have contributed to the lower final sample size. Participants in the current study (n=140) were stated not to be different from the "initial" population (n=337), but data was not shown and the characteristics upon which this comparison was based were not stated. Of those n=140, n=86 had phthalate measurements in maternal urine samples and n=73 had phthalate measurements in maternal breast milk samples. While information on some aspects of participant selection procedures was limited, the available information does not raise serious concerns of selection bias.
Domain 2: Exposure Characterization			
	Metric 2A: Exposure Measurement	Medium	Relevant phthalate metabolites were measured in maternal breast milk samples (n=73) collected 30 days after delivery. Details of exposure measurement are described for a smaller number of samples (n=63) in the same cohort in Kim et al. 2015 (HERO ID: 2816863). Metabolites were measured using liquid chromatography-mass spectrometry (LC-MS) with a tandem mass spectrometer "coupled to a Shimadzu HPLC system." LODs for samples in the current study in breast milk were 0.2 ug/L for MiBP (90% > LOD), 0.3 ug/L for MEHP (99% > LOD) and 0.2 ug/L for MnBP (99% > LOD); MEHHP and MEOHP were not measured in breast milk. Relevant phthalate metabolites were measured in maternal urine samples (n=86) collected when women arrived at the hospital for delivery. No details on exposure quantification methods were provided in the current study or in associated references. LODs were 0.4 ug/L for MiBP (99% > LOD) and MnBP (100% > LOD), 0.3 ug/L for MEHP (100% > LOD), 0.2 ug/L for MEHHP (100% > LOD), and 0.1 ug/L for MEOHP (100% > LOD). Overall, exposure assessment was adequate with LODs and detection rates reported, but some information regarding assessment in urine samples was not provided.
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<b>Study Citation:</b>	Kim, S., Eom, S., Kim, H. J., Lee, J. J., Choi, G., Choi, S., Kim, S., Kim, S. Y., Cho, G., Kim, Y. D., Suh, E., Kim, S. K., Kim, S., Kim, G. H., Moon, H. B., Park, J., Kim, S., Choi, K., Eun, S. H. (2018). Association between maternal exposure to major phthalates, heavy metals, and persistent organic pollutants, and the neurodevelopmental performances of their children at 1 to 2 years of age—CHECK cohort study. Science of the Total Environment 624:377-384.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Neurobehavioral outcomes (Bayley Scales of Infant Development-II (BSID-II), Social Maturity Scale (SMS), Child Behavior Checklist (CBCL)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728479		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Neurobehavioral outcomes were assessed using the Bayley Scales of Infant Development-II (BSID-II), the Social Maturity Scale (SMS), and the Child Behavior Checklist (CBCL). The BSID-II (mental developmental index [MDI], psychomotor developmental index [PDI]) and SMS (social quotient [SQ] score) were administered by trained clinical pediatric psychologists at age 13-24 months. MDI and PDI scores were categorized (normal, mildly impaired development, moderately impaired development, severely impaired development). No information on blinding of examiners was provided. The CBCL was administered via parental report. CBCL scales were dichotomized into normal vs. “clinical” scores. Study states that BSID-II is validated and widely used; no other information on test validity in a population relevant to the study group provided. Tests were administered across a wide range of ages (13-24 months) with no score standardization for age.
	Metric 3B: Selective Reporting	Low	All analyses described in the methods section were reported in the results. However, only statistically significant results from analyses were provided.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	Potential confounders were identified based on previous studies of the same cohort; a full list of potential confounders considered for inclusion was not provided. Models were adjusted for maternal age, birth delivery mode, monthly household income, child’s sex, and maternal Beck Depression Inventory score. Age at outcome assessment varied from 13 to 24 months (mean: 19 months, standard deviation: 3.2 months); outcomes are likely to vary with age within this range but no adjustment for age made. Residual confounding is likely.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	For phthalates detected in > 75% of the samples, values below the LOQ were replaced with the LOQ divided by the square root of two. For outcomes assessed using the BSID-II and SMS, “multivariable analyses were conducted.” Details on the type of statistical model used were not clearly stated, but title of Table 3 indicates some form of regression model. For dichotomized outcomes assessed using the CBCL, analyses were conducted using analysis of covariance (ANCOVA). All models were adjusted for confounders. Results for BSID-II and SMS are presented among all study participants as well as stratified by child’s sex. No sensitivity analyses are described. Effect estimates with 95% confidence intervals are only presented for statistically significant results.
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<b>Study Citation:</b>	Kim, S., Eom, S., Kim, H. J., Lee, J. J., Choi, G., Choi, S., Kim, S., Kim, S. Y., Cho, G., Kim, Y. D., Suh, E., Kim, S. K., Kim, S., Kim, G. H., Moon, H. B., Park, J., Kim, S., Choi, K., Eun, S. H. (2018). Association between maternal exposure to major phthalates, heavy metals, and persistent organic pollutants, and the neurodevelopmental performances of their children at 1 to 2 years of age—CHECK cohort study. Science of the Total Environment 624:377-384.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Neurobehavioral outcomes (Bayley Scales of Infant Development-II (BSID-II), Social Maturity Scale (SMS), Child Behavior Checklist (CBCL)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728479			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	Sample sizes were relatively small for both urine (n=86) and breast milk (n=73) samples. Statistical power likely further reduced in analyses stratified by child’s sex. Exposure contrasts are adequate. Urine median (IQR) as follows. MiBP: 7.6 (4.8, 18.4) ug/g creatinine, MEHP: 12.8 (7.8, 19.1) ug/g creatinine, MnBP: 41.0 (30.0, 50.8) ug/g creatinine, MEHHP: 25.3 (14.9, 35.4) ug/g creatinine, MEOHP: 22.3 (13.5, 31.1) ug/g creatinine. Breast milk median (IQR) as follows. MiBP: 0.6 (0.3, 1.4) ug/L, MEHP: 2.5 (1.7, 3.7) ug/L, MnBP: 1.5 (0.8, 3.6) ug/L.	
Additional Comments:	This birth cohort study evaluated associations between prenatal phthalate exposure measured in multiple biological matrices and neurobehavioral outcomes at age 13-24 months. A major concern is the potential for residual confounding (in particular due to a lack of adjustment for age at outcome assessment). Only statistically significant results were presented. Additional minor concerns include a lack of information on some aspects of exposure assessment methods, validity of outcome assessment, and participant selection processes. Significant inverse associations between MEHP in breast milk and mental index among all study participants and among boys.			
<b>Overall Quality Determination</b>		<b>Low</b>		

<b>Study Citation:</b>	Ko, N. Y., Lo, Y. C., Huang, P. C., Huang, Y. C., Chang, J. L., Huang, H. B. (2019). Changes in insulin resistance mediate the associations between phthalate exposure and metabolic syndrome. Environmental Research 175:434-441.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Metabolic syndrome (MetS), insulin resistance (IR), abdominal obesity, high fasting blood glucose, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5433079		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The study recruited 503 participants performing voluntary military service in Northern Taiwan during summer 2017; 68 were excluded due to pregnancy/breastfeeding, thyroid dysfunction, diabetes, or creatinine levels outside the normal range, leaving 435 for analysis. Exclusion criteria seemed appropriate. Further detail on participant selection was not provided.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Participants' spot urine samples were analyzed using solid-phase extraction and high-performance liquid chromatography using established methods. Results were creatinine corrected. Concentrations below the limit of detection (LOD) were replaced by LOD divided by the square root of 2, a standard imputation method. Detection rates varied from 72% to 100%. Quality control methods were described. A daily intake (DI) variable was calculated for each phthalate using a standard formula that includes various individual characteristics and smoothed creatinine excretion rates. Individual participants with values greater than the median DI were defined as the high-intake group. Standard formulas were used to calculate a hazard quotient (HQ) and hazard index (HI) for each phthalate, and individual participant values greater than the median were defined as high. The main limitations associated with exposure measurement are that study was cross-sectional and therefore temporality could not be assessed, and only 1 urine sample per participant was collected, so exposure misclassification is possible.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Physical examinations conducted by the armed forces hospital were used to collect the individual measurable (e.g. high blood pressure, abdominal obesity, high fasting blood sugar, high triglycerides, and low HDL) indices of MetS, and participants were treated as having MetS if they met at least three of the indicators. This is standard methodology for defining MetS. IR was estimated using a standard methodology, the Homeostatic Model Assessment of estimated Insulin Resistance (HOMA-IR); high HOMA-IR was defined as being above the 75th percentile.
Metric 3B:	Selective Reporting	High	Results were reported consistently with the analyses described in the methods section.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Ko, N. Y., Lo, Y. C., Huang, P. C., Huang, Y. C., Chang, J. L., Huang, H. B. (2019). Changes in insulin resistance mediate the associations between phthalate exposure and metabolic syndrome. Environmental Research 175:434-441.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Metabolic syndrome (MetS), insulin resistance (IR), abdominal obesity, high fasting blood glucose, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5433079			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Covariates were selected based on directed acyclic graphs (age, sex, BMI, and smoking); because age and BMI were included in the DI and HI calculations, final models included sex and smoking. Although this is a fairly small list of confounders, because this is a fairly homogeneous population with regards to age, race, and occupation, inclusion of additional potential confounders such as SES may not have been appropriate.	
Domain 5: Analysis	Metric 5A: Analysis	High	Logistic regression was used to examine relationships of DI, HI, IR, and MetS. A mediation analysis was used to examine the total, direct, and indirect effects of phthalate exposures and indicators of MetS and IR. Descriptive data on participant demographics, MetS indices, and percent of participants with MetS and high HOMA-IR were summarized appropriately. For each phthalate metabolite (overall and by sex, unadjusted and creatinine adjusted), the proportion >LOD , various percentiles (25th, 50th, and 95th), and maximum level were well-described. Very detailed data on distributions of DI, HQ, and HI for each phthalate (min/max, percentiles - 25th, 33rd, 50th, 67th, and 95th) were included. Adjusted OR, 95% CI, and p-values from logistic regression assessing relationships between DI and HI and high HOMA-IR and indices of MetS were provided. In the text, the authors noted results from analyses to assess phthalate levels, DI, HQ, and HI by sex. Results from the mediation analysis were described in the text.	
	Metric 5B: Sensitivity	High	The study had a range of exposure levels appropriate to assess the outcomes. The sample size (>400) was relatively large. Many analyses were conducted, so it's possible that some statistically significant results noted were due to chance. The authors thoroughly put the study population levels and results from the analyses into the context of the literature. The main limitation of the study that could impact sensitivity is its cross-sectional design.	
Additional Comments:	This cross-sectional study of 435 Taiwan military personnel assessed phthalate exposure and MetS and HOMA-IR. It used novel approaches, including the calculation of the DI and HO indexes to describe exposure. Overall a strong study, with the main limitation being its cross-sectional design.			

**Overall Quality Determination****High**



<b>Study Citation:</b>	Ko, N. Y., Lo, Y. C., Huang, P. C., Huang, Y. C., Chang, J. L., Huang, H. B. (2019). Changes in insulin resistance mediate the associations between phthalate exposure and metabolic syndrome. Environmental Research 175:434-441.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- High blood pressure, high triglyceride, low HDL, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5433079		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The study recruited 503 participants performing voluntary military service in Northern Taiwan during summer 2017; 68 were excluded due to pregnancy/breastfeeding, thyroid dysfunction, diabetes, or creatinine levels outside the normal range, leaving 435 for analysis. Exclusion criteria seemed appropriate. Further detail on participant selection was not provided.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Participants' spot urine samples were analyzed using solid-phase extraction and high-performance liquid chromatography using established methods. Results were creatinine corrected. Concentrations below the limit of detection (LOD) were replaced by LOD divided by the square root of 2, a standard imputation method. Detection rates varied from 72% to 100%. Quality control methods were described. A daily intake (DI) variable was calculated for each phthalate using a standard formula that includes various individual characteristics and smoothed creatinine excretion rates. Individual participants with values greater than the median DI were defined as the high-intake group. Standard formulas were used to calculate a hazard quotient (HQ) and hazard index (HI) for each phthalate, and individual participant values greater than the median were defined as high. The main limitations associated with exposure measurement are that study was cross-sectional and therefore temporality could not be assessed, and only 1 urine sample per participant was collected, so exposure misclassification is possible.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Physical examinations conducted by the armed forces hospital were used to collect the individual measurable (e.g. high blood pressure, abdominal obesity, high fasting blood sugar, high triglycerides, and low HDL) indices of MetS, and participants were treated as having MetS if they met at least three of the indicators. This is standard methodology for defining MetS. IR was estimated using a standard methodology, the Homeostatic Model Assessment of estimated Insulin Resistance (HOMA-IR); high HOMA-IR was defined as being above the 75th percentile.
Metric 3B:	Selective Reporting	High	Results were reported consistently with the analyses described in the methods section.
Domain 4: Potential Confounding / Variability Control			
Metric 4A:	Potential Confounding	Medium	Covariates were selected based on directed acyclic graphs (age, sex, BMI, and smoking); because age and BMI were included in the DI and HI calculations, final models included sex and smoking. Although this is a fairly small list of confounders, because this is a fairly homogeneous population with regards to age, race, and occupation, inclusion of additional potential confounders such as SES may not have been appropriate.
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<b>Health Outcome(s) Assessed:</b>	Cardiovascular- High blood pressure, high triglyceride, low HDL, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5433079		

Domain	Metric	Rating	Comments
Domain 5: Analysis	Metric 5A: Analysis	High	Logistic regression was used to examine relationships of DI, HI, IR, and MetS. A mediation analysis was used to examine the total, direct, and indirect effects of phthalate exposures and indicators of MetS and IR. Descriptive data on participant demographics, MetS indices, and percent of participants with MetS and high HOMA-IR were summarized appropriately. For each phthalate metabolite (overall and by sex, unadjusted and creatinine adjusted), the proportion >LOD, various percentiles (25th, 50th, and 95th), and maximum level were well-described. Very detailed data on distributions of DI, HQ, and HI for each phthalate (min/max, percentiles - 25th, 33rd, 50th, 67th, and 95th) were included. Adjusted OR, 95% CI, and p-values from logistic regression assessing relationships between DI and HI and high HOMA-IR and indices of MetS were provided. In the text, the authors noted results from analyses to assess phthalate levels, DI, HQ, and HI by sex. Results from the mediation analysis were described in the text.
	Metric 5B: Sensitivity	High	The study had a range of exposure levels appropriate to assess the outcomes. The sample size (>400) was relatively large. Many analyses were conducted, so it's possible that some statistically significant results noted were due to chance. The authors thoroughly put the study population levels and results from the analyses into the context of the literature. The main limitation of the study that could impact sensitivity is its cross-sectional design.

Additional Comments: This cross-sectional study of 435 Taiwan military personnel assessed phthalate exposure and MetS and HOMA-IR. It used novel approaches, including the calculation of the DI and HQ indexes to describe exposure. Overall a strong study, with the main limitation being its cross-sectional design.

## Overall Quality Determination

## High

<b>Study Citation:</b>	Ku, H. Y., Tsai, T. L., Wang, P. L., Su, P. H., Sun, C. W., Wang, C. J., Wang, S. L. (2020). Prenatal and childhood phthalate exposure and attention deficit hyperactivity disorder traits in child temperament: A 12-year follow-up birth cohort study. Science of the Total Environment 699(Elsevier):134053.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child temperament traits and behaviors (activity level, rhythmicity, withdrawal, adaptability, intensity of reaction, positive mood, persistence, distractibility, threshold of responsiveness), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5933569		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	: This cohort study in central Taiwan examined the association between prenatal and postnatal phthalate exposure and child temperament traits related to ADHD. This study was a pilot for the larger Taiwan Maternal and Infant Cohort Study (TMICS). Pregnant women were recruited between December 1, 2000, and November 30, 2001. Inclusion and exclusion criteria were clearly specified. The study recruited 610 pregnant women with no clinical complications, aged 25-34 years, who were able to deliver their babies in a hospital were selected. 430 (70.4%) women completed a demographic questionnaire in addition to at least one follow-up visits with their children at ages 2, 5, and 11 years in 2003, 2006, and 2012. 391 of these women (63.9% of initial recruits) had provided urinary samples during pregnancy for phthalate analyses. The analysis sample included 208 (53.1% of 391) mother-child pairs with at least one follow-up temperament evaluation and measures of maternal urinary phthalates during pregnancy. Age-specific sample sizes ranged from 122 to 126 pairs. Compared to the analysis sample, maternal and paternal education was significantly lower in the 183 candidate pairs without follow-up child temperament visits. However, there were no significant differences in the analysis sample and those lost to follow-up in numerous other characteristics, including phthalate metabolite concentrations, child sex, parity, and maternal age.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MEHP, MEHHP, MEOHP, MBzP, MBP) were measured in single spot urine samples that were collected from both the mothers and children. Samples were collected from pregnant women in their third trimester; samples from children were collected concurrently with temperament measures. The authors used quantitative liquid chromatography-electrospray ionization-tandem mass spectrometry to measure the phthalate metabolites in urine. Each batch that was analyzed included one blank, one repeat, and one QC sample. Limits of detection (ng/mL) were provided for each metabolite (MEHP=0.7, MEHHP=0.2, MEOHP=0.2, MBzP=1, and MBP=2.5). Children's urine samples had 100% of samples above LOD; the proportion of maternal urinary phthalates below LOD was not provided. Authors noted that values below the LOD were imputed as half of the LOD. Urinary creatinine was used to adjust for dilution.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Ku, H. Y., Tsai, T. L., Wang, P. L., Su, P. H., Sun, C. W., Wang, C. J., Wang, S. L. (2020). Prenatal and childhood phthalate exposure and attention deficit hyperactivity disorder traits in child temperament: A 12-year follow-up birth cohort study. Science of the Total Environment 699(Elsevier):134053.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child temperament traits and behaviors (activity level, rhythmicity, withdrawal, adaptability, intensity of reaction, positive mood, persistence, distractibility, threshold of responsiveness), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5933569		

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	Primary caregivers of the children completed detailed temperament evaluations of the children at ages 2, 5, and 11 years. Caregivers also rated the child's behavior in the last month. Age-specific questionnaires were used to evaluate nine dimensions of child temperament: activity level, rhythmicity, withdrawal approach, adaptability, reaction intensity, mood quality, attention span/persistence, distractibility, and responsiveness threshold. The authors used a Chinese assessment – the Chinese Toddler Temperament Scale (CTTS) – to determine the temperament of children at 2 years of age. This test, which used a 6-point Likert scale, was standardized in 308 toddlers found to have acceptable internal consistency (Cronbach's alpha = 0.55-0.82) (Tsou et al., 1987; Taiwanese publication). Outcomes at ages 5 and 11 were measured using Chinese version of English-language questionnaires. At age 5 years, the authors used the Behavior Style Questionnaire-Chinese version (BSQ-C), which used a 7-point Likert scale. Two-week test-retest reliability for the BSQ-C ranged from 0.38 to 0.73 (Chen, 1981; master's thesis). The authors used the Middle Childhood Temperament Questionnaire-Chinese version (99 items, 5-point scale) to evaluate child temperament at 11 years of age (Cronbach's alpha = 0.69-0.80) (Wang, 2004; Taiwanese publication). Outcomes were analyzed as continuous scores, as well as classifying children as having higher vs lower ADHD symptoms based on scoring above the median for activity level, distractibility, and low persistence (n = 19 to 22 cases with ADHD traits from a total N of 122 to 126) as well as scoring above the median for these three traits as well as threshold of responsiveness (n=13 to 15 cases). One limitation of these measures is that English-language abstracts were not available for these assessments of validity or consistency. In addition, the authors did not discuss the consistency or comparability of the derived temperament scores across the different age-specific instruments either in the literature, or within the study population. Few children (n=3 to 4) were assessed as having high ADHD traits at multiple time points. Finally, validity of the "ADHD trait" classification based on temperament scores was not discussed. However, there was no evidence that measures were inadequate.
	Metric 3B: Selective Reporting	Medium	Authors reported or described findings for the analyses included as aims. Associations with childhood but not maternal phthalates were reported for analyses of a supplementary categorical outcome, but there was no evidence of bias.

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Ku, H. Y., Tsai, T. L., Wang, P. L., Su, P. H., Sun, C. W., Wang, C. J., Wang, S. L. (2020). Prenatal and childhood phthalate exposure and attention deficit hyperactivity disorder traits in child temperament: A 12-year follow-up birth cohort study. Science of the Total Environment 699(Elsevier):134053.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child temperament traits and behaviors (activity level, rhythmicity, withdrawal, adaptability, intensity of reaction, positive mood, persistence, distractibility, threshold of responsiveness), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5933569			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Final models that estimated associations between phthalates and child temperament adjusted for child gender, parental education, parity, parenting style; models simultaneously included both maternal and child urinary phthalate metabolites. Correlations between maternal and child phthalates not shown. The final set of minimally sufficient variables was selected based on a criterion of p<0.10 and the literature from a DAG that included the following additional candidate variables: child intelligence, blood lead concentration of the child, gestational age, maternal depression, Apgar scores at 1 min, maternal cigarette smoking during pregnancy, and environmental tobacco smoke. It was not clear to what extent causal reasoning vs. statistical significance was used to identify the final set of confounders. Despite this uncertainty, there was no evidence of important residual confounding bias.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Descriptive data for the sample were included for maternal third trimester, age-specific child urinary phthalates, and temperament scores. Linear regression was used to determine the association between continuous temperament scores and prenatal and postnatal urinary phthalate metabolite concentrations for children aged 2,5, and 11. Separate models were used to analyze temperament outcomes at each age. Distributions of phthalate metabolite concentrations were right-skewed, so data was log-transformed. Exposure was analyzed using individual phthalate metabolites, as well as the sum of MEHP metabolites. Sex-stratified results were shown. In addition, a logistic regression model was used to estimate associations between phthalate concentrations and odds of having high scores for several ADHD traits; this outcome was defined with and without including a fourth dimension of temperament (threshold of responsiveness scores). Analysis of this categorical outcome was presented only for childhood phthalate exposures, for which few associations with individual temperament scores reached significance in multivariate models that adjusted for maternal phthalates. To examine potential interactions between pre- and post-natal exposure, the authors also cross-classified exposure based on metabolite levels above vs. below the medians; results were shown for illustrative outcomes. There was no evidence of important deficiencies in the analyses.	
	Metric 5B: Sensitivity	Medium	There was variability in phthalates exposure in both women and children. The number of cases defined as having high levels of ADHD-like traits was small, but a large proportion of analyses examined continuous outcome scores. Though the sample size was not large, there was no evidence of inadequate sensitivity.	
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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child temperament traits and behaviors (activity level, rhythmicity, withdrawal, adaptability, intensity of reaction, positive mood, persistence, distractibility, threshold of responsiveness), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	5933569

Domain	Metric	Rating	Comments
Additional Comments:	This prospective cohort study in Taiwan examined the association between prenatal and postnatal phthalate exposure and child temperament traits related to ADHD in a Taiwanese birth cohort, a pilot study for the TMICS cohort. Child temperament was evaluated by caregivers at 2, 5, and 11 years of age using three age-specific questionnaires; measures at ages 5 and 11 used Chinese versions of English-language assessments. Phthalates were measured in maternal third trimester urine and child urine collected concurrently with each outcome. The analysis sample included a subset of 208 mother-child pairs: analysis samples for age-specific outcomes included 122 to 126 mother-child pairs. The authors found DEHP, DBP and BBzP metabolites in maternal urine to be associated with higher scores for several adverse traits; the direction, magnitude and significance varied by age and outcome. The authors also analyzed cross-sectional associations between child urinary phthalates and the presence of multiple ADHD-like traits based on scores above the median in several domains. The utility of this metric, which yielded 13 to 22 cases depending on age and domains included, is unclear. Few associations reached significance, although there was a pattern of largely positive associations with this categorical outcome. Limitations included attrition from the initial cohort (N=610 recruited) and limited data on the validity and consistency of some age-specific outcome measures. However, there was no evidence of important error or bias.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Oulhote, Y., Lanphear, B., Braun, J. M., Webster, G. M., Arbuckle, T. E., Etzel, T., Forget-Dubois, N., Seguin, J. R., Bouchard, M. F., Macfarlane, A., Ouellet, E., Fraser, W., Muckle, G. (2020). Gestational Exposures to Phthalates and Folic Acid, and Autistic Traits in Canadian Children. <i>Environmental Health Perspectives</i> 128(2):27004.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic Traits: Total Social Responsiveness Scale (SRS) T-score, social awareness, social cognition, social communication, social motivation, restricted interests and repetitive behavior, Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 compatible social communication, and DSM-5 compatible restricted interests and repetitive behavior, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	6718069		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this longitudinal pregnancy cohort study, mother-child pairs were selected from the Canadian Maternal-Infant Research on Environmental Chemicals (MIREC) study which examined the relationship between DBP metabolite (mono-n-butyl phthalate (MBP); mono-3- carboxypropyl phthalate (MCPP)), BBP metabolite (mono-benzyl phthalate (MBzP)) and the sum of 3 DEHP metabolites (mono ethyl hexyl phthalate (MEHP); mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)) and Social Responsiveness Scale-2 (SRS-2) tested autistic traits in children at 3-4 years old. Pregnant women (at first trimester of pregnancy; 6 to <14 weeks gestation) were recruited between 2008 and 2011 at 11 sites in 10 Canadian cities. Women were excluded if they had a medical history of major chronic disease, threatened abortion, or illicit drug use. A convenience subset of children (n = 610) at 36-48 months of age was described as selected from seven study sites (six cities) the MIREC cohort to undergo a thorough assessment of their neurodevelopmental status. 9 children did not have value SRS scores, 45 had missing phthalate concentrations, and 46 had missing data on covariates, leaving 510 children in the final analytical sample with complete data on SRS scores and phthalate concentrations. Baseline maternal covariates, collected from questionnaires, were described as overall not substantially different among children with and without neurodevelopmental assessments. Mothers of follow-up children were more likely to be white, nonsmokers, have higher proportion of girls, and have lower gestational phthalate concentrations compared to baseline sample.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Oulhote, Y., Lanphear, B., Braun, J. M., Webster, G. M., Arbuckle, T. E., Etzel, T., Forget-Dubois, N., Seguin, J. R., Bouchard, M. F., Macfarlane, A., Ouellet, E., Fraser, W., Muckle, G. (2020). Gestational Exposures to Phthalates and Folic Acid, and Autistic Traits in Canadian Children. Environmental Health Perspectives 128(2):27004.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic Traits: Total Social Responsiveness Scale (SRS) T-score, social awareness, social cognition, social communication, social motivation, restricted interests and repetitive behavior, Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 compatible social communication, and DSM-5 compatible restricted interests and repetitive behavior, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	6718069			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Single maternal urine samples were taken during the first trimester of pregnancy and phthalates were quantified using liquid chromatography-tandem mass spectrometry (LC-MS/MS) with ultra-performance liquid chromatography (UPLC) coupled with MS/MS and Quattro Premier XE following enzymatic deconjugation. Samples were frozen within 2 hours of collection and shipped to the MIREC coordinating center to be stored for an unspecified amount of time prior to analysis. Concentrations were standardized for urinary specific gravity to account for urine dilution. Values below the LOD were replaced by LOD divided by the square root of 2. Four of the phthalate metabolites (MCHP, MOP, MNP, and MMP) were detected in fewer than 20% of the urine samples and were not considered in further analyses. MBP, MBzP, MEHP, MEHHP, and MEOHP were detected in >97% of urine samples and MCPP was detected in 81% of samples. LOD values were not further noted. This study used a single urine sample to assess exposure, which could lead to exposure misclassification due to the short half-life of phthalate metabolites. The exposure window was developmental, while outcomes were measured at 3-4 years of age, it is unclear whether this is appropriate consideration of temporality and whether a single first trimester maternal measure of exposure to phthalates is representative of a child’s exposure and adequately represents the intensity, frequency and potential peak exposures during the prenatal period responsible for initiation and development of the outcomes of interest. However, there is not explicit evidence of bias.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Autistic traits were assessed using a parent-reported 65-item questionnaire at 3-4 years of age using the total Social Responsiveness Scale-2 (SRS-2) T-score, social awareness, social cognition, social communication, social motivation, restricted interests and repetitive behavior, Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 compatible social communication, and DSM-5 compatible restricted interests and repetitive behavior. The SRS-2 has been noted as a valid and reliable instrument for assessment of autistic traits in the general population or in clinical settings, with a high sensitivity (>0.8) for the diagnosis of autism spectrum disorder (ASD) using a cutoff of 75 for SRS-2 scores. Higher scores indicate greater degrees of social impairment, with total SRS T-scores >= 60 considered indicative of clinically significant deficiencies in reciprocal social behavior, and T-scores >= 75 being consistent with a clinical diagnosis of ASD.	
	Metric 3B: Selective Reporting	Medium	Analyses described in the methods were reported in the results.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Oulhote, Y., Lanphear, B., Braun, J. M., Webster, G. M., Arbuckle, T. E., Etzel, T., Forget-Dubois, N., Seguin, J. R., Bouchard, M. F., Macfarlane, A., Ouellet, E., Fraser, W., Muckle, G. (2020). Gestational Exposures to Phthalates and Folic Acid, and Autistic Traits in Canadian Children. Environmental Health Perspectives 128(2):27004.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic Traits: Total Social Responsiveness Scale (SRS) T-score, social awareness, social cognition, social communication, social motivation, restricted interests and repetitive behavior, Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 compatible social communication, and DSM-5 compatible restricted interests and repetitive behavior, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	6718069			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	High	Questionnaires in the first and third trimester and at delivery, as well as medical abstraction, were the methods utilized to collect information regarding sociodemographic factors, lifestyle factors, and medical history potential covariate data. Additional data for potential covariates regarding duration of exclusive breastfeeding, current maternal stress was collected using the parenting stress index (PSI) (Abidin, 1995) and depressive symptoms were collected using the Center for Epidemiological Studies Depression Scale-10 (CES-D10). All covariates to be included in the models were chosen a priori with no reliance on statistical significance. Directed acyclic graphs (DAGs) were used to identify the minimum set of covariates to infer estimates of association between metabolites and outcomes. The distribution of potential confounders by levels of urinary phthalate concentrations with total numbers noted were presented within Table 1. The main models included child sex, FA supplementation, study site, year of enrollment, socioeconomic status as informed by household income, maternal education, marital status, and race/ ethnicity, maternal age, and parity. Authors noted unmeasured health factors that are predictors of autistic traits and associated with phthalates could explain part of the observed associations.	
Domain 5: Analysis	Metric 5A: Analysis	High	Multivariable linear regression analyses were used to study the association between the urinary biomarker concentrations and SRS scores. The authors log2-transformed SG-standardized phthalate concentrations to reduce the influence of outliers. Generalized additive models were used to exposure nonlinear relationships and sensitivity analyses were performed. This study addressed potential selection bias from censoring due to loss of follow-up and missing data by applying stabilized inverse probability weights within sensitivity analyses models. Additional sensitivity analyses were conducted including additional covariates that are predictors of autistic traits with no known association with phthalates and that are unlikely to be predicted by autistic traits. Additional models for effect modification by child sex and folic acid (FA) supplementation, categorizing FA supplementation into three categories (<400 µg/d; 400-999 µg/d; ≥1,000 µg/d) according to the recommended FA prenatal supplement intake guidelines, were analyzed.	
	Metric 5B: Sensitivity	Medium	Sample size is large (n=510 children) and exposure range is adequate (MBP mean = 12.8 ug/L [IQR 7.9, 19.2, min 0.4, max 525.9]), (MBzP mean = 5.4 ug/L [IQR 3.1, 9.1, min 0.1, max 182]), (MCPP mean = 0.98 ug/L [IQR 0.49, 1.76, min 0.08, max 72]), (DEHP sum mean = 18.1 ug/L [IQR 12.0, 25.4, min 1.1, max 668.4]), It is unclear if a single spot urine adequately represents the intensity, duration and potential peak exposures responsible for the initiation of the outcome of interest.	

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<b>Study Citation:</b>	Oulhote, Y., Lanphear, B., Braun, J. M., Webster, G. M., Arbuckle, T. E., Etzel, T., Forget-Dubois, N., Seguin, J. R., Bouchard, M. F., Macfarlane, A., Ouellet, E., Fraser, W., Muckle, G. (2020). Gestational Exposures to Phthalates and Folic Acid, and Autistic Traits in Canadian Children. Environmental Health Perspectives 128(2):27004.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autistic Traits: Total Social Responsiveness Scale (SRS) T-score, social awareness, social cognition, social communication, social motivation, restricted interests and repetitive behavior, Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 compatible social communication, and DSM-5 compatible restricted interests and repetitive behavior, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	6718069		
Domain	Metric	Rating	Comments
Additional Comments:	This longitudinal pregnancy cohort study assessed the relationship between MBP, MCP, MBzP, and the sum of DEHP metabolite (MEHP, MEHHP, and MEOHP) concentrations with SRS-2 autistic traits. There is some uncertainty for exposure assessment due to the use of a single spot urine sample during pregnancy to explain autistic outcomes at 3-4 years of age and unmeasured health factors explaining part of the observed associations.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Shen, C. Y., Weng, J., Tsai, J., Su, P., Chou, M. C., Wang, S. (2021). Prenatal exposure to endocrine-disrupting chemicals and subsequent brain structure changes revealed by voxel-based morphometry and generalized q-sampling MRI. International Journal of Environmental Research and Public Health 18(9):4798.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Brain MRI voxel-based morphometry (VBM) and generalized q-sampling imaging (GQI) mapping, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	8453074		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective study recruited 49 mother-child pairs from the general population in central Taiwan from previous cohort studies. The recruited mothers were 25–34 years old, and all of them delivered at a designated medical center without complications during the pregnancy and delivery periods. Children were assessed at the age of 13-16. The only inclusion criteria mentioned for the children were that they “had no neurologic or psychiatric disorders, and they cooperated well during the MRI scans.” There is no information in this publication on participation rates or loss to follow-up. The lack of details raises concerns about potential selection bias. There is some potential for selection bias if those participating in follow-up were more likely to have higher phthalate exposure and also to have decrements in brain volumes but there is no direct evidence that this is the case based on the information presented.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalates were measured in maternal urine collected during the third trimester of pregnancy. Methods are described in in cited studies. Analyses were performed at the National Institute of Environmental Health Sciences, National Health Research Institutes (NIEHS/NHRI), Taiwan. The authors reported that the “LOD for urinary MBP, MBzP, MEHP, MEHHP, and MEOHP were 1.6, 0.99, 0.55, 0.26, and 0.23 ug/L, respectively, and the corresponding proportions below the LOD were 0%, 6.1%, 0%, 10%, and 2%, respectively.” Values below the LOD were replaced with half the LOD. Urinary dilution was accounted for by using creatinine as a covariate in regression models. It is unclear whether a single spot urine sample was collected during the third trimester of pregnancy, or whether multiple samples were collected per participant. Additionally, the time of day of sampling was not specified in the paper, which is a concern because phthalate metabolite levels can vary throughout the day.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Brain MRI with voxel-based morphometry (VBM) was used to evaluate brain volume changes, and generalized q-sampling imaging (GQI), which was based on the diffusion method with unique q-space reconstruction, was used to investigate brain microstructure and the integrity of anatomical connectivity. MRI data acquisition and GQI analyses are described in detail.
Metric 3B:	Selective Reporting	Medium	The authors described their analyses in the methods section and results were reported for all primary analyses.

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<b>Study Citation:</b>	Shen, C. Y., Weng, J., Tsai, J., Su, P., Chou, M. C., Wang, S. (2021). Prenatal exposure to endocrine-disrupting chemicals and subsequent brain structure changes revealed by voxel-based morphometry and generalized q-sampling MRI. International Journal of Environmental Research and Public Health 18(9):4798.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Brain MRI voxel-based morphometry (VBM) and generalized q-sampling imaging (GQI) mapping, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	8453074		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	The authors reported that "Gender, IQ, family income, and whole-brain volume were used as covariates, and adjusted for when appropriate" but the authors didn't present a rationale for the selection of these covariates or for when adjustment was appropriate. Creatinine correction was performed using creatinine as a covariate.
Domain 5: Analysis	Metric 5A: Analysis	Medium	Multiple regression with false discovery rate (FDR) correction was used to obtain the association between the maternal urine concentrations of prenatal phthalate ester metabolites and gray and white matter volumes of the teenagers' brains and their brain GQI indices. Results are reported visually as color-coded T score bars or as Pearson's correlations and p-values.
	Metric 5B: Sensitivity	Medium	The sample size was relatively small (n=49 pairs) but there were sufficient contrasts in exposures to detect associations.
Additional Comments: This was a small prospective study with outcome assessment based on MRI. There is some concern for potential selection bias.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Su, T. C., Hwang, J. J., Sun, C. W., Wang, S. L. (2019). Urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. <i>Ecotoxicology and Environmental Safety</i> 173(Elsevier):37-44.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- coronary heart disease, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5432947		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This case-control study examined associations between urinary phthalate metabolites and coronary heart disease, as well as associations between phthalate metabolites and atherothrombotic markers among coronary heart disease patients. Cases were individuals with coronary heart disease recruited from the National Taiwan University Hospital between 2008-2011 during hospitalization or up to two weeks following discharge. Controls were individuals without physician-diagnosed coronary heart disease, cerebrovascular disease, and congestive heart failure who were recruited during the same time period as the cases "using a hospital bulletin announcement." Based on this description, it is not clear if controls were hospital employees or individuals who were visiting the hospital for reasons other than coronary heart disease. Cases were under age 60 and had a full-time job before the start of the study; inclusion/exclusion criteria for controls were not specified. 336 cases (n=327 male, n=9 female) were recruited; of these, 180 cases were randomly selected for inclusion in the study. 689 controls were recruited; of these, 360 controls were matched to cases on age and gender. Participation rates were not provided. While there is no direct evidence of selection bias, there is some concern given the lack of information about the population the controls were recruited from.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in first morning void fasting urine samples; a single sample was used for each participant. Phthalate metabolites were quantified using liquid chromatography / electrospray ionization tandem mass spectrometry (LC-ESI-MS/MS). Quality assurance / quality control measures included the use of blank samples and pooled quality control urine samples. LODs were as follows: MnBP 1.0 ug/L, MiBP 0.5 ug/L, MBzP 0.3 ug/L, MEHP 0.7 ug/L, MEHHP 0.1 ug/L, and MEOHP 0.1 ug/L. Values below the LOD were assigned a value of half the LOD. The percentage of sample below the LOD for each metabolite was not provided. Metabolites were adjusted for creatinine in analysis. Given the short half-lives of phthalate metabolites, there is some concern that exposures measured in single spot urine samples collected among cases who were already hospitalized for the main outcome of interest (coronary heart disease) does not represent the etiologically relevant time window.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Su, T. C., Hwang, J. J., Sun, C. W., Wang, S. L. (2019). Urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. <i>Ecotoxicology and Environmental Safety</i> 173(Elsevier):37-44.			
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- coronary heart disease, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5432947			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Low	The primary outcome of interest was coronary heart disease, defined as new-onset acute myocardial infarction or angiography documented severe coronary heart disease, with severe coronary heart disease further defined as “left main disease, triple-vessel disease, or two-vessel disease with involvement of the proximal left anterior descending artery.” No information on who performed outcome assessment was provided, but use of hospital records / physician diagnosis seems likely given that cases were recruited during and immediately after hospitalization. Health status of controls was based on self-report of the absence of physician-diagnosed coronary heart disease and other conditions; as such, some degree of misclassification is likely among controls.	
	Metric 3B: Selective Reporting	Medium	The primary analyses described in the methods section were presented in the results section.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	All regression models were adjusted for age, sex, BMI, hypertension, diabetes mellitus, hypercholesterolemia, statin use, smoking and alcohol consumption. No information was provided on how potential confounders were selected for inclusion in models. No measure of socio-economic status was included in regression models. Aside from the three DEHP metabolites (MEHP, MEHHP, and MEOHP) which were summed for analysis, correlations between the phthalate metabolites included in the study were not described; as such, it is unclear whether confounding due to co-exposure to other phthalates may have occurred. There is some concern for residual confounding.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Phthalate metabolite concentrations were examined among cases based on sampling time (during hospitalization, <3 days following discharge, 3+ days following discharge). As concentrations of some phthalate metabolites were higher during and immediately after hospitalization, only cases with samples provided 3 or more days following discharge (n=91) were retained for analysis of coronary heart disease. Phthalate metabolites were grouped into tertiles and associations with coronary heart disease were estimated with logistic regression models. DEHP metabolites (MEHP, MEHHP, and MEOHP) were examined both individually and summed for analysis. Results for coronary heart disease were reported as effect estimates and 95% confidence intervals.	
	Metric 5B: Sensitivity	Medium	The sample size was adequate (coronary heart disease analysis: n=491). All phthalate metabolites had adequate exposure contrast. No other concerns regarding sensitivity were identified.	
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<b>Study Citation:</b>	Su, T. C., Hwang, J. J., Sun, C. W., Wang, S. L. (2019). Urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. Ecotoxicology and Environmental Safety 173(Elsevier):37-44.
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- coronary heart disease, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	5432947

Domain	Metric	Rating	Comments
Additional Comments:	This case-control study examined associations between urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. Major concerns include the measurement of phthalate metabolites in single spot urine samples collected after hospital discharge, which may not represent the etiologically relevant time window for the development of the outcome, and the lack of information about how potential confounders were identified and selected. An additional concern for analyses of the primary outcome of coronary heart disease is the lack of information about the population from which controls were identified. MEHP, MnBP and MiBP were significantly positively associated with coronary heart disease when comparing the 3rd vs. 1st tertile of exposure. All DEHP metabolites were associated with all three atherothrombotic markers, with the exception of MEHP and fibrinogen.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Su, T. C., Hwang, J. J., Sun, C. W., Wang, S. L. (2019). Urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. <i>Ecotoxicology and Environmental Safety</i> 173(Elsevier):37-44.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- atherothrombotic markers (high-sensitivity C-reactive protein, fibrinogen, D-dimer), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5432947		

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This case-control study examined associations between urinary phthalate metabolites and coronary heart disease, as well as associations between phthalate metabolites and atherothrombotic markers among coronary heart disease patients. Cases were individuals with coronary heart disease recruited from the National Taiwan University Hospital between 2008-2011 during hospitalization or up to two weeks following discharge. Controls were individuals without physician-diagnosed coronary heart disease, cerebrovascular disease, and congestive heart failure who were recruited during the same time period as the cases "using a hospital bulletin announcement." Based on this description, it is not clear if controls were hospital employees or individuals who were visiting the hospital for reasons other than coronary heart disease; however, this concern is not relevant to analyses of atherothrombotic markers as these outcomes were examined only among cases. Cases were under age 60 and had a full-time job before the start of the study; inclusion/exclusion criteria for controls were not specified. 336 cases (n=327 male, n=9 female) were recruited; of these, 180 cases were randomly selected for inclusion in the study. Participation rates were not provided. The available information does not raise serious concerns of selection bias for the subset of the study population (cases only) included in analyses of atherothrombotic outcomes.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in first morning void fasting urine samples; a single sample was used for each participant. Phthalate metabolites were quantified using liquid chromatography / electrospray ionization tandem mass spectrometry (LC-ESI-MS/MS). Quality assurance / quality control measures included the use of blank samples and pooled quality control urine samples. LODs were as follows: MnBP 1.0 ug/L, MiBP 0.5 ug/L, MBzP 0.3 ug/L, MEHP 0.7 ug/L, MEHHP 0.1 ug/L, and MEOHP 0.1 ug/L. Values below the LOD were assigned a value of half the LOD. The percentage of sample below the LOD for each metabolite was not provided. Metabolites were adjusted for creatinine in analysis. Given the short half-lives of phthalate metabolites, there is some concern that exposures measured in single spot urine samples collected among cases who were already hospitalized for the main outcome of interest (coronary heart disease) does not represent the etiologically relevant time window.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	Atherothrombotic outcomes of high-sensitivity C-reactive protein (hs-CRP), fibrinogen, and D-dimer were assessed in blood samples collected after 10-14 hours of fasting. No further information on assessment of these outcomes was provided.

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<b>Study Citation:</b>	Su, T. C., Hwang, J. J., Sun, C. W., Wang, S. L. (2019). Urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. <i>Ecotoxicology and Environmental Safety</i> 173(Elsevier):37-44.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- atherothrombotic markers (high-sensitivity C-reactive protein, fibrinogen, D-dimer), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5432947		

Domain	Metric	Rating	Comments
	Metric 3B: Selective Reporting	Medium	The primary analyses described in the methods section were presented in the results section. For the analysis of continuous atherothrombotic biomarkers among cases, results were shown for individual DEHP metabolites (MEHP, MEHHP, MEOHP) and summed DEHP metabolites but not for other metabolites.

Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	All regression models were adjusted for age, sex, BMI, hypertension, diabetes mellitus, hypercholesterolemia, statin use, smoking and alcohol consumption. No information was provided on how potential confounders were selected for inclusion in models. No measure of socio-economic status was included in regression models. Aside from the three DEHP metabolites (MEHP, MEHHP, and MEOHP) which were summed for analysis, correlations between the phthalate metabolites included in the study were not described; as such, it is unclear whether confounding due to co-exposure to other phthalates may have occurred. There is some concern for residual confounding.

Domain 5: Analysis			
	Metric 5A: Analysis	Medium	All cases (n=180) were included in a case-only analysis of phthalate metabolites and atherothrombotic markers. Associations between phthalate metabolites in quartiles and continuous atherothrombotic markers (high sensitivity C-reactive protein, fibrinogen, D-dimer) using generalized linear regression models among cases only. DEHP metabolites (MEHP, MEHHP, and MEOHP) were examined both individually and summed for analysis. Results for atherothrombotic markers were reported as estimated mean values of each outcome for each quartile of phthalate metabolites; regression coefficients for comparisons of quartiles 2-4 to quartile 1 were not provided but statistically significant comparisons were identified.
	Metric 5B: Sensitivity	Medium	The sample size was adequate (atherothrombotic marker analysis: n=180). All phthalate metabolites had adequate exposure contrast. No other concerns regarding sensitivity were identified.

<b>Additional Comments:</b>	This case-control study examined associations between urinary phthalate metabolites, coronary heart disease, and atherothrombotic markers. Major concerns include the measurement of phthalate metabolites in single spot urine samples collected after hospital discharge, which may not represent the etiologically relevant time window for the development of the outcome, and the lack of information about how potential confounders were identified and selected. An additional concern for analyses of the primary outcome of coronary heart disease is the lack of information about the population from which controls were identified. MEHP, MnBP and MiBP were significantly positively associated with coronary heart disease when comparing the 3rd vs. 1st tertile of exposure. All DEHP metabolites were associated with all three atherothrombotic markers, with the exception of MEHP and fibrinogen.		
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## Overall Quality Determination

**Low**

<b>Study Citation:</b>	Su, T. C., Hwang, J. S., Torng, P. L., Wu, C., Lin, C. Y., Sung, F. C. (2019). Phthalate exposure increases subclinical atherosclerosis in young population. Environmental Pollution 250:586-593.		
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- Subclinical atherosclerosis (carotid intima-media thickness (CIMT)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	5494915		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study analyzed the association between phthalates and subclinical atherosclerosis among 787 participants in the YOUNG TAIWANESE COHORT (YOTA) with available carotid intima-media thickness (CIMT) measures. The study, established in 2006 to 2008, recruited Taipei residents who had participated in a renal health screening of school children in Taiwan at age 6 to 18 years in 1992-2000. The study initially included 303 of 707 (42.8%) children with elevated blood pressure (BP), and 486 of 6,390 (7.6%) randomly selected normal BP participants (n=789). Two participants without detectable urinary phthalates were excluded. Further details of this cross-sectional study of adolescents aged 12-19y and young adults aged 20-30y were reported in Lin et al 2016 (HERO ID 3230383). The current prevalence of hypertension in the study population ranged from 0% to 4.52% across quartiles of the DEHP metabolite MEHP. Models for associations with continuous CIMT outcomes adjusted for childhood elevated BP; though models using categorical outcomes did not include such adjustments, findings were consistent. There was no evidence that stratified sampling by childhood elevated BP was inadequately addressed, and no evidence of any important bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Concentrations of 7 phthalate metabolites including MnBP, MBzP, and three DEHP metabolites (MEHP, MEHHP, MEOHP) were measured in morning spot urine samples collected at the same time as CIMT measures (Su et al 2014, HERO ID 6747600). In addition to individual metabolites, the molar sum of DEHP metabolites was analyzed. Assays used liquid chromatography with tandem mass spectrometry and used blanks and internal quality controls. Detection limits ranged from 0.1 to 0.3 ug/L for metabolites except for MEHP (0.7 ug/L) and MnBP (1 ug/L). Detailed phthalates distributions were not presented. The authors stated that two participants "without measurable urinary phthalates" were excluded from the study; it was unclear whether this referred to each individual metabolite. For participants included in the analysis, values below detection limits were replaced with half the detection limit. The percent of samples below detection limits was not provided. Phthalate metabolite concentrations were adjusted for dilution using urinary creatinine. Some misclassification of habitual past phthalate exposure is likely given the short half-lives of urinary metabolites, which were assessed using a single spot urine sample. However, there was no evidence of bias.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Su, T. C., Hwang, J. S., Torng, P. L., Wu, C., Lin, C. Y., Sung, F. C. (2019). Phthalate exposure increases subclinical atherosclerosis in young population. Environmental Pollution 250:586-593.			
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- Subclinical atherosclerosis (carotid intima-media thickness (CIMT)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5494915			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	The outcome in this study was subclinical atherosclerosis, which was evaluated by an experienced technician who measured intima-media thickness (IMT) of the extracranial carotid arteries using high-resolution B-mode ultrasonography. This outcome is a useful indicator of subclinical cardiovascular health in research in adolescents and young adults. An automated quantification package was applied to calculate bilateral intima-media thickness measures taken at specified locations (e.g., the first centimeter from the flow divider of bifurcation). Carotid IMT (CIMT) measures included maximum and mean values for the common carotid artery (CCA) proximal to the carotid bifurcation, internal carotid artery (ICA), the carotid bulb, and overall mean IMT. Repeated measurements in a subset of participants had high reliability (e.g., intra-observer ICCs >98%, and reproducibility ICCs >0.85). CIMT outcomes were analyzed as continuous values for individual measures, and as elevated overall mean CIMT based on values > the 75th percentile.	
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses included as aims. A minor issue is that stratified results, including descriptive data, were not presented for the population as a whole.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Models analyzing CIMT measures as continuous outcomes adjusted a priori for age, sex, BMI, hs-CRP, fasting glucose, LDL-C, triglycerides, hypertension, childhood elevated blood pressure group, smoking, alcohol drinking, regular exercise, and household income. Models analyzing elevated CIMT as a dichotomous outcome excluded exercise and childhood blood pressure group; there was no evidence that this introduced bias, and methods used to select confounders for different models were not described. Though overadjustment by intermediate variables is a potential concern, previous analyses in this cohort did not find an association between DEHP and systolic blood pressure or lipid levels (Lin et al 2016, 3230383). Potential confounding by metabolites of other parent phthalates did not appear to have been considered, but there was no evidence of any resulting bias.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Su, T. C., Hwang, J. S., Torng, P. L., Wu, C., Lin, C. Y., Sung, F. C. (2019). Phthalate exposure increases subclinical atherosclerosis in young population. Environmental Pollution 250:586-593.			
<b>Health Outcome(s) Assessed:</b>	Cardiovascular- Subclinical atherosclerosis (carotid intima-media thickness (CIMT)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	5494915			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Descriptive data for participant characteristics were presented stratified by quartile of MEHP, and geometric means for each phthalate metabolite were shown stratified by CIMT quartile. Multivariate linear regression models were used to estimate associations between log-transformed (ln or log10 not stated) phthalate metabolites and CIMT measures. Results were reported as beta coefficients or predicted mean values with standard errors and p-values. Predicted IMT values by quartile of MEHP, for which relationships were most consistent, were shown stratified by characteristics that included age group, sex, BMI and hypertension status. However, the authors did not report formally testing for significant effect modification. Logistic regression was used to estimate odds of elevated CIMT (>= 75th percentile) as odds ratios with 95% confidence intervals for increasing quartiles of phthalates exposure. Though linearity was assumed in the linear models, this analysis explicitly evaluated the linearity of the dose-response relationship. The authors did not discuss minor issues such as handling of any missing values or evaluating model fit. Nonetheless, there was no evidence of important error or bias in data analyses.	
	Metric 5B: Sensitivity	Medium	The outcome, subclinical atherosclerosis, is an appropriate indicator of cardiovascular risk among adolescents and young adults. Sample size (n=787) appeared to be adequate. Mean values by CIMT quartile indicated that there was variability in each of the phthalate exposure variables.	
Additional Comments:	This cross-sectional study analyzed data from 787 adolescents and young adults in the YOUNG TAIwanese Cohort (YOTA) to estimate the association between urinary phthalate metabolites and subclinical atherosclerosis of the carotid artery. Participants were recruited in 2006-2008 from a population previously screened for elevated childhood blood pressure (BP) in 1992-2000; individuals with elevated BP were oversampled (n=303). The current prevalence of hypertension (measured or medication use) across quartiles of phthalate exposure was up to 4.5%. The DEHP metabolite MEHP was associated with significantly higher mean and maximum CIMT measures at the common carotid artery (CCA), internal carotid artery (ICA), carotid bulb, and overall IMT. MnBP was also associated with significant increases in three of these four measures, and the sum of DEHP metabolites, MEOHP and MEHHP were also associated with significant increases in selected IMT outcomes. Limitations include the cross-sectional design, and estimates of exposure based on a single spot urine.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Wang, X., Wang, L., Zhang, J., Yin, W., Hou, J., Zhang, Y., Hu, C., Wang, G., Zhang, R., Tao, Y., Yuan, J. (2018). Dose-response relationships between urinary phthalate metabolites and serum thyroid hormones among waste plastic recycling workers in China. Environmental Research 165:63-70.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- serum thyroid hormones (TSH, total T3, total T4, T3/T4 ratio), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728615		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cross-sectional study recruited adult participants from an "exposed" site and an "unexposed" site in Hunan Province, China. The "exposed" site was designated as such because waste plastic recycling had been conducted intensively in the area for more than two decades; the "unexposed" site was an agricultural village rough 50 km away. There is little description of the recruitment process, but the methods indicate that the authors obtained a sample size of 181 residents from the exposed site and 160 gender-age matched farmers from the unexposed site. Following the exclusion of 24 participants due to insufficient volume of urine samples, this study included 317 participants - 165 workers in a waste plastic recycling site (exposed) and 152 gender-age matched farmers. It is not described how these participants were selected. Despite these limitations, there is no substantial evidence of bias in the recruitment process. Differences in demographics between participants and the exposed and unexposed sites were compared, and there were no significant differences.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Urinary levels of eight phthalate metabolites were measured (including monomethyl phthalate (MMP) from dimethyl phthalate (DMP); monoethyl phthalate (MEP) from diethyl phthalate (DEP); mono-n-butyl phthalate (MBP) from di-n-butyl phthalate (DBP); monobenzyl phthalate (MBzP) from butyl benzyl phthalate (BBzP); mono-(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP) from DEHP; mono-n-octyl phthalate (MOP) from di-n-octyl phthalate (DnOP)) using high-performance liquid chromatography-tandem mass spectrometry in both the exposed and unexposed groups. All metabolites are valid biomarkers for the parent phthalates. Storage information was provided for urinary samples. Phthalate metabolite concentrations were measured concurrently with outcome measures. While it is uncertain whether concurrent measurements represent an etiologically relevant window of time, there is no evidence that the outcome of thyroid hormones precedes or increases exposure to or retention of phthalates. Measurements of phthalates are likely more accurate in the "exposed" group, as there is evidence that the exposure levels measured in that group are consistent with a documented history of exposure to plastics. Concentrations of phthalates were also adjusted for creatinine concentration. The number of samples below the LOD was specified for each metabolite.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Wang, X., Wang, L., Zhang, J., Yin, W., Hou, J., Zhang, Y., Hu, C., Wang, G., Zhang, R., Tao, Y., Yuan, J. (2018). Dose-response relationships between urinary phthalate metabolites and serum thyroid hormones among waste plastic recycling workers in China. Environmental Research 165:63-70.			
<b>Health Outcome(s) Assessed:</b>	Thyroid- serum thyroid hormones (TSH, total T3, total T4, T3/T4 ratio), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728615			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Relevant outcomes included serum thyroid hormone levels (TSH, total T3, total T4, T3/T4 ratio). Peripheral venous blood samples were collected from all participants and analyzed using chemiluminescent immunoassay. There is no direct evidence of outcome misclassification.
	Metric 3B:	Selective Reporting	Medium	No registered protocol or methods papers mentioned, however all results were reported - significant or not. Additionally, all analyses used were detailed extensively.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Considered covariates included age, gender, BMI, years of local residence, smoking status, and alcohol consumption. The study reports that were chosen based on "biological significances." Data on covariates was reported to be assessed via questionnaires. Correlation coefficients are presented between the different phthalate metabolites.
Domain 5: Analysis				
	Metric 5A:	Analysis	High	The relationship between urinary concentrations of phthalates and serum concentrations of thyroid hormones was assessed using multivariate linear regression. There is descriptive information about the biomarker measurements but no information on actual exposure levels. Phthalate concentrations were log-transformed to account for their skewed distributions, indicating that normality was assessed. Measurements below the LOD were assigned to be equal to the LOD divided by the square root of 2. Effect estimates were back-transformed to represent the estimated percent changes of thyroid hormones associated with each unit increase in urinary levels of phthalate metabolites. False discovery rate approaches were used to account for multiple comparisons. Restricted cubic spline function with three knots at the 5th, 50th, and 95th percentiles of the distribution of phthalate metabolites was also used to assess dose-response.
	Metric 5B:	Sensitivity	Medium	For the assessment of the relationship between phthalate metabolites and serum hormone levels, the study had a sufficient sample size to determine an effect and a varied range of metabolite levels for assessment (n=317 total, n=165 from the exposed site and n=152 from the control site). Detection rates of phthalates were high, and exposure contrasts were likely large enough to detect an effect.
<b>Additional Comments:</b>	This cross-sectional study assessed blood serum thyroid hormone levels in both a phthalate-exposed and unexposed group in Hunan Province, China; while also assessing the relationship between blood serum thyroid hormone levels and urinary phthalate metabolite levels continuously across both groups. The study included 165 exposed workers and 152 gender-age matched unexposed farmers (317 participants in total). There are no significant concerns for bias, with a well-conducted analysis allowing for dose-response assessment and adequate exposure and outcome classification. Dose-response assessment provided evidence for non-monotonic relationships between thyroid hormone levels and MBP, as well as for DEHP metabolites.			

**Overall Quality Determination****Medium**

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<b>Study Citation:</b>	Wang, X., Wang, L., Zhang, J., Yin, W., Hou, J., Zhang, Y., Hu, C., Wang, G., Zhang, R., Tao, Y., Yuan, J. (2018). Dose-response relationships between urinary phthalate metabolites and serum thyroid hormones among waste plastic recycling workers in China. Environmental Research 165:63-70.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- serum thyroid hormones (TSH, total T3, total T4, T3/T4 ratio), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728615		
Domain	Metric	Rating	Comments

<b>Study Citation:</b>	Wang, Y. X., Zhou, B., Chen, Y. J., Liu, C., Huang, L. L., Liao, J. Q., Hu, X. J., Lu, W. Q., Zeng, Q., Pan, A. (2018). Thyroid function, phthalate exposure and semen quality: Exploring associations and mediation effects in reproductive-aged men. <i>Environment International</i> 116:278-285.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Changes in serum thyroid hormones TSH, FT3, FT4, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728614		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study analyzed associations between urinary phthalates, thyroid function, and semen quality. During a 4-month period in 2013, 1247 male partners in couples from a reproductive health center at a single hospital in Wuhan, China, were recruited for the cross-sectional study. Participants were excluded if (based on questionnaire data) they had potential occupational exposure to phthalate-containing materials or a self-reported disease that may adversely affect reproductive function (e.g. epididymitis), leaving 1040 participants; the final analysis included 509 who provided blood samples for thyroid hormone measurement. While participants may not be representative of the general population, ample description of recruitment was provided, and exclusion criteria seemed appropriate given study goals. A comparison of population characteristics between participants included in the analysis (509) and those excluded (531) was conducted and presented in supplemental material; no significant differences were identified.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured using liquid chromatography tandem mass spectrometry using validated methods that have been published previously. Participants provided two spot urine samples at least 2 hours apart (mean duration 4.4 hours) on a given day during their clinic visit. Serum and semen samples used to characterize outcomes were collected on the same day. Intra-class correlations for repeated measures were above 0.50 for metabolites of DEHP, DBP, and BBP. Concentrations were adjusted for dilution using urinary creatinine in each sample. The mean of both urinary phthalate measures was used to estimate exposure in statistical analyses. The proportion of samples above LODs for DEHP, DBP, and BBP metabolites ranged from 95% to 100%. It was not explicitly stated how concentrations below LOD were handled; those values may have been included in the lowest exposure quartile in statistical analyses. The main limitation related to exposure measurement in this cross-sectional study is that it is unable to measure exposure in a biologically relevant time period prior to outcome ascertainment, and being hospital-based, there may be biases inherent in the study population's exposure. However, there was no evidence of bias.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Wang, Y. X., Zhou, B., Chen, Y. J., Liu, C., Huang, L. L., Liao, J. Q., Hu, X. J., Lu, W. Q., Zeng, Q., Pan, A. (2018). Thyroid function, phthalate exposure and semen quality: Exploring associations and mediation effects in reproductive-aged men. Environment International 116:278-285.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Changes in serum thyroid hormones TSH, FT3, FT4, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728614		
Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	High	Serum concentrations of three thyroid hormones - thyroid-stimulating hormone (TSH), free T3 (FT3), and free thyroxine (FT4) - were measured using an automated analyzer. Quality control measures were described (inter-day variations ranged from 3.2 to 9.3%) and technicians were blind to all data on subjects. Hyperthyroidism (n=2) and hypothyroidism (n=5) were defined based on TSH and FT4 measurements; analyses were conducted with and without these participants with little change in estimated effects. Semen quality measures were ascertained using well-described standard methodology, previously described in greater detail by the authors. Briefly, samples were liquefied and determined for sperm volume, concentration, total count, motility (computer-aided analysis), and morphology in accordance with the World Health Organization (WHO) guidelines. Outcome measures included total sperm count (volume x concentration), progressive motility, total motility (progressive motility + non-progressive motility), sperm concentration, and percent normal morphology.
	Metric 3B: Selective Reporting	Medium	Results are consistent with analyses described in the methods section.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Questionnaires were used to collect data on socio-demographic characteristics, drinking, smoking, occupation, and health conditions. Potential covariates (BMI, age, smoking status and number smoked per day, alcohol use, education, having fathered a child, abstinence duration, income) were selected a priori, and the "change-in-estimate" method (e.g. a covariate was retained in the model if inclusion changed the effect estimate by more than 10%) was used to select confounders to include in final models. Final models included age, BMI, smoking status, and number smoked. Distributions of confounders were shown for the sample as a whole. Potential co-exposure confounding by other phthalates or by diet quality was not considered. However, there was no evidence of important residual confounding bias.
Domain 5: Analysis			
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<b>Study Citation:</b>	Wang, Y. X., Zhou, B., Chen, Y. J., Liu, C., Huang, L. L., Liao, J. Q., Hu, X. J., Lu, W. Q., Zeng, Q., Pan, A. (2018). Thyroid function, phthalate exposure and semen quality: Exploring associations and mediation effects in reproductive-aged men. Environment International 116:278-285.			
<b>Health Outcome(s) Assessed:</b>	Thyroid- Changes in serum thyroid hormones TSH, FT3, FT4, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728614			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Descriptive analyses for the overall sample were included for participant characteristics, urinary phthalate distributions, serum thyroid hormones, and semen quality parameters. Intra-class correlations for phthalate metabolites were estimated. However, correlations across different metabolites were not shown. Phthalates exposure variables included individual metabolites and the percentage of total DEHP metabolites excreted as MEHP. The sum of DEHP metabolites was not analyzed. To address the study's aim of analyzing whether thyroid hormones are mediators of the association between phthalate exposure and semen quality, a mediation analysis was used. First, multivariate linear regression was used to assess associations between quartiles of phthalate metabolites and natural log transformed thyroid hormones. Next, multivariate linear regression was used to estimate associations between thyroid hormone quartiles and natural log transformed semen parameters. Finally, for significant phthalate-thyroid hormone and thyroid-hormone semen quality associations, analyses were conducted to estimate the proportion of the phthalate-semen quality association attributable to direct effects vs. indirect effects mediated through these hormones. The mediation analysis used multivariate linear regression with ln-transformed phthalate exposures and dichotomized thyroid hormones. The authors did not discuss evaluating non-linear dose-response in the phthalate-semen parameter analysis. Sensitivity analyses indicated that excluding men with overt thyroid dysfunction (n=7) did not meaningfully influence results.	
	Metric 5B: Sensitivity	Medium	The study averaged two measures collected on the same day to estimate urinary phthalate metabolite exposure levels. Detection rates were high and interquartile ranges illustrated variability in exposure. A single measure was analyzed for serum thyroid hormones and semen quality; it is unlikely that those outcome measures would be expected to vary greatly over repeat measures within a short time period, so impact on sensitivity is likely minimal. >90% of participants had detectable levels of phthalate metabolites. Sample size was >500 participants. The main limitation is the study's cross-sectional design.	
Additional Comments:	This cross-sectional hospital-based study analyzed associations between urinary phthalates, thyroid hormones, and semen quality in 509 men recruited from a reproductive care center in Wuhan, China. Exposure to phthalates was measured using the mean of concentrations in two spot urine samples collected on the same day. Metabolites of DEHP, DBP, and BBP were measured. Small amounts of MnBP, a primary metabolite of DBP, may also be related to BBP exposure. Outcomes included three thyroid hormones and four semen quality parameters. The % of DEHP excreted as MEHP was associated with significantly lower TSH, and a marginally non-significant increase in FT4. Strengths included a relatively large sample size and well-described analyses to measure exposure, outcome, and assess associations between them. The main limitations of the study are due to its cross-sectional design and biases that may be inherent in recruitment of a study population from a single health facility.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Wenzel, A. G., Bloom, M. S., Butts, C. D., Wineland, R. J., Brock, J. W., Cruze, L., Unal, E. R., Kucklick, J. R., Somerville, S. E., Newman, R. B. (2018). Influence of race on prenatal phthalate exposure and anogenital measurements among boys and girls. Environment International 110:61-70.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- anopenile distance (APD), anoscrotal distance (ASD), anoclitoral distance (ACD), anofourchette distance (AFD), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4728953		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examined the association between maternal urinary phthalates (MBP, MiBP, MBzP, MEHP, MEOHP, and MEHHP) during pregnancy and anogenital distance (AGD) (specifically anopenile, anoscrotal, anoclitoral, and anofourchette distances) in newborns. White and African American women who planned to deliver at the Medical University of South Carolina (MUSC) between 2011-2014 who lived in the Charleston, South Carolina metro area were eligible (n=407). Women were included in they were at least 18 years old and had an uncomplicated singleton pregnancy dated by first trimester ultrasound. The study initially only included women expecting boys but later opened inclusion criteria to include women expecting girls, which resulted in a skewed sex ratio. A total of 380 mothers were enrolled in the study, who gave birth to 222 boys and 158 girls. The 380 included mothers represent a high participation rate, although no comparison is provided with the eligible population. Minimal concern for selection bias due to the high participation rate.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	MBP, MiBP, MBzP, MEHP, MEOHP, and MEHHP were measured in urine samples collected from pregnant women between gestational weeks 18 and 22 (median = 20 weeks). Sample storage conditions are reported. Urinary phthalate metabolites were analyzed via Agilent 1100 Series liquid chromatography and tandem mass spectrometry. QA/QC procedures included incorporating internal standards (isotopically labeled and conjugated) and reagent blank samples during analysis. If QC measurements fell outside the 99% CI or if two consecutive measures fell outside the 95% CI, the batch was re-run. Urine samples were adjusted for specific gravity. No assessment of diurnal variation of urine sampling. LODs (ng/mL) (MBP = 0.95; MiBP = 0.10; MBzP = 1.00; MEHP = 0.17; MEOHP = 0.34; MEHHP = 0.10) and % >LOD (MBP = 98.5; MiBP = 100; MBzP = 98.5; MEHP = 95.9; MEOHP = 99.7; MEHHP = 100) are reported. Sampling and analytical approaches were robust. However, per the study authors "sexually dimorphic anogenital distance becomes apparent between gestational weeks 11-13." Urinary measures collected during weeks 18-22 are representative of phthalate exposure after the critical window of gestational development but may still provide an approximation of relevant exposure. Additionally, the exposure misclassification would be expected to bias results toward the null, attenuating observed associations.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Wenzel, A. G., Bloom, M. S., Butts, C. D., Wineland, R. J., Brock, J. W., Cruze, L., Unal, E. R., Kucklick, J. R., Somerville, S. E., Newman, R. B. (2018). Influence of race on prenatal phthalate exposure and anogenital measurements among boys and girls. Environment International 110:61-70.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- anopenile distance (APD), anoscrotal distance (ASD), anoclitoral distance (ACD), anofourchette distance (AFD), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)
<b>HERO ID:</b>	4728953

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	High	One of eight trained staff measured AGD metrics in males (n = 171) and females (n = 128). AGD metrics in males were anopenile distance (APD), measured as the "distance from the anterior margin of the anus to the anterior base of the penis where the penile shaft skin meets the suprapubic bone", and anoscrotal distance (ASD), measured as the "distance from the anterior margin of the anus to the base of the scrotum where the skin changes from smooth to rugated". In females, metrics were anoclitoral distance (ACD), a measure of the distance from the anterior margin of the anus to the base of the clitoral hood, and anofourchette distance (AFD), a measure of the distance to the posterior convergence of the fourchette. Each measure was taken three times using calipers with infants lying on their backs at the edge of the bed or on a flat surface with legs in frog position. Although there could be some variation or potential for human error in measure, the triplicate measures minimize concern for misclassification. No deficiencies noted. Each measure was taken three times using calipers with infants lying on their backs at the edge of the bed or on a flat surface with legs in frog position. Although there could be some variation or potential for human error in measure, the triplicate measures minimize concern for misclassification.
	Metric 3B: Selective Reporting	Medium	Results for all anticipated analyses are reported.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Confounders were selected a priori and included maternal cigarette smoking during pregnancy, age, race, and education. Additionally, weight-for-age percentile z-scores based on CDC data were included to account for the influence of body size on AGD. Sensitivity analyses additionally adjusted for gestational age at delivery. Information on confounders was collected via questionnaire, and data on race was self-reported. Ethnicity information was not collected; thus, babies with more than one race may have been misclassified. Additionally, there was no information on maternal stress levels, which have been associated with AGD changes and may represent a residual confounder. Correlation coefficients between separate phthalate metabolites are reported.

Domain 5: Analysis

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<b>Study Citation:</b>	Wenzel, A. G., Bloom, M. S., Butts, C. D., Wineland, R. J., Brock, J. W., Cruze, L., Unal, E. R., Kucklick, J. R., Somerville, S. E., Newman, R. B. (2018). Influence of race on prenatal phthalate exposure and anogenital measurements among boys and girls. Environment International 110:61-70.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- anopenile distance (APD), anoscrotal distance (ASD), anoclitral distance (ACD), anofourchette distance (AFD), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4728953			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	The association between urinary maternal phthalate metabolites and AGD measures in infants was assessed via linear regression. Effect estimates and 95% CI are reported for all analyses. Phthalate concentrations were natural log transformed, adjusted for specific gravity (to account for variation in dilution), and instrument reported values were used for measures <LOD. Exposure distributions and % of values >LOD are reported for all metabolites. The molar sum of DEHP and DBP were also used in analyses. Means and standard deviations are presented for each AGD measure (whole population and stratified by race). When information on confounders was missing, values were imputed used Markov chain Monte Carlo multiple imputation. Phthalates were characterized as both continuous variables and stratified into tertiles.Sensitivity analyses included stratifying by race, adjusting for gestational age at delivery, and conducting complete case analyses. Multi-pollutant models were not constructed despite the high intercorrelations between phthalates.	
	Metric 5B: Sensitivity	Medium	The sample size (n = 380) and exposure range were both adequate to detect associations, as significant results were observed for some phthalates.	
Additional Comments:	This prospective birth cohort study examined the association between maternal urinary phthalate metabolite levels during pregnancy and anogenital distance (AGD) measures in infants (n = 380). The study used adequate methods to conduct participant selection, exposure measurement and outcome ascertainment and to account for potential confounders, resulting in minimal concerns regarding residual bias. There is some concern that timing of maternal urine samples may not represent the most etiologically relevant window for reproductive development, but resulting exposure misclassification is expected to attenuate the observed findings. Significant associations were repoted for MEHP and longer anopenile distance, MEHP and shorter anofourchette and anoclitral distances.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Xia, B., Zhu, Q., Zhao, Y., Ge, W., Zhao, Y., Song, Q., Zhou, Y., Shi, H., Zhang, Y. (2018). Phthalate exposure and childhood overweight and obesity: Urinary metabolomic evidence. <i>Environment International</i> 121(Pt 1):159-168.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Overweight/obesity, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	4829216		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This case-control study was nested within a cohort of the national Puberty Timing and Health Effects in Chinese Children (PTHEC). Peripubertal children were enrolled from October to November 2011, and there were 2,007 school children initially recruited using a stratified multi-stage cluster sampling method in a suburban district of Shanghai. 503 children were randomly selected for analysis of phthalate metabolites. 10 participants were excluded due to missing data on socio-demographic characteristics, and participants were excluded if they had chronic medical illness or took medication relating to obesity. Due to funding issues pertaining to metabolomic assays, authors restricted the analysis to 85 overweight/obese participants and 85 normal weight subjects. 21 participants without appropriate urine volume for metabolomic analysis were excluded, leaving 69 overweight/obese cases and 80 normal weight controls for analysis. The steps outlined for participant selection are appropriate, and the authors reported participation rates at various steps. The comparison group set-up was appropriate due to controlling for age and sex in analysis. Neighborhood level characteristics used in multi-stage sampling do not appear to be controlled for in analysis, but this is unlikely to significantly produce selection bias. Demographic information was stratified by obese/normal weight assignment, and there were no significant differences between the two groups. Overall, there were no concerns raised for participant selection.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Morning spot urine samples were obtained from all participants and transported to the Fudan University laboratory for quantification. Phthalate metabolites were measured using an API 2000 electrospray triple quadrupole mass spectrometer equipped with an Agilent 1100 Series high-performance liquid chromatography (HPLC) system. Authors report that the laboratory personnel were blinded to all information pertaining to participants. LODs for metabolites were reported, and for values below the LOD, authors imputed a value as half of the corresponding LOD. Specific gravity adjustment was also performed on urine samples to account for urinary dilution, and these values were used in final analyses. The methods of exposure measurement were appropriate, and the authors provided adequate information on LOD and blinding of evaluators. Due to the short half-life of phthalate metabolites in the human body, it is uncertain whether the reported levels of phthalate metabolites are representative of participants' long-term exposure, and thus it is an uncertain whether exposure truly occurred during an etiologically relevant time period. However, there is no evidence that the chosen time period was inappropriate.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Xia, B., Zhu, Q., Zhao, Y., Ge, W., Zhao, Y., Song, Q., Zhou, Y., Shi, H., Zhang, Y. (2018). Phthalate exposure and childhood overweight and obesity: Urinary metabolomic evidence. Environment International 121(Pt 1):159-168.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Overweight/obesity, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	4829216			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	The primary relevant outcome was obesity. Height and weight were measured using a calibrated stadiometer and balance scale. All measurements were performed by two trained physicians, and the mean value of two measurements was recorded. BMI was calculated using weight and height measurements, and overweight/obesity was defined as BMI above the 85th percentile of Chinese population-specific data according to The Working Group for obesity in China. No concerns are noted for outcome assessment.	
	Metric 3B: Selective Reporting	Medium	All of the results reported within the study align with the analyses described in the methods section, and there are no concerns about selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors detail that there were a number of confounders adjusted for in the analyses including highly correlated phthalates, chronological age, gender, puberty onset, daily energy intake, physical activity, and socio-economic level. Covariate information was collected by questionnaires in the majority of cases, while puberty onset was directly measured by a male urologist for boys and a female pediatrician for girls, further defined as girls with Tanner breast stage $\geq$ II in girls and Tanner testicular volume $\geq$ 4 mL for boys. While these are appropriate confounders to adjust for, the authors do not provide details about the methods used to identify potential confounders. Correlation coefficients were presented for phthalates.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	The association between obese status and phthalate concentrations was measured using logistic regression. The authors detail that log-transformation was applied to the phthalate concentrations due to their right-skewness. An effect estimate and 95% confidence interval for MnBP is reported in the text, while estimates for other phthalate metabolites are only presented graphically and were reported to not be statistically significant. The authors utilized an appropriate characterization of the outcome variable, and they provided information on the LOD's for the various phthalate metabolites. No other concerns were noted for their analysis.	
	Metric 5B: Sensitivity	Medium	The range of exposure levels reported was adequate for analysis and the study population was likely large enough to detect an effect (n=69 cases, n=80 controls).	
Additional Comments:	This case-control study nested within a cohort of the Puberty Timing and Health Effects in Chinese Children (PTHEC) study included a small sample size of overweight/obese children and controls. Some limitations were noted, including uncertainty regarding the appropriateness of temporality due to only using a single urine sample in their exposure assessment. Strengths of this study included the outcome ascertainment methodology, and concerns were not significant enough to imply severe bias. The authors reported a significant positive association between MnBP and overweight/obesity (OR (95% CI): 1.586 (1.043, 2.412).			
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Study Citation:	Xia, B., Zhu, Q., Zhao, Y., Ge, W., Zhao, Y., Song, Q., Zhou, Y., Shi, H., Zhang, Y. (2018). Phthalate exposure and childhood overweight and obesity: Urinary metabolomic evidence. Environment International 121(Pt 1):159-168.		
Health Outcome(s) Assessed:	Nutritional/Metabolic- Overweight/obesity, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
HERO ID:	4829216		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	



<b>Study Citation:</b>	Zhu, Y. D., Wu, X. Y., Yan, S. Q., Huang, K., Tong, J., Gao, H., Xie, Y., Tao, S. M., Ding, P., Zhu, P., Tao, F. B. (2020). Domain- and trimester-specific effect of prenatal phthalate exposure on preschooler cognitive development in the Ma'anshan Birth Cohort (MABC) study. <i>Environment International</i> 142:105882.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Intelligent quotient (IQ) scores, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
<b>HERO ID:</b>	9644525		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examines the association between prenatal phthalate exposure and children's cognitive function in the Ma'anshan Birth Cohort (MABC). Final sample size was 2128 mother-child pairs. Mothers enrolled from May 2013 to September 2014. Pregnant women were recruited from Ma' Anshan Maternal and Child Health Care Center with following characteristics: no medical history of major chronic disease, no more than 14 weeks pregnant, 18 y of age of older, good communication and interpersonal skills, living in Ma'anshan city for at least 6 months, and planning on delivering locally (Liang, 2020, 6778472). Only single pregnancies with live births were considered. Authors also excluded women who did not have urine samples for phthalate metabolites during any time of their pregnancy. Authors also excluded children with missing data on IQ scores. Pregnant women were enrolled at their first prenatal care visit at the MCH Center and followed up in second trimester and third trimester of pregnancy. Eligible women also completed a self-administered questionnaire in each trimester. Details about newborns recorded soon after birth. Infants were assessed at 42 days, 3 months, 6 months, 9 months, and 12 months. Children were followed up from age 1.5 at 6-month intervals until age 6. Participation rates reported at all steps of the study. Inclusion/exclusion criteria specified.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MMP, MEP, MBP, MBzP, MEHP, MEHHP, MEOHP) were measured in maternal urine samples collected during the first, second, and third trimesters of pregnancy. Solid-phase extraction-high-performance liquid chromatography tandem mass spectrometry was used to determine concentrations of urinary phthalate metabolites. QC sample of pooled urine was created to determine variability between the batches and assay precision. Urinary creatinine was measured using commercial assay kit to adjust for measured urinary concentrations for urinary dilution. LOD ranged from 0.01 to 0.08 ug/L depending on the metabolite. Values below LOD were replaced with LOD/sqrt2.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Zhu, Y. D., Wu, X. Y., Yan, S. Q., Huang, K., Tong, J., Gao, H., Xie, Y., Tao, S. M., Ding, P., Zhu, P., Tao, F. B. (2020). Domain- and trimester-specific effect of prenatal phthalate exposure on preschooler cognitive development in the Ma'anshan Birth Cohort (MABC) study. Environment International 142:105882.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Intelligent quotient (IQ) scores, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)			
<b>HERO ID:</b>	9644525			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Wechsler Preschool and Primary Scale of Intelligence (Fourth edition (WPPSI-IV CN)) used to assess intelligence quotients of children ages 3.0 to 6.0 y. Wechsler IQ test examines how well humans can use their intellect to adapt and solve problems in their environment. Test consists of 5 subscales: verbal comprehension index (VCI); visual space index (VSI); fluid reasoning index (FRI); working memory index (WMI); and processing speed index (PSI). Authors calculated full-scale intelligence quotient based on five domain subscales. Tests were administered by 2 individuals who were trained by a licensed clinical psychologist with over 10 years of experience. Raw data submitted to blinded researcher to calculate IQ scores of participants. Pregnant women were given Chinese version of Wechsler Adult Intelligence Scale-IV subtest (WAIS-IV, Chinese) to determine cognitive function. Test used verbal IQ (VIQ) and performance IQ (PIQ). Full-scale intelligence quotient showed maternal cognitive function.	
	Metric 3B: Selective Reporting	Medium	Analyses presented in the methods are shown in the results.	
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	Maternal age, maternal IQ, pre-pregnancy BMI, parity, household income, sunscreen use, pregnancy willingness, breastfeeding duration, and urinary creatinine concentration. Authors used a DAG to select confounders based on relationships among study covariates, phthalates, and preschooler IQ for the regression models.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Authors used Student's t-test for continuous variables and chi-square tests for proportions to determine differences in demographic characteristics between subgroups of women with male and female children. Authors used multiple imputation to handle missing phthalate metabolite values (5.28% of maternal urine samples were missing). Phthalate urinary metabolite concentrations were ln-transformed since distributions were right skewed. Linear mixed models were used to determine relationships between repeated measures of urinary phthalate metabolites and preschooler IQ for each trimester. Regression models stratified by trimester of sample collection during pregnancy and multiple linear regression models fitted to examine independent effects of maternal phthalate exposure on preschool IQ. Linear Mixed Models also stratified by gender. Both models adjusted for covariates.	
	Metric 5B: Sensitivity	Medium	The study had adequate sensitivity to determine the association between urinary phthalate metabolite concentrations and preschooler IQ. The sample size was adequate (n=2128). Exposure distributions seem wide enough to detect an association.	

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Study Citation:	Zhu, Y. D., Wu, X. Y., Yan, S. Q., Huang, K., Tong, J., Gao, H., Xie, Y., Tao, S. M., Ding, P., Zhu, P., Tao, F. B. (2020). Domain- and trimester-specific effect of prenatal phthalate exposure on preschooler cognitive development in the Ma'anshan Birth Cohort (MABC) study. Environment International 142:105882.		
Health Outcome(s) Assessed:	Neurological/Behavioral- Intelligent quotient (IQ) scores, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)		
HERO ID:	9644525		
Domain	Metric	Rating	Comments
Additional Comments:	This prospective birth cohort study assesses prenatal urinary phthalate metabolite exposure and its effects on preschooler IQ in the Ma'anshan Birth Cohort. Approaches to participant selection, exposure measurement, outcome ascertainment, strategies for accounting for confounders, and statistical analyses were suitable.		
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Agier, L., Basagaña, X., Maitre, L., Granum, B., Bird, P. K., Casas, M., Oftedal, B., Wright, J., Andrusaityte, S., Castro, de, M., Cequier, E., Chatzi, L., Donaire-Gonzalez, D., Grazuleviciene, R., Haug, L. S., Sakhi, A. K., Leventakou, V., Mceachan, R., Nieuwenhuijsen, M., Petraviciene, I., Robinson, O., Roumeliotaki, T., Sunyer, J., Tamayo-Uria, I., Thomsen, C., Urquiza, J., Valentin, A., Slama, R., Vrijheid, M., Siroux, V. (2019). Early-life exposome and lung function in children in Europe: an analysis of data from the longitudinal, population-based HELIX cohort. The Lancet Planetary Health 3(2):e81-e92.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Forced Expiratory Volume in 1s as % predicted value (FEV1%), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043613		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study analyzed associations between early life exposures and lung function using data from the European Human Early-Life Exposome (HELIX) cohort. HELIX comprises 1033 mother-child pairs drawn from 6 prospective, general population birth cohorts in Europe (France, Greece, Lithuania, Norway, Spain, and the UK). Eligible participants (criteria: age 6-11 years, sufficient stored blood and urine samples from pregnancy for analysis, complete address history, no serious health problems) were randomly selected from each sub-cohort and invited to participate. Participating children were singletons born between 2003 and 2009, had an array of prenatal and postnatal exposure measures, and a valid spirometry test at age 6-12 years. Participation rates were not reported. HELIX children had similar mean birthweight and gestational ages as the parent cohort population, though sub-cohort mothers were slightly older and slightly more educated than the parent cohort (Le Maitre et al 2018, HEROID 8414108). Across study sites, sample sizes ranged from 147 to 242 children, and mean ages ranged from 6.5 to 10.8 years. There was no evidence of bias (i.e., that inclusion was associated with exposures or outcomes).
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Agier, L., Basagaña, X., Maitre, L., Granum, B., Bird, P. K., Casas, M., Oftedal, B., Wright, J., Andrusaityte, S., Castro, de, M., Cequier, E., Chatzi, L., Donaire-Gonzalez, D., Grazuleviciene, R., Haug, L. S., Sakhi, A. K., Leventakou, V., Meechan, R., Nieuwenhuijsen, M., Petravičienė, I., Robinson, O., Roumeliotaki, T., Sunyer, J., Tamayo-Uria, I., Thomsen, C., Urquiza, J., Valentin, A., Slama, R., Vrijheid, M., Siroux, V. (2019). Early-life exposome and lung function in children in Europe: an analysis of data from the longitudinal, population-based HELIX cohort. The Lancet Planetary Health 3(2):e81-e92.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Forced Expiratory Volume in 1s as % predicted value (FEV1%), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5043613

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Medium	Prenatal and childhood phthalates were among the array of exposome variables analyzed in this study. Prenatal phthalates were quantified in a single maternal spot urine sample. A limitation is that trimester of collection varied (means of 14 to 34 weeks gestation) across cohorts. Maternal urine was not available in one cohort that was excluded from analyses of prenatal exposure (Lithuania). Childhood phthalate measures, available for all cohorts, also captured a single time point but used pooled previous night and morning spot urine samples on the day of the clinical examination (Haug et al 2018, HEROID 4965808). Use of pooled samples aimed to reduce misclassification due to the short half-life of these metabolites. The phthalate metabolites measured in urine samples from mothers and children included: two metabolites of DiNP (oxo-MiNP and oh-MiNP), one DiBP metabolite (MiBP), one DBP metabolite (MnBP), and four DEHP metabolites (MEHP, MEHHP, MEOHP and MECPP). While analyzing urine samples collected at a single point in time is a limitation, the half-lives of the oxo- and hydroxy- metabolites used to estimate exposure to DiNP have been reported to persist longer than primary metabolites (Saravanabhavan et al, 2012 PMID 22505951). Phthalate metabolites were measured principally by the by the Norwegian Institute of Public Health (NIPH) using liquid chromatography-gas spectrometry with standards and quality controls (Haug et al 2018, HEROID 4965808). For the INMA cohort (Spain), with the exception of ox-MiNP and oh-MiNP which were analyzed at the NIPH, other phthalates were measured previously using ultra-performance liquid chromatography – mass spectrometry (Valvi et al 2014, HEROID 2804030). Duplicate measures in a subsample analyzed at the NIPH to evaluate consistency were highly correlated. LODs were provided for each metabolite; detection rates ranged from 92.6% to 100% (Haug 4965808; Valvi 2804030). Values below LOD or otherwise missing (15-29%, see Appendix Tables 1 and 2) were singly imputed using quantile regression for left-truncated data. Urinary creatinine was used to adjust for dilution. Phthalate concentration measures varied across cohorts; there was also substantial variability for all phthalates within each cohort (Haug 4965808).

Domain 3: Outcome Assessment

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<b>Study Citation:</b>		Agier, L., Basagaña, X., Maitre, L., Granum, B., Bird, P. K., Casas, M., Oftedal, B., Wright, J., Andrusaityte, S., Castro, de, M., Cequier, E., Chatzi, L., Donaire-Gonzalez, D., Grazuleviciene, R., Haug, L. S., Sakhi, A. K., Leventakou, V., Mceachan, R., Nieuwenhuijsen, M., Petravičienė, I., Robinson, O., Roumeliotaki, T., Sunyer, J., Tamayo-Uria, I., Thomsen, C., Urquiza, J., Valentin, A., Slama, R., Vrijheid, M., Siroux, V. (2019). Early-life exposome and lung function in children in Europe: an analysis of data from the longitudinal, population-based HELIX cohort. The Lancet Planetary Health 3(2):e81-e92.		
<b>Health Outcome(s) Assessed:</b>		Lung/Respiratory- Forced Expiratory Volume in 1s as % predicted value (FEV1%), Non-cancer		
<b>Chemical:</b>		Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>		5043613		
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	Lung function was measured during the clinical exam using a rigorous standardized protocol. The measure analyzed was forced expiratory volume in 1s as a percent of predicted values (FEV%). Children were examined once between the ages of 6 and 12 years using a common standardized protocol. Spirometry was measured by trained technicians. The protocol required at least three acceptable measures (e.g., no hesitation, coughing) that were reproducible (within 200 mL) which were further examined for validity (e.g., all highest values within 150 mL or 5%; subset reviewed in detail by trained investigators). Reference curves from the Global Lung Initiative were used to calculate predicted values standardized by age, height, sex, and ethnicity; any extreme values (FEV <sub>1</sub> <60% or >140% likely due to measurement error in young children) were excluded from the analysis. Mean (SD) FEV1% was 98·8 (13·2).	
	Metric 3B: Selective Reporting	High	Results were presented for all analyses and aims described. Methodologic information as well as very detailed results were included in an extensive appendix.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	High	Confounders were selected a priori and included: study center, child sex, age, height, parental country of birth, breastfeeding duration, season of conception, older siblings, parental education, maternal age, maternal pre-pregnancy BMI, postnatal passive smoking, prenatal maternal active and passive smoking. Models included a family affluence scale. Asthma was excluded as a potential intermediate. Sensitivity analyses adjusted for birth mode, gestational age, and child BMI which were omitted from primary models as potential intermediates; other sensitivity analyses excluded child age, sex and height which were incorporated in the FEV1% metric. Birth weight and prenatal birth were not discussed as potential confounders; these variables are also potential intermediates. Co-exposure confounding was explored in a multivariate linear regression by adjusting for all exposure variables associated with FEV1% with p<0.20 except those that were too highly correlated (absolute correlation coefficient >0.90) . The covariate selection strategy and variables included were appropriate.	
Domain 5: Analysis				
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<b>Study Citation:</b> Agier, L., Basagaña, X., Maitre, L., Granum, B., Bird, P. K., Casas, M., Oftedal, B., Wright, J., Andrusaityte, S., Castro, de, M., Cequier, E., Chatzi, L., Donaire-Gonzalez, D., Grazuleviciene, R., Haug, L. S., Sakhi, A. K., Leventakou, V., Mceachan, R., Nieuwenhuijsen, M., Petravičienė, I., Robinson, O., Roumeliotaki, T., Sunyer, J., Tamayo-Uria, I., Thomsen, C., Urquiza, J., Valentin, A., Slama, R., Vrijheid, M., Siroux, V. (2019). Early-life exposome and lung function in children in Europe: an analysis of data from the longitudinal, population-based HELIX cohort. The Lancet Planetary Health 3(2):e81-e92. Lung/Respiratory- Forced Expiratory Volume in 1s as % predicted value (FEV1%), Non-cancer				
<b>Health Outcome(s) Assessed:</b>				
<b>Chemical:</b> Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)				
<b>HERO ID:</b> 5043613				
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	The analytic approach was hypothesis-free, consistent with the objectives of an exposome study, which are to consider a large set of exposures simultaneously, which can help to limit selective reporting. The study examined 85 prenatal and 125 postnatal exposures. Exposure variables were transformed to approximate normality, multiple imputation was used to address missing values (<5% for variables with significant associations), and exposures were standardized as interquartile ranges to facilitate comparisons. Phthalates were log2 transformed. FEV% was analyzed as a continuous variable. Statistical analyses compared results from two approaches: a deletion-substitution-addition (DSA) algorithm that considered all exposures simultaneously, and an exposome-wide association study (ExWAS) that considered exposures independently. DSA is an iterative linear regression model search in which variables are iteratively removed, substituted, or added. Two-way interactions were tested as part of the analysis. Using DSA, the final model minimizes the root mean squared error of predictions using five-fold cross-validated data. The DSA was fitted 100 times, and exposure retained if selected in at least 5% of the runs. The ExWAS approach estimated exposure-outcome associations in independent linear regression models for each exposure variable and examined results after correcting for multiple hypothesis testing. Adjustments for co-exposures were also examined. As the authors noted, in simulation studies, DSA has been found to reduce false positive associations at the cost of sensitivity, while ExWAS has been found to increase sensitivity at the cost of false positives. Between-cohort heterogeneity was examined by running cohort-specific models. Sensitivity analyses excluded children who reporting a cold at the time of testing and children ever diagnosed with asthma. The authors also presented a detailed comparison of children included vs. excluded due to non-valid FEV1 values; besides child age and height which varied a priori, few differences were notable or significant; these were addressed as confounders. The authors did not discuss examining non-linear dose response, sex differences, or age group differences. Nonetheless, analyses were extensive, and the methods selected and their implementation seemed appropriate.
	Metric 5B:	Sensitivity	Medium	The pooled sample size was large (N=1033) and there was variability in both exposure measures and outcomes. However, power to detect associations that were significant after correcting for multiple comparisons was limited by the large number of exposures examined (n=85 prenatal, n=125 postnatal). Statistical power was likely limited in sub-cohort specific analysis, and to detect any interactions.
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<b>Study Citation:</b>	Agier, L., Basagaña, X., Maitre, L., Granum, B., Bird, P. K., Casas, M., Oftedal, B., Wright, J., Andrusaityte, S., Castro, de, M., Cequier, E., Chatzi, L., Donaire-Gonzalez, D., Grazuleviciene, R., Haug, L. S., Sakhi, A. K., Leventakou, V., Mceachan, R., Nieuwenhuijsen, M., Petraviciene, I., Robinson, O., Roumeliotaki, T., Sunyer, J., Tamayo-Uria, I., Thomsen, C., Urquiza, J., Valentin, A., Slama, R., Vrijheid, M., Siroux, V. (2019). Early-life exposome and lung function in children in Europe: an analysis of data from the longitudinal, population-based HELIX cohort. The Lancet Planetary Health 3(2):e81-e92.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Forced Expiratory Volume in 1s as % predicted value (FEV1%), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043613		
Domain	Metric	Rating	Comments
Additional Comments:	This exposome study used data from six European birth cohorts to examine associations between lung function assessed by spirometry and prenatal (n=85) and concurrent postnatal (n=125) exposure variables in 1,033 children aged 6-11 years. The array of exposures analyzed included metabolites of DiNP, DEHP, DiBP, DBP and BBP, along with other pollutants, dietary, social and community variables. Mean concentrations of DiNP metabolites were higher in children than in prenatal maternal samples (e.g. oxo-MiNP 6.2 vs 2.0 ug/g creatinine, reflecting that DiNP use is increasing in Europe as a substitute for DEHP. Prenatal and postnatal means for the sum of the four DEHP metabolites measured were similar (108.4 vs. 99.4 ug/g creatinine). Associations with maternal phthalate measures during pregnancy did not reach significance. The nine postnatal exposures significantly associated with poorer lung function as measured by lower FEV1% included five phthalate metabolite variables (MECPP, MEHHP, MEOHP, oxo-MiNP, and the sum of DEHP metabolites. However, no ExWAS associations remained significant at the multiple comparison threshold accounting for the large number of exposures; the moderate sample size may have limited statistical power. No exposure variables were selected for inclusion using the agnostic deletion-substitution-addition (DSA) models. While this study was a prospective cohort, significant associations were cross-sectional, based on concurrent measures of children's lung function and urinary phthalates. An important strength of this study was consideration of a wide array of exposures, and the use of extensive statistical analyses that included agnostic exposome statistical approaches to identify variables associated with children's lung function. Study cohort-specific as well as overall results were shown. However, sex-stratified results were not discussed. FEV1% was assessed by trained technicians using a rigorous standardized protocol, and variables were further evaluated for validity. Phthalates metabolites were measured in urine samples collected at a single time point; for children, however, evening and morning spot urine samples were pooled in an effort to strengthen exposure estimation given the short half-lives of phthalate metabolites in urine. It is also of note that the oxo- and hydroxy- metabolites used to estimate DiNP exposure have been found to persist longer than primary metabolites (Saravanabhavanet al, 2012 PMID 22505951).		

**Overall Quality Determination****High**



<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Abduljabbar, M., Al-Rouqi, R., Al-Rajudi, T., Al-Hassan, S. (2019). Couples exposure to phthalates and its influence on in vitro fertilization outcomes. Chemosphere 226:597-606.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- percentage of fertilization rate, biochemical pregnancy, failed clinical pregnancy, failed live birth, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5499157		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	Participants were recruited from a single IVF clinic in a single hospital in Saudi Arabia and included couples eligible for 1-4 IVF cycles, although each couple contributed only one cycle to the study. During March 2015 through January 2017, 599 couples (women and their male partners) who met the study criteria (no additional detail regarding those criteria are provided) agreed to participate in the study. Participation rates are not provided.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Two spot urine samples were collected a few days apart during visits to the clinic. Samples were analyzed using standard methodology (high-performance liquid chromatography and isotope-dilution tandem mass spectrometry). Quality control measures were well described. Samples were described as stored at minus 20 degrees Celsius until analysis. Samples were collected 2-3 days prior to egg retrieval. Detection limits were provided and were >94% for all phthalate metabolites except MBzP. Significant correlation was observed between repeat phthalate measurements for all metabolites. Measurements below the detection limit were substituted with 1/2 the detection limit for all phthalates except MBzP due its low proportion of samples above the detection limit, and natural logarithmic transformation was used since none of the metabolites were normally distributed.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Outcomes were defined using standard definitions obtained from patients' medical records and included: 1) fertilization rate (percentage of number of oocytes with 2 PN divided by the total number of oocytes retrieved), 2) biochemical pregnancy (positive beta-hCG in urine and serum on day 14 but with no further evidence of continued pregnancy), 3) clinical pregnancy (presence of gestational sacs with fetal heartbeats confirmed by ultrasound), and 4) live birth (delivery of at least one baby after 24 weeks gestation).
Metric 3B:	Selective Reporting	High	Results from all primary and secondary analyses described in the methods section are described in detail in tables, figures, and in the text of the paper.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Abduljabbar, M., Al-Rouqi, R., Al-Rajudi, T., Al-Hassan, S. (2019). Couples exposure to phthalates and its influence on in vitro fertilization outcomes. Chemosphere 226:597-606.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- percentage of fertilization rate, biochemical pregnancy, failed clinical pregnancy, failed live birth, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5499157

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Medium	Potential confounders related to IVF outcomes were selected based on the literature. Urinary cotinine was used as a measure of exposure to tobacco smoke, rather than smoking status. Urinary creatinine was included in all models to adjust for diurnal variations in urine volume (an alternative to creatinine-correction). The associations between each metabolite and each of the outcomes were provided as 1) crude relative risk estimates, 2) for models including women only, RR estimates were adjusted for woman age, woman BMI, cause of infertility, woman cotinine, and woman creatinine, and 3) for models including women and men, RR estimates were adjusted for the confounders states previously but for woman and men (e.g. woman age, men age, etc.). No data were provided on how each confounder was associated with exposure (e.g. did phthalate metabolite levels vary by categories of BMI) were provided.
Domain 5: Analysis	Metric 5A: Analysis	High	Statistical analyses were described in detail. Descriptive data on study participants was provided in the text, as well as percent detectable, median, geometric mean, IQR, and range for phthalate metabolites overall and by sex. Appropriate imputations for levels below the detection limit were conducted, and metabolite were ln-adjusted to improve the normality distribution. Mixed effects models were used to assess variability in the levels of metabolites between the two urine samples, and correlation coefficients were calculated. A log-binomial multivariate regression (recommended when the outcomes are not rare) was used to estimate relative risks and 95% CIs. MBzP was excluded from the analysis due to its low detectability.
	Metric 5B: Sensitivity	Medium	The study measured phthalate exposure several days prior to egg retrieval (temporality between exposure and outcome). Most phthalate metabolites were highly detectable, with a range of exposure levels, and outcomes were fairly common. Sample size of 599 was relatively high. There is potential bias that may impact the study associated with enrollment but is it unclear due to limited details.

**Additional Comments:** This hospital-based study in Saudi Arabia with a sample size of 599 women/male partner pairs seeking IVF was overall strong in its exposure and outcome ascertainment, consideration of confounding, and statistical analysis. Limited information was given on the specifics of participant enrollment. The study found statistically significant associations between MEHP and failure to experience a biochemical pregnancy, clinical pregnancy, and live birth. Among women with %MEHP (an indicator of less efficient metabolism and excretion of DEHP metabolites) in the highest quartile, levels of MECPP, MEHHP, MEOHP, MEHP, and summary DEHP were statistically significantly associated with failure to experience a biochemical pregnancy, clinical pregnancy (all except MECPP), and live birth (all except MECPP). None of the metabolites in women were significantly associated with fertilization rate in either the crude or adjusted models.

**Overall Quality Determination****High**

<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Abduljabbar, M., Al-Rouqi, R., Al-Rajudi, T., Al-Hassan, S. (2019). Couples exposure to phthalates and its influence on in vitro fertilization outcomes. Chemosphere 226:597-606.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- percentage of fertilization rate, biochemical pregnancy, failed clinical pregnancy, failed live birth, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5499157		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	Participants were recruited from a single IVF clinic in a single hospital in Saudi Arabia and included couples eligible for 1-4 IVF cycles, although each couple contributed only one cycle to the study. During March 2015 through January 2017, 599 couples (women and their male partners) who met the study criteria (no additional detail regarding those criteria are provided) agreed to participate in the study. Participation rates are not provided.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Two spot urine samples were collected a few days apart during visits to the clinic. Samples were analyzed using standard methodology (high-performance liquid chromatography and isotope-dilution tandem mass spectrometry). Quality control measures were well described. Samples were described as stored at minus 20 degrees Celsius until analysis. Samples were collected 2-3 days prior to egg retrieval. Detection limits were provided and were >94% for all phthalate metabolites except MBzP. Significant correlation was observed between repeat phthalate measurements for all metabolites. Measurements below the detection limit were substituted with 1/2 the detection limit for all phthalates except MBzP due to its low proportion of samples above the detection limit, and natural logarithmic transformation was used since none of the metabolites were normally distributed.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Outcomes were defined using standard definitions obtained from patients' medical records and included: 1) fertilization rate (percentage of number of oocytes with 2 PN divided by the total number of oocytes retrieved), 2) biochemical pregnancy (positive beta-hCG in urine and serum on day 14 but with no further evidence of continued pregnancy), 3) clinical pregnancy (presence of gestational sacs with fetal heartbeats confirmed by ultrasound), and 4) live birth (delivery of at least one baby after 24 weeks gestation).
Metric 3B:	Selective Reporting	High	Results from all primary and secondary analyses described in the methods section are described in detail in tables, figures, and in the text of the paper.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Abduljabbar, M., Al-Rouqi, R., Al-Rajudi, T., Al-Hassan, S. (2019). Couples exposure to phthalates and its influence on in vitro fertilization outcomes. Chemosphere 226:597-606.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- percentage of fertilization rate, biochemical pregnancy, failed clinical pregnancy, failed live birth, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5499157			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Potential confounders related to IVF outcomes were selected based on the literature. Urinary cotinine was used as a measure of exposure to tobacco smoke, rather than smoking status. Urinary creatinine was included in all models to adjust for diurnal variations in urine volume (an alternative to creatinine-correction). The associations between each metabolite and each of the outcomes were provided as 1) crude relative risk estimates, 2) for models including women only, RR estimates were adjusted for woman age, woman BMI, cause of infertility, woman cotinine, and woman creatinine, and 3) for models including women and men, RR estimates were adjusted for the confounders states previously but for woman and men (e.g. woman age, men age, etc.). No data were provided on how each confounder was associated with exposure (e.g. did phthalate metabolite levels vary by categories of BMI) were provided.	
Domain 5: Analysis	Metric 5A: Analysis	High	Statistical analyses were described in detail. Descriptive data on study participants was provided in the text, as well as percent detectable, median, geometric mean, IQR, and range for phthalate metabolites overall and by sex. Appropriate imputations for levels below the detection limit were conducted, and metabolite were ln-adjusted to improve the normality distribution. Mixed effects models were used to assess variability in the levels of metabolites between the two urine samples, and correlation coefficients were calculated. A log-binomial multivariate regression (recommended when the outcomes are not rare) was used to estimate relative risks and 95% CIs. MBzP was excluded from the analysis due to its low detectability.	
	Metric 5B: Sensitivity	Medium	The study measured phthalate exposure several days prior to egg retrieval (temporality between exposure and outcome). Most phthalate metabolites were highly detectable, with a range of exposure levels, and outcomes were fairly common. Sample size of 599 was relatively high. There is potential bias that may impact the study associated with enrollment but is it unclear due to limited details.	
Additional Comments:	This hospital-based study in Saudi Arabia with a sample size of 599 women/male partner pairs seeking IVF was overall strong in its exposure and outcome ascertainment, consideration of confounding, and statistical analysis. Limited information was given on the specifics of participant enrollment. The study found statistically significant associations between MEHP and failure to experience a biochemical pregnancy, clinical pregnancy, and live birth. Among women with %MEHP (an indicator of less efficient metabolism and excretion of DEHP metabolites) in the highest quartile, levels of MECPP, MEHHP, MEOHP, MEHP, and summary DEHP were statistically significantly associated with failure to experience a biochemical pregnancy, clinical pregnancy (all except MECPP), and live birth (all except MECPP). None of the metabolites in women weresignificantly associated with fertilization rate in either the crude or adjusted models.			

**Overall Quality Determination****High**

<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Al-Rajudi, T., Al-Rouqi, R., Abduljabbar, M., Al-Hassan, S. (2019). Exposure to phthalates in couples undergoing in vitro fertilization treatment and its association with oxidative stress and DNA damage. Environmental Research 169:396-408.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Fertilization rate, Non-cancer; Reproductive/Developmental- Live birth, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043455		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This study examined the impact of oxidative DNA damage mechanism induced by exposure to phthalates on in vitro fertilization (IVF) outcomes. Participants included n=599 women and their male partners underwent IVF treatment. However, the authors provided little information on recruitment process. Participation rate, inclusion and exclusion criteria, and selection strategy were not reported, which raised potential selection bias. Even though the characteristics of participants were reported in details, it's unclear if participation is related to exposure.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Two spot urine samples (2-3 days after the first one) were collected from each woman and their male partner. The time of urine sample collection was not reported, but not expect to introduce significant bias to the analyses. Urinary phthalate metabolites were assessed and quantified using a HPLC-MS system. Method reliability was checked using the German External Quality Assessment Scheme (G-EQUAS). Method validations were reported including using blank samples, quality controls, matrix-spiked samples.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The main IVF outcomes included fertilization rate, biochemical pregnancy, clinical pregnancy, and live birth. Fertilization rate was defined as the percentage of number of oocytes with 2PN divided by the total number of oocytes retrieved. Biochemical pregnancy was positive beta-hCG detected in urine and serum on day 14 but no further evidence of gestational sac or fetal heartbeat of continued pregnancy. Clinical pregnancy was defined as the presence of gestational sacs with fetal heartbeat confirmed by ultrasound. Live birth was the delivery of one or more live neonates after 24 weeks of gestation. Some uncertainty with respect to outcome misclassification exists because assessment instrument or procedure was not provided. But there is no direct evidence that indicates the diagnoses were not accurate or expected to greatly change the effect estimates.
Metric 3B:	Selective Reporting	Medium	Results from the described analyses in the methods are reported.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Al-Saleh, I., Coskun, S., Al-Doush, I., Al-Rajudi, T., Al-Rouqi, R., Abduljabbar, M., Al-Hassan, S. (2019). Exposure to phthalates in couples undergoing in vitro fertilization treatment and its association with oxidative stress and DNA damage. Environmental Research 169:396-408.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Fertilization rate, Non-cancer; Reproductive/Developmental- Live birth, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043455			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Medium	Potential confounders were selected based on prior studies. Confounders adjusted in the analyses included sex (also an effect modifier), BMI, age, education level, total family income, regional distribution of residence, ln-cotinine level, ln-creatinine level, and cause of infertility. The distribution of confounders by exposure level was not reported, and there is minimal concern of residual confounding could impact the effect.
Domain 5: Analysis	Metric 5A:	Analysis	High	Quantitative results were reported in this study including effect estimates (regression coefficients and RRs) and 95% confidence intervals. Multivariate linear regression models were performed for each biomarker predicted by each phthalate metabolite. Multivariate binomial regression models were used to evaluate the association between binary IVF outcomes and phthalate exposure. All metabolite concentrations were logarithm transformed to approximate normal distribution. LOD was reported for each chemical. The authors also evaluated co-linearity with the variance inflation factor in the linear regression analyses. Effect modification of biomarkers within the association between phthalate metabolites and IVF outcomes was examined.
	Metric 5B:	Sensitivity	Medium	This study has large sample size n=599 couples. The range of exposure provided adequate exposure contrast to evaluate the main effect. The study population is sensitive to the studied outcomes and there is minimal concern of bias related to sensitivity.
Additional Comments:	The major concern of this study is potential selection bias. There is limited information about recruitment process, inclusion and exclusion criteria, and participation rate. It is unclear if the participation is related to phthalate exposures. Time of urine sample collection is not reported, but it's not expected to have large impact to the effect. There is possibility of exposure or outcome misclassification, but there is no direct evidence indicates the results were biased.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Albert, O., Huang, J. Y., Aleksa, K., Hales, B. F., Goodyer, C. G., Robaire, B., Chevrier, J., Chan, P. (2018). Exposure to polybrominated diphenyl ethers and phthalates in healthy men living in the greater Montreal area: A study of hormonal balance and semen quality. <i>Environment International</i> 116:165-175.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Hormone levels: thyroid-stimulating hormone (TSH), free triiodothyronine (T3), and free thyroxine (T4), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728683		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this cross-sectional study men aged 18 to 41 years were recruited through advertisement in the greater Montreal area and were examined for the relationship between endocrine disruptors (including urinary phthalate metabolites) and sperm quality, endocrine function, and effect modification by BMI. 153 men were recruited from 2009 to 2012 from social media, public advertisement posters in university and community sites, and local newspapers in the greater Montreal area. All participants completed a standardized health questionnaire, provided a semen sample by masturbation after 3-5 days of abstinence and had either a recent history of achieving an ongoing uncomplicated natural pregnancy with their female partner and semen parameters meet the WHO reference values for normozoospermia or a sperm concentration over $45 \times 10^6$ cells/mL with no other parameters below the WHO reference values and no history of infertility. Participants were reported to be free of co-morbidities that required therapy and monitoring longer than 6 months. Participants were younger than other previously cited studies, potentially impacting the strength of the relationship between exposure and outcomes, and 56.2% were Caucasian, more mixed than the majority of compared studies, and displayed a mean BMI within the normal range. While specific information regarding participation rates is not provided, there is no evidence of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine samples were collected early in the morning from each participant for immediate analysis or storage. Phthalate assays were described elsewhere (Langlois et al., 2012, HEROID 1325739) and metabolites were extracted using anion-exchange solid phase extraction and extracts were evaporated and reconstituted in 200 uL of demineralized water. Analyses were performed by UPLC-MS-MS in negative electrospray in the multiple reaction monitoring mode. All samples were collected under similar conditions and were used in all of the analyses. Phthalate metabolite measures were standardized to account for urine dilution by dividing urinary concentrations by creatinine concentrations ( $\mu\text{g phthalate/g creatinine}$ ). The LODs were between 0.056 and 0.98 ug/L depending on the analyte. LOD values for MiBP, MnBP, MBzP, MCHP, MEHP, MEHHP, MEOHP, MECPP, MCPP, and MINP were 0.130, 0.390, 0.370, 0.250, 0.110, 0.190, 0.088, 0.200, 0.120, and 0.360 ug/L, respectively. % below the LOD were 0% for MiBP, MnBP, MEHP, MEHHP, MEOHP, MECPP and were 0.9% for MBzP and 2.6% for MCPP. MCHP and MiNP were poorly detected, with 95.8% and 34.2% of samples under the LOD and were excluded from further analyses. This study used one single urine measurement to assess exposure, which could lead to exposure misclassification due to the short half-life of phthalate metabolites in the human body.

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<b>Study Citation:</b>	Albert, O., Huang, J. Y., Aleksa, K., Hales, B. F., Goodyer, C. G., Robaire, B., Chevrier, J., Chan, P. (2018). Exposure to polybrominated diphenyl ethers and phthalates in healthy men living in the greater Montreal area: A study of hormonal balance and semen quality. Environment International 116:165-175.
<b>Health Outcome(s) Assessed:</b>	Thyroid- Hormone levels: thyroid-stimulating hormone (TSH), free triiodothyronine (T3), and free thyroxine (T4), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728683

Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	High	Semen samples were obtained after 3-5 days of abstinence to collect sperm concentration, motile sperm index, and % DNA in COMET tail. Computer assisted semen analysis was performed according to WHO guidelines. The authors reported the motile sperm index determined for each sample as the product of sperm concentration and percentage of total motility plus 1% based on the clinical assumption that the motile portion of sperm is more indicative of the fertility potential in a semen sample than the total sperm population. Hormone levels were measured using immuno-enzymatic chemiluminescent assays. Sperm quality and endocrine function measures were log10-transformed to approximate a normal distribution, except for testosterone, T3, and T4, which were normally distributed. There was no evidence of outcome misclassification.
	Metric 3B: Selective Reporting	Medium	Analyses described in the methods were reported in the results.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	High	Considered cofounders included age ( $\geq 30$ years), overweight status ( $\text{BMI} \geq 25 \text{ kg/m}^2$ ), birthplace (North American or otherwise), educational status (university graduate or less), household income ( $\geq 60,000$ CAD), and current smoking status. Adjusted linear regression models were fit including as covariates the a priori confounders identified by Direct Acyclic Graphs. Information on covariates was directly pulled from standardized health questionnaires. Co-exposure to PBDEs was also measured via hair samples, and correlation coefficients are presented between all included exposures.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multivariable linear regression models were used to study the association between the urinary metabolite concentrations and the outcomes. To minimize the influence of outliers, all phthalate measures were log10-transformed for regression analyses., and all outcome measures other than testosterone, T3, and T4 were also log10-transformed. Missing values for exposure concentrations and outcomes were imputed using multiple imputation by chained equations and the interval regression method with the LOD as the upper bound. Additional effect modifications by overweight status were investigated by fitting the previous regression models with cross-product terms. 95% CIs and % change were reported. P-values of $\leq 0.1$ and $\leq 0.05$ were chosen as near significance and statistical significance. Further sensitivity analyses were not discussed further. Descriptive information regarding exposure but not outcome is presented.
	Metric 5B: Sensitivity	Medium	Sample size is likely adequate ( $n=153$ ) and exposure range is likely large enough to provide sufficient contrast between high and low exposure. It is unclear if a single spot urine adequately represents the intensity, duration and potential peak exposures responsible for the initiation of the outcome of interest.

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<b>Study Citation:</b>	Albert, O., Huang, J. Y., Aleksa, K., Hales, B. F., Goodyer, C. G., Robaire, B., Chevrier, J., Chan, P. (2018). Exposure to polybrominated diphenyl ethers and phthalates in healthy men living in the greater Montreal area: A study of hormonal balance and semen quality. Environment International 116:165-175.
<b>Health Outcome(s) Assessed:</b>	Thyroid- Hormone levels: thyroid-stimulating hormone (TSH), free triiodothyronine (T3), and free thyroxine (T4), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728683

Domain	Metric	Rating	Comments
Additional Comments:	This cross-sectional study assessed the relationship between sperm quality and endocrine function in men and DINP, DEHP, DCHP, DBP, BBP, and DIBP metabolite concentrations. There are minimal concerns for if single spot urine samples represent the intensity, duration, and potential peak exposures responsible for the initiation of the outcomes. However, other aspects of the study are well described and there is no direct evidence that the exposure assessment is biased. A significant positive association was reported for free T4 and higher MECPP concentrations, but the majority of associations between urinary phthalate metabolites and sperm parameters/hormone levels were not statistically significant.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5039985		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The participants within this prospective evaluation of maternal prenatal and child age 3, 5 and 7 postnatal phthalate exposures with motor skills at age 11 were selected from participants in an ongoing longitudinal birth cohort study of 727 mothers and newborns conducted by the Columbia Center for Children's Environmental Health (CCEH). The original CCEH cohort was restricted to nonsmoking African American or Dominican women ages 18-35 years residing in northern Manhattan or the South Bronx in New York City for at least 1 year before pregnancy and who delivered between 1999 and 2006. Women who used illicit drugs, had diabetes, hypertension or known HIV or had their first prenatal visit after the 20th week of pregnancy were excluded. Women with active smoking during pregnancy verified by maternal and/or umbilical cord plasma cotinine greater than 15 ng/mL at delivery (n=30), insufficient or no prenatal urine for measurement of phthalate metabolites (n=286), and those lost to follow-up prior to child age 11 years (n=202) were also excluded. Finally, a total of 209 mother-child pairs with spot urines collected during the third trimester and age 11 child completion of the short form of the Burininks-Oseretsky Test of Motor Proficiency-2 (BOT-2) were selected for study. The 209 study women reportedly did not differ significantly from the 147 women whose children had BOT-2 scores but who did not have prenatal phthalate measures in terms of basic demographics (race/ethnicity, prenatal marital status, education level, household income, and proportion on Medicaid or other public assistance). Children who did and did not complete the BOT-2 also had reportedly similar birth outcomes. However, there is uncertainty for selection bias given a total of 209 participants were selected out of an original cohort of 727, a total of n=202 were lost to follow-up for age 11 motor skills assessment, and data for prenatal MCOP metabolite analyses were only available for n=72 women (34 girls and 38 boys) due to the described lack of initial analyses (described below) for mono-carboxy-isooctyl phthalate (MCOP, a DiNP metabolite).
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5039985

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Medium	Quantification of prenatal and child age 3, 5 and 7 urinary metabolites of 6 phthalates (di(n-butyl) phthalate (DnBP), butylbenzyl phthalate (BBzP), di-isobutyl phthalate (DiBP), diethyl phthalate (DEP), diisononyl phthalate (DiNP), and di-2-ethyl hexyl phthalate (DEHP)) was conducted utilizing automated sample preparation and on-line preconcentration/high-performance liquid chromatography/tandem mass spectrometry. Quantification of DiNP metabolites was introduced only after the commencement in 2009 of Centers for Disease Control and Prevention (CDC) measurements such that only 34% of the prenatal samples had mono-carboxy-isooctyl phthalate (MCOP, a DiNP metabolite) measurements, but all child age 7 samples had MCOP measures. Results were adjusted for specific gravity to correct for urinary dilution. Limits of detection (LOD) and percent less than the LOD were reported, with concentrations below the LOD assigned a value of the LOD divided by the square root of 2. The percent of samples below the limit of detection was generally low, except for prenatal MCOP (percent < LOD: 13.9%) and prenatal, age 3, and age 5 MEHP (percent < LOD: 16.7%, 21.08%, and 20.82%, respectively). Concentrations were natural log transformed within analyses. There is uncertainty with MCOP analyses as only n=72 (34%) out of n=209 participants had prenatal MCOP measures, and only n=113 out of n=166 participants had age 3 MCOP measures, however 100% of samples had analyses for MCOP at ages 5 (n=199) and 7 (n=156). Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures during the prenatal period responsible for initiation and development of outcomes of interest.
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	Age 11 motor function in terms of total, fine and gross motor composite point scores was assessed using the short form of the Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (BOT-2). The BOT-2 is a widely used individually administered test that measures a wide range of motor skills in children and young adults, and was standardized on a U.S. nationally representative sample of > 1500 individuals 4–21 years of age. The short form of the BOT-2 was utilized, with good to excellent reliability in terms of test-retest and interrater reliability reported. There is uncertainty in the lack of clinical developmental coordination disorder diagnoses to validate below average BOT-2 scores, as well as the lack of refinement in motor skills outcomes able to be assessed due to the use of the short form of the BOT-2.
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting.

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5039985			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Final total and sex-stratified models were adjusted for specific gravity, maternal ethnicity, prenatal maternal demoralization, prenatal maternal alcohol exposure, quality of the home environment (HOME score), child BMI z-score at age 11, and child’s age in months at BOT-2 administration. Data for potential confounders was obtained using questionnaires administered to the mother during pregnancy, at postnatal intervals and by review of maternal and infant medical records. The strategy for selection of potential confounders utilized directed acyclic graphs based upon previous literature suggesting the variables were associated with phthalate exposure and/or with motor outcomes. Potential confounders were included within the final models if their inclusion changed the estimated regression coefficient of the main phthalate predictor more than 0.5 standard errors of the coefficient estimate. Missing covariate data was reported. Missing values for maternal prenatal demoralization (n=3), HOME scale (n=9), and child BMI z-score at age 11 (n=9) were imputed using linear regression. There is uncertainty as covariate data was obtained from maternal self-report, and answers to questions associated with social stigma, such as maternal prenatal alcohol consumption and psychosocial factors (maternal self-report of hardship during pregnancy), may have had less accuracy in participants with potentially differing exposure and outcome status.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Multivariate generalized linear models analyzed the association between prenatal, child age 3, child age 5, and child age 7 urinary phthalate metabolite concentrations and age 11 BOT-2 total motor composite, fine motor composite, and gross motor composite scores. DEHP metabolites (MEHP, MEHHP, MECPP, MEOHP) were converted to molar concentrations and summed for analysis. Effect modification was examined within models stratified by child sex. Non-linear effects were examined within models using prenatal metabolite quartiles as predictors. Results were presented as estimated coefficients and corresponding 95% confidence intervals. Results were not corrected for multiple testing, and the combined effect of multiple exposures was not assessed.	
	Metric 5B: Sensitivity	Medium	The analytic sample size for relevant metabolites other than MCOP was adequate, although statistical power may be reduced in sex-stratified analyses. The range of exposure levels are expected to provide adequate variability.	
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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5039985

Domain	Metric	Rating	Comments
Additional Comments:	This prospective analysis of maternal prenatal and child age 3, 5 and 7 postnatal phthalate exposures with motor skills at age 11 as assessed by the short form of the BOT-2 were selected from participants in an ongoing longitudinal birth cohort study of 727 mothers and newborns conducted by the Columbia Center for Children's Environmental Health (CCCEH). The original CCCEH cohort was restricted to nonsmoking African American or Dominican women ages 18-35 years residing in northern Manhattan or the South Bronx in New York City for at least 1 year before pregnancy and who delivered between 1999 and 2006. The sample size for MCOP, a DiNP metabolite (n=72 out of n=209 participants with other phthalate metabolite measures) for maternal prenatal exposures with age 11 motor skills was less than optimal. There is uncertainty with the utilization of the short-form for BOT-2, with reported inconsistent findings regarding its validity within the literature, the lack of data in terms of clinical validation of developmental coordination disorder, and the lack of the ability to examine several BOT-2 subset outcome fine details in terms of fine motor precision, integration, manual dexterity, etc. There is additional uncertainty regarding the use of a single spot urine for analysis of phthalate exposures at each time point. Among girls, prenatal MnBP (b = -2.09; 95%CI: [-3.43, -0.75]), MBzP(b = -1.14; [95%CI:-2.13, -0.14]), and MiBP (b = -1.36; 95%CI: [-2.51, -0.21]) were associated with lower total BOT-2 composite score. MnBP (b= -1.43; 95% CI: [-2.44, -0.42]) was associated with lower fine motor scores and MiBP (b = -0.56; 95% CI: [-1.12, -0.01]) was associated with lower gross motor scores. Among boys, prenatal MBzP (b = -0.79; 95% CI: [-1.40, 0.19]) was associated with lower fine motor composite score. Regarding postnatal exposure time points, among boys, age 3 (b = -1.30; 95% CI: [-2.34, -0.26]) and age 7 (b = -0.96; 95% CI: [- 1.79, -0.13]) sum DEHP metabolites were associated with lower fine motor composite scores, while age 7 (b = -1.30; 95% CI: [-2.56, -0.03]) sum DEHP metabolites was also associated with lower total composite scores. Additionally among boys, age 3 MCOP was associated with lower total composite scores (b = -3.08; 95% CI: [-5.35, -0.80]), fine motor scores (b=-1.64; 95% CI: [-3.16, -0.12]), and gross motor scores (b = -1.44; 95% CI: [-2.60, -0.28]). No statistically significant associations between postnatal exposures and outcomes were observed among girls.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5039985

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The participants within this prospective evaluation of maternal prenatal and child age 3, 5 and 7 postnatal phthalate exposures with motor skills at age 11 were selected from participants in an ongoing longitudinal birth cohort study of 727 mothers and newborns conducted by the Columbia Center for Children's Environmental Health (CCEH). The original CCEH cohort was restricted to nonsmoking African American or Dominican women ages 18-35 years residing in northern Manhattan or the South Bronx in New York City for at least 1 year before pregnancy and who delivered between 1999 and 2006. Women who used illicit drugs, had diabetes, hypertension or known HIV or had their first prenatal visit after the 20th week of pregnancy were excluded. Women with active smoking during pregnancy verified by maternal and/or umbilical cord plasma cotinine greater than 15 ng/mL at delivery (n=30), insufficient or no prenatal urine for measurement of phthalate metabolites (n=286), and those lost to follow-up prior to child age 11 years (n=202) were also excluded. Finally, a total of 209 mother-child pairs with spot urines collected during the third trimester and age 11 child completion of the short form of the Burininks-Oseretsky Test of Motor Proficiency-2 (BOT-2) were selected for study. The 209 study women reportedly did not differ significantly from the 147 women whose children had BOT-2 scores but who did not have prenatal phthalate measures in terms of basic demographics (race/ethnicity, prenatal marital status, education level, household income, and proportion on Medicaid or other public assistance). Children who did and did not complete the BOT-2 also had reportedly similar birth outcomes. However, there is uncertainty for selection bias given a total of 209 participants were selected out of an original cohort of 727, a total of n=202 were lost to follow-up for age 11 motor skills assessment, and data for prenatal MCOP metabolite analyses were only available for n=72 women (34 girls and 38 boys) due to the described lack of initial analyses (described below) for mono-carboxy-isooctyl phthalate (MCOP, a DiNP metabolite).

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5039985			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Quantification of prenatal and child age 3, 5 and 7 urinary metabolites of 6 phthalates (di(n-butyl) phthalate (DnBP), butylbenzyl phthalate (BBzP), di-isobutyl phthalate (DiBP), diethyl phthalate (DEP), diisononyl phthalate (DiNP), and di-2-ethyl hexyl phthalate (DEHP)) was conducted utilizing automated sample preparation and on-line preconcentration/high-performance liquid chromatography/tandem mass spectrometry. Quantification of DiNP metabolites was introduced only after the commencement in 2009 of Centers for Disease Control and Prevention (CDC) measurements such that only 34% of the prenatal samples had mono-carboxy-isooctyl phthalate (MCOP, a DiNP metabolite) measurements, but all child age 7 samples had MCOP measures. Results were adjusted for specific gravity to correct for urinary dilution. Limits of detection (LOD) and percent less than the LOD were reported, with concentrations below the LOD assigned a value of the LOD divided by the square root of 2. The percent of samples below the limit of detection was generally low, except for prenatal MCOP (percent < LOD: 13.9%) and prenatal, age 3, and age 5 MEHP (percent < LOD: 16.7%, 21.08%, and 20.82%, respectively). Concentrations were natural log transformed within analyses. There is uncertainty with MCOP analyses as only n=72 (34%) out of n=209 participants had prenatal MCOP measures, and only n=113 out of n=166 participants had age 3 MCOP measures, however 100% of samples had analyses for MCOP at ages 5 (n=199) and 7 (n=156). Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures during the prenatal period responsible for initiation and development of outcomes of interest.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Age 11 motor function in terms of total, fine and gross motor composite point scores was assessed using the short form of the Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (BOT-2). The BOT-2 is a widely used individually administered test that measures a wide range of motor skills in children and young adults, and was standardized on a U.S. nationally representative sample of > 1500 individuals 4–21 years of age. The short form of the BOT-2 was utilized, with good to excellent reliability in terms of test-retest and interrater reliability reported. There is uncertainty in the lack of clinical developmental coordination disorder diagnoses to validate below average BOT-2 scores, as well as the lack of refinement in motor skills outcomes able to be assessed due to the use of the short form of the BOT-2.	
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting.	
Domain 4: Potential Confounding / Variability Control				

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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5039985			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Final total and sex-stratified models were adjusted for specific gravity, maternal ethnicity, prenatal maternal demoralization, prenatal maternal alcohol exposure, quality of the home environment (HOME score), child BMI z-score at age 11, and child’s age in months at BOT-2 administration. Data for potential confounders was obtained using questionnaires administered to the mother during pregnancy, at postnatal intervals and by review of maternal and infant medical records. The strategy for selection of potential confounders utilized directed acyclic graphs based upon previous literature suggesting the variables were associated with phthalate exposure and/or with motor outcomes. Potential confounders were included within the final models if their inclusion changed the estimated regression coefficient of the main phthalate predictor more than 0.5 standard errors of the coefficient estimate. Missing covariate data was reported. Missing values for maternal prenatal demoralization (n=3), HOME scale (n=9), and child BMI z-score at age 11 (n=9) were imputed using linear regression. There is uncertainty as covariate data was obtained from maternal self-report, and answers to questions associated with social stigma, such as maternal prenatal alcohol consumption and psychosocial factors (maternal self-report of hardship during pregnancy), may have had less accuracy in participants with potentially differing exposure and outcome status.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Multivariate generalized linear models analyzed the association between prenatal, child age 3, child age 5, and child age 7 urinary phthalate metabolite concentrations and age 11 BOT-2 total motor composite, fine motor composite, and gross motor composite scores. DEHP metabolites (MEHP, MEHHP, MECPP, MEOHP) were converted to molar concentrations and summed for analysis. Effect modification was examined within models stratified by child sex. Non-linear effects were examined within models using prenatal metabolite quartiles as predictors. Results were presented as estimated coefficients and corresponding 95% confidence intervals. Results were not corrected for multiple testing, and the combined effect of multiple exposures was not assessed.	
	Metric 5B: Sensitivity	Medium	The analytic sample size for relevant metabolites other than MCOP was adequate, although statistical power may be reduced in sex-stratified analyses. The range of exposure levels are expected to provide adequate variability.	
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<b>Study Citation:</b>	Balalian, A. A., Whyatt, R. M., Liu, X., Insel, B. J., Rauh, V. A., Herbstman, J., Factor-Litvak, P. (2019). Prenatal and childhood exposure to phthalates and motor skills at age 11 years. Environmental Research 171:416-427.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Age 11 motor skills, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5039985

Domain	Metric	Rating	Comments
Additional Comments:	This prospective analysis of maternal prenatal and child age 3, 5 and 7 postnatal phthalate exposures with motor skills at age 11 as assessed by the short form of the BOT-2 were selected from participants in an ongoing longitudinal birth cohort study of 727 mothers and newborns conducted by the Columbia Center for Children's Environmental Health (CCCEH). The original CCCEH cohort was restricted to nonsmoking African American or Dominican women ages 18-35 years residing in northern Manhattan or the South Bronx in New York City for at least 1 year before pregnancy and who delivered between 1999 and 2006. The sample size for MCOP, a DiNP metabolite (n=72 out of n=209 participants with other phthalate metabolite measures) for maternal prenatal exposures with age 11 motor skills was less than optimal. There is uncertainty with the utilization of the short-form for BOT-2, with reported inconsistent findings regarding its validity within the literature, the lack of data in terms of clinical validation of developmental coordination disorder, and the lack of the ability to examine several BOT-2 subset outcome fine details in terms of fine motor precision, integration, manual dexterity, etc. There is additional uncertainty regarding the use of a single spot urine for analysis of phthalate exposures at each time point. Among girls, prenatal MnBP (b = -2.09; 95%CI: [-3.43, -0.75]), MBzP(b = -1.14; [95%CI:-2.13, -0.14]), and MiBP (b = -1.36; 95%CI: [-2.51, -0.21]) were associated with lower total BOT-2 composite score. MnBP (b= -1.43; 95% CI: [-2.44, -0.42]) was associated with lower fine motor scores and MiBP (b = -0.56; 95% CI: [-1.12, -0.01]) was associated with lower gross motor scores. Among boys, prenatal MBzP (b = -0.79; 95% CI: [-1.40, 0.19]) was associated with lower fine motor composite score. Regarding postnatal exposure time points, among boys, age 3 (b = -1.30; 95% CI: [-2.34, -0.26]) and age 7 (b = -0.96; 95% CI: [- 1.79, -0.13]) sum DEHP metabolites were associated with lower fine motor composite scores, while age 7 (b = -1.30; 95% CI: [-2.56, -0.03]) sum DEHP metabolites was also associated with lower total composite scores. Additionally among boys, age 3 MCOP was associated with lower total composite scores (b = -3.08; 95% CI: [-5.35, -0.80]), fine motor scores (b=-1.64; 95% CI: [-3.16, -0.12]), and gross motor scores (b = -1.44; 95% CI: [-2.60, -0.28]). No statistically significant associations between postnatal exposures and outcomes were observed among girls.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Berger, K., Coker, E., Rauch, S., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. (2020). Prenatal phthalate, paraben, and phenol exposure and childhood allergic and respiratory outcomes: Evaluating exposure to chemical mixtures. Science of the Total Environment 725:138418.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Lung function (FEV1), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6813726		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Study participants were selected from the cohort Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS) and were 319 infant mother pairs from the Salinas Valley of California. Mothers were recruited from prenatal clinics in 1999-2000. Women were eligible if they qualified for MediCal, at least 18 years of age, <20 weeks gestation, and were planning to deliver at the county hospital. The study originally included 531 infants, where 392 met inclusion criteria, but was brought down to 319 complete cases including covariate data. Mothers were interviewed during pregnancy, at delivery, and when children were 6 months, 1 year, 2 years, 3.5 years, 5 years, and 7 years old. Characteristics of participants included versus excluded from the current study are shown in Table 1. Missing data was noted for 212 pairs; mothers in these pairs tended to be younger and to have lived in the US for a less time. Participant loss is unlikely to be related to exposure.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine MCNP, MCOP, MBzP, MiBP, MBP, MEHP, MEHHP, MEOHP, and MECCP samples were collected from mothers at two time points during pregnancy (mean, SD: 14.0, 5.0 and 26.9, 2.5 weeks gestation). Samples were measured using solid-phase extraction coupled with HPLC-ESI-MS/MS. Concentrations were corrected for urinary dilution using specific gravity measurements; specific gravity was imputed for 77 women missing measurements using urinary creatinine concentrations. LODs ranged from 0.2 ng/mL to 2.3 ng/mL; specific values for each phthalate metabolite were not provided. MCNP concentrations were 95 and 96.7% > LOD (early and late pregnancy), MCOP concentrations were 96.5% and 96.4% > LOD (early and late pregnancy), MBP concentrations were 98.4% and 100% > LOD (early and late pregnancy), MiBP concentrations were 92.4% and 95.7% > LOD (early and late pregnancy), and MBzP concentrations were 97.8% and 98.7% > LOD (early and late pregnancy). DEHP metabolites (MEHP, MEHHP, MEOHP, MECCP); summed DEHP metabolite concentrations were 87.7% and 91.8% > LOD (early and late pregnancy). Values below the LOD were assigned the instrumental reading values or were assigned a value below the LOD randomly selected from the log-normal distribution using maximum likelihood estimation. For each participant, the log 2 average of the two samples was used as the exposure variable in analysis. The exposure was measured in a relevant time window.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Berger, K., Coker, E., Rauch, S., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. (2020). Prenatal phthalate, paraben, and phenol exposure and childhood allergic and respiratory outcomes: Evaluating exposure to chemical mixtures. Science of the Total Environment 725:138418.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Lung function (FEV1), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	6813726			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Lung function at age 7, probable asthma at age 7: Trained research assistants conducted lung function tests using spirometers and conducted 8 expiratory maneuvers, measuring FEV1, which were reviewed and verified by two pediatric spirometer physician specialists. Probable asthma was defined based on a combination of maternal report and clinical data (probable asthma defined as taking asthma medication or having any current respiratory symptom, doctor diagnosis of asthma, or positive bronchodilator test. Respiratory symptoms were not further defined.	
	Metric 3B: Selective Reporting	Medium	No concerns for selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Covariates included maternal age, parity, poverty at baseline, and family history of asthma. Information on covariates was collected from questionnaires provided to mothers during pregnancy. No discussion of strategy for identifying key confounders. No discussion of child's sex as a potential confounder; however, exposure measured prenatally is unlikely to be correlated with child's sex.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Log2 averages of urinary measures were used in all analyses. Analyses were focused on examining outcomes in relation to chemical mixtures, including phthalates, phenols, and parabens. Bayesian Profile Regression (BPR) was used to group participants into clusters based on biomarker concentration patterns and chi square test was used to determine if clusters differed significantly in outcome frequency. Logistic and linear regressions for outcomes were also conducted with cluster assignment as categorical predictors. Bayesian Kernel Machine Regression (BKMR) was used to assess outcomes as functions of urinary phthalates and other chemicals adjusting for confounders. Conducted sensitivity analyses using BKMR component wise variable selection. Sensitivity analyses showed several association changes with no consistencies.	
	Metric 5B: Sensitivity	Medium	Appropriate sample size. Exposure distribution means and standard deviations shown in figure but not quantitatively noted in the main study. Analysis was focused on determining associations between chemical mixtures and outcomes; individual results for specific phthalate metabolites not available in this study.	
<b>Additional Comments:</b>	Overall rating of medium for this longitudinal cohort with minimal limitations. Authors reported missing data for 212 individuals but participant loss is unlikely to be related to exposure. Analytic methods were appropriate but were focused on examining chemical mixtures rather than individual phthalates / phthalate metabolites. Limitations are unlikely to affect the validity of the results. In addition to relevant phthalates, paper includes MCPPE and states that MCPPE is "a metabolite of several high molecular weight phthalates and a minor metabolite of dibutyl phthalate."			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Berger, K., Coker, E., Rauch, S., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. (2020). Prenatal phthalate, paraben, and phenol exposure and childhood allergic and respiratory outcomes: Evaluating exposure to chemical mixtures. Science of the Total Environment 725:138418.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Aeroallergies, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6813726		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Study participants were selected from the cohort Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS) and were 319 infant mother pairs from the Salinas Valley of California. Mothers were recruited from prenatal clinics in 1999-2000. Women were eligible if they qualified for MediCal, at least 18 years of age, <20 weeks gestation, and were planning to deliver at the county hospital. The study originally included 531 infants, where 392 met inclusion criteria, but was brought down to 319 complete cases including covariate data. Mothers were interviewed during pregnancy, at delivery, and when children were 6 months, 1 year, 2 years, 3.5 years, 5 years, and 7 years old. Characteristics of participants included versus excluded from the current study are shown in Table 1. Missing data was noted for 212 pairs; mothers in these pairs tended to be younger and to have lived in the US for a less time. Participant loss is unlikely to be related to exposure.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine MCNP, MCOP, MBzP, MiBP, MBP, MEHP, MEHHP, MEOHP, and MECCP samples were collected from mothers at two time points during pregnancy (mean, SD: 14.0, 5.0 and 26.9, 2.5 weeks gestation). Samples were measured using solid-phase extraction coupled with HPLC-ESI-MS/MS. Concentrations were corrected for urinary dilution using specific gravity measurements; specific gravity was imputed for 77 women missing measurements using urinary creatinine concentrations. LODs ranged from 0.2 ng/mL to 2.3 ng/mL; specific values for each phthalate metabolite were not provided. MCNP concentrations were 95 and 96.7% > LOD (early and late pregnancy), MCOP concentrations were 96.5% and 96.4% > LOD (early and late pregnancy), MBP concentrations were 98.4% and 100% > LOD (early and late pregnancy), MiBP concentrations were 92.4% and 95.7% > LOD (early and late pregnancy), and MBzP concentrations were 97.8% and 98.7% > LOD (early and late pregnancy). DEHP metabolites (MEHP, MEHHP, MEOHP, MECCP); summed DEHP metabolite concentrations were 87.7% and 91.8% > LOD (early and late pregnancy). Values below the LOD were assigned the instrumental reading values or were assigned a value below the LOD randomly selected from the log-normal distribution using maximum likelihood estimation. For each participant, the log 2 average of the two samples was used as the exposure variable in analysis. The exposure was measured in a relevant time window.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	Aeroallergy at age 7: Aeroallergies were defined based on maternal report of a diagnosis of hay fever/rhinitis, runny or itchy eyes apart from colds, or sneezing/runny nose apart from colds in the last year. No information on the validity of the questionnaire used to assess aeroallergy was provided.
Metric 3B:	Selective Reporting	Medium	No concerns for selective reporting.
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<b>Study Citation:</b>	Berger, K., Coker, E., Rauch, S., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. (2020). Prenatal phthalate, paraben, and phenol exposure and childhood allergic and respiratory outcomes: Evaluating exposure to chemical mixtures. Science of the Total Environment 725:138418.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Aeroallergies, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6813726		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Covariates included maternal age, parity, poverty at baseline, and family history of asthma. Information on covariates was collected from questionnaires provided to mothers during pregnancy. No discussion of strategy for identifying key confounders. No discussion of child's sex as a potential confounder; however, exposure measured prenatally is unlikely to be correlated with child's sex.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Log2 averages of urinary measures were used in all analyses. Analyses were focused on examining outcomes in relation to chemical mixtures, including phthalates, phenols, and parabens. Bayesian Profile Regression (BPR) was used to group participants into clusters based on biomarker concentration patterns and chi square test was used to determine if clusters differed significantly in outcome frequency. Logistic and linear regressions for outcomes were also conducted with cluster assignment as categorical predictors. Bayesian Kernel Machine Regression (BKMR) was used to assess outcomes as functions of urinary phthalates and other chemicals adjusting for confounders. Conducted sensitivity analyses using BKMR component wise variable selection. Sensitivity analyses showed several association changes with no consistencies.
	Metric 5B: Sensitivity	Medium	Appropriate sample size. Exposure distribution means and standard deviations shown in figure but not quantitatively noted in the main study. Analysis was focused on determining associations between chemical mixtures and outcomes; individual results for specific phthalate metabolites not available in this study.
<b>Additional Comments:</b>	Overall rating of medium for this longitudinal cohort with minimal limitations. Authors reported missing data for 212 individuals but participant loss is unlikely to be related to exposure. Analytic methods were appropriate but were focused on examining chemical mixtures rather than individual phthalates / phthalate metabolites. Limitations are unlikely to affect the validity of the results. In addition to relevant phthalates, paper includes MCPPE and states that MCPPE is "a metabolite of several high molecular weight phthalates and a minor metabolite of dibutyl phthalate."		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- spirometry measures [forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC, forced expiratory flow from 25-75% of FVC (FEF25-75%)], Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5041286		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were recruited as part of the Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS) cohort, which has followed children living in the area from birth until the age of 16. Eligible individuals included women attending first prenatal care visits at local clinics between 1999 and 2000. Inclusion criteria were speaking English or Spanish, being <= 20 weeks pregnant, being 18 years or older, qualifying for MediCal, and planning to deliver at the county hospital. 601 women were enrolled, and 531 were followed until live birth. Of these individuals, 517 children had at least one prenatal high molecular weight phthalate or BPA measurement. The authors reported the number of children missing prenatal samples for various metabolites and children missing data on the outcomes of interest. In total, 392 children had data on prenatal biomarkers and at least one relevant outcome. The authors provided sufficient details about their methods of participant selection, although there is no comparison of included children and those excluded due to missing data. There are minimal concerns of selection bias
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Spot urine samples were obtained from mothers at two interviews during pregnancy, at an average of 13 and 26 weeks' gestation. Samples were collected in BPA- and phthalate-free polypropylene cups and stored in glass vials at -80C until shipment to CDC for analysis. Solid phase extraction coupled with isotope dilution high-performance liquid chromatography-tandem mass spectrometry was used to quantify concentrations of relevant phthalate metabolites using previously published methods. QA/QC methods are not described. Limits of detection ranged from 0.2-0.5 ng/mL, and values below the LOD were assigned the instrument-reading values if they were available or were given an imputed value below the LOD selected at random from the log-normal distribution using maximum likelihood estimation. Authors also utilized a handheld refractometer to measure urinary specific gravity. 81 urine samples missing specific gravity measurements had specific gravity imputed based on urinary creatinine. These allowed for the correction of samples by urinary dilution. These tools are an appropriate analytical method for quantifying phthalate metabolite concentrations, and the samples represent an etiologically relevant time period. Authors reported the percent of samples detected above the LOD, and the lowest detection was for MCP, being detected in 90.3% of samples. Exposure misclassification is expected to be minimal.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- spirometry measures [forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC, forced expiratory flow from 25-75% of FVC (FEF25-75%)], Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5041286			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	For lung function measurements, children were examined with spirometers at age 7. Each child completed up to eight expiratory maneuvers, which were verified by two physicians with experience in pediatric spirometry and the best verified maneuver was used for analysis. Physicians utilized three identical EasyOne spirometers which were calibrated daily. Measurements included forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC, and forced expiratory flow from 25-75% of FVC. For children whose mothers reported respiratory symptoms at age 7, they were offered a bronchodilator test and repeated spirometry 20 minutes after inhaling albuterol (n = 54). For cytokine outcomes, Th1 and Th2 cells were detected in unfrozen pediatric blood using flow cytometry using previously published methods. Blood samples were collected at ages 2, 5, and 7. Cell counts were divided by the total number of CD4+ cells to calculate Th1% and Th2%, and the Th1:Th2 ratio was defined as Th1% divided by Th2%.Use of daily calibrated spirometers and repeat measures lend confidence to appropriate classifications of the lung function measurements. Administration by trained physicians is also a strength, and it is unlikely that they would have been aware of children’s exposure status. Similarly, cytokine-producing cells were detected using appropriate methods at multiple time points. Any outcome misclassification is unlikely to be differential by exposure status and is not a major concern.	
	Metric 3B: Selective Reporting	Medium	The results reported by the authors align with the analyses described within the methods section of the paper.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Authors considered a number of variables identified a priori via directed acyclic graphs in demographically adjusted models. These variables included maternal age at birth, parity, household income as a proportion of poverty at baseline, and family history of asthma. Authors also created fully adjusted models which controlled for chemical co-exposures such as metabolites of low molecular weight phthalates and phenols that were measured in urine samples. Bayesian model averaging was used to identify the most important variables for inclusion, and authors kept the three most influential variables with the highest posterior inclusion probabilities for each outcome. The authors utilized appropriate techniques for classifying potential confounders, and they had a clear strategy to identify variables for inclusion in the models. Residual confounding is of minimal concern.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- spirometry measures [forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC, forced expiratory flow from 25-75% of FVC (FEF25-75%)], Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5041286			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Descriptive information about outcome and exposure are reported. Urinary metabolite concentrations were averaged over pregnancy, and specific-gravity adjusted values were used for analysis. These concentrations were log2-transformed. Measurements from the first and second collection were used in sensitivity analyses. Lung function measurements were analyzed as continuous variables. FEV1 and FVC were not transformed and other lung function measurements were assessed as continuous log10-transformed variables. Lung function outcomes were analyzed using linear regression of generalized estimating equations. Longitudinal associations of cytokine variables were evaluated using generalized estimating equations with Gaussian specification and an exchangeable correlation structure. These analyses considered interaction terms with child age. All analyses included crude models, models adjusted for demographic factors, and fully adjusted models that accounted for both demographic factors and chemical co-exposures. Generalized additive models with three degrees of freedom were used to test for linearity of relationships. Quantitative results were presented for each analysis with the estimate and 95% confidence intervals. The number of samples below LOD was reported. Methods for handling missing data and data <LOD are described. No major deficiencies in analytical methods are noted.
	Metric 5B:	Sensitivity	Medium	The range of exposure levels is reported and there is adequate variability to evaluate the authors' hypothesis. The children exposed prenatally were sensitive to the development of relevant outcomes in childhood, and outcome ascertainment was performed at an appropriate time. Sample size is adequate. Correlation between phthalate biomarkers may reduce sensitivity to detect the effects of individual chemicals, but adjustment for co-exposures in the models mitigates this concern.
<b>Additional Comments:</b>	This study examined associations between in utero urinary phthalate exposure and respiratory and allergic outcomes in children as part of the CHAMACOS mother-child cohort study. The study utilized high-quality exposure assessment and outcome methods. Analytical methods and examination of potential confounding variables were strengths. There is minimal concern of bias.			
<b>Overall Quality Determination</b>			<b>Medium</b>	



<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Probable asthma, aeroallergies, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5041286		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were recruited as part of the Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS) cohort, which has followed children living in the area from birth until the age of 16. Eligible individuals included women attending first prenatal care visits at local clinics between 1999 and 2000. Inclusion criteria were speaking English or Spanish, being ≤ 20 weeks pregnant, being 18 years or older, qualifying for MediCal, and planning to deliver at the county hospital. 601 women were enrolled, and 531 were followed until live birth. Of these individuals, 517 children had at least one prenatal high molecular weight phthalate or BPA measurement. The authors reported the number of children missing prenatal samples for various metabolites and children missing data on the outcomes of interest. In total, 392 children had data on prenatal biomarkers and at least one relevant outcome. The authors provided sufficient details about their methods of participant selection, although there is no comparison of included children and those excluded due to missing data. There are minimal concerns of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Spot urine samples were obtained from mothers at two interviews during pregnancy, at an average of 13 and 26 weeks' gestation. Samples were collected in BPA- and phthalate-free polypropylene cups and stored in glass vials at -80C until shipment to CDC for analysis. Solid phase extraction coupled with isotope dilution high-performance liquid chromatography-tandem mass spectrometry was used to quantify concentrations of relevant phthalate metabolites using previously published methods. QA/QC methods are not described. Limits of detection ranged from 0.2-0.5 ng/mL, and values below the LOD were assigned the instrument-reading values if they were available or were given an imputed value below the LOD selected at random from the log-normal distribution using maximum likelihood estimation. Authors also utilized a handheld refractometer to measure urinary specific gravity. 81 urine samples missing specific gravity measurements had specific gravity imputed based on urinary creatinine. These allowed for the correction of samples by urinary dilution. These tools are an appropriate analytical method for quantifying phthalate metabolite concentrations, and the samples represent an etiologically relevant time period. Authors reported the percent of samples detected above the LOD, and the lowest detection was for MCP, being detected in 90.3% of samples. Exposure misclassification is expected to be minimal.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Probable asthma, aeroallergies, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5041286			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	All outcomes examined were determined in children at age 7. Children were classified as having "probable asthma" if they were taking asthma medication or met two or more of the following criteria: current respiratory symptoms, a doctor's diagnosis of asthma at any age (as reported by the mother), or a positive bronchodilator test during spirometry examinations. A child was considered to have respiratory symptoms based on mothers' report using the International Study of Asthma and Allergies in Childhood questionnaire. Eczema was classified based on mothers reporting a doctor diagnosis of eczema or an allergic skin rash within the last year. Aeroallergies were defined by mothers' report of "runny or itchy eyes apart from colds," "sneezing or runny nose apart from colds," or a doctor's diagnosis of "hay fever or allergic rhinitis" in the last year. Due to the self-reported nature of these outcomes, there is some concern for outcome misclassification. This concern is mitigated for the "probable asthma" outcome by the use of multiple criteria to define cases. Outcome misclassification is a larger concern for eczema and aeroallergies, which rely solely on mothers' reporting of a diagnosis or symptoms. Diagnoses were not confirmed by review of medical records or other methods. However, mothers' reporting of outcomes is unlikely to be affected by knowledge of their children's exposure status, particularly given the 7-year period between exposure measurement and outcome ascertainment. Thus, while outcome misclassification is a concern, it is not expected to be differential with respect to exposure level.	
	Metric 3B: Selective Reporting	Medium	The results reported by the authors align with the analyses described within the methods section of the paper.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Authors considered a number of variables identified a priori via directed acyclic graphs in demographically adjusted models. These variables included maternal age at birth, parity, household income as a proportion of poverty at baseline, and family history of asthma. Authors also created fully adjusted models which controlled for chemical co-exposures such as metabolites of low molecular weight phthalates and phenols that were measured in urine samples. Bayesian model averaging was used to identify the most important variables for inclusion, and authors kept the three most influential variables with the highest posterior inclusion probabilities for each outcome. The authors utilized appropriate techniques for classifying potential confounders, and they had a clear strategy to identify variables for inclusion in the models. Residual confounding is of minimal concern.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Balmes, J., Kogut, K., Holland, N., Calafat, A. M., Harley, K. G. (2019). Prenatal high molecular weight phthalates and bisphenol A, and childhood respiratory and allergic outcomes. <i>Pediatric Allergy and Immunology</i> 30(1):36-46.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Probable asthma, aeroallergies, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5041286			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Descriptive information about outcome and exposure are reported. Urinary metabolite concentrations were averaged over pregnancy, and specific-gravity adjusted values were used for analysis. These concentrations were log2-transformed. Measurements from the first and second collection were used in sensitivity analyses. Logistic regression analyses were used to examine probable asthma, aeroallergies and eczema as binary variables. Analyses included crude models, models adjusted for demographic factors, and fully adjusted models that accounted for both demographic factors and chemical co-exposures. Generalized additive models with three degrees of freedom were used to test for linearity of relationships. Quantitative results were presented for each analysis with the estimate and 95% confidence intervals. The number of samples below LOD was reported. Methods for handling missing data and data <LOD are described. No major deficiencies in analytical methods are noted.
	Metric 5B:	Sensitivity	Medium	The range of exposure levels is reported and there is adequate variability to evaluate the authors' hypothesis. Sample size is adequate. The children exposed prenatally were sensitive to the development of relevant outcomes in childhood, and outcome ascertainment was performed at an appropriate time. However, authors note that the study focuses on atopic illnesses, but their definition of "probable asthma" does not distinguish between atopic and non-atopic cases. This may reduce sensitivity to detect differentiated effects by etiology. Additionally, correlation between phthalate biomarkers may reduce sensitivity to detect the effects of individual chemicals, but adjustment for co-exposures in the models mitigates this concern.
<b>Additional Comments:</b>	This study examined associations between in utero urinary phthalate exposure and respiratory and allergic outcomes in children as part of the CHAMACOS mother-child cohort study. The study utilized high-quality exposure assessment methods. Strengths included appropriate a priori confounder considerations and analytical methods. There is some concern of outcome misclassification due to self-reported measures of probable asthma, eczema, and aeroallergies. The study is also somewhat limited in its sensitivity to detect differentiated effects by asthma etiology. Overall, however, there is minimal concern of bias.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. <i>Environmental Health Perspectives</i> 126(9):97004.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (thelarche), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4829221		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This longitudinal cohort study examines prenatal urinary phthalate levels and the association with timing of puberty (measured via thelarche, menarche, pubarche, and gonadarche) in 338 mother-child pairs from the Center for Health Assessment of Mothers and Children of Salinas (CHAMACOS) study in Salinas Valley, CA. Pregnant women (<20 weeks' gestation) were recruited from prenatal care clinics serving the Salinas Valley's farmworker population from 1999-2000. Women were eligible if they spoke English or Spanish, were eligible for low-income health insurance (medicaid), and were >=18 years old. 601 pregnant women were recruited, and 537 remained in the study through live birth. Mother-child pairs were included if they had at least one in utero urinary phthalate measure and one pubertal timing assessment (n = 338; 159 boys and 179 girls). It appears that cohort recruitment followed appropriate protocols, but nearly half of the original study population was lost to follow-up. A comparison of the analytical sample and the eligible population is not provided, making it difficult to assess the potential for selection bias. However, the available data has no indications that loss to follow-up was related to exposure.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urinary phthalates were measured via solid-phase extraction coupled with isotope dilution high-performance liquid chromatography-electrospray ionization-tandem mass spectrometry (HPLC-ES-MS/MS). Sample storage and transportation are adequately described. Samples were corrected for specific gravity (specific gravity measures imputed for those with missing data). Mothers provided two urine samples throughout pregnancy (sample timing means: 14.0 and 26.9 gestational weeks), which represents the etiologically relevant time-period. The average interval between sampling was 90 days. Limit of detection (0.2 ng/mL for MCNP, MCOP, MEHHP, MEOHP, MECPP; 0.3 ng/mL for MBzP; 0.5 ng/mL for MEHP) and %<LOD (<5% for MCNP, MCOP, MEHHP, MEOHP, MECPP, MBzP; 10.1% for MEHP) are reported. There is minor concern for exposure misclassification due to the short half-life of phthalate chemicals, however, there was evidence that daily measures remain fairly consistent over time.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. Environmental Health Perspectives 126(9):97004.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (thelarche), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4829221			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Low	Six research assistants trained and supervised by pediatric endocrinologists assessed thelarche using the clinical Tanner staging. Thelarche was assessed every 9 months from 9 through 13 years. Mothers were asked to report Tanner stage information for girls starting at 7 years of age. Breast development was assessed via palpation. Inter-rater reliability Kappas for breast development was 0.70. Research assistants also determined the Tanner stage (e.g., Stage 1 or 2), which agreed with the endocrinologist ratings 90% of the time.Concern for misclassification due to limited ability to detect breast tissue vs. adipose tissue and the high proportion of overweight/obese girls in the sample. However, the associations were close to the null, minimizing concern that the effect was substantially biased. Additionally, puberty measures did not take place until age 9, and 39% of the study population had onset of thelarche before this age.	
	Metric 3B: Selective Reporting	Medium	Results for all anticipated analyses are reported.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	Concern for residual confounding due to a suspected but unknown confounder related to obesity that was not controlled for. Obesity was suspected to be on the causal pathway and not adjusted for but stratified for in sensitivity analyses and also considered for in mediation analyses. Results indicated that there may be some residual confounding by some factor related to obesity, but not obesity itself.Confounders were selected a priori and via directed acyclic graph. Maternal education, maternal years in US, family income, diet quality during pregnancy, and maternal prepregnancy BMI were included as covariates. Males and females were assessed separately. Information on these factors was collected at maternal interviews during study activity (twice during pregnancy, at child puberty measures) via structured questionnaire. Information on maternal race/ethnicity and maternal age at menarche also collected. Child height and weight (measured via stadiometer and scale) were used to calculate BMI and classify children into weight classes per CDC guidelines.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Parametric accelerated failure time (AFT) models used to assess timing of puberty and prenatal phthalate levels. Two-parameter Weibull distribution was assumed. Both interval and left censoring was assessed to account for those with pubertal onset before the follow-up period. Phthalate metabolites were log2 transformed for continuous analyses due to skew. Time ratios from AFT models were multiplied by the median age when children reached the pubertal milestone (calculated via unadjusted AFT model) to generate a mean shift in months per doubling of phthalate metabolite. LOD and % <LOD are reported. Samples below the LOD were assigned the instrumental reading value or were imputed via maximum likelihood estimation. Effect estimates with 95% confidence intervals are reported.Sensitivity analyses examined the role of overweight/obesity via inclusion of additional confounders and stratification via Paramed models.	

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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. Environmental Health Perspectives 126(9):97004.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (thelarche), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4829221		
Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	Adequate sample size (n=338) and exposure distribution to detect an effect. Exposure measured at sensitive time period. Some concern with outcome measure and detection of early onset puberty, however this was addressed in the Outcome domain.
Additional Comments:	This longitudinal cohort Center for Health Assessment of Mothers and Children of Salinas (CHAMACOS) examined prenatal urinary phthalate levels and the association with timing of puberty milestones (thelarche, menarche, pubarche, gonadarche) in children (n=338). Mild concern for bias due to residual confounding and some outcome misclassification due to puberty onset prior to follow-up period, however, these concerns do not threaten the validity of the study conclusions. The study reported that MBzP and DEHP were associated with later thelarche in girls.		
<b>Overall Quality Determination</b>		<b>Low</b>	

<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. Environmental Health Perspectives 126(9):97004.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (pubarche, menarche, gonadarche), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4829221		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	This longitudinal cohort study examines prenatal urinary phthalate metabolite levels and the association with timing of puberty (measured via thelarche, menarche, pubarche, and gonadarche) in 338 mother-child pairs from the Center for Health Assessment of Mothers and Children of Salinas (CHAMACOS) study in Salinas Valley, CA. Pregnant women (<20 weeks gestation) were recruited from prenatal care clinics serving the Salinas Valley's farmworker population from 1999-2000. Women were eligible if they spoke English or Spanish, were eligible for low-income health insurance (medicaid), and were >=18 years old. 601 pregnant women were recruited, and 537 remained in the study through live birth. Mother-child pairs were included if they had at least one in utero urinary phthalate measure and one pubertal timing assessment (n = 338; 159 boys and 179 girls). It appears that cohort recruitment followed appropriate protocols, but nearly half of the original study population was lost to follow-up. A comparison of the analytical sample and the eligible population is not provided, making it difficult to assess the potential for selection bias. However, the available data has no indications that loss to follow-up was related to exposure.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Urinary phthalate metabolites were measured via solid-phase extraction coupled with isotope dilution high-performance liquid chromatography-electrospray ionization-tandem mass spectrometry (HPLC-ES-MS/MS). Sample storage and transportation were adequately described. Samples were corrected for specific gravity (specific gravity measures imputed for those with missing data). Mothers provided two urine samples throughout pregnancy (sample timing means: 14.0 and 26.9 gestational weeks), which represents the etiologically relevant time-period. The average interval between sampling was 90 days. Limit of detection (0.2 ng/mL for MCNP, MCOP, MEHHP, MEOHP, MECPP; 0.3 ng/mL for MBzP; 0.5 ng/mL for MEHP ) and %<LOD (<5% for MCNP, MCOP, MEHHP, MEOHP, MECPP, MBzP; 10.1% for MEHP) are reported. There is minor concern for exposure misclassification due to the short half-life of phthalate chemicals, however, there was evidence that daily measures remain fairly consistent over time.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. Environmental Health Perspectives 126(9):97004.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (pubarche, menarche, gonadarche), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4829221			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Six research assistants trained and supervised by pediatric endocrinologists assessed pubertal milestones using the clinical Tanner staging. Milestones were assessed every 9 months from 9 through 13 years. Additionally, mothers reported on Tanner stages in girls beginning at age 7. Pubic hair development was assessed via visual inspection, menarche status was assessed via questioning at visits, and boys' genital development was measured visually, although testicular volume was measured via orchidometer beads. Inter-rater reliability Kappas was 0.79 for pubic hair development (girls), 0.86 for pubic hair development (boys), and 0.75 for genital development (boys). Research assistants determined the Tanner stage (e.g., Stage 1 or 2), which agreed with the endocrinologist ratings 92% (girls - pubic hair development, boys - genital development) and 100% (boys - pubic hair development) of the time. Pubertal development was determined to be Stage 2 for pubarche or gonadarche. Minor concern for misclassification because puberty measures did not take place until age 9, and portions of the study population had onset of pubarche (girls only - 20%) before this age.
	Metric 3B:	Selective Reporting	Medium	Results for all anticipated analyses are reported.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Low	Concern for residual confounding due to a suspected but unknown confounder related to obesity that was not controlled for. Obesity was suspected to be on the causal pathway and not adjusted for but stratified for in sensitivity analyses and also considered for in mediation analyses. Results indicated that there may be some residual confounding by some factor related to obesity, but not obesity itself. Confounders were selected a priori and via directed acyclic graph. Maternal education, maternal years in US, family income, diet quality during pregnancy, and maternal prepregnancy BMI were included as covariates. Males and females were assessed separately. Information on these factors was collected at maternal interviews during study activity (twice during pregnancy, at child puberty measures) via structured questionnaire. Information on maternal race/ethnicity and maternal age at menarche also collected. Child height and weight (measured via stadiometer and scale) were used to calculate BMI and classify children into weight classes per CDC guidelines.
Domain 5: Analysis				
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<b>Study Citation:</b>	Berger, K., Eskenazi, B., Kogut, K., Parra, K., Lustig, R. H., Greenspan, L. C., Holland, N., Calafat, A. M., Ye, X., Harley, K. G. (2018). Association of Prenatal Urinary Concentrations of Phthalates and Bisphenol A and Pubertal Timing in Boys and Girls. Environmental Health Perspectives 126(9):97004.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Timing of puberty (pubarche, menarche, gonadarche), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4829221			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Parametric accelerated failure time (AFT) models used to assess timing of puberty and prenatal phthalate levels. Two-parameter Weibull distribution was assumed. Both interval and left censoring was assessed to account for those with pubertal onset before the follow-up period. Phthalate metabolites were log2 transformed for continuous analyses due to skew. Time ratios from AFT models were multiplied by the median age when children reached the pubertal milestone (calculated via unadjusted AFT model) to generate a mean shift in months per doubling of phthalate metabolite. LOD and % <LOD are reported. The samples below the LOD were assigned the instrumental reading value or were imputed via maximum likelihood estimation. Effect estimates and 95% confidence intervals are reported.Sensitivity analyses examined the role of overweight/obesity via inclusion of additional confounders and stratification via Paramed models.	
	Metric 5B: Sensitivity	High	Adequate sample size (n=338) and exposure distribution to detect an effect. Exposure measured at sensitive time period. Some concern with outcome measure and detection of early onset puberty, however this was addressed in the Outcome domain.	
Additional Comments:	This longitudinal cohort Center for Health Assessment of Mothers and Children of Salinas (CHAMACOS) examined prenatal urinary phthalate levels and the association with timing of puberty milestones (thelarche, menarche, pubarche, gonadarche) in children (n=338). Mild concern for bias due to residual confounding and some outcome misclassification due to puberty onset prior to follow-up period, however, these concerns do not threaten the validity of the study conclusions. The study reported significant associations between all phthalate metabolites and earlier gondarche and pubarche in boys, as well as an association between DEHP and later menarche in girls.			
Overall Quality Determination		Medium		

<b>Study Citation:</b>	Binder, A. M., Corvalan, C., Calafat, A. M., Ye, X., Mericq, V., Pereira, A., Michels, K. B. (2018). Childhood and adolescent phenol and phthalate exposure and the age of menarche in Latina girls. Environmental Health 17(1):32.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Age at menarche development, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728665		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants examined in this study included a random subset of 200 girls from the longitudinal Growth and Obesity Cohort Study (GOCS) who had urine samples available from B1 and B4 timepoints. These girls were born between 2002 and 2003, and represent low- to middle-income families in Santiago, Chile. More information about the study participants was included in another reference and detailed that participants were recruited who attended nursery schools in 2006 and were a single birth, had a gestational age of 37 to <= 42 weeks, had a birth weight >= 2500 grams, and had no physical or psychological conditions that could severely affect growth (HeroID 2752085). For this subset, trained dietitians began assessing breast development in 2009. Overall, participation was clearly and fully described, and there was minimal concern for selection bias in this study.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Fasting spot urine samples were collected at the breast Tanner 1 and Tanner 4 time-points (B1 and B4, respectively). Analytical measurements were conducted at the CDC National Center for Environmental Health Laboratory using on-line solid phase extraction coupled with isotope dilution-high performance liquid chromatography (HPLC) (HeroID 807138). The authors reported the limits of detection for each biomarker in the supplementary tables, and detailed that concentrations below the LOD were imputed as the LOD divided by the square root of 2. Concentrations were also corrected for specific gravity. The methods utilized for exposure measurement were appropriate, and there were no major concerns about exposure misclassification. Measurement timing was appropriate, although the authors mention that they may not have been able to account for effects of earlier endocrine-disrupting chemical exposure.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The primary outcome of interest for this analysis was age of menarche for participants. Prior to the onset of B4, all participants were asked to report when they had their first menstruation at each 6-month visit. After reaching B4, participants were contacted by study dietitians every three months to determine if they had reached menarche. Dietitians utilized a questionnaire to differentiate between other potential causes of vaginal bleeding and menarche. Utilization of the questionnaire lends confidence that outcome ascertainment was accurate and appropriate, and there are no major concerns noted for outcome ascertainment.
Metric 3B:	Selective Reporting	Medium	The results reported in the paper align with the analysis methods outlined, and there are no concerns of selective reporting.

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<b>Study Citation:</b>	Binder, A. M., Corvalan, C., Calafat, A. M., Ye, X., Mericq, V., Pereira, A., Michels, K. B. (2018). Childhood and adolescent phenol and phthalate exposure and the age of menarche in Latina girls. Environmental Health 17(1):32.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Age at menarche development, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728665

Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	The final models presented by the authors were adjusted for a number of potential confounders including participant BMI Z-score at EDC measurement, maternal education as an indicator of SES. Authors also conducted sensitivity analyses which further adjusted for the mother's age of menarche based on recall, which the authors felt "may capture confounding by transgenerational exposures correlated with socioeconomic status." There was no consideration of earlier potential EDC exposure which may have confounded the observed associations. This metric was rated as low because the authors did not provide clear descriptions of how they identified potential confounders, and it is possible that there were other key confounders not considered.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multivariable accelerated failure time (AFT) models were used to examine the relationship between phthalate biomarkers and time to menarche, considering a Weibull distribution. Tertiles of biomarker concentrations were modeled to identify potential non-monotonic dose-response relationships. "Significant trends across categories were evaluated by modeling the log(median) concentration within tertiles as a continuous variable." Effect estimates and their associated 95% confidence intervals were reported throughout the results. No major concerns about their analytical methods were noted.
	Metric 5B: Sensitivity	Medium	The range of exposure levels provided adequate variability, and the population was likely sensitive to the development of the outcomes of interest. No concerns were noted pertaining to study sensitivity.
Additional Comments: This longitudinal cohort study included 200 girls with urine samples collected at B1 and B4. The authors utilized a relatively high quality exposure-assessment methodology, and outcome ascertainment was appropriate and unlikely to have misclassification. A flaw noted pertained to potential confounding, as the authors only included two variables in their final models, and there is some potential for missing key confounders. The authors reported a hazard ratio of 0.77 (95% CI: 0.60, 0.98) for a log (ng/mL) increase in B1 concentrations of DEHP metabolites and the association with later menarche.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Chang, W. H., Tsai, Y. S., Wang, J. Y., Chen, H. L., Yang, W. H., Lee, C. C. (2019). Sex hormones and oxidative stress mediated phthalate-induced effects in prostatic enlargement. <i>Environment International</i> 126:184-192.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormone levels (luteinizing hormone, follicle-stimulating hormone, sex hormone binding globulin, inhibinB, dehydroepiandrosterone, dehydroepiandrosterone sulfate, androstenedione, estrone, estradiol, total testosterone, free testosterone, dihydrotestosterone, dihydrotestosterone/total testosterone ratio, estradiol/total testosterone ratio, estradiol/estrone ratio), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5499417		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This is a cross-sectional study from 2015 to 2017 that enrolled and collected data from 207 elderly men with urologist-diagnosed benign prostatic hyperplasia (BPH) and prostatic enlargement in their first visit to urology clinics at the National Cheng Kung University Hospital (NCKUH). Patients with either storage, or voiding problems, or both, a positive DRE, and biopsy samples histologically confirmed as benign prostatic hyperplasia (BPH) were enrolled in the study. The mean age of the participants was 62.5 years old, but no specific age exclusion was discussed. Patients with liver dysfunction, diabetes, urinary tract infection, kidney stones, neuropathic bladder, using hormonal therapy or steroid medication, or occupational exposure to phthalates or other agents (metals, radiation, heat, pesticide, polychlorinated biphenyls, dioxins, etc.) were excluded. The participation rate was over 90%. Distributions of relevant exposure, outcome, demographic and other variables between those included and excluded were not detailed. No serious concern for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Eleven phthalate metabolites were measured in first morning spot-urine samples collected from each participant and mono-iso-butyl phthalate [MiBP], a major metabolite of Di-isobutyl phthalate (DIBP), mono-n-butyl phthalate [MnBP], a major metabolite of Dibutyl phthalate (DBP), monobenzyl phthalate [MBzP], a major metabolite of Butyl benzyl phthalate (BBP), and Mono-(2-ethylhexyl) phthalate [MEHP]; mono-(2-ethyl-5-hydroxyhexyl) phthalate [MEHHP]; mono-(2-ethyl-5-oxohexyl) phthalate [MEOHP]; mono-2-ethyl-5-carboxypentyl phthalate [MECPP], major metabolites of Di-ethylhexyl phthalate (DEHP) were analyzed. MiBP, MnBP, MBzP, MEHP, MEHHP, MEOHP, and MECPP were detected in 87.1-99.5%. Samples were processed using a solid-phase extraction method and were analyzed as described using high-performance liquid chromatography (HPLC 1200; Agilent, Waldbronn, Germany) coupled with tandem mass spectrometry (6410B tandem quadrupole mass spectrometer; Agilent) with electro-spray ionization. Quality control procedures were detailed. Values below the lower limit of detection (LOD) were assigned a value of the limit of detection divided by 2. Urinary phthalate metabolites were adjusted for urinary creatinine. The median (25th-75th percentile) concentration for MiBP was 3.11 ng/mL (1.80-6.61 ng/mL), for MnBP was 7.28 ng/mL (3.67-13.4 ng/mL), for MBzP was 0.50 ng/mL (<LOD-0.50 ng/mL), for MEHP was 2.85 ng/mL (1.42-5.50 ng/mL), for MEHHP was 6.20 ng/mL (2.99-13.1 ng/mL), for MEOHP was 4.38 ng/mL (2.39-8.95 ng/mL), and for MECPP was 8.14 ng/mL (4.69-16.1 ng/mL). Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of the outcomes of interest.
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<b>Study Citation:</b>	Chang, W. H., Tsai, Y. S., Wang, J. Y., Chen, H. L., Yang, W. H., Lee, C. C. (2019). Sex hormones and oxidative stress mediated phthalate-induced effects in prostatic enlargement. Environment International 126:184-192.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormone levels (luteinizing hormone, follicle-stimulating hormone, sex hormone binding globulin, inhibinB, dehydroepiandrosterone, dehydroepiandrosterone sulfate, androstenedione, estrone, estradiol, total testosterone, free testosterone, dihydrotestosterone, dihydrotestosterone/total testosterone ratio, estradiol/total testosterone ratio, estradiol/estrone ratio), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5499417		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The study analyzed changes in serum sex hormones (leutenizing hormone (LH), follicle-stimulating hormone (FSH), sex hormone binding globulin (SHBG), Inhibin B, dehydroepiandrosterone (DHEA), dehydroepiandrosterone sulfate (DHEAs), androstenedione (AD), estrone (E1), estradiol (E2), total testosterone (TT), free testosterone (FT), dihydrotestosterone (DHT), DHT/TT ratio, E2/TT ratio, and E2/E1 ratio), oxidative stress and inflammation markers (malondialdehyde (MDA), inducible nitric oxide synthetase (iNOS), and 8-hydroxy-2'-deoxyguanosine (8-OHdG)), and indicators for benign prostatic hyperplasia (BPH)(prostate specific antigen (PSA), prostate volume). Venous blood samples for sex hormones were quantified using an electrochemical luminescence immunoassay. Inhibin B was quantified utilizing a double-antibody enzyme-linked immunosorbent assay. SHBG was assayed using an electrochemical luminescence immunoassay. Serum MDA and iNOS were assessed using TBARS Assay kits and ELISA, respectively. Urinary 8-OHdG analyses were conducted utilizing a competitive ELISA kit. The presence of clinical BPH was assessed using the following variables: the International Prostate Symptom Score (I-PSS), PSA, urinary creatinine, and uro-flowmetry (=prostate volume [PV], voided volume, and peak flowrate [Qmax]), digital rectal examination (DRE) results, and a confirmed prostate biopsy. Patients with either storage, or voiding problems, or both, a positive DRE, and biopsy samples histologically confirmed as BPH were enrolled in the study. All patients were examined in urology clinics and evaluated by the NCKUH Pathology Department. The duration of BPH symptoms could not precisely be determined, but patients reported symptoms continued for more than one month.
Metric 3B:	Selective Reporting	Medium	No concern for selective reporting
Domain 4: Potential Confounding / Variability Control			
Metric 4A:	Potential Confounding	Medium	Models were adjusted for age, body mass index [BMI], and season for which blood was collected for hormone analysis. Total testosterone/estradiol were additionally adjusted for SHBG. Strategy for selection of potential confounders was not detailed. Data regarding confounding variables was assumed to have been obtained from the interview of participants described as utilizing a standardized questionnaire.
Domain 5: Analysis			
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<b>Study Citation:</b>	Chang, W. H., Tsai, Y. S., Wang, J. Y., Chen, H. L., Yang, W. H., Lee, C. C. (2019). Sex hormones and oxidative stress mediated phthalate-induced effects in prostatic enlargement. Environment International 126:184-192.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormone levels (luteinizing hormone, follicle-stimulating hormone, sex hormone binding globulin, inhibinB, dehydroepiandrosterone, dehydroepiandrosterone sulfate, androstenedione, estrone, estradiol, total testosterone, free testosterone, dihydrotestosterone, dihydrotestosterone/total testosterone ratio, estradiol/total testosterone ratio, estradiol/estrone ratio), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5499417			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Multivariate linear regression was used to determine the association between the urinary phthalate metabolites and sex hormone levels, PSA, PV, and OS markers. A ridge regression analysis was used to determine the interactive effects of the concurrent exposure of BPH patients to various phthalates. Results were reported with 95% CIs, IQR, geometric mean, and standard deviations are provided in the main and supplemental documents. Mediation analysis was used to estimate the size of the effect of the exposure of patients to phthalates on the prostatic enlargement that was mediated by sex hormones, oxidative stress and inflammation, with total, direct and indirect effects estimated and reported. Multiple comparisons were adjusted using the false-discovery rate. Missing data is not noted. Natural logs were used to transform skewed variables.	
	Metric 5B: Sensitivity	Medium	MiBP, MnBP, MBzP, MEHP, MEHHP, MEOHP, and MECPP were detected in 87.1-99.5% of participants. The sample size (n=207) is relatively limited. The range of exposure varied for MiBP, MnBP, MBzP, MEHP, MEHHP, MEOHP, and MECPP. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of the outcomes of interest.	
Additional Comments:	MiBP, MnBP, MBzP, MEHP, MEHHP, MEOHP, and MECPP were detected in 87.1-99.5% of participants. There is a possibility that other contaminants resulted in the outcome findings. The single spot measures of urinary phthalate metabolizes may not represent long-term exposure and since BPH and BPE are chronic disease, the development of these outcomes and their relationship to the exposure may be inaccurate. Finally, the short half-lives of phthalates and the fluctuations of the outcomes measured might contribute to variations in symptom intensity throughout the day.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Chiu, Y. H., Bellavia, A., James-Todd, T., Correia, K. F., Valeri, L., Messerlian, C., Ford, J. B., Mínguez-Alarcón, L., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2018). Evaluating effects of prenatal exposure to phthalate mixtures on birth weight: A comparison of three statistical approaches. Environment International 113:231-239.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728641		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study used data from the Environment and Reproductive Health (EARTH) Study examined associations between prenatal exposure to phthalates and infant's birth weight. Women were recruited from a fertility center in Boston, MA between 2005 and 2016. Inclusion criteria included being 18-45 years old, contributing at least one urine sample during pregnancy, and delivering a singleton live born infant. The distribution of fertility diagnoses in the sample was 41% unexplained, 33% female and 26% male factors; methods of conception were 54% IVF, 21% intrauterine insemination, and 25% natural. The first infant was included if the women had multiple births pregnancy during the study period. In total, n=300 mother-infant pairs met inclusion criteria and were included in this study. Participation rates were not reported and population size for the entire cohort was not presented, but there was no evidence to suggest that participation was likely to be related to exposure. There was no evidence for concerns related to selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	One to three spot urine samples (n=732 for 300 participants) were collected from each participant during pregnancy. Most women (n=177, 59%) provided three samples, 79 (26%) provided two, and 44 a single sample. The timing of urine sample collection varied across all three trimesters. When multiple urine samples were available, the geometric mean of urinary metabolite concentrations for each individual phthalate was used. Phthalate metabolites were measured using on-line solid phase extraction coupled with high-performance liquid chromatography and isotope dilution-tandem mass spectrometry. Standard quality control methods for phthalates previously published by the CDC were cited. The limit of detection (LOD) was reported for each of the metabolites and ranged from 0.2 to 0.8 ug/L. Detection rates were 97% to 100% for all but one metabolite (74% for MEHP); values below LOD were imputed at LOD divided by the square root of 2. Specific gravity was used to adjust samples for dilution. The distribution of sample collection across trimesters and intra-class correlations or other indicators of variability in phthalate measures across repeated samples were not described. However, the availability of measures from multiple urine samples for more than 75% of participants is an important strength of exposure assessment that should reduce exposure misclassification. Note: MBP is a primary metabolite of the parent phthalate DBP, however a small percentage of this metabolite may relate to BBP exposure.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Chiu, Y. H., Bellavia, A., James-Todd, T., Correia, K. F., Valeri, L., Messerlian, C., Ford, J. B., Mínguez-Alarcón, L., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2018). Evaluating effects of prenatal exposure to phthalate mixtures on birth weight: A comparison of three statistical approaches. Environment International 113:231-239.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728641			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Infant birth weight in grams was obtained from hospital medical records. Birth weight z-scores, used as an outcome in a sensitivity analysis, were estimated within the cohort using the residuals of linear regression models of birth weight on gestational age fitted using cubic splines. Gestational age was estimated for 43 women who did not deliver at the study hospital according to mode of conception and American College of Obstetricians and Gynecologist guidelines (IVF = date of delivery - date of the embryo transfer + day of transfer + 14; date pf delivery - cycle start date for other methods). There was no evidence of important error or bias in outcome assessment.	
	Metric 3B: Selective Reporting	Medium	All analyses described in the methods section were reported in the results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounders were selected a priori based on previous published literature and prior knowledge using a directed acyclic graph (DAG). Confounders included gestational age, maternal age, pre-pregnancy BMI, height, education, smoking, infertility diagnosis, parity, method of conception, season of conception, and infant sex. DEHP metabolites were highly correlated (Spearman’s r 0.72 to 0.98); correlations among other metabolites were more moderate (<0.60). Supplementary models adjusted for other phthalate metabolites as covariates, in addition to models using methods to analyze phthalates mixtures. Because gestational age could be on the causal pathway leading from phthalates exposure to birth weight, supplementary models omitted adjustment for gestational age but used birth weight z-scores as the outcome. Mean (sd) gestational age was 39.4 (1.6) weeks. Results of models completely omitting gestational age, including as part of outcome variable construction, were not shown; results excluding preterm infants were not discussed. There is concern for potential overadjustment bias related to gestational age, but no direct evidence of such bias.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Chiu, Y. H., Bellavia, A., James-Todd, T., Correia, K. F., Valeri, L., Messerlian, C., Ford, J. B., Mínguez-Alarcón, L., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2018). Evaluating effects of prenatal exposure to phthalate mixtures on birth weight: A comparison of three statistical approaches. Environment International 113:231-239. Reproductive/Developmental- Birth weight, Non-cancer			
<b>Health Outcome(s) Assessed:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728641			
Domain	Metric	Rating	Comments	
Metric 5A:	Analysis	Medium	Descriptive data were presented stratified by number of repeated urine samples. Linear regression was used to estimate associations (beta coefficients with 95% CIs) between birth weight and natural log-transformed phthalate variables. A series of confounder-adjusted models was run to evaluate associations with phthalates: (i) individual phthalate metabolites; (ii) models simultaneously including all phthalate metabolites; (iii) structural equation models using latent class analysis to combine related phthalates into factors; and (iv) Bayesian Kernel Machine Regression (BKMR) mixtures models. Only the BKMR analysis in model (iv) allowed for potential non-linearity in dose-response relationships; however, results supported linearity. One concern is that although model (ii) mutually adjusted for multiple metabolites from the same parent phthalate (DEHP) and some effect estimates appeared to be unstably inflated, no collinearity diagnostics were reported. In addition, the utility of model (iii) was limited because no models examined mixtures after first summing all DEHP metabolites: this analysis identified a DEHP and a non-DEHP metabolite factor. An additional limitation is that the authors did not discuss evaluating effect modification variables such as infant sex, or fertility variables. Sensitivity analyses were limited to analyzing birth weight z-scores as an alternate outcome. The authors did not discuss whether results varied among women with 1 vs 2 or more urine samples to estimate exposure. Despite issues that limited the utility of some statistical analyses, there was no evidence of important error or bias in results.	
Metric 5B:	Sensitivity	Medium	This study was small but there was no evidence of insufficient sample size to detect associations (n=300). Urinary concentrations of phthalate metabolites were reported in supplemental materials. The geometric mean (SE) and distributions suggested phthalate metabolites had adequate variability (e.g. 25th - 75th percentiles for MEP = 14.2-90.9 ug/L). No concerns for sensitivity were identified.	
Additional Comments:	This study used data from the Environment and Reproductive Health (EARTH) Study, a prospective cohort recruited from a fertility center in Boston, MA in 2005-2016, to analyze the relationship between infant birth weight and several phthalate metabolites measured in maternal urine. The analysis sample included 300 mother-infant pairs. Phthalates included metabolites of DEHP, DiBP, DBP and BBP. Small amounts of MnBP, a primary metabolite of DBP, may also be related to BBP exposure. A strength of this study was that phthalates were measured in 2 -3 urine samples for more than 75% of participants. Associations between individual phthalate metabolites and birth weight were negative, but none reached statistical significance. Results of a BKMR mixtures analysis suggested a stronger negative association with MEHP. A potential limitation is that all models either adjusted for gestational age or used gestational-age adjusted birth weight z-scores as the outcome. Shorter gestational age may be related to phthalates and thus on the causal pathway; though there is no evidence of bias, overadjustment cannot be ruled out. The authors did not discuss effect modification by factors such as infant sex, or fertility diagnosis. In addition, two other methods applied to analyze phthalate mixtures had limited utility. One model adjusted for highly correlated metabolites from the same parent phthalate, resulting in variance inflation. A second model used latent class analysis to characterize metabolites from the same parent as a factor. Despite limitations, there was no evidence of important error or bias.			
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Study Citation:	Chiu, Y. H., Bellavia, A., James-Todd, T., Correia, K. F., Valeri, L., Messerlian, C., Ford, J. B., Mínguez-Alarcón, L., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2018). Evaluating effects of prenatal exposure to phthalate mixtures on birth weight: A comparison of three statistical approaches. Environment International 113:231-239.		
Health Outcome(s) Assessed:	Reproductive/Developmental- Birth weight, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	4728641		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Insel, B. J., Liu, X., Whyatt, R. M., Calafat, A. M., Rauh, V. A., Perera, F. P., Hoepner, L. A., Herbstman, J., Factor-Litvak, P. (2020). Prenatal and early childhood exposure to phthalates and childhood behavior at age 7 years. <i>Environment International</i> 143:105894.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child behavior at 7 years of age (assessed using the Conners' Parent Rating Scale-Revised: Long Form (CPRS) and Child Behavior Checklist (CBCL)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	8204339		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examines the association between urinary prenatal phthalate exposure and child behavior in a subset of pregnant women from the Columbia Center for Children's Environmental Health (CCCEH) longitudinal birth cohort. This cohort consists of 727 pregnant women who delivered between 1998 and 2006. Women must be nonsmokers, age 18-35 years old, either African American or Dominican, and residents of Northern Manhattan or the South Bronx for at least 1 year when considered for recruitment. Exclusion criteria are: using illicit drugs, having diabetes, hypertension, known HIV or having their first prenatal visit after the 20th week of pregnancy. Women need to provide phthalate metabolite concentrations in spot urine samples collected during pregnancy and need to have completed either the Connors' Parent Rating Scale or the Child Behavior Checklist when the child was 7 years old in order to be included. 322 mother child pairs were originally included. 234 mother child pairs at age 3 and 293 mother child pairs at age 5 were included in the secondary analysis. Authors note that subjects were generally representative of ineligible CCCEH subjects and children were similar to ineligible children regarding scores on behavior tests, which reduced possible concern for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MnBP, MBzP, MiBP, MEHP, MEHHP, MEOHP, MECPP) were measured in spot urine samples collected during the third trimester of pregnancy and in child spot urine samples at age 3 and 5 years. Authors used specific gravity to correct for urinary dilution. LOD/sqrt2 was used to represent values below the LOD. LOD and the percent of values above the LOD are presented in supplemental information. Authors calculated sum of molar concentrations for DEHP and non-DEHP metabolites. Authors also used intraclass correlation coefficients to determine reliability among urinary phthalate metabolite measurements.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Insel, B. J., Liu, X., Whyatt, R. M., Calafat, A. M., Rauh, V. A., Perera, F. P., Hoepner, L. A., Herbstman, J., Factor-Litvak, P. (2020). Prenatal and early childhood exposure to phthalates and childhood behavior at age 7 years. Environment International 143:105894.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child behavior at 7 years of age (assessed using the Conners' Parent Rating Scale-Revised: Long Form (CPRS) and Child Behavior Checklist (CBCL)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	8204339			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Child behavior was assessed using the Conners' Parent Rating Scale (CPRS) and the Child Behavior Checklist (CBCL). Both of these tests were both administered by trained research assistants in either English or Spanish. The CPRS is a common clinical tool used to obtain parental reports of childhood behavior problems among children aged 3-17 years. It consists of 80 five-point Likert items (where 0 is not true at all and 4 is very much true) that assess 7 factors which are oppositional, cognitive problems/inattention, hyperactivity, anxious/shy, perfectionism, social problems, and psychosomatic and 14 subscale scores. Authors state "The CPRS has good internal consistency, test-retest reliability, and construct validity" (Conners, 1998, 7474585). Oppositional, cognitive problems, hyperactivity, attention deficit hyperactivity disorder (ADHD) index, global restless/impulsive scale, and DSM-IV index total were classified as externalizing behaviors. Anxious/shy, perfectionism, social problems, psychosomatic problems, and emotional lability were regarded as internalizing behaviors. Higher scores indicate more problems. The CBCL consists of 118 Likert-point items with 9 subscales which are: anxious/depressed, withdrawn/depressed, somatic problems, thought problems, attention problems, rule-breaking behavior, aggressive behavior and other problems. The sum of anxious/depressed, withdrawn/depressed, and somatic problems scores were classified as internalizing behaviors. The sum of rule-breaking behavior, aggressive behavior, and total problems, which was the sum of all subscales were classified as externalizing behaviors. Higher scores indicate more problems. Scores on the CPRS and the raw scores for CBCL were analyzed as counts.
	Metric 3B:	Selective Reporting	Medium	Anticipated analyses are presented in the results.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Insel, B. J., Liu, X., Whyatt, R. M., Calafat, A. M., Rauh, V. A., Perera, F. P., Hoepner, L. A., Herbstman, J., Factor-Litvak, P. (2020). Prenatal and early childhood exposure to phthalates and childhood behavior at age 7 years. Environment International 143:105894.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child behavior at 7 years of age (assessed using the Conners' Parent Rating Scale-Revised: Long Form (CPRS) and Child Behavior Checklist (CBCL)), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	8204339

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Medium	Questionnaires given to the mother during pregnancy and at postnatal intervals and a review of maternal and infant medical records were used to identify information related to potential confounders. Potential confounders include maternal race/ethnicity, maternal education, marital status, household income, parity, child sex, gestational age, birth weight, breastfeeding, prenatal exposure to tobacco smoke in the home, prenatal alcohol consumption, and prenatal psychosocial factors including maternal self-report of hardship during pregnancy, and satisfaction with overall living conditions. To control for maternal ADHD symptoms, the authors used the Conners' Adult ADHD Rating Scale. Authors chose Inattention/Memory subscale as the control variable since this subscale was more highly correlated with the CPRS items than other subscales of the CAARS. Potential confounders were selected based on evidence from the literature as well as from a DAG. Authors note that "all variables associated with phthalate exposure and with the CPRS or the CBCL" were considered in the DAG (Chen, 2007, 194091; Gaysina, 2013, 10629484; Perez-Lobato, 2016, 3230561; Roy, 2011, 1016102). Covariates in final model include: maternal race/ethnicity, maternal demoralization at child age 7 years, child age at time of CPRS or CBCL assessment, prenatal specific gravity, and CAARS inattention/memory (only for CPRS outcomes only)

Domain 5: Analysis

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<b>Study Citation:</b>	Daniel, S., Balalian, A. A., Insel, B. J., Liu, X., Whyatt, R. M., Calafat, A. M., Rauh, V. A., Perera, F. P., Hoepner, L. A., Herbstman, J., Factor-Litvak, P. (2020). Prenatal and early childhood exposure to phthalates and childhood behavior at age 7 years. <i>Environment International</i> 143:105894.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Child behavior at 7 years of age (assessed using the Conners' Parent Rating Scale-Revised: Long Form (CPRS) and Child Behavior Checklist (CBCL)), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	8204339

Domain	Metric	Rating	Comments
	Metric 5A: Analysis	Medium	Authors used Chi-square and Wilcoxon rank sum tests to compare included and excluded observations. Authors compared prenatal phthalate metabolite concentrations in the study population to those measured in girls of reproductive age and in pregnant women from the NHANES database in 1999-2000, 2001-2002, 2003-2004, and 2005-2006 to determine whether exposure patterns in the CCEH sample were representative of exposure across the United States. Geometric means and 95% CI were calculated. Quasi-Poisson regression models "with a logarithmic link function to connect outcome mean with a predictor of exposure and covariates" were used to determine the associations between individual phthalate metabolites and behavioral outcomes. Authors also determined associations between behavioral outcomes and sum of molar concentrations of DEHP and non-DEHP metabolites separately. Analyses were completed for single phthalate metabolite concentrations and did not adjust for concentrations of other phthalate metabolites. Authors also carried out mixture analysis using logistic Weighted Quantile sum (WQS) regression models which considered all phthalate metabolites, DEHP metabolites, and non-DEHP metabolites. WQS regression models also provide information about how individual metabolites affect specific outcomes. Outcomes were not normally distributed so authors modeled dichotomous variables of the specific outcomes and compared values above to values below the median. Both Quasi-Poisson regression and the WQS regression models were stratified by sex since previous literature indicated that boys and girls have different patterns of brain development. Authors log-transformed exposure data since phthalate metabolite distributions were right skewed. Authors also provide strategies for dealing with missing data. For example, authors substituted maternal demoralization measured at child age 5 years for seven women who were missing measures of maternal demoralization at child age 7 years. Authors also imputed values using a linear regression model for mother-child pairs who were missing HOME scale scores.
	Metric 5B: Sensitivity	Medium	This study seemed to have adequate sensitivity to determine the association between urinary phthalate metabolite levels and behavior problems in children. The sample size was adequate (n=322) and exposure distributions seem to be wide enough to detect an association.

**Additional Comments:** Medium confidence. This prospective birth cohort study examined the association between urinary prenatal phthalate exposure and child behavior in a subset of pregnant women from the Columbia Center for Children's Environmental Health (CCCEH) longitudinal birth cohort. Participant selection, exposure assessment, outcome ascertainment, strategies to address confounding, and analytical techniques were generally adequate. Any potential for selection bias is minimized as authors noted that study subjects were generally representative of ineligible CCCEH subjects and children were similar to ineligible children regarding scores on behavior tests.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones: serum luteinizing hormone (LH), plasma follicle stimulating hormone (FSH), serum estradiol., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5512126		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Case-control study conducted in Antalya City, Turkey. Cases (N= 29) were girls who met the following criteria: premature thelarche (PT) was observed as isolated breast development before the age of 8 years; aged 4–8 years; not obese (BMI <95th percentile of national referent); bone age did not exceed one year above their chronological age; followed up regularly by a pediatrician for at least one year without other progression of precocious puberty (PP) besides isolated breast development. Girls with pathological conditions such as ovarian cysts (other conditions not named) identified by ultrasound were excluded. A gonadotropin releasing hormone (GnRH) stimulation test was performed to exclude girls with a diagnosis of central precocious puberty (PP) rather than PT. Controls (n=25), were healthy non-obese girls also living in Antalya City, aged 4-8 years, with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. All study subjects were examined by the same clinical pediatrician. The control group was re-monitored 12 months later "in order to evaluate their pubertal development and girls who had PT, premature pubarche, PP or any other pubertal signs in this second evaluation were excluded. " Recruitment strategies used to identify prospective participants, participation rates, and any attrition were not described. However, there was no evidence of selectivity.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurum, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones: serum luteinizing hormone (LH), plasma follicle stimulating hormone (FSH), serum estradiol., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Low	There were issues in each of three domains of exposure assessment. Together, these issues affect certainty regarding the validity of study results. 1-Sample collection and analysis: Spot urine samples were collected between 2010 and 2012; the authors did not explicitly state whether a single sample (which may misclassify habitual exposure given the short half-life) was collected per subject. Given the case control design, samples were collected after diagnosis: timing relative to diagnosis was not specified, though there was nothing to suggest systematic post-diagnosis behavior changes that would affect exposure to phthalates. Phthalate metabolites were analyzed by isotope dilution liquid chromatography with tandem mass spectrometry (LC-MS/MS) with standards and protocols to avoid contamination. Recovery rates exceeded 90%. Urinary creatinine was used to account for dilution. 2-Detection rate reporting issues. LODs (ng/mL) were: MiNP 0.61, MHiNP 0.26, MOiNP 0.25, MCiOP 0.53, MEHP 0.14, MEOHP 0.67, MECPP 0.55, MEHHP 0.91, MiBP 1.43, MnBP 1.1, MBzP 1.14. Detection rates reported in Table 1 were MiNP 24.1%, MHiNP 93.1%, MOiNP 82.8%, MCiOP 100%, MEHP 100%, MEOHP 100% MECPP 100%, MEHHP 100%, MiBP 100%, MnBP 100%, MBzP 79.3%. Handling of samples below detection was not specified. However, for MiNP, the metabolite with a substantial proportion below LOD, the minimum value was 0.00, suggested imputation as zeros vs. accepted approaches such as half the LOD. In addition, the proportions (Table 1) vs. numbers (Table 2) of samples below detection were not concordant. For example, for DiNP metabolites the proportion vs Ns reported as detectable were: (i) MiNP 24.1% of samples vs. 10/25 controls and 7 of 22 cases [i.e., 31.5% of the population]; (ii) MOiNP 0.25 82.8% vs. 25/25 controls and 24/29 cases [90.7%]; and (iii) MCiOP 100% vs. 23/25 controls and 29/29 cases [96.2%]. 3-Mean values reported with errors: The means for some metabolites were apparently reported with errors, based on the disparity between values for individual metabolites and the sum of DiNP. For example, the means (ug/g creatinine) for individual DiNP metabolites (MiNP, MHiNP, MOiNP, MCiOP) vs. the sum of metabolites (sum DiNP) were as follows in cases: 1.94, 40.02, 15.45, 86.77 vs. 287.30; and in controls 0.51, 4.97, 2.18, 8.00 vs. 284.60. The several-fold differences in means for MHiNP (15.45 vs 2.18) and MCiOP (86.77 vs 8.00) – the two metabolites reported to differ significantly in cases vs controls — along with means for MOiNP (40.02 vs 4.97) may have been calculation or conversion errors.
Domain 3: Outcome Assessment	Metric 3A: Outcome Ascertainment	Medium	The authors analyzed how phthalates correlated with several sex hormones (LSH, FSH, estradiol) among cases. Serum estradiol was measured by electrochemiluminescence immunoassay (ECLIA) using a commercial kit. Serum luteinizing hormone (LH) and follicle stimulating hormone (FSH) in plasma were measured by enzyme linked immunosorbent assay (ELISA) (no further details). There was no description of the timing of collection of the serum measurements used to measure these hormones.

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçur, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones: serum luteinizing hormone (LH), plasma follicle stimulating hormone (FSH), serum estradiol., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
	Metric 3B: Selective Reporting	Medium	Descriptive data for these sex hormone measures among cases were presented in the results text. Correlations between urinary phthalates and all three hormones (basal levels) were also presented. There was no evidence of selective reporting.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	There was no adjustment for confounding in the analysis correlating serum/plasma sex hormones with urinary phthalates among cases. All girls were non-obese. However, the authors did not discuss potential confounding by variability in age and BMI among cases. BMI was moderately and significantly correlated with several phthalate metabolites. Associations between BMI and sex hormones within this population were not discussed, so there is no direct evidence of important bias. Co-exposure confounding was also not evaluated.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Descriptive data for sex hormone measures was not provided. It is unclear whether there were any missing values. Correlations between phthalate metabolite levels and sex hormones were evaluated appropriately using Spearman correlation coefficients; coefficients and p-values were shown. A p value of < 0.05 was accepted as significant. Multivariate analysis of phthalate-sex hormone associations among cases were not described as an aim.
	Metric 5B: Sensitivity	Medium	Small sample size for evaluating correlations among cases (N=29), however some strong and significant correlations were observed. There was an adequate range of and variability in metabolite exposures.

**Additional Comments:** This case control study in Turkey included 29 non-obese girls aged 4-8 years with premature thelarche (PT; isolated breast development) and 25 non-obese controls residing in the same city. Controls were followed for one year to confirm that they did not develop signs of precocious development. DiNP metabolites (MiNP, MHINP, MOiNP, MCiOP and their sum), DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and their sum), MnBP, MiBP, and MBzP measured in spot urine samples were compared among cases and controls. This study had important limitations. Most importantly, there were apparent errors in the values of some metabolites (e.g., DiNP metabolites, DEHP metabolites) that were reported: values for individual metabolites vs. the sum of metabolites were not concordant. For example, values for the two DiNP metabolites reported to differ significantly in cases vs controls were implausible given that values for the sum of DiNP were roughly equivalent. Reported means (ug/g creatinine) in controls vs cases were: MHINP (15.45 vs 2.18), MCiOP (86.77 vs 8.00) and sum DiNP (221.21 vs 220.81). The authors did not specify how values below LOD were handled, an issue for MiNP (detected in 7 of 22 cases). Additional concerns include the lack of information of the timing of diagnosis vs. recruitment into the study and urine collection, the lack of adjustments for confounding by age or BMI in within-case analyses relating phthalates to outcomes such as sex hormones, and failure to describe the methods used to assess physical markers of reproductive development such as ovarian volumes. Uncertainty regarding these issues make findings of this study uninformative.

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones: serum luteinizing hormone (LH), plasma follicle stimulating hormone (FSH), serum estradiol., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
<b>Overall Quality Determination</b>		<b>Low</b>	

<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Ovary and uterus volumes; pubic hair growth, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5512126		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Case-control study conducted in Antalya City, Turkey. Cases (N= 29) were girls who met the following criteria: premature thelarche (PT) was observed as isolated breast development before the age of 8 years; aged 4–8 years; not obese (BMI <95th percentile of national referent); bone age did not exceed one year above their chronological age; followed up regularly by a pediatrician for at least one year without other progression of precocious puberty (PP) besides isolated breast development. Girls with pathological conditions such as ovarian cysts (other conditions not named) identified by ultrasound were excluded. A gonadotropin releasing hormone (GnRH) stimulation test was performed to exclude girls with a diagnosis of central precocious puberty (PP) rather than PT. Controls (n=25), were healthy non-obese girls also living in Antalya City, aged 4-8 years, with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. All study subjects were examined by the same clinical pediatrician. The control group was re-monitored 12 months later "in order to evaluate their pubertal development and girls who had PT, premature pubarche, PP or any other pubertal signs in this second evaluation were excluded. " Recruitment strategies used to identify prospective participants, participation rates, and any attrition were not described. However, there was no evidence of selectivity.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurur, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Ovary and uterus volumes; pubic hair growth, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Low	There were issues in each of three domains of exposure assessment. Together, these issues affect certainty regarding the validity of study results. 1-Sample collection and analysis: Spot urine samples were collected between 2010 and 2012; the authors did not explicitly state whether a single sample (which may misclassify habitual exposure given the short half-life) was collected per subject. Given the case control design, samples were collected after diagnosis; timing relative to diagnosis was not specified, though there was nothing to suggest systematic post-diagnosis behavior changes that would affect exposure to phthalates. Phthalate metabolites were analyzed by isotope dilution liquid chromatography with tandem mass spectrometry (LC-MS/MS) with standards and protocols to avoid contamination. Recovery rates exceeded 90%. Urinary creatinine was used to account for dilution. 2-Detection rate reporting issues. LODs (ng/mL) were: MiNP 0.61, MHiNP 0.26, MOiNP 0.25, MCiOP 0.53, MEHP 0.14, MEOHP 0.67, MECPP 0.55, MEHHP 0.91, MiBP 1.43, MnBP 1.1, MBzP 1.14. Detection rates reported in Table 1 were MiNP 24.1%, MHiNP 93.1%, MOiNP 82.8%, MCiOP 100%, MEHP 100%, MEOHP 100% MECPP 100%, MEHHP 100%, MiBP 100%, MnBP 100%, MBzP 79.3%. Handling of samples below detection was not specified. However, for MiNP, the metabolite with a substantial proportion below LOD, the minimum value was 0.00, suggested imputation as zeros vs. accepted approaches such as half the LOD. In addition, the proportions (Table 1) vs. numbers (Table 2) of samples below detection were not concordant. For example, for DiNP metabolites the proportion vs Ns reported as detectable were: (i) MiNP 24.1% of samples vs. 10/25 controls and 7 of 22 cases [i.e., 31.5% of the population]; (ii) MOiNP 0.25 82.8% vs. 25/25 controls and 24/29 cases [90.7%]; and (iii) MCiOP 100% vs. 23/25 controls and 29/29 cases [96.2%]. 3-Mean values reported with errors: The means for some metabolites were apparently reported with errors, based on the disparity between values for individual metabolites and the sum of DiNP. For example, the means (ug/g creatinine) for individual DiNP metabolites (MiNP, MHiNP, MOiNP, MCiOP) vs. the sum of metabolites (sum DiNP) were as follows in cases: 1.94, 40.02, 15.45, 86.77 vs. 287.30; and in controls 0.51, 4.97, 2.18, 8.00 vs. 284.60. The several-fold differences in means for MHiNP (15.45 vs 2.18) and MCiOP (86.77 vs 8.00) – the two metabolites reported to differ significantly in cases vs controls — along with means for MOiNP (40.02 vs 4.97) may have been calculation or conversion errors.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	The authors did not describe how ovary and uterus volumes, or pubic hair development, were measured and/or scored. No descriptive data were provided for these measures.
Metric 3B:	Selective Reporting	Medium	Correlations between urinary phthalates and each of these measures were shown in the results. There was no evidence of selective reporting.
Domain 4: Potential Confounding / Variability Control			

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Ovary and uterus volumes; pubic hair growth, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Low	There was no adjustment for confounding in the analysis relating these outcomes (ovary and uterine volumes, pubic hair development) and urinary phthalates among cases. The authors did not discuss potential confounding by variability in age among cases. They did not discuss potential confounding of associations with ovary/uterine volumes and pubic hair development by BMI, which was correlated with several phthalate metabolites. Co-exposure confounding was also not evaluated.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Descriptive data for these outcomes were not provided. It is unclear whether there were any missing values. Correlations between phthalate metabolite levels and these outcomes were evaluated appropriately using Spearman correlation coefficients; coefficients and p-values were shown. A p value of < 0.05 was accepted as significant. Multivariate analyses of associations among cases were not described as an aim.
	Metric 5B: Sensitivity	Medium	Small sample size for evaluating correlations among cases (N=29), however some strong and significant correlations were observed. There was an adequate range of and variability in metabolite exposures.

**Additional Comments:** This case control study in Turkey included 29 non-obese girls aged 4-8 years with premature thelarche (PT; isolated breast development) and 25 non-obese controls residing in the same city. Controls were followed for one year to confirm that they did not develop signs of precocious development. DiNP metabolites (MiNP, MHINP, MOiNP, MCiOP and their sum), DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and their sum), MnBP, MiBP, and MBzP measured in spot urine samples were compared among cases and controls. This study had important limitations. Most importantly, there were apparent errors in the values of some metabolites (e.g., DiNP metabolites, DEHP metabolites) that were reported: values for individual metabolites vs. the sum of metabolites were not concordant. For example, values for the two DiNP metabolites reported to differ significantly in cases vs controls were implausible given that values for the sum of DiNP were roughly equivalent. Reported means (ug/g creatinine) in controls vs cases were: MHiNP (15.45 vs 2.18), MCiOP (86.77 vs 8.00) and sum DiNP (221.21 vs 220.81). The authors did not specify how values below LOD were handled, an issue for MiNP (detected in 7 of 22 cases). Additional concerns include the lack of information of the timing of diagnosis vs. recruitment into the study and urine collection, the lack of adjustments for confounding by age or BMI in within-case analyses relating phthalates to outcomes such as sex hormones, and failure to describe the methods used to assess physical markers of reproductive development such as ovarian volumes. Uncertainty regarding these issues make findings of this study uninformative.

## Overall Quality Determination

**Low**

<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçur, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Thyroid- Serum thyroid stimulating hormone (TSH) and serum free T4 (fT4), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Case-control study conducted in Antalya City, Turkey. Cases (N= 29) were girls who met the following criteria: premature thelarche (PT) was observed as isolated breast development before the age of 8 years; aged 4–8 years; not obese (BMI <95th percentile of national referent); bone age did not exceed one year above their chronological age; followed up regularly by a pediatrician for at least one year without other progression of precocious puberty (PP) besides isolated breast development. Girls with pathological conditions such as ovarian cysts (other conditions not named) identified by ultrasound were excluded. A gonadotropin releasing hormone (GnRH) stimulation test was performed to exclude girls with a diagnosis of central precocious puberty (PP) rather than PT. Controls (n=25), were healthy non-obese girls also living in Antalya City, aged 4-8 years, with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. All study subjects were examined by the same clinical pediatrician. The control group was re-monitored 12 months later "in order to evaluate their pubertal development and girls who had PT, premature pubarche, PP or any other pubertal signs in this second evaluation were excluded. " Recruitment strategies used to identify prospective participants, participation rates, and any attrition were not described. However, there was no evidence of selectivity.

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.			
<b>Health Outcome(s) Assessed:</b>	Thyroid- Serum thyroid stimulating hormone (TSH) and serum free T4 (fT4), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5512126			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Low	There were issues in each of three domains of exposure assessment. Together, these issues affect certainty regarding the validity of study results. 1-Sample collection and analysis: Spot urine samples were collected between 2010 and 2012; the authors did not explicitly state whether a single sample (which may misclassify habitual exposure given the short half-life) was collected per subject. Given the case control design, samples were collected after diagnosis: timing relative to diagnosis was not specified, though there was nothing to suggest systematic post-diagnosis behavior changes that would affect exposure to phthalates. Phthalate metabolites were analyzed by isotope dilution liquid chromatography with tandem mass spectrometry (LC–MS/MS) with standards and protocols to avoid contamination. Recovery rates exceeded 90%. Urinary creatinine was used to account for dilution. 2-Detection rate reporting issues. LODs (ng/mL) were: MiNP 0.61, MHiNP 0.26, MoiNP 0.25, MCiOP 0.53, MEHP 0.14, MEOHP 0.67, MECPP 0.55, MEHHP 0.91, MiBP 1.43, MnBP 1.1, MBzP 1.14. Detection rates reported in Table 1 were MiNP 24.1%, MHiNP 93.1%, MoiNP 82.8%, MCiOP 100%, MEHP 100%, MEOHP 100% MECPP 100%, MEHHP 100%, MiBP 100%, MnBP 100%, MBzP 79.3%. Handling of samples below detection was not specified. However, for MiNP, the metabolite with a substantial proportion below LOD, the minimum value was 0.00, suggested imputation as zeros vs. accepted approaches such as half the LOD. In addition, the proportions (Table 1) vs. numbers (Table 2) of samples below detection were not concordant. For example, for DiNP metabolites the proportion vs Ns reported as detectable were: (i) MiNP 24.1% of samples vs. 10/25 controls and 7 of 22 cases [i.e., 31.5% of the population]; (ii) MoiNP 0.25 82.8% vs. 25/25 controls and 24/29 cases [90.7%]; and (iii) MCiOP 100% vs. 23/25 controls and 29/29 cases [96.2%]. 3-Mean values reported with errors: The means for some metabolites were apparently reported with errors, based on the disparity between values for individual metabolites and the sum of DiNP. For example, the means (ug/g creatinine) for individual DiNP metabolites (MiNP, MHiNP, MOiNP, MCiOP) vs. the sum of metabolites (sum DiNP) were as follows in cases: 1.94, 40.02, 15.45, 86.77 vs. 287.30; and in controls 0.51, 4.97, 2.18, 8.00 vs. 284.60. The several-fold differences in means for MHiNP (15.45 vs 2.18) and MCiOP (86.77 vs 8.00) – the two metabolites reported to differ significantly in cases vs controls — along with means for MOiNP (40.02 vs 4.97) may have been calculation or conversion errors.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Serum fT4 and TSH levels were measured by chemiluminescence microparticle immunoassay using commercial kits and analyzers (DiaSorin chemiluminescence immunoassay (CLIA) kits, a Diasorin Liaison CLIA Analyzer). There was no description of the timing of collection of the serum samples used to measure these hormones.	
	Metric 3B: Selective Reporting	Medium	Correlations between urinary phthalates and thyroid hormones were presented. There was no evidence of selective reporting.	

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Serum thyroid stimulating hormone (TSH) and serum free T4 (fT4), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5512126		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	There was no adjustment for confounding in the analysis correlating thyroid hormones with urinary phthalates among cases. All girls were non-obese. However, the authors did not discuss potential confounding by variability in age and BMI among cases. BMI was moderately and significantly correlated with several phthalate metabolites. Co-exposure confounding was also not evaluated.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Descriptive data for thyroid hormone measures was not provided. It is unclear whether there were any missing values. Correlations between phthalate metabolite levels and sex hormones were evaluated appropriately using Spearman correlation coefficients; coefficients and p-values were shown. A p value of < 0.05 was accepted as significant. Multivariate analysis of phthalate-thyroid hormone associations among cases were not described as an aim.
	Metric 5B: Sensitivity	Medium	Small sample size for evaluating correlations among cases (N=29), however some strong and significant correlations were observed. There was an adequate range of and variability in metabolite exposures.
<b>Additional Comments:</b>	This case control study in Turkey included 29 non-obese girls aged 4-8 years with premature thelarche (PT; isolated breast development) and 25 non-obese controls residing in the same city. Controls were followed for one year to confirm that they did not develop signs of precocious development. DiNP metabolites (MiNP, MHINP, MOiNP, MCiOP and their sum), DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and their sum), MnBP, MiBP, and MBzP measured in spot urine samples were compared among cases and controls. This study had important limitations. Most importantly, there were apparent errors in the values of some metabolites (e.g., DiNP metabolites, DEHP metabolites) that were reported: values for individual metabolites vs. the sum of metabolites were not concordant. For example, values for the two DiNP metabolites reported to differ significantly in cases vs controls were implausible given that values for the sum of DiNP were roughly equivalent. Reported means (ug/g creatinine) in controls vs cases were: MHiNP (15.45 vs 2.18), MCiOP (86.77 vs 8.00) and sum DiNP (221.21 vs 220.81). The authors did not specify how values below LOD were handled, an issue for MiNP (detected in 7 of 22 cases). Additional concerns include the lack of information of the timing of diagnosis vs. recruitment into the study and urine collection, the lack of adjustments for confounding by age or BMI in within-case analyses relating phthalates to outcomes such as sex hormones, and failure to describe the methods used to assess physical markers of reproductive development such as ovarian volumes. Uncertainty regarding these issues make findings of this study uninformative.		
<b>Overall Quality Determination</b>		<b>Medium</b>	



<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Premature thelarche (isolated breast development in girls aged 4-8 years), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5512126		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Case-control study conducted in Antalya City, Turkey. Cases (N= 29) were girls who met the following criteria: premature thelarche (PT) was observed as isolated breast development before the age of 8 years; aged 4–8 years; not obese (BMI <95th percentile of national referent); bone age did not exceed one year above their chronological age; followed up regularly by a pediatrician for at least one year without other progression of precocious puberty (PP) besides isolated breast development. Girls with pathological conditions such as ovarian cysts (other conditions not named) identified by ultrasound were excluded. A gonadotropin releasing hormone (GnRH) stimulation test was performed to exclude girls with a diagnosis of central precocious puberty (PP) rather than PT. Controls (n=25), were healthy non-obese girls also living in Antalya City, aged 4-8 years, with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. All study subjects were examined by the same clinical pediatrician. The control group was re-monitored 12 months later "in order to evaluate their pubertal development and girls who had PT, premature pubarche, PP or any other pubertal signs in this second evaluation were excluded. " Recruitment strategies used to identify prospective participants, participation rates, and any attrition were not described. However, there was no evidence of selectivity.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Premature thelarche (isolated breast development in girls aged 4-8 years), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Low	There were issues in each of three domains of exposure assessment. Together, these issues affect certainty regarding the validity of study results. 1-Sample collection and analysis: Spot urine samples were collected between 2010 and 2012; the authors did not explicitly state whether a single sample (which may misclassify habitual exposure given the short half-life) was collected per subject. Given the case control design, samples were collected after diagnosis: timing relative to diagnosis was not specified, though there was nothing to suggest systematic post-diagnosis behavior changes that would affect exposure to phthalates. Phthalate metabolites were analyzed by isotope dilution liquid chromatography with tandem mass spectrometry (LC-MS/MS) with standards and protocols to avoid contamination. Recovery rates exceeded 90%. Urinary creatinine was used to account for dilution. 2-Detection rate reporting issues. LODs (ng/mL) were: MiNP 0.61, MHiNP 0.26, MoiNP 0.25, MCiOP 0.53, MEHP 0.14, MEOHP 0.67, MECPP 0.55, MEHHP 0.91, MiBP 1.43, MnBP 1.1, MBzP 1.14. Detection rates reported in Table 1 were MiNP 24.1%, MHiNP 93.1%, MoiNP 82.8%, MCiOP 100%, MEHP 100%, MEOHP 100% MECPP 100%, MEHHP 100%, MiBP 100%, MnBP 100%, MBzP 79.3%. Handling of samples below detection was not specified. However, for MiNP, the metabolite with a substantial proportion below LOD, the minimum value was 0.00, suggested imputation as zeros vs. accepted approaches such as half the LOD. In addition, the proportions (Table 1) vs. numbers (Table 2) of samples below detection were not concordant. For example, for DiNP metabolites the proportion vs Ns reported as detectable were: (i) MiNP 24.1% of samples vs. 10/25 controls and 7 of 22 cases [i.e., 31.5% of the population]; (ii) MoiNP 0.25 82.8% vs. 25/25 controls and 24/29 cases [90.7%]; and (iii) MCiOP 100% vs. 23/25 controls and 29/29 cases [96.2%]. 3-Mean values reported with errors: The means for some metabolites were apparently reported with errors, based on the disparity between values for individual metabolites and the sum of DiNP. For example, the means (ug/g creatinine) for individual DiNP metabolites (MiNP, MHiNP, MOiNP, MCiOP) vs. the sum of metabolites (sum DiNP) were as follows in cases: 1.94, 40.02, 15.45, 86.77 vs. 287.30; and in controls 0.51, 4.97, 2.18, 8.00 vs. 284.60. The several-fold differences in means for MHiNP (15.45 vs 2.18) and MCiOP (86.77 vs 8.00) – the two metabolites reported to differ significantly in cases vs controls — along with means for MOiNP (40.02 vs 4.97) may have been calculation or conversion errors.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Premature thelarche (isolated breast development in girls aged 4-8 years), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5512126			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	As noted above, cases were healthy non-obese girls who had isolated premature thelarche (PT) diagnosed before the age of 8 years; aged 4–8 years. All had been followed up regularly by a pediatrician for at least one year without other progression of precocious puberty. Cases were also evaluated to preclude precocious puberty due to ovarian cysts and results of a Gonadotropin releasing hormone test (cutoff criteria not specified). Variability in dates and ages of diagnoses prior to study enrollment and urinary sample collection used for phthalates measurement was not described. Any progression or regression in breast development among cases was also not discussed. Controls were healthy non-obese girls aged 4-8 years with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. Controls were monitored for 12 months to ensure that they did not develop PT or any other pubertal signs. Attrition and exclusions were not described, so it is uncertain whether the imbalanced N (29 cases, 25 controls) was due to exclusions of controls during this 12-month follow-up.	
	Metric 3B: Selective Reporting	Medium	There was no evidence of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	There was no adjustment for confounding. Distributions of phthalate metabolites were compared in cases and controls. Although there was no formal adjustment or pair matching, the authors reported very similar mean ages and BMI (but not BMI z-scores) among cases and controls. Co-exposure confounding was not evaluated.	
Domain 5: Analysis				
	Metric 5A: Analysis	Low	Exposure distributions were shown among both cases and controls. Arithmetic rather than geometric means were shown for cases and controls, along with medians and ranges. It is unclear whether p-values for case vs. control differences were reported using t-tests or non-parametric Mann-Whitney U tests, and whether these were based on differences in means vs. medians. Most importantly, the distributions reported for individual metabolites vs. the sum of metabolites were non-concordant, perhaps due to a conversion or other calculation error. For example, values reported for the two DiNP metabolites for which there were significant differences between cases and controls were implausibly small among cases, and not concordant with the similar concentrations in cases and controls for the sum of DiNP.	
	Metric 5B: Sensitivity	Medium	Small sample size (N=29 cases, N=25 controls), however some significant associations were observed. There was an adequate range of and variability in metabolite exposures.	

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Premature thelarche (isolated breast development in girls aged 4-8 years), Non-cancer
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<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Additional Comments:	This case control study in Turkey included 29 non-obese girls aged 4-8 years with premature thelarche (PT; isolated breast development) and 25 non-obese controls residing in the same city. Controls were followed for one year to confirm that they did not develop signs of precocious development. DiNP metabolites (MiNP, MHINP, MOiNP, MCiOP and their sum), DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and their sum), MnBP, MiBP, and MBzP measured in spot urine samples were compared among cases and controls. This study had important limitations. Most importantly, there were apparent errors in the values of some metabolites (e.g., DiNP metabolites, DEHP metabolites) that were reported: values for individual metabolites vs. the sum of metabolites were not concordant. For example, values for the two DiNP metabolites reported to differ significantly in cases vs controls were implausible given that values for the sum of DiNP were roughly equivalent. Reported means (ug/g creatinine) in controls vs cases were: MHiNP (15.45 vs 2.18), MCiOP (86.77 vs 8.00) and sum DiNP (221.21 vs 220.81). The authors did not specify how values below LOD were handled, an issue for MiNP (detected in 7 of 22 cases). Additional concerns include the lack of information of the timing of diagnosis vs. recruitment into the study and urine collection, the lack of adjustments for confounding by age or BMI in within-case analyses relating phthalates to outcomes such as sex hormones, and failure to describe the methods used to assess physical markers of reproductive development such as ovarian volumes. Uncertainty regarding these issues make findings of this study uninformative.		

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçur, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. Environmental Toxicology and Pharmacology 59:172-181.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body weight, BMI, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5512126		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Case-control study conducted in Antalya City, Turkey. Cases (N= 29) were girls who met the following criteria: premature thelarche (PT) was observed as isolated breast development before the age of 8 years; aged 4–8 years; not obese (BMI <95th percentile of national referent); bone age did not exceed one year above their chronological age; followed up regularly by a pediatrician for at least one year without other progression of precocious puberty (PP) besides isolated breast development. Girls with pathological conditions such as ovarian cysts (other conditions not named) identified by ultrasound were excluded. A gonadotropin releasing hormone (GnRH) stimulation test was performed to exclude girls with a diagnosis of central precocious puberty (PP) rather than PT. Controls (n=25), were healthy non-obese girls also living in Antalya City, aged 4-8 years, with no history of PT or any other endocrine disorder and no secondary sexual characteristics in their physical exam. All study subjects were examined by the same clinical pediatrician. The control group was re-monitored 12 months later "in order to evaluate their pubertal development and girls who had PT, premature pubarche, PP or any other pubertal signs in this second evaluation were excluded. " Recruitment strategies used to identify prospective participants, participation rates, and any attrition were not described. However, there was no evidence of selectivity.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Durmaz, E., Erkekoglu, P., Asci, A., Akçurin, S., Bircan, I., Kocer-Gumusel, B. (2018). Urinary phthalate metabolite concentrations in girls with premature thelarche. <i>Environmental Toxicology and Pharmacology</i> 59:172-181.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body weight, BMI, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Low	There were issues in each of three domains of exposure assessment. Together, these issues affect certainty regarding the validity of study results. 1-Sample collection and analysis: Spot urine samples were collected between 2010 and 2012; the authors did not explicitly state whether a single sample (which may misclassify habitual exposure given the short half-life) was collected per subject. Given the case control design, samples were collected after diagnosis; timing relative to diagnosis was not specified, though there was nothing to suggest systematic post-diagnosis behavior changes that would affect exposure to phthalates. Phthalate metabolites were analyzed by isotope dilution liquid chromatography with tandem mass spectrometry (LC-MS/MS) with standards and protocols to avoid contamination. Recovery rates exceeded 90%. Urinary creatinine was used to account for dilution. 2-Detection rate reporting issues. LODs (ng/mL) were: MiNP 0.61, MHiNP 0.26, MOiNP 0.25, MCiOP 0.53, MEHP 0.14, MEOHP 0.67, MECPP 0.55, MEHHP 0.91, MiBP 1.43, MnBP 1.1, MBzP 1.14. Detection rates reported in Table 1 were MiNP 24.1%, MHiNP 93.1%, MOiNP 82.8%, MCiOP 100%, MEHP 100%, MEOHP 100% MECPP 100%, MEHHP 100%, MiBP 100%, MnBP 100%, MBzP 79.3%. Handling of samples below detection was not specified. However, for MiNP, the metabolite with a substantial proportion below LOD, the minimum value was 0.00, suggested imputation as zeros vs. accepted approaches such as half the LOD. In addition, the proportions (Table 1) vs. numbers (Table 2) of samples below detection were not concordant. For example, for DiNP metabolites the proportion vs Ns reported as detectable were: (i) MiNP 24.1% of samples vs. 10/25 controls and 7 of 22 cases [i.e., 31.5% of the population]; (ii) MOiNP 0.25 82.8% vs. 25/25 controls and 24/29 cases [90.7%]; and (iii) MCiOP 100% vs. 23/25 controls and 29/29 cases [96.2%]. 3-Mean values reported with errors: The means for some metabolites were apparently reported with errors, based on the disparity between values for individual metabolites and the sum of DiNP. For example, the means (ug/g creatinine) for individual DiNP metabolites (MiNP, MHiNP, MOiNP, MCiOP) vs. the sum of metabolites (sum DiNP) were as follows in cases: 1.94, 40.02, 15.45, 86.77 vs. 287.30; and in controls 0.51, 4.97, 2.18, 8.00 vs. 284.60. The several-fold differences in means for MHiNP (15.45 vs 2.18) and MCiOP (86.77 vs 8.00) – the two metabolites reported to differ significantly in cases vs controls — along with means for MOiNP (40.02 vs 4.97) may have been calculation or conversion errors.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Low	The authors analyzed how phthalates correlated with BMI and weight without accounting for age differences, e.g., by using BMI or weight z-scores standardized for age vs. a referent population. Age at measurement of height and weight, relative to age at diagnosis, was not described. The use of standardized protocols was also not specified.
Metric 3B:	Selective Reporting	Medium	Correlations between urinary phthalates and both BMI and weight were presented. There was no evidence of selective reporting.

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<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Body weight, BMI, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5512126

Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	There was no adjustment for confounding in the analysis correlating BMI and weight with urinary phthalates among cases. For BMI and weight, adjustment for age (range 4-8 years) was not incorporated by using standardized z-scores.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Correlations between phthalate metabolite levels and both BMI and weight were evaluated appropriately using Spearman correlation coefficients; coefficients and p-values were shown. A p value of < 0.05 was accepted as significant. Multivariate analysis of associations with BMI and weight among cases were not described as an aim.
	Metric 5B: Sensitivity	Medium	Small sample size for evaluating correlations among cases (N=29), however some strong and significant correlations were observed. There was an adequate range of and variability in metabolite exposures.

**Additional Comments:** This case control study in Turkey included 29 non-obese girls aged 4-8 years with premature thelarche (PT; isolated breast development) and 25 non-obese controls residing in the same city. Controls were followed for one year to confirm that they did not develop signs of precocious development. DiNP metabolites (MiNP, MHINP, MOiNP, MCiOP and their sum), DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and their sum), MnBP, MiBP, and MBzP measured in spot urine samples were compared among cases and controls. This study had important limitations. Most importantly, there were apparent errors in the values of some metabolites (e.g., DiNP metabolites, DEHP metabolites) that were reported: values for individual metabolites vs. the sum of metabolites were not concordant. For example, values for the two DiNP metabolites reported to differ significantly in cases vs controls were implausible given that values for the sum of DiNP were roughly equivalent. Reported means (ug/g creatinine) in controls vs cases were: MHINP (15.45 vs 2.18), MCiOP (86.77 vs 8.00) and sum DiNP (221.21 vs 220.81). The authors did not specify how values below LOD were handled, an issue for MiNP (detected in 7 of 22 cases). Additional concerns include the lack of information of the timing of diagnosis vs. recruitment into the study and urine collection, the lack of adjustments for confounding by age or BMI in within-case analyses relating phthalates to outcomes such as sex hormones, and failure to describe the methods used to assess physical markers of reproductive development such as ovarian volumes. Uncertainty regarding these issues make findings of this study uninformative.

**Overall Quality Determination****Low**

<b>Study Citation:</b>	Dzwilewski, C., K.L., Woodbury, M. L., Aguiar, A., Shoaff, J., Merced-Nieves, F., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 7.5-month-old infants. <i>NeuroToxicology</i> 84:84-95.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognition at 7-8 months as assessed by information processing speed (average run duration during familiarization trial), visual attention (time to reach familiarization criterion during familiarization trial), and visual recognition memory (novelty preference in test trial) using eye tracking within a paired comparison visual recognition memory (VRM) test., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978460		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants were a subset of pregnant women enrolled in the Illinois Kids Development Study (IKIDS) from two obstetric clinics in the Champaign-Urbana, IL area between December 2013 and August 2018. IKIDS enrolled pregnant women aged 18 and 40 years at enrollment, with singleton non-high-risk pregnancies, fluent in English, residing within a 30-minute drive of the University of Illinois at Urbana-Champaign campus. The analysis sample included 244 of 558 women enrolled: 481 (86%) had urinary phthalates data, of which 328 (68%) participated in the cognitive assessment at 7-8 months and had useable data (e.g., not too fussy or sleepy), and 244 of these (74.3%) had complete covariate data. Demographic data presented indicated that the subset was similar to the parent cohort. There was no evidence of selectivity.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalates were measured via appropriate metabolites in a pooled urine sample from each mother. The sample combined aliquots of multiple first morning urines collected at about 10–14, 16–18, 22–24, 28–30, and 34–36 weeks of gestation. Pooling reduced concern for misclassification due to exposure variability and the short half-life of these metabolites. The number of samples per participant was not provided, however analysis was restricted to those infants completing all five faces trials and no missing covariate data for analyses of [sum (DEHP) and sum (DINP2), n=244] and analyses of exposure measures including MONP [sum (DINP3) and MONP, n=142]. Urinary specific gravity was used to account for differences in dilution. Phthalate metabolites were measured at the Centers for Disease Control using online solid phase extraction-high performance liquid chromatography-isotope dilution tandem mass spectrometry. Values below detection limits were imputed using machine readings. Proportions below detection were not shown; the minimum 0 for MINP and MEHP suggests some samples of this metabolite were below LOD. Where metabolite concentrations were below the limit of detection, instrument readings provided by the CDC were used in data analysis. Because urine was sent to the CDC laboratory in batches and new methods for phthalate metabolite measurement were developed between batches, MONP measures were available only for 58 % of the infants. Concern of potential bias associated with this change was mitigated by the transparent approach of analyzing DINP exposure as the molar sum of either two or three metabolites (DINP2, n=244; DINP3, n=142), as well as analyzing associations with MONP individually. This enabled comparison of associations with and without MONP. Exposure variables also included weighted molar sums of anti-androgenic metabolites, which included DINP metabolites. Distributions of phthalates for the subset of infants included vs excluded from this study were compared and were similar. There was no evidence of bias.

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<b>Study Citation:</b>	Dzwilewski, C., K.L., Woodbury, M. L., Aguiar, A., Shoaff, J., Merced-Nieves, F., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 7.5-month-old infants. <i>NeuroToxicology</i> 84:84-95.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognition at 7-8 months as assessed by information processing speed (average run duration during familiarization trial), visual attention (time to reach familiarization criterion during familiarization trial), and visual recognition memory (novelty preference in test trial) using eye tracking within a paired comparison visual recognition memory (VRM) test., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978460		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Infant cognition was assessed at 7-8 months using a visual recognition memory (VRM) paradigm modified from prior studies (Rose et al., 1992 PMID 1446544). Outcomes were based on the duration or proportion of time infants spent looking at sets of images of faces, using automated measurement of eye movements (EyeLink 1000 Plus infrared eye tracker). The test comprised a familiarization trial (two identical photos presented side by side) followed by test phases (familiar image paired with a novel photo on either the left or right). Results were used to assess three cognitive domains: (i) information processing speed (run duration during familiarization trial); (ii) visual attention (time to familiarization); and (iii) visual recognition memory (novelty preference or attention time in test trial). The protocol was administered seated in a caregiver's lap in a booth with black curtains, with caregivers instructed to remain neutral and direct their gaze downward. Measures from the original protocol were variably predictive of subsequent IQ (e.g. Rose et al., PMIDs 12760523, 9306643 and 1446544). Infants were randomized to different image sets and sequencing. However, performance varied by testing set (Dzwilewski et al., 2020, PMID 32485220). Validity was not discussed. Information processing (run duration) and visual attention (time to familiarization) were correlated (Pearson's $r = -0.49$ ), but visual recognition memory (novelty preference) was not correlated with either outcome ( $r = 0.01$ and $-0.04$ ). There were no clear associations between demographic factors or other potential predictors of cognitive development with outcome measures (in supplement not available at time of assessment). The sensitivity and specificity of outcomes measures within this study is uncertain. However, there was no evidence of bias, and caregivers were asked to remain neutral throughout testing and to direct their gaze downward so as not to affect the infant's behavior.
Metric 3B:	Selective Reporting	Medium	Results were presented for all analyses described in the methods section. Additional results are included in a supplement with sex-stratified sensitivity analyses results for the entire cohort (n=244) and the subset (n=142) with additional MONP measures (and sum(DINP3) which included MONP).
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Dzwilewski, C., K.L., Woodbury, M. L., Aguiar, A., Shoaff, J., Merced-Nieves, F., Korrick, S. A., Schantz, S. L. (2021). Associations of prenatal exposure to phthalates with measures of cognition in 7.5-month-old infants. <i>NeuroToxicology</i> 84:84-95.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognition at 7-8 months as assessed by information processing speed (average run duration during familiarization trial), visual attention (time to reach familiarization criterion during familiarization trial), and visual recognition memory (novelty preference in test trial) using eye tracking within a paired comparison visual recognition memory (VRM) test., Non-cancer			
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<b>HERO ID:</b>	7978460			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified based on a priori knowledge and using directed acyclic graphs (DAGs). Parental sociodemographic covariates were obtained from interviews held before or after birth. Models adjusted for maternal age, race/ethnicity (white, non-Hispanic vs. other), education (<bachelor's degree vs. bachelor's degree or higher), parity (nulliparous vs. ≥ 1), annual household income (<\$50,000, \$50,000-\$99,999, ≥\$100,000), and verbal IQ (VIQ), as well as infant sex, gestational age at birth, post-natal age at assessment, and test protocol stimulus set. Maternal smoking and alcohol intake during pregnancy were evaluated in a sensitivity analysis excluding participants with those behaviors. The authors did not discuss evaluating gestational age at birth as a potential intermediate. Co-exposure confounding was not discussed. However, there was no evidence of important residual confounding bias.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Descriptive data for the study sample as a whole were presented for exposure and outcome variables. Stratified descriptive data were not presented, and unadjusted or minimally adjusted associations were not shown. Multivariable generalized linear regression was shown to assess associations between each phthalate exposure variable and each outcome. The authors reported that unspecified regression diagnostics "generally supported" the use of continuous, untransformed biomarker measures and linear models, despite the right skewed exposure variables. Associations were presented per interquartile range increase in exposure. Models including both two-way interactions and a three-way sex-by-stimulus set-by exposure interaction were explored for every exposure-outcomerelationship. Interaction terms with p-values 0.10 were then considered as part of final model specification. Sensitivity analyses evaluated the impact of excluding influential data points identified by Cook's D values and included analyses adjusting for maternal alcohol intake, removing mothers who smoked, or removing potential high leverage observations from the analysis. Because analyses were hypothesis based, the authors did not adjust for multiple comparisons. Although the adequacy of using linear models with untransformed exposures to estimate associations is uncertain, there was no evidence that analyses were inappropriate.	
	Metric 5B: Sensitivity	Medium	There was variability in exposure and outcome variables. For EDINP2, for example, the median (IQR) was 0.0388 (0.0543) uumol/L. The sample size was moderate (n = 244), which may have limited statistical power particularly for sex-stratified analyses and to detect significant interactions (p<0.10 used). Sample sizes for analyses of Σ DINP3 and MONP (n=142) were less than optimal for analyses involving sex- and set-specific interaction assessment.	

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<b>HERO ID:</b>	7978460		
Domain	Metric	Rating	Comments
Additional Comments:	This study used data from a subset of 244 participants in the Illinois Kids Development Study (IKIDS) to explore associations between prenatal exposure to phthalates, including DINP, and infant cognition assessed at 7-8 months of age. Evaluating cognition in infancy is challenging. The study used a “visual recognition memory” testing protocol to assess three cognitive domains: information processing speed (‘run duration’), visual attention (‘time to familiarization’), and visual recognition memory (‘novelty preference’), based on the duration or proportion of time infants spent looking at sets of familiar vs. novel images. Gaze was tracked and measured using an automated eye tracking system. Two DINP metabolites (MINP and MCOP) were available for the full sample. A third (MONP) became available during the study because of improvements in analytic methods and was available for 142 infants. The authors presented results of analyses using the sum of 2 (DINP2) or 3 (DINP3) metabolites, and MONP individually. Associations varied by infant sex and by the set of images used in testing. DINP2 was associated with longer processing time for image set 2, and DINP3 with longer processing time among males viewing set 2. DINP2 and DINP3 had weak negative associations with visual recognition memory (novelty preference). A strength of the study was the use of pooled aliquots from multiple maternal urine samples throughout pregnancy to estimate prenatal phthalates exposure. Sample size is a potential limitation, as the study may have had limited power to detect interactions. Specificity and sensitivity of outcome measures is uncertain and reasons for variable performance by image testing set were unclear. However, previous literature in other populations suggests these measures may predict later cognition.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	England-Mason, G., Martin, J. W., Macdonald, A., Kinniburgh, D., Giesbrecht, G. F., Letourneau, N., Dewey, D. (2020). Similar names, different results: Consistency of the associations between prenatal exposure to phthalates and parent-ratings of behavior problems in preschool children. <i>Environment International</i> 142:105892.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Mother-completed preschool version of the Behavior Assessment System for Children-Second Edition Parent Rating Scales-Preschool (BASC-2) T scores- eight "clinical" scales (Hyperactivity, aggression, anxiety, depression, somatization, atypicality, withdrawal, and attention problems), and three of four composite scales (Internalizing problems, externalizing problems, and behavioral symptoms index), (BASC-2 four "adaptive" scales and adaptive skills composites scale not included). Also includes parent version of the Child Behavior Checklist (CBCL) T scores—two broad syndrome groupings (Internalizing problems, externalizing problems), Total problems, Attention-Deficit Hyperactivity (ADH) problems, aggressive behavior, anxious/depressed, anxiety problems, affective problems, somatic complaints, pervasive developmental (PD) problems, withdrawn, attention problems.,		
<b>Chemical:</b>	Non-cancer Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6717805		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	Participants included a subset of families from an ongoing prospective pregnancy cohort (the Alberta Pregnancy Outcomes and Nutrition (APrON) study) which recruited individuals from 2009-2012. Inclusion criteria were specified and required participants to: provide a maternal spot urine sample during the second trimester of pregnancy, complete two parent-report measures of child behavior problems on the same day when children were 3-4 years old, and have a healthy child (defined as being born at $\geq 37$ weeks of gestation, having a birth weight $\geq 2500$ grams, not being diagnosed with a neurological or neurodevelopmental disorder, and having a Full Scale Intelligence Quotient (FSIQ) at ages of 3-4 $\geq 80$ ). Mother child pairs who were not able to meet the inclusion criteria were excluded from analyses (n = 38). In all, this analysis examined 351 mother-child pairs. The authors provided sufficient information on inclusion and exclusion criteria, and participation rates were adequately reported, raising no concerns for participant selection.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Sterile cups were used to collect maternal spot urine samples, and method validation experiments were conducted using liquid chromatography grade water as a surrogate to check for potential contamination. Urinary concentrations of nine phthalate metabolites were quantified with liquid chromatography-tandem mass spectrometry running in negative multiple reaction monitoring mode. The authors reported that the LOD for all metabolites was 0.10 ug/L, and all values below the LOD were assigned a value of the LOD divided by the square root of 2. Table 1 presents information on the percentage of samples below the LOD for each metabolite, with the lowest reported value for MiBP with 1.1% of samples below LOD. Creatinine concentrations were also measured to allow for two different analytical approaches including inclusion of urinary creatinine as a covariate, and by using creatinine-adjusted prenatal phthalate concentrations as the exposure variable in analyses. The methods outlined by the authors are appropriate for assessing exposure, and there are no major concerns of exposure misclassification. While exposure was assessed during the second trimester and outcomes were assessed in children 3-4 years of age, the authors felt that this single spot-sampling would reflect average exposure and would be moderately sensitive for the purposes of this analysis.

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<b>Study Citation:</b>	England-Mason, G., Martin, J. W., Macdonald, A., Kinniburgh, D., Giesbrecht, G. F., Letourneau, N., Dewey, D. (2020). Similar names, different results: Consistency of the associations between prenatal exposure to phthalates and parent-ratings of behavior problems in preschool children. <i>Environment International</i> 142:105892.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Mother-completed preschool version of the Behavior Assessment System for Children-Second Edition Parent Rating Scales-Preschool (BASC-2) T scores- eight "clinical" scales (Hyperactivity, aggression, anxiety, depression, somatization, atypicality, withdrawal, and attention problems), and three of four composite scales (Internalizing problems, externalizing problems, and behavioral symptoms index), (BASC-2 four "adaptive" scales and adaptive skills composites scale not included). Also includes parent version of the Child Behavior Checklist (CBCL) T scores—two broad syndrome groupings (Internalizing problems, externalizing problems), Total problems, Attention-Deficit Hyperactivity (ADH) problems, aggressive behavior, anxious/depressed, anxiety problems, affective problems, somatic complaints, pervasive developmental (PD) problems, withdrawn, attention problems.,
<b>Chemical:</b>	Non-cancer Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	6717805

Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	High	Participating mothers completed two self-reported measures of child behavior including the preschool version of the Behavior Assessment System for Children-Second Edition (BASC-2) and the Child Behavior Checklist (CBCL). Both of these assessments were completed on the same day when the children were between 3-4 years of age. Authors detail that higher scores for each scale indicated more behavior problems. Authors note that scores from the BASC-2 adaptive scales and Adaptive Skills composite scale (adaptability, social skills, activities of daily living, functional communication) were not used in analysis because there is not a similar scale in the CBCL. It is noted that the BASC-2 and CBCL are gold-standard assessments of parent-reported measures, lending certainty to the outcome definition. Completing both assessments on the same day limits the potential for different ratings over time, and it was unlikely that the mothers were aware of specific phthalate exposure prior to completing the assessments, contributing to a high rating for this metric.
	Metric 3B: Selective Reporting	Medium	No concerns pertaining to selective reporting were noted for this study. The authors provided sufficient information on the analyses performed, and results were reported throughout the paper and supplemental materials.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Authors note that all regression analyses were adjusted for family income, child sex, and child full scale intelligence quotient. These variables were chosen because "previous research has reported that they were associated with the exposure (i.e., prenatal exposure to phthalates), associated with the outcome (i.e., child behavior scores), were not an intermediate variable between the exposure and outcomes, and/or had at least a 10% change in the estimate of the same effect." The authors also examined maternal depression as a potential confounder in sensitivity analyses for those pairs in which it was available. Due to the BASC-2 and CBCL being standardized for age, there was no adjustment for child age. While there may be some residual confounding, the authors provided sufficient information on why they included these covariates and there are minimal concerns of residual confounding.

Domain 5: Analysis

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<b>Study Citation:</b>	England-Mason, G., Martin, J. W., Macdonald, A., Kinniburgh, D., Giesbrecht, G. F., Letourneau, N., Dewey, D. (2020). Similar names, different results: Consistency of the associations between prenatal exposure to phthalates and parent-ratings of behavior problems in preschool children. Environment International 142:105892.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Mother-completed preschool version of the Behavior Assessment System for Children-Second Edition Parent Rating Scales-Preschool (BASC-2) T scores- eight "clinical" scales (Hyperactivity, aggression, anxiety, depression, somatization, atypicality, withdrawal, and attention problems), and three of four composite scales (Internalizing problems, externalizing problems, and behavioral symptoms index), (BASC-2 four "adaptive" scales and adaptive skills composites scale not included). Also includes parent version of the Child Behavior Checklist (CBCL) T scores—two broad syndrome groupings (Internalizing problems, externalizing problems), Total problems, Attention-Deficit Hyperactivity (ADH) problems, aggressive behavior, anxious/depressed, anxiety problems, affective problems, somatic complaints, pervasive developmental (PD) problems, withdrawn, attention problems.,
<b>Chemical:</b>	Non-cancer Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	6717805

Domain	Metric	Rating	Comments
	Metric 5A: Analysis	Medium	Authors note that most of the T scores from the child behavior scales were skewed, but this is common in typically developing children. After log-transformation, the scores did not violate assumptions of normality. To improve statistical power due to sample size, individuals in the borderline and clinical ranges were grouped together, and binomial logistic regression was used to estimate odds ratios for scores falling into the borderline or clinical range for each 1-unit increase in prenatal phthalate concentrations. Linear regression was used to examine associations between log-transformed T scores on internalizing problems, externalizing problems, BSI, and total problems scales. Sex-stratified analyses were also performed. Results of the analyses were reported along with associated 95% confidence intervals, and raw p-values for significant findings are noted, as well as q-values for multiple comparisons. Due to the variety of analyses conducted, the authors may have been performing exploratory analyses, but these concerns are minimal. Authors accounted for creatinine with two analytical methods, one with creatinine concentrations included in models as a covariate, and one by using creatinine-adjusted phthalate concentrations as the exposure variable. While these analyses may have been exploratory in nature, it was appropriate that they accounted for urinary creatinine in some way.
	Metric 5B: Sensitivity	Low	This analysis included a sufficient sample of typically developing preschool children, and parents utilized gold-standard outcome assessment tools. There was adequate variability in the phthalate concentrations measured. The timing of outcome ascertainment was appropriate, but there were some sensitivity concerns pertaining to exposure measurement during the second trimester of pregnancy. Only one spot urine sample was analyzed, and while this may reflect average exposure and exhibit moderate sensitivity, this may not allow for sufficient relation to outcomes measured at ages of 3-4 years for the children.

**Additional Comments:** This analysis of a subset of mother-child pairs from the Alberta Pregnancy Outcomes and Nutrition (APrON) prospective birth cohort included an adequate number of typically developing children and had robust participant selection and outcome ascertainment methods. Noted limitations included only using one prenatal spot urine sample for exposure and a potential for residual confounding. Authors reported that increased levels of prenatal phthalates were related to increased odds of being classified as borderline or clinical range for hyperactivity, aggression, anxiety, depression, withdrawal, externalizing problems, internalizing problems, and behavioral symptoms on the BASC-2, and anxious/depressed, and externalizing scales on the CBCL.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Evans, S. F., Raymond, S., Sethuram, S., Barrett, E. S., Bush, N. R., Nguyen, R., Sathyanarayana, S., Swan, S. H. (2021). Associations between prenatal phthalate exposure and sex-typed play behavior in preschool age boys and girls. Environmental Research 192:110264.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Preschool Activities Inventory (PSAI) scores for masculine, feminine, and composite, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9354255		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study examined individuals who participated in the Infant Development and the Environment Study (TIDES), which is a multi-center prospective pregnancy cohort. Women were recruited between August 2010 and August 2012 from several prenatal clinics in San Francisco, California, Rochester, New York, Minneapolis, Minnesota, and Seattle, Washington. Eligibility criteria were described and required participants to be at least 18 years old, able to read and write English (or Spanish for California participants), be <13 weeks pregnant, have a pregnancy that is not medically threatened, and planned to deliver in a study hospital. Urine samples were obtained from participants, as well as a serum sample during the first trimester and questionnaires during each trimester. The authors report that 969 women were enrolled in TIDES, of which 753 provided a first trimester urine sample and 787 had a live birth. This study focused on 498 mother-child pairs for which a first trimester urine sample was available and who completed the PSAI when the children were approximately four years old. Authors also examined 468 women who had a third trimester urine sample available in addition to the first trimester sample. No major concerns of participant selection are noted. Authors provided sufficient information on exclusion and inclusion criteria, and participation rates were reported for multiple steps of the recruitment process.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine samples were obtained in phthalate-free propylene cups. Researchers also measuring specific gravity using a hand-held refractometer. Samples were analyzed in several different labs. All samples from mothers of boys were sent to the National Center for Environmental Health, CDC using automated online solid-phase extraction, separation with high performance liquid chromatography and detection by isotope-dilution tandem mass spectrometry. Samples from mothers of girls were analyzed at the University of Washington which used online solid-phase extraction coupled with reversed high performance liquid chromatography-electrospray ionization-tandem mass spectrometry. Some samples from girls were also measured at the CDC using previously described methods. Both labs ran procedure blanks with each batch of samples and also utilized internal standards. Ten urine samples were analyzed at both labs for comparison, and there was not a significant difference between the two labs. For values below the LOD, authors assigned the value of the LOD divided by the square root of 2. Table 3 provides information on the percent of samples detected above LOD, which ranged from 69-99% for DEHP metabolites, 92% for MiBP, 97% for MnBP, and 87% for MBzP. Collection of two urine samples at different time points lends some confidence to their exposure analysis, although there is still some concerns of exposure misclassification noted by the authors.

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<b>Study Citation:</b>	Evans, S. F., Raymond, S., Sethuram, S., Barrett, E. S., Bush, N. R., Nguyen, R., Sathyanarayana, S., Swan, S. H. (2021). Associations between prenatal phthalate exposure and sex-typed play behavior in preschool age boys and girls. Environmental Research 192:110264.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Preschool Activities Inventory (PSAI) scores for masculine, feminine, and composite, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9354255		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Outcomes were assessed using the Preschool Activities Inventory (PSAI) which is a parent-rated survey used to discriminate types of play behavior within and between the sexes. The authors report that this assessment has been standardized on children in the UK, the Netherlands, and the US. This questionnaire was completed when children were approximately 4 years old, and also obtained information on potential covariates. Authors used a modified version of this assessment (PSAI-M) which only included 22 of the 24 questions. This is because two of the questions had no difference by sex in the mean or median values. A parental attitudes scale questionnaire was also conducted with mothers to assess parental attitudes towards stereotyped sex-atypical toy choice. Lower scores indicate that parents were more encouraging of opposite gender play, and higher scores indicate parents are more discouraging of such behaviors. The methods used for outcome ascertainment were appropriate, and authors discussed that it is validated in a comparable population. The determination of parental attitudes is also useful to help frame scores on the PSAI-M. One limitation of outcome ascertainment arises due to the reliance on mother-reported child behavior, which the authors note could be "influenced by factors such as mother's age, education, and attitudes about gender atypical play."
	Metric 3B: Selective Reporting	Medium	No major concerns are noted pertaining to selective reporting. All results are reported for the primary and secondary analyses described by authors.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Information on some potential confounders was obtained through a brief questionnaire administered along with the PSAI. Initially considered covariates included child age at PSAI, maternal age at urine collection, maternal education, presence of same and opposite sex older siblings, race, ethnicity, and parental attitudes. Authors also adjusted for age because there is a known association between child age and PSAI scores. Covariates included in the final model were chosen if they were significantly associated with both the exposure and outcomes in boys or girls. These final covariates included child age, race, parental attitudes, same sex older sibling, and maternal education. The indicated covariates are appropriate for inclusion in final models, and no major concerns of residual confounding are noted. However, this metric would be bolstered by inclusion of covariates due to factors other than statistical significance at the $p < 0.05$ level.
Domain 5: Analysis			
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<b>Study Citation:</b>	Evans, S. F., Raymond, S., Sethuram, S., Barrett, E. S., Bush, N. R., Nguyen, R., Sathyanarayana, S., Swan, S. H. (2021). Associations between prenatal phthalate exposure and sex-typed play behavior in preschool age boys and girls. Environmental Research 192:110264.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Preschool Activities Inventory (PSAI) scores for masculine, feminine, and composite, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9354255			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Urinary concentrations of phthalate metabolites were adjusted for specific gravity for the purposes of analysis. Due to skewness, gravity-adjusted metabolite concentrations were log10-transformed. Linear regression analyses were performed to examine the potential association between phthalate concentrations and PSAI-M composite, masculine, and feminine scores. Sex-stratified multiple regression models were also performed. Authors noted that there was a significant difference between covariates and concentrations at the University of Rochester Medical Center. Because of this, center-stratified sensitivity analyses were performed. A multiple imputation procedure with full conditional specification to account for missingness of PSAI scores and other covariates was done to address potential selection bias, and twenty imputations were run for each model. The authors provided adjusted and unadjusted regression coefficients along with associated 95% confidence intervals. Statistically significant results at the $p < 0.05$ level are reported. Log transformation was performed, and the percent of samples above LOD were reported for each metabolite. No major analytical concerns are noted.
	Metric 5B:	Sensitivity	Medium	The range of exposure levels reported by the study authors provide adequate variability to evaluate the hypotheses, and the timing of exposure assessment and outcome ascertainment is appropriate for the purposes of this analysis. While the sample size was not overly large, there was a moderate sample size allowing to detect an effect. No other sensitivity concerns are noted.
<b>Additional Comments:</b>	This study examined potential associations between prenatal phthalate exposure and sex-typed play behavior in preschool age children. It included an adequate number of mother-child pairs with urine samples obtained at two different time points. The study was bolstered by appropriate participant selection, exposure measurement and outcome ascertainment methods. No major limitations were noted, although more robust methods for confounder inclusion may have been beneficial. Authors reported associations between first trimester phthalate exposure and lower masculine scores in boys for MnBP, MiBP, and MBzP. The first trimester concentrations were also associated with lower masculine scores for MBzP. No associations were noted between third trimester measurements and play behavior in boys, but there was an association between MiBP and higher masculine scores in girls.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Gaston, S. A., Tulve, N. S. (2019). Urinary phthalate metabolites and metabolic syndrome in U.S. adolescents: Cross-sectional results from the National Health and Nutrition Examination Survey (2003-2014) data. International Journal of Hygiene and Environmental Health 222(2):195-204.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Metabolic syndrome, number of metabolic syndrome components, fasting blood glucose (FBG), waist circumference, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5433529		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	Cross-sectional study of adolescents aged 12–19 years from the National Health and Nutrition Examination Survey (NHANES) data (2003–2014). Recruitment methods for NHANES are standardized and available in publicly available protocols. Inclusion criteria were Hispanic, non-Hispanic white, and non-Hispanic black adolescents who fasted at least 6 hours prior to participation in physical examinations/specimen collection, were without physician-diagnosed diabetes, and had viable blood serum/plasma as well as urine samples in which metabolic syndrome (MetS) components and phthalate metabolites were measured. Adolescents with physician-diagnosed diabetes were excluded and rationale is provided. Of the 1140 adolescents with data on phthalates and MetS components, 918 were included in the analyses (rationales for exclusions are clearly detailed).
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urinary phthalate metabolites were measured using on-line solid phase extraction coupled with high performance liquid chromatography and tandem mass spectrometry. The detailed protocol is described elsewhere (NCHS, 2011). This analysis included only the phthalate metabolites in which at least 75% of the concentrations were above the limit of detection (LOD) within the adolescent subsample. Concentrations below the LOD were assigned a value of LOD divided by the square root of two. LODs and % < LOD are not reported but are publicly available; no concerns about non-detects. Each metabolite was analyzed individually except DEHP metabolites which were grouped together in factor analysis; a summary measure ( $\Sigma$ DEHP) was calculated as the molar sum. Analyses adjusted for urine dilution by applying the O'Brien et al. (HERO ID 3771537) creatinine correction procedure (univariate analyses with log-transformed creatinine; and to obtain creatinine-corrected phthalate metabolite concentrations, each phthalate metabolite concentration was divided by the ratio of observed creatinine to expected creatinine). Cross-sectional design precludes determinations of temporality and raises some concern for potential reverse causality.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Gaston, S. A., Tulve, N. S. (2019). Urinary phthalate metabolites and metabolic syndrome in U.S. adolescents: Cross-sectional results from the National Health and Nutrition Examination Survey (2003-2014) data. International Journal of Hygiene and Environmental Health 222(2):195-204.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Metabolic syndrome, number of metabolic syndrome components, fasting blood glucose (FBG), waist circumference, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5433529			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	Metabolic syndrome was defined based on the pediatric definition for MetS, which is a modified version of the National Cholesterol Education Program Adult Treatment Panel III. MetS defined as three or more of the following risk factors : abdominal obesity (waist circumference (WC)≥90th percentile for age and sex); elevated blood pressure (≥90th percentile for age, sex, and height, or current use of antihypertensive drugs); elevated triglycerides (TG) (TG≥110 mg/dL (1.24 mmol/L)); low HDL (HDL≤40 mg/dL (1.03 mmol/L)); or high fasting blood glucose (FBG) (FBG≥110 mg/dL (6.1 mmol/L)).CDC growth charts and National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents blood pressure charts were used to obtain participants' age-, sex-, and height-specific percentiles for systolic and diastolic BP. TG, HDL, and FBG values were obtained from processed fasting blood serum and plasma samples at analytic laboratories in accordance with NHANES quality assurance and control procedures.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Covariates were selected a priori. Covariates were retained those if they were associated with creatinine or if they changed any associations by at least 10% in fully-adjusted weighted logistic regression models. Included were creatinine, race/ethnicity, sex (except for models stratified by sex), age, total caloric intake per day, total fat intake per day, and economic adversity. Interactions by sex were also evaluated.	
Domain 5: Analysis				
	Metric 5A: Analysis	High	Weighted logistic regression, and weighted ordinal logistic regression were used to evaluate associations between phthalates and risk of MetS, individual MetS components, or the number of MetS components. Interactions by sex and by economic adversity were also explored. Sensitivity analyses include added BPA in the fully adjusted models, or added total fasting time. Results are presented as ORs and 95% CIs.	
	Metric 5B: Sensitivity	Medium	Large sample size (918) of nationally representative adolescents. Small number of adolescents with MetS might have limited the power of the study. Exposure levels appear to have adequate contrasts. Use of sum DEHP precludes inferences about specific metabolites of DEHP.	
Additional Comments:	Large cross-sectional study of nationally representative adolescents from NHANES. Strengths include exposure and outcome assessments, and analyses. Use of sum DEHP precludes inferences about specific metabolites of DEHP. Cross-sectional design precludes causality determinations.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Haggerty, D. K., Strakovsky, R. S., Talge, N. M., Carignan, C. C., Glazier-Essalmi, A. N., Ingersoll, B. R., Karthikraj, R., Kannan, K., Paneth, N. S., Ruden, D. M. (2021). Prenatal phthalate exposures and autism spectrum disorder symptoms in low-risk children. Neurotoxicology and Teratology 83:106947.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Social Responsiveness Scale 2nd Edition total t-score, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9415913		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Selection bias is difficult to assess, as the characteristics of the study population were not compared to those of the total eligible population. There is no direct evidence of selection bias. This cohort study examined the association between maternal urinary phthalate metabolite measures for DEHP (mono (2-ethylhexyl) phthalate (mEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (mEHHP), mono(2-ethyl-5-oxohexyl) phthalate (mEOHP), mono(2-ethyl-5-carboxypentyl) phthalate (mECP)), DBP (monobutyl phthalate (mBP)), and DiBP (monoisobutyl phthalate (miBP)) and child Social Responsiveness Scale-2nd edition t-scores, which were used to assess Autism Spectrum Disorder (ASD). The study population was a subset of the Archives for Research on Child Health (ARCH) cohort study, the ARCH Child Development Cohort (ARCH-CDC), which includes 132 mother-child pairs. For the ARCH cohort, eligible women were >18 years old and could communicate in English. Recruitment occurred via convenience sampling in a single Michigan city. For the current study, ARCH mother-child pairs that had prenatal urinary phthalate metabolite concentrations, were singleton pregnancies, were born at or later than 37 weeks, and had complete outcome data (n = 77 pairs).
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (DEHP: mono (2-ethylhexyl) phthalate (mEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (mEHHP), mono(2-ethyl-5-oxohexyl) phthalate (mEOHP), mono(2-ethyl-5-carboxypentyl) phthalate (mECP)); DBP: monobutyl phthalate (mBP); and DiBP: monoisobutyl phthalate (miBP)) were measured in first void maternal spot urine samples collected during the first trimester (10-14 weeks gestation) via high performance liquid chromatography-electrospray ionization with tandem triple quadrupole mass spectrometer. LODs are reported for all metabolites (ug/g creatinine: MEHP = 0.45; MEHHP: 0.06; MEOHP: 0.03; MECPP: 0.03; MBP = 0.15; MiBP = 0.10). All samples were above the limit of detection for all relevant metabolites except for MEHP (79% >LOD). Samples <LOD were assigned values of LOD/(sq rt. 2). Quality control processes included use of a method blank, a spiked blank, and a pair of matrix-spiked sample duplicates. Metabolite concentrations were corrected for creatinine. Although single spot urine samples may not fully represent phthalate exposure during pregnancy, there are no concerns about bias introduced by differential exposure misclassification.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Haggerty, D. K., Strakovsky, R. S., Talge, N. M., Carignan, C. C., Glazier-Essalmi, A. N., Ingersoll, B. R., Karthikraj, R., Kannan, K., Paneth, N. S., Ruden, D. M. (2021). Prenatal phthalate exposures and autism spectrum disorder symptoms in low-risk children. Neurotoxicology and Teratology 83:106947.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Social Responsiveness Scale 2nd Edition total t-score, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9415913			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Autism Spectrum Disorder (ASD) symptoms were measured using the Social Responsiveness Scale-2nd edition (SRS-2) a validated parent-administered questionnaire. The SRS-2 includes 65 items to assess behaviors consistent with ASD symptoms. The resulting t-score represents the sum of items normed for child age and sex. Children with scores <60 were deemed "within the normal limits," children with scores from 60-65 were deemed to have modest impairment, and children with scores >65 were deemed to have severe impairment. Timing information was not included in this study, but according to Slawinski et al., 2018 (not available in HERO), the SRS-2 was administered from child ages 3-6 years.	
	Metric 3B: Selective Reporting	Medium	Results for all anticipated analyses are reported.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounders were selected by assessing the literature and constructing directed acyclic graphs. Information on covariates was collected at prenatal interviews. Models were adjusted for maternal age, BMI, education, household income, and additionally for maternal Broad Autism Phenotype Questionnaire (BAPQ) score. The timing of BAPQ administration is not specified. Some models also included Child Behavior Checklist (CBCL) scores to account for internalizing and externalizing behaviors. The CBCL is a parent checklist that includes measures of internalizing (e.g., depression, anxiety somatic complaints, social withdrawal), and externalizing (e.g., aggression and rule-breaking) behaviors. Outcomes were child age- and sex-standardized. Child sex was also accounted for via stratification. No adjustment for maternal smoking during pregnancy.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Associations between maternal urinary phthalate metabolites during the first trimester and SRS total t-scores were assessed using linear regression models. SRS t-scores were normed for child sex and age and urinary phthalate measures were ln-transformed and corrected for creatinine. Several models were generated, including one adjusted for potential confounders, one additionally adjusted for maternal BAPQ total score, and two models without variation for internalizing and externalizing behaviors (as measured by the CBCL). DEHP metabolites were summed (molar sum) for analysis. Models were stratified by child sex. Ultimately, regression coefficients were back-transformed to reflect the change in t-score for each doubling of urinary phthalate metabolites. Exposure, outcome, and covariate distributions are provided. Treatment of missing data is discussed. For the 6.5% of participants with missing data on covariates, values were imputed using multiple imputation. Urinary samples <LOD (MEHP only) were assigned values of LOD/(sq rt. 2).	
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<b>Study Citation:</b>	Haggerty, D. K., Strakovsky, R. S., Talge, N. M., Carignan, C. C., Glazier-Essalmi, A. N., Ingersoll, B. R., Karthikraj, R., Kannan, K., Paneth, N. S., Ruden, D. M. (2021). Prenatal phthalate exposures and autism spectrum disorder symptoms in low-risk children. Neurotoxicology and Teratology 83:106947.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Social Responsiveness Scale 2nd Edition total t-score, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9415913			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Low	The sample size is small (n = 77) and likely limited the power to detect an effect in the study. Analytical sample sizes are particularly low for analyses stratified by child sex (boys n = 37; girls n = 40). The exposure distribution appears to be adequate to detect an effect (median ug/g creatinine (range) in boys: MEHP = 1.4 (0.0, 22.1); MEHHP = 6.3 (2.4, 51.1); MEOHP = 3.8 (1.1, 28.3); MECPP = 9.8 (3.1, 90.6); MBP = 8.6 (2.8, 31.4); MIBP = 4.3 (1.4, 49.1).	
Additional Comments:	This cohort study analyzed the association between maternal urinary phthalate measures during the first trimester and ASD symptoms as measured by the SRS-2 total t-score in mother-child pairs (n = 77) from the ARCH-CDC cohort. Overall, the study employed adequate methods to examine the association without introducing substantial bias, including for participant selection, exposure measurement, outcome ascertainment, potential confounding, and statistical analyses. The small sample size of 77 mother-child pairs likely limited the study’s ability to detect an effect. No significant associations were observed.			
<b>Overall Quality Determination</b>		<b>Medium</b>		

<b>Study Citation:</b>	Heggeseth, B. C., Holland, N., Eskenazi, B., Kogut, K., Harley, K. G. (2019). Heterogeneity in childhood body mass trajectories in relation to prenatal phthalate exposure. Environmental Research 175:22-33.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5514974		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were members of the Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS) cohort study, a prospective birth cohort of pregnant women in California's Salinas Valley in 1999 and 2000. The study location was stated to be an agricultural area with a large Latino population and high rates of obesity. Eligibility criteria included being 18 years of age or older, speaking English or Spanish, being eligible for low-income health insurance (Medicaid), being less than 20 weeks gestation, receiving prenatal care at partnering community clinics that served the farmworker populations, and planning to deliver at county hospital. The number of participants recruited was n=601, and n=536 women remained enrolled at delivery. Follow-up visits were performed on mothers and children from infancy through adolescence. Only n=435 had recorded prenatal phthalate measurements, and the analysis was focused on n=335 children who had height and weight measurements at 4 or more visits. Attrition is reported at various instances due to whether or not mother/child pairs could attend follow-up visits. The number of participants fell to as low as n=265 at 9.75 years follow-up but stayed within the range of 265-322. Some years of follow-up had more participants than prior years, indicating that many children did not fall out of the study but rather were unable to make certain study visits. There is no evidence that this attrition or loss to follow-up is related to exposure status and outcome. The study states that the sample used in analysis is not different from the larger cohort in terms of various demographic characteristics, except that in this sample there was a slightly higher percentage of mothers who exclusively breastfed for longer than 6 months (48% vs. 40%). Generally, there is limited risk of selection bias due to the reporting of eligibility criteria and recruitment and provision of participation rates.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Heggeseth, B. C., Holland, N., Eskenazi, B., Kogut, K., Harley, K. G. (2019). Heterogeneity in childhood body mass trajectories in relation to prenatal phthalate exposure. Environmental Research 175:22-33.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5514974			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Exposure to phthalates was measured via urinary metabolites, all of which are valid biomarkers of exposure for their respective parent compounds. Urine samples were collected from the mothers at the time of two pregnancy interviews - mean 14 (SD=4.8) and mean 26.9 (SD=2.5) weeks of gestation. The storage and transportation of samples is well-described. Quantification was performed using solid-phase extraction coupled with isotope dilution high performance liquid chromatography-electrospray ionization-tandem mass spectrometry. Limits of detection are stated to be between 0.2 to 0.6 ng/mL, and concentrations below the limit of detection were assigned an imputed value less than the LOD randomly selected from the log-normal distribution using maximum likelihood estimates. Specific percentages above the LOD are not specified, but ranges presented indicate that all metabolites were detected in more than 75% of samples. Urinary samples were corrected for creatinine. Temporality is established as the outcome is in children at various ages, thus outcome assessment proceeds exposure assessment. However, due to the short-lived nature of phthalates in the human body, it is uncertain how well these spot measurements reflect exposure relevant to the outcome of child BMI.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	High	The primary outcome of this study was childhood BMI at ages between 2 and 14 years old. Child height was measured in triplicate to nearest 0.1 cm using a stadiometer. For weight, at ages 2-7 children were weighed using the Tanita Mother-Baby Scale with shoes and coats removed. At ages 9-14, children were weighted standing barefoot with coats removed on a Tanita bioimpedance scale. Clothing weights were estimated as 0.5 kg for ages 9-12.75 and 1 kg at age 14. BMI was calculated as weight/height^2 (kg/m^2). BMI z-scores were also computed using CDC growth charts. The outcome is well-standardized and reported. Although it is not specified whether or not those conducting the outcome assessment were aware of participants' exposure status, this is not expected to greatly affect estimates given the use of standardized instruments.	
	Metric 3B: Selective Reporting	Medium	All analyses specified in the methods are reported sufficiently in the results. Thus, there are no concerns.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Heggeseth, B. C., Holland, N., Eskenazi, B., Kogut, K., Harley, K. G. (2019). Heterogeneity in childhood body mass trajectories in relation to prenatal phthalate exposure. Environmental Research 175:22-33.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5514974			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Considered covariates included pre-pregnancy BMI, smoking status during pregnancy, gestational weight gain, diet quality index during pregnancy, number of years living in the United States, age, marital status, and education. Results were also stratified based on sex. Potential covariates were identified based on a previous study of the same cohort. It is unclear why no child-specific covariates were chosen other than sex, and these may account for some residual confounding. However, the most relevant potential covariates (age, height, weight) are considered as part of the characterization of the outcome and in the analysis. The distribution of potential confounders was also not presented by exposure and outcome.	
Domain 5: Analysis	Metric 5A: Analysis	High	Growth mixture models were used to categorize four subgroups of the data with similar BMI and BMI z-score trajectories, based on longitudinal data from multiple study visits. The number of subgroups for the model was chosen Bayesian Information Criteria, and the potential for nonlinear trajectories was accounted for using piecewise quadratic B-splines. Functional principal component analysis was also conducted to identify the functional structures that explained the most variability in BMI trajectories across time. Phthalate exposure was categorized as the average of the two samples taken during pregnancy, and concentrations were examined continuously and log2-transformed. To assess the variability in the association between phthalates and BMI at various ages, generalized additive models were conducted, and inputs are well-reported. Phthalates and other covariates were then added to the growth mixture models to attempt to explain variation in BMI trajectory group membership. Finally, the principal component analysis scores were used regressed on phthalate concentrations, fitting separate models for each principal component, for both individual phthalates and all phthalates together. Generally analyses methods are well-reported and justified, with effect estimates and errors when appropriate.	
	Metric 5B: Sensitivity	Medium	No concerns for sensitivity. The sample size is likely large enough to detect an effect (n=335), and exposure ranges are wide enough to provide some contrast.	
Additional Comments:	This prospective birth cohort study used data from the CHAMACOS cohort to assess the association between prenatal urinary phthalate measurements and BMI trajectories throughout childhood. Generally, there is a low risk of bias, as the outcome and analysis are robust and aim to assess longitudinal outcomes rather than outcomes at a set point in time. The use of a multitude of models is useful for the purposes of risk evaluation and data interpretation. MCOP and DEHP metabolites were found to be an explanatory variable for variation in BMI trajectories among girls.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6815846		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Hyland et al 2019 HEROID 6815846 analyzed the relationship between prenatal phthalates exposure and neurodevelopment using data from Center for the Health Assessment of Mothers and Children of Salinas (CHAMACOS), a birth cohort of Mexican-American children. The cohort recruited Spanish- or English-speaking pregnant women <20 weeks' gestation who qualified for low-income health insurance and planned to deliver at the county hospital in 1999-2000. Participation rates were not provided. Of 601 women who initially enrolled, 527 (88%) remained in the study and delivered a live born singleton. This study included children with prenatal phthalates measures and at least one neurodevelopmental assessment through age 16y, comprising 334 unique participants (56% of the initial cohort). Analysis sample sizes varied by type of neurodevelopmental assessment and the number of repeated assessments at each age, with Ns ranging from 300 to 322. Characteristics of children with at least one neurodevelopmental assessment were largely similar to the sample of all live-born singletons. However, the analysis sample included a larger proportion of households above the poverty line (30.1 vs 18.0%) and children who had been breastfed for >6 months (49.4 vs 38.9%). Phthalate concentrations in the analysis vs. larger sample were not compared. While the analysis sample differed in some ways from the larger cohort there was no evidence of selectivity, i.e. that initial participation or loss to follow-up was associated with prenatal phthalates or with neurodevelopmental outcomes.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	6815846

Domain	Metric	Rating	Comments
	Metric 2A: Exposure Measurement	Medium	Phthalates exposure was measured in two maternal spot urine samples collected at median times of 13- and 26-weeks' gestation, and the mean of two measures used in analysis. Eleven phthalate metabolites were measured in each sample at the CDC using HPLC-tandem mass spectrometry, applying quality control methods. Concentrations were adjusted for urine dilution using specific gravity. Given the short half-life of phthalates, within-person variability is typically high, risking non-differential misclassification. The availability of two urine samples was a strength of the exposure assessment: analyses used the mean of concentrations in both samples. Nonetheless, the low intra-class correlation coefficients (from 0.11 to 0.33 for repeat measures) indicate that misclassification of habitual exposure remains a concern. Another strength was the high proportion of samples with concentrations above LOD (range 88.3% to 100%). Values below LOD were imputed using instrumental reading values, or maximum likelihood predictions if there was no instrumental reading. Variables reflect exposure during the prenatal period, a critical time for neurodevelopment that preceded outcome assessment. However, measures of early childhood exposure, another critical period for brain development, were not available. Associations with individual metabolites were analyzed, though the primary exposure variables were the molar sum of DEHP metabolites, the sum of high molecular weight (MBzP, MCP, MCOP, and MCNP) and low molecular weight (MEP, MBP, and MiBP) metabolites.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	6815846

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	The study analyzed a diverse array of age-appropriate, standardized, established neurodevelopmental assessments spanning four broad areas, collected at ages 7, 9, 10.5, 12, 14 and 16 years. Tests were administered by appropriately supervised bilingual and bicultural psychometricians in the child's dominant language, in quiet rooms free from distractions, with additional assessments by parents, teachers and child self-report. (1) Executive function assessments included: (i) the Behavior Rating Inventory of Executive Function (parents multiple ages, teachers 7y), (ii) the NEPSY tower at 9y; (iii) the computerized Wisconsin Card Sort Task-64 (9 and 12y). (2) Cognition was assessed using the Weschler Intelligence Scale for Children (WISC-IV) at ages 7 and 10.5y. (3) Social Cognition was assessed using the Evaluacion Neuropsicologica del Nino at 9y, the NEPSY-II Affect Recognition Subtest at 12y, and the Social Responsiveness Scale (SRS-2) at 14y. (4) Attention and Behavior were assessed using the Behavior Assessment System for Children (BASC-2) by parents (multiple ages) and teachers (7y), and by the children using the BASC-2 Self-Report of Personality at ages 10.5 and 14y. Conners' Attention Deficit Hyperactivity Disorder DSM-IV Scale parent versions were completed by parents (multiple ages) and teachers (7y). Conners Continuous Performance Test version 5 (CPT II), a computerized test, was completed by children at 9 and 12 years of age. Multiple subscales were analyzed for each domain (e.g. verbal, perceptual, processing speed, working memory, and full-scale IQ). Strengths include the availability of repeated measures, the use of widely accepted methods, the broad array of domains assessed, and the use of trained, bilingual evaluators. Limitations include the varying number and timing of assessments for each participant. In addition, the authors did not report evaluating consistency across evaluators or the validity of assessments within this study population. However, there was no evidence of important error or bias.
	Metric 3B: Selective Reporting	Medium	The authors reported findings for their main hypotheses. Associations using GEE to simultaneously model repeated measures of each outcome were presented consistently for their three primary exposure variables: the sum of low-molecular weight (LMW), the sum of high molecular weight (HMW) and the sum of DEHP phthalates. Sex differences were evaluated for these exposure variables. In addition, extensive supplemental material included associations between individual phthalate metabolites; sex differences were not discussed. Age-specific associations were not shown. The authors reported that they analyzed associations with each outcome measured at specific individual time points to assess whether the pattern of associations varied over time. These results were not shown or described in detail, but such analyses were not a primary aim.

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	6815846

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Medium	The authors used a directed acyclic graph to select confounders. Covariates included maternal age, education, country of birth, and depression at time of assessment; child sex, age at assessment and language; HOME score evaluating the quality of the home environment; and household income at the time of each assessment. Analyses of computer-based tests also adjusted for child video game use. Sensitivity analyses examined the effect of additionally adjusting for breastfeeding duration, maternal vocabulary, and several neurotoxicants (polybrominated diphenyl ether flame retardants, organophosphate pesticide metabolites, organochlorine compounds, manganese). Though maternal smoking was not included, few mothers (n=13) smoked during pregnancy. The potential confounding influence of prenatal growth was addressed in sensitivity analyses that found no meaningful difference after excluding preterm or low birth weight infants. Cumulative effects of multiple related phthalates was addressed in part by analyzing the sum of HMW and LMW phthalates. However, potential confounding by phthalate co-exposures was not otherwise discussed. Correlations ranged from 0.11 to 0.70 between individual metabolites from differing parent phthalates. Confounding adjustments were appropriate. However, residual confounding (e.g. child schooling, marital status and potential neurotoxicant co-exposures such as Pb, illicit drug use, phthalate co-exposures) cannot be ruled out.

Domain 5: Analysis

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<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	6815846			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Descriptive data were provided for participant characteristics, phthalate distributions and test scores. Statistical analysis methods were appropriate. The primary analyses used generalized estimating equations to analyze associations between log2 transformed prenatal phthalates, adjusted for dilution using specific gravity, and repeated measures of each neurodevelopmental outcome. Results were shown as adjusted beta coefficients with 95% confidence intervals; the number of children and number of observations were presented for each model. A small number of missing covariates were imputed using data from the nearest available visit. One potential concern is that the authors did not address multiple comparisons, but all analyses were hypothesis driven. Though methods were appropriate, it is a limitation that some potentially relevant analyses were not presented, despite including 38 supplemental tables. First, sex differences were not examined for analyses of individual phthalate metabolites. This omission may be important given that the authors found important sex differences in associations between child cognition and the sums of DEHP and HMW phthalates. There was a pattern of negative associations in boys while some associations were positive among girls. Sex differences were significant for perceptual reasoning, processing speed, and working memory subscales, but not for verbal comprehension. Second, the authors used continuous exposure variables in all analyses of individual phthalates. However, there was evidence of non-linearity as well as sex differences in associations between HMW phthalate tertiles and behavioral outcomes (e.g. teacher reported ADHD outcomes, parent reported hyperactivity). Third, the authors did not report examining interactions or stratifying to evaluate whether any associations changed with increasing age. These limitations may affect the extent to which findings for individual metabolites are consistent with the more detailed analyses conducted for DEHP, LMW and HMW phthalates, which were the primary exposure variables.
	Metric 5B:	Sensitivity	Medium	Analytic sample sizes typically included more than 300 children, with repeated observations for some outcomes exceeding 1,000. There was variability in specific gravity-adjusted metabolite concentrations. Although statistical power may have been limited for conducting some stratified analyses, there is no evidence for concern with sensitivity.

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<b>Study Citation:</b>	Hyland, C., Mora, A. M., Kogut, K., Calafat, A. M., Harley, K., Deardorff, J., Holland, N., Eskenazi, B., Sagiv, S. K. (2019). Prenatal exposure to phthalates and neurodevelopment in the CHAMACOS cohort.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive Function, Social Cognition, Cognition/Intelligence, Attention and Behavior., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6815846		
Domain	Metric	Rating	Comments
Additional Comments:	This cohort study analyzed associations between prenatal phthalates and neurodevelopment in 334 of the 527 live singletons in CHAMACOS, a birth cohort of low-income Mexican-American children in Salinas, California. Phthalate exposures were estimated as the mean of two maternal spot urines collected during pregnancy. Executive function, cognition, social cognition, and attention/behavior were assessed in visits at ages 7, 9, 10.5, 12, 14 and 16 years using established instruments. The number and timing of assessments available varied for each participant. Generalized estimating equations were used to analyze repeated measures of developmental outcomes collected at different ages. The longitudinal design, long follow-up, use of two measures to estimate exposure, high detection rates for phthalate metabolites, and extensive neurodevelopmental testing are strengths of this study. However, the utility of this study for evaluating effects of individual phthalate metabolites is limited by the fact that potential sex differences and non-linear associations were not presented for these measures. Analyses of the primary exposure variables, the sums of DEHP, LMW and HMW metabolites, suggested that prenatal DEHP and HMW phthalates were associated with lower IQ scores in boys and higher scores in girls. However, associations between IQ scores and numerous individual metabolites, which were shown only for combined sexes, were largely null. Similarly, analyses using exposure tertiles suggested potential non-linearities and sex differences in relationships with some behavioral outcomes. For example, there was a non-linear association between HMW phthalates and increased teacher-reported DSM-IV inattention scores in boys which was inverted in girls (interaction p=0.08, S9). While this study had important strengths, the extent to which the limited analyses conducted for individual metabolites may have affected results obtained for those measures.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jahreis, S., Trump, S., Bauer, M., Bauer, T., Thürmann, L., Feltens, R., Wang, Q., Gu, L., Grützmann, K., Röder, S., Awerbeck, M., Weichenhan, D., Plass, C., Sack, U., Borte, M., Dubourg, V., Schüürmann, G., Simon, J. C., Von, Martin, B., Hackermüller, J., Eils, R., Lehmann, I., Polte, T. (2018). Maternal phthalate exposure promotes allergic airway inflammation over 2 generations through epigenetic modifications. <i>Journal of Allergy and Clinical Immunology</i> 141(2):741-753.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5490441

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study evaluated associations between maternal prenatal urinary phthalate metabolite concentrations and asthma and atopy in early childhood. The study population consisted of a subset of participants in the Lifestyle and Environmental Factors and Their Influence on Newborns Allergy Risk (LINA) cohort. The LINA cohort consisted of 629 mother-child pairs recruited 2006-2008 in Leipzig, Germany. Detailed inclusion/exclusion criteria and participation rates for the overall cohort was not provided. 420 pairs were followed up through child age 6; of these pairs, n=371 were included in the current study. No information was provided on why only n=371 of the n=420 with sufficient follow-up were included. However, the n=371 mother-child pairs in the current study were largely similar to the n=629 in the original cohort. Mother-child pairs were excluded from the study if the mother had a immune or infectious disease during pregnancy; it was not clear if this exclusion was applied to the original cohort or this was specific to the current study. Overall, while some details of participant selection were not reported, the available information does not raise serious concerns regarding selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in early morning maternal urine samples collected at 34 weeks gestation. Concentrations were corrected for urinary creatinine. Further details on exposure assessment are reported in Feltens et al. 2015 (not available in HERO). Metabolites were quantified using a Q-Trap 5500 triple quadrupole mass spectrometer with electro spray ionization (Feltens et al. 2015). LOQs as reported in Feltens et al. were MiBP 3.15 ug/L, MnBP 3.15 ug/L, MBzP 0.315 ug/L, MEHP 0.315 ug/L, MEHHP 1.0 ug/L, MEOHP 0.315 ug/L, MECPP 0.315 ug/L. Detection rates and methods for handling values below the LOQ for the subset of LINA cohort participants included in the current study were not provided. Measurement of phthalate metabolites during pregnancy likely represents an etiologically relevant time period for development of the outcome, but confidence is reduced due the use of a single urine sample. The study states that MnBP is a metabolite of butyl benzyl phthalate (BBP); note MnBP is also a major metabolite of dibutyl phthalate (DBP).
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Jahreis, S., Trump, S., Bauer, M., Bauer, T., Thürmann, L., Feltens, R., Wang, Q., Gu, L., Grützmann, K., Röder, S., Averbek, M., Weichenhan, D., Plass, C., Sack, U., Borte, M., Dubourg, V., Schüürmann, G., Simon, J. C., Von, Martin, B., Hackermüller, J., Eils, R., Lehmann, I., Polte, T. (2018). Maternal phthalate exposure promotes allergic airway inflammation over 2 generations through epigenetic modifications. Journal of Allergy and Clinical Immunology 141(2):741-753.			
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5490441			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest were asthma and atopy. Lifetime prevalence of asthma through age six was defined based on physician diagnosis. Atopy was assessed at age 5 via measurement of immunoglobulin E (IgE) to inhalant allergens. The biological medium for IgE measurement was not specified. No further information on outcome assessment was provided. While information was limited, there are no serious concerns regarding outcome misclassification.	
	Metric 3B: Selective Reporting	Medium	The analyses described in the methods section were reported in the results section. Quantitative results for most phthalate metabolites are provided in the supplemental material.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Regression models were adjusted for “known confounding lung disease in early childhood or atopy.” Specifically, models were adjusted for child gender, siblings, smoking during pregnancy, environmental tobacco smoke after birth, cat keeping, parental history of atopy, and parental education level.” Phthalate metabolites were examined in separate regression models; no examination of or adjustment for correlated phthalate exposures.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Associations between each phthalate metabolite and asthma were estimated using logistic regression. Associations between each phthalate metabolite and a binary variable for IgE to inhalant allergens were also estimated using logistic regression models; the value around which IgE was dichotomized was not discussed. No discussion of variable distributions, the need for variable transformation (if any), or methods for handling values below the LOQ (if any). No sensitivity analyses described. Overall, analysis methods were briefly described but the available information suggests an appropriate approach.	
	Metric 5B: Sensitivity	Medium	The sample size was adequate (n=371). Median (range) creatinine-corrected exposure ranges were as follows: MiBP 67.0 (16.2, 1927.8) ng/mg, MnBP 104.1 (21.4, 6293.8) ng/mg, MBzP 6.8 (0.5, 156.2) ng/mg, MEHP 7.4 (1.4, 360.4) ng/mg, MEHHP 13.8 (1.4, 1416.2) ng/mg, MEOHP 9.9 (1.0, 1006.8) ng/mg, MECPP 12.3 (2.1, 661.1) ng/mg. No concerns regarding study sensitivity were identified.	
Additional Comments:	Associations between maternal urinary phthalate metabolites and child development of asthma and atopy were examined in this subset of a prospective birth cohort study. A major concern is the lack of information on some key aspects of the exposure assessment, including detection rates and methods for handling values below the detection limits. Minor concerns include limited information on some aspects of the study methods, including participant selection, outcome assessment, and analytic methods. MnBP was associated with increased odds of asthma by age 6 and atopy by age 5. The study states that MnBP is a metabolite of benzyl butyl phthalate (BBP); note MnBP is also a major metabolite of dibutyl phthalate (DBP).			

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Health Outcome(s) Assessed:	Lung/Respiratory- Asthma, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	5490441		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	James-Todd, T. M., Chiu, Y. H., Messerlian, C., Mínguez-Alarcón, L., Ford, J. B., Keller, M., Petrozza, J., Williams, P. L., Ye, X., Calafat, A. M., Hauser, R., Team, E.S. (2018). Trimester-specific phthalate concentrations and glucose levels among women from a fertility clinic. <i>Environmental Health</i> 17(1):55.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- pregnancy glucose levels, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728454		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study is a sub-analysis within the Environment and Reproductive Health (EARTH) study, an ongoing prospective study that recruited participants seeking infertility evaluation or treatment from a since Massachusetts hospital fertility center. In the larger study, 60% of eligible women (aged 18-46 at enrollment) agreed to participate. For the current study, women were included if they had a singleton or twin pregnancy between 2005 and 2015, provided at least one urine sample during 1st and/or 2nd trimester for phthalates measurement, and had electronic medical record data on the glucose challenge test (GCT); women with a history of diabetes were excluded (n=1). 166 women who did not meet inclusion criteria were excluded and had similar baseline characteristics as those included in the analysis (n=245).
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Spot urine samples were collected in each trimester using sterile polypropylene cups; only samples collected prior to or at the time of the GCT test were included in the analysis. Solid phase extraction coupled with high performance liquid chromatography-isotope dilution tandem mass spectrometry with standard QA/QC procedures was used to analyze the samples for phthalate metabolites at the CDC lab in Atlanta. Values below the limit of detection (LOD) were substituted with LOD/square root of 2, and samples were corrected for urinary specific gravity to adjust for dilution. Gold standard methodology was used to measure the metabolites, and storage information is detailed. The use of multiple measures of urinary metabolites limits concerns for exposure misclassification.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Trained study staff ascertained outcome data by abstracting clinic information from the patient's electronic medical record. All women receiving obstetric care at the study hospital underwent gestational diabetes mellitus (GDM) screening with a non-fasting, 50-g GCT at 24-28 weeks of gestation (median: 27 weeks). In accordance with standard criteria, women with blood glucose levels at least 140 mg/dL after GCT were considered to have impaired glucose tolerance (IGT).
Metric 3B:	Selective Reporting	Medium	Results from primary and secondary analyses described in the methods section were reported in the results section and in related tables/figures.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	James-Todd, T. M., Chiu, Y. H., Messerlian, C., Mínguez-Alarcón, L., Ford, J. B., Keller, M., Petrozza, J., Williams, P. L., Ye, X., Calafat, A. M., Hauser, R., Team, E.S. (2018). Trimester-specific phthalate concentrations and glucose levels among women from a fertility clinic. Environmental Health 17(1):55.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- pregnancy glucose levels, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728454			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	High	Confounding was evaluated using directed acyclic graphs based on prior knowledge of potential confounding variables, which included: 1) age at GCT, pre-pregnancy overweight or obese, total physical activity, race/ethnicity, family history of diabetes, infertility diagnosis, and number of fetuses in the pregnancy. Effect modification by age at rapid fertility decline, BMI, and infertility treatment modes was assessed using cross-product terms in the multivariable models. Data on all previously mentioned variables were collected by trained study personnel from the patients' electronic medical records.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Demographic data were analyzed descriptively. Continuous variables were log-transformed to improve normality for analysis. Phthalate data were analyzed in quartiles for the 1st and 2nd trimesters separately to assess potentially critical windows of exposure with respect to glucose tolerance. Pregnancy glucose was modeled as a continuous outcome variable using multivariable linear models. Several sensitivity analyses were conducted: 1) excluding 14 women without prospectively collected urine samples, 2) excluding 85 women with only one urine sample collected, 3) among the 159 women with prospectively collected urine samples in both the 1st and 2nd trimesters, associations between trimester-specific phthalates and glucose levels, and associations between phthalates and GCT dichotomized at 140, indicating impaired glucose tolerance, 4) restricting the analysis to singleton births only, 5) excluding those taking metformin (n=8), 6) excluding those with PCOS (n=21), 7) examining the effect of year of urine sample collection on phthalate levels, and 8) examining the effect of diet among a subgroup of women who had completed a validates 131-item food frequency questionnaire. LOD and % below LOD were presented for all phthalate metabolites. Tests of trend were conducted across phthalate quartiles. Estimates and 95% confidence intervals (CIs), as well as results from unadjusted and adjusted models, were presented in tables.	
	Metric 5B: Sensitivity	Medium	The study population (n=245) was relatively small given this is a sub-analysis of the larger cohort. However, the availability of multiple urine samples for a large proportion of participants and the detection of the outcome in 45 participants allowed for a very in-depth analysis of the available data. Every phthalate metabolite was detected in at least 90% of the study population, and covariate and outcome data were collected from medical records. The timing of exposure assessment was appropriate in assessing associations with the pregnancy-specific outcome.	
Additional Comments:	This prospective study is a sub-analysis of the EARTH study that assessed associations between phthalate metabolites measured in pregnant women during the 1st and 2nd trimesters and pregnancy glucose measured at 24-28 weeks gestation. The study utilized gold standard exposure measurement, collected covariate and outcome data from medical records, and measured exposure prior to outcome ascertainment (for all but 8 participants, whose exposure and outcome were measured simultaneously). Detailed and thoughtful statistical analyses were used to summarize the data. The study found that women in the highest quartile of 2nd trimester MiBP concentrations had lower glucose levels during the 2nd trimester.			

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Study Citation:	James-Todd, T. M., Chiu, Y. H., Messerlian, C., Mínguez-Alarcón, L., Ford, J. B., Keller, M., Petrozza, J., Williams, P. L., Ye, X., Calafat, A. M., Hauser, R., Team, E.S. (2018). Trimester-specific phthalate concentrations and glucose levels among women from a fertility clinic. Environmental Health 17(1):55.		
Health Outcome(s) Assessed:	Nutritional/Metabolic- pregnancy glucose levels, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	4728454		
Domain	Metric	Rating	Comments
Overall Quality Determination		High	

<b>Study Citation:</b>	Jøhnk, C., Høst, A., Husby, S., Schoeters, G., Timmermann, G., C.A., Kyhl, H. B., Beck, I. H., Andersson, A. M., Frederiksen, H., Jensen, T. K. (2020). Maternal phthalate exposure and asthma, rhinitis and eczema in 552 children aged 5 years; a prospective cohort study. Environmental Health 19(1):32.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7975862		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Key elements of study design were reported within this large, population-based prospective study of prenatal third trimester urinary phthalate metabolites and age 5 offspring wheeze, self-reported and doctor diagnosed asthma and eczema, and self-reported rhinitis. All newly pregnant (gestational age (GA) 10-16 weeks) women residing in Odense 2010-2012 were invited to participate in the Odense Child Cohort (OCC) at Odense University Hospital. A total of 870 pregnant women at approximately GA 28 weeks provided a urine sample, and urine from 846 women was measured for phthalate metabolites, with reasons for the lack of urine from all 870 women not specified. A total of 1,316 parents of singleton children answered questions regarding asthma at age 5 years, and 552 mother-child pairs with phthalate metabolite measurements and information regarding asthma, eczema and rhinitis were available for inclusion. The participation rate in the OCC was 43% and participating mothers were older and more often non-smokers compared to not participating mothers. The prevalence of asthma in the current study (7.4%) was lower than the general population (12%). Authors indicated that participants did not differ in other characteristics from the rest of the OCC, however with a participation rate of 43% in the OCC it is unclear what characteristics in OCC and current study participants were compared and whether OCC non-participants might have differed from current study participants in demographic or other characteristics possibly related to exposure or the lower prevalence of asthma in the current study.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jøhnik, C., Høst, A., Husby, S., Schoeters, G., Timmermann, G., C.A., Kyhl, H. B., Beck, I. H., Andersson, A. M., Frederiksen, H., Jensen, T. K. (2020). Maternal phthalate exposure and asthma, rhinitis and eczema in 552 children aged 5 years; a prospective cohort study. Environmental Health 19(1):32.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	7975862			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Methods used to quantify exposure to 12 prenatal third trimester urinary phthalate metabolites were well defined. Fasting spot urine samples from 552 participants were analyzed. Quantification of urinary phthalate metabolites was performed utilizing methods described within referenced sources (Frederiksen et al., 2010, HERO ID 697294) as isotope dilution liquid chromatography tandem mass spectrometry. Limits of detection (LOD) and percent greater than the LOD was reported. Percent detected for relevant DiNP metabolites were 11.6% (mono-iso-nonyl phthalate (MiNP)), 83.3% (mono-oxo-iso-nonyl phthalate (MOiNP)), 91.1% (mono-hydroxy-iso-nonyl phthalate (MHiNP)), and 100.0% (mono-carboxy-iso-octyl phthalate (MCiOP)), and 99.6% for mono-iso-butyl phthalate (MiBP), 95.3% for mono-n butyl phthalate (MnBP), 67.9% for mono-benzyl phthalate (MBzP), 90.2% for mono-2-ethylhexyl phthalate (MEHP), 89.3% for mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), 91.5% for mono-2-ethyl-5-oxohexyl phthalate (MEOHP), and 96.9% for mono-2-ethyl-5-carboxypentylphthalate (MECPP). Urinary phthalate concentrations below the LOD were replaced by LOD divided by the square root of 2 for statistical analysis. Phthalate concentrations above the LOD were osmolality adjusted. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Outcomes were assessed using a Danish modified version of the International Study of Asthma and Allergies in Childhood (ISAAC) questionnaire was administered at the 5 years exam. Asthma outcomes were wheeze within the last 2 years, self-reported asthma, doctor diagnosed asthma and use of medicine to treat asthma/cold within the last 12 months. Self-reported asthma was defined as at least 3 episodes of wheeze (each lasting more than a day) within the last year. Self-reported eczema was defined as itchy symmetric eczema in the flexural folds behind the knees (possibly intermittent) within the last 6 months, while doctor-diagnosed and use of prescribed medicine included all five life years for eczema. Self-reported and doctor-diagnosed rhinitis were defined as problems with recurrent sneezing and/or runny nose without having a cold or flu and ever doctor diagnosed with hay fever. Doctor-diagnosed outcomes were all parental report of doctor diagnosis. Due to a low prevalence (1.3%) of doctor-diagnosed rhinitis, this outcome was not included for analysis. Outcomes used in final analysis were: wheeze (within the last 2 years), asthma (self-reported, doctor diagnosed, and use of medicine for asthma/cold), eczema (self-reported, doctor- diagnosed, and use of medicine for eczema) and rhinitis (self-reported). There is uncertainty as allergic disease (rhinitis, eczema) was defined by parental report of medical diagnosis/treatment and doctor prescribed medications were not defined. Information regarding age 5 rhinitis did not include parental report of doctor diagnosis and questionnaire responses for this outcome may have been less accurate than doctor diagnosis as few parents reported allergic symptoms, and few children at age 5 would be able to recall such instances of outcomes.	

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<b>Study Citation:</b>	Jøhnk, C., Høst, A., Husby, S., Schoeters, G., Timmermann, G., C.A., Kyhl, H. B., Beck, I. H., Andersson, A. M., Frederiksen, H., Jensen, T. K. (2020). Maternal phthalate exposure and asthma, rhinitis and eczema in 552 children aged 5 years; a prospective cohort study. Environmental Health 19(1):32.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	7975862			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Final models were adjusted for maternal age, maternal education, parity and family history of asthma/allergy. Information on maternal pre-pregnancy body mass index (BMI), maternal education, and maternal smoking during pregnancy was obtained through questionnaires during pregnancy. Data on birth characteristics, maternal age, parity at inclusion and gestational age was obtained from hospital records. Information on breast-feeding, smoking, pets and family history of asthma and allergy was obtained from questionnaires during the first 5 years of life. Strategy for consideration for potential confounding factors included use of directed acyclic graphs based on existing literature and a priori expectations (maternal age, educational level, parity and having a parent or sibling with allergy). Child sex was conceptualized and evaluated as an effect measure modifier. Missing data regarding confounding factors was minimal (less than 5 individuals for education and family history of asthma/allergy) and distribution of median urinary phthalate parent compounds was presented across categories of confounding factors. Although in utero exposure to maternal smoking is a well-known risk factor for development of asthma, eczema and rhinitis, smoking was not included in final models as only 3 % of mothers reported smoking during pregnancy. However, there is some uncertainty in the potential for lack of admission of smoking during pregnancy. There is additional uncertainty as other potential confounders such as season of outcome measurement and relevant co-exposures, as well as postnatal phthalate exposures were not addressed.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Logistic regression was used to examine the associations between natural log transformed urinary phthalate metabolite concentrations and outcomes of interest with results presented as adjusted odds ratios (ORs) with 95% confidence intervals. All four DiNP metabolites were summed for analysis, as were all four DEHP metabolites. MiBP and MnBP were summed for analysis. MBzP was apparently not included in analysis; reasons not stated but could plausibly be due to a lower detection rate than most other phthalate metabolites. Sensitivity analyses were not detailed. Examination of model fit, heteroscedasticity, and influence were not detailed. An interaction term of sex and phthalate metabolite was initially modeled but subsequently not utilized within final models due to non-significance of the interaction term.	
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<b>Study Citation:</b>	Jøhnk, C., Høst, A., Husby, S., Schoeters, G., Timmermann, G., C.A., Kyhl, H. B., Beck, I. H., Andersson, A. M., Frederiksen, H., Jensen, T. K. (2020). Maternal phthalate exposure and asthma, rhinitis and eczema in 552 children aged 5 years; a prospective cohort study. Environmental Health 19(1):32.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	7975862

Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	The analytic sample size was relatively large (n=552 mother-child pairs) and a wide variation of urinary phthalate concentrations was detected. Percent greater than the LOD was between 83.3 and 100.0 for MOiNP, MHiNP, MCiOP, however MiNP was detected in 11.6% of samples. Concerns over the low detection percentage for MiNP are mitigated as all four DiNP metabolites were summed prior to analysis. Percent greater than the LOD was between 67.9% (MBzP) and 99.6% (MiBP) for all other phthalate metabolites; MBzP was apparently not included in analysis. There is uncertainty in the lack of validation of parental report of outcomes, as well as the accuracy of recall for symptoms over the years and the use of a single spot urine for analysis of phthalate exposures in adequately representing the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.

**Additional Comments:** This was a large, population-based prospective study of prenatal third trimester urinary phthalate metabolites in women of the Odense Child Cohort (OCC) and age 5 offspring wheeze, self-reported and doctor diagnosed asthma and eczema, and self-reported rhinitis. The prevalence of asthma in the current study (7.4%) was lower than the general population (12%). Although in utero exposure to maternal smoking is a well-known risk factor for development of asthma, eczema and rhinitis, smoking was not included in final models as only 3% of mothers reported smoking during pregnancy. There is some uncertainty in the potential for lack of admission of smoking during pregnancy. There is additional uncertainty as potential confounders such as season of outcome measurement and relevant co-exposures, as well as postnatal phthalate exposures were not addressed. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest. The authors reported no significant associations between prenatal phthalate exposure and asthma, rhinitis and wheeze.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Kalloo, G., Wellenius, G. A., McCandless, L., Calafat, A. M., Sjodin, A., Sullivan, A. J., Romano, M. E., Karagas, M. R., Chen, A., Yolton, K., Lanphear, B. P., Braun, J. M. (2021). Chemical mixture exposures during pregnancy and cognitive abilities in school-aged children. Environmental Research 197:111027.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognitive abilities 5 and 8 years of age based on the Wechsler Preschool and Primary Scale of Intelligence-III and Wechsler Intelligence Scale for Children-IV, respectively. Measures included [ Full Scale IQ (FSIQ), Performance IQ (PIQ), Verbal IQ (VIQ), Processing Speed (PSQ), and Working Memory (WMI)]. WMI was only assessed at 8 years. of age., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	8338320		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study used data from a prospective birth cohort (the Cincinnati HOME Study) to examine gestational exposures and child cognition. The study recruited pregnant women in 2003-2006 who met eligibility criteria including being 16 ± 3 weeks of gestation and residing in older homes. The authors provide a participation rate (37%) based on the total number of eligible women (n = 1263) and the number enrolled (n = 468). Of 389 live singleton births, this analysis included 253 mother-child pairs with available data on at least one gestational chemical exposure measure, a measure of child IQ at ages 5 or 8 years, and covariate data. The authors provided a detailed accounting of reasons for exclusion from the analytic sample, including drop out prior to delivery (n = 67), still births (n = 3), twin births (n = 9), and insufficient follow-up data for analysis (n = 136). The distribution of covariates in the analysis sample was similar among those who were excluded. Available information indicates that participation is unlikely to be related to exposure. Inclusion and exclusion criteria were specified and are not likely to induce bias
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was determined by analysis of urine samples collected at 16 or 26 weeks of gestation; 94% of mothers provided two spot urine samples. Phthalate metabolites were analyzed samples using HPLC with mass spectrometry using published methods cited by the authors. Analyses included the molar sum of four DEHP metabolites (MEHP, MEHHP, MEOHP and MECPP), along with MBP, MBzP, MCP, MiBP, and MEP. Values below detection (<5% for individual phthalate metabolites) were imputed as LOD divided by the square root of 2; concentrations were creatinine standardized. Phthalates were measures in individual samples; analyses used the average of two samples when available. Phthalate metabolites have a short half-life, raising the potential for misclassification of habitual exposure. However, the use of the mean of two measures may have improved characterization of exposure throughout gestation, and there was no evidence of important error or of bias.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Kalloo, G., Wellenius, G. A., McCandless, L., Calafat, A. M., Sjodin, A., Sullivan, A. J., Romano, M. E., Karagas, M. R., Chen, A., Yolton, K., Lanphear, B. P., Braun, J. M. (2021). Chemical mixture exposures during pregnancy and cognitive abilities in school-aged children. Environmental Research 197:111027.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognitive abilities 5 and 8 years of age based on the Wechsler Preschool and Primary Scale of Intelligence-III and Wechsler Intelligence Scale for Children-IV, respectively. Measures included [ Full Scale IQ (FSIQ), Performance IQ (PIQ), Verbal IQ (VIQ), Processing Speed (PSQ), and Working Memory (WMI)]. WMI was only assessed at 8 years. of age., Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	8338320			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	Cognitive abilities were assessed at aged 8 and 5 years by use of the Wechsler Preschool and Primary Scale of Intelligence-III or Wechsler Intelligence Scale for Children-IV administered by trained study staff who were blinded to the mother's exposures. Measures analyzed were: Full Scale IQ (FSIQ), Performance IQ (PIQ), Verbal IQ (VIQ), Processing Speed (PSQ), and Working Memory (WMI). WMI was assessed only at age 8 years. Assessments occurred in a clinical setting to reduce variability due to testing environment. Study staff were certified by a PhD-trained developmental psychologist and received regular retraining.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary analyses in the methods section, and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors selected key confounders based on the published literature of the HOME study and other birth cohorts. A causal diagram was constructed to represent the exposure-outcome relationship. Regression models were adjusted for maternal age, race, parity, fresh fruit and vegetable consumption, income, education, marital status, and maternal body mass index. The distribution of potential confounders and full-scale IQ is reported. Based on previous findings in this cohort, the authors also evaluated potential mediation of the exposure-outcome association through birth length. Co-exposures were considered by analyzing chemical mixtures; the study analyzed a total of 27 exposure variables, including several PFAS, organochlorines, cotinine, and metals.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Descriptive information is presented for the exposure and outcome. Reporting of exposure includes the LOD, percent of samples below the LOD, and decision to log transform exposure concentrations. Missingness was assumed to be missing at random and imputed with Markov Chain Monte Carlo which is appropriate under the assumption of missing at random. Adjusted difference in cognitive abilities per interquartile range increase were presented along with 95% confidence intervals. Analyses used linear mixed models to examine the mean difference in repeated cognitive test scores (except for WMI) associated with chemical mixtures, with individual chemicals, and molar sums for chemical classes. Unadjusted and adjusted associations were presented for several chemical mixture models. The authors did not mention examining model assumptions such as linearity. However, exposure variables were log-10 transformed for analysis. Mixtures were analyzed using k-means clusters and principal components. Robustness of findings were not discussed.	
	Metric 5B: Sensitivity	Medium	The modest sample size of the study may have reduced statistical power and the precision of effect estimates.	

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Cognitive abilities 5 and 8 years of age based on the Wechsler Preschool and Primary Scale of Intelligence-III and Wechsler Intelligence Scale for Children-IV, respectively. Measures included [ Full Scale IQ (FSIQ), Performance IQ (PIQ), Verbal IQ (VIQ), Processing Speed (PSQ), and Working Memory (WMI)]. WMI was only assessed at 8 years. of age., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	8338320		
Domain	Metric	Rating	Comments
Additional Comments:	This study examined the relationship between the cognitive abilities in children at ages 5 and 8 years and prenatal exposure to both individual chemicals and chemical mixtures among 253 mother-child pairs in the Health Outcomes and Measure of the Environment (HOME) Study. The study also investigated whether any of the associations were mediated by birth length. Exposure to phthalates was determined by analysis of urine samples collected at 16 or 26 weeks of gestation; measures were analyzed as the average of both time points for 94% of mothers who provided two samples. Cognitive abilities were assessed using Wechsler scales administered by trained and certified staff. No significant associations were found for any of the individual phthalate metabolites included in the analysis. The prospective design and availability of repeat measures of both exposure and outcomes were strengths of this study. One potential limitation of the study is the modest sample size		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kim, S. H., On, J. W., Pyo, H., Ko, K. S., Won, J. C., Yang, J., Park, M. J. (2018). Percentage fractions of urinary di(2-ethylhexyl) phthalate metabolites: Association with obesity and insulin resistance in Korean girls. PLoS ONE 13(11):e0208081.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity markers (BMI percentile, WC, and body fat percentage) and insulin resistance (HOMA-IR index), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5043517

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cross-sectional study examined the associations of percentage fractions of urinary phthalate metabolites with insulin resistance and obesity in Korean girls. 65 overweight girls and 72-age matched controls were recruited from Inje University Sanggye Paik Hospital in Seoul, South Korea. The girls were 6-13 years old. Recruitment occurred between March 2015 and September 2015. Overweight girls were recruited from an obesity clinic where they had gone to seek medical assessment. Non-overweight girls were recruited from a pediatric health clinic where they completed regular checkups pertaining to growth and development. The girls had a physical examination and provided their medical history in order to exclude any underlying chronic diseases, endocrinopathies, and possible medication use. Individuals with medical problems such as diabetes, thyroid disease, hepatitis, familial hypercholesterolemia, or epilepsy requiring anticonvulsive therapy were excluded. Authors don't provide participation rates throughout the course of the study.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites (MEHP, MEHHP, MEOHP, and MECPP) were measured in first morning spot urine samples. Gas chromatography-tandem mass spectrometry with a 7890A gas chromatograph and 7000 triple quadrupole mass spectrometer was used to measure urine samples. Limits of detection (ug/L) are reported for each metabolite (MEHP = 0.2, MEHHP = 0.5, MEOHP = 1.0, and MECPP = 5.0). Urinary concentrations of DEHP metabolites are presented as before correction (ug/L), urine creatinine-corrected concentrations (ug/g Cr), and urine specific gravity (SG)-corrected concentrations (ug/L). Percentage fractions of DEHP metabolites were also calculated (e.g., MEHP% = [MEHP]/([MEHP] + [MEHHP] + [MEOHP] + [MECPP]) x 100. Authors do not provide information about percent of values below the LOD or how they handled the values below the LOD. Only one measurement of urine was taken which may not be most appropriate indicator of long term exposure. Additionally, since phthalates have a short half life, it is difficult to determine whether the exposure was measured in the appropriate developmental window for obesity. Authors also don't provide the time when the urine samples were collected. It is likely the samples were collected when participants had their physical examination at some point between March and September of 2015.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Kim, S. H., On, J. W., Pyo, H., Ko, K. S., Won, J. C., Yang, J., Park, M. J. (2018). Percentage fractions of urinary di(2-ethylhexyl) phthalate metabolites: Association with obesity and insulin resistance in Korean girls. PLoS ONE 13(11):e0208081.			
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<b>HERO ID:</b>	5043517			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	(Obesity outcome). Authors used InBody 720 body composition analyzer to measure body weight and body fat percentage and a stadiometer to measure height. BMI (kg/m^2) was calculated from these measures for each subject. Waist circumference (WC) measurement was taken at midpoint between highest point of iliac crest and lowest point of rib cage, after normal breath with subjects standing upright. Overweight designation determined as BMI measurements at the 85th percentile or higher. Central obesity determined as waist circumference at the 90th percentile or higher for a given age and gender. (Insulin resistance outcome). Tanner staging system used to determine sexual maturation of breast by a pediatric endocrinologist. Tanner scale defines five stages of sexual maturation from prepuberty to adulthood, with stage 2 representing the beginning of secondary sexual development and puberty. Individuals who had reached at least stage 2 of breast development were classified as pubertal girls and those who had not were grouped as prepubertal girls. Blood samples were also taken at the same time as urine samples. An enzymatic assay (Pureauto S GLU) was used to measure plasma glucose levels. An immunoradiometric assay (INS-Irma) was used to measure serum insulin levels. The HOMA-IR index was used to estimate insulin resistance in the girls. Authors note the HOMA-IR index is the "most commonly used surrogate marker for insulin resistance in children." Authors also note that "HOMA-IR shows a good correlation with the hyperinsulinemic-euglycemic clamp test, which is the gold standard for the measurement of insulin resistance."	
	Metric 3B: Selective Reporting	Medium	Analyses presented in the methods are reported in the results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Low	Authors note that the relationships between phthalate metabolite concentrations and obesity-related metrics were adjusted for age, Tanner stage, and height/BMI percentile. Authors also note that analyses for central obesity across the MEHHP% quartile were adjusted for age and height percentiles. Authors do not provide strategy for evaluating confounding nor do they provide description information on key confounders. Authors missing variable related to SES.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Urinary phthalate metabolite concentrations, insulin concentrations, and the HOMA-IR index, were log-transformed to better approximate normally distributed data. Independent t-tests were used for continuous variables and chi-squared tests were used for discrete variables. Multiple linear regression was used to determine association between phthalate metabolite concentrations and different obesity related metrics. Analysis of covariance was used to compare anthropometric data and different metabolic metrics including HOMA-IR index with MEHHP% quartile. Multiple logistic regression was used to determine odds ratio and 95% CI for central obesity across MEHHP% quartile.	
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<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity markers (BMI percentile, WC, and body fat percentage) and insulin resistance (HOMA-IR index), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043517		
Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	The study seemed to have adequate sensitivity to determine the association between urinary phthalate metabolite levels and obesity and insulin resistance. The sample size was small (prepubertal girls: 35 controls, 33 overweight; pubertal girls: 37 controls 32 overweight). Exposure distributions seem wide enough to detect an association.
Additional Comments:	Low confidence. This cross-sectional study aimed to assess the association between urinary phthalate metabolites and obesity markers and insulin resistance in Korean girls. However, it is difficult to establish temporality due to cross-sectional nature of the study. Participant selection, outcome measures, and analytical techniques were generally adequate. Possible concerns surrounding the exposure assessment include a lack of information about percent of values below the LOD or how the authors handled the values below the LOD. Additionally, only one measurement of urine was taken which may not be most appropriate indicator of long-term exposure. It is also difficult to determine whether the exposure was measured in the appropriate developmental window for obesity since phthalates have a short half-life. Authors also don't provide the exact time when the urine samples were collected. Authors also have several shortcomings in their efforts to address confounding. Authors do not include a strategy for evaluating confounding nor do they provide description information on key confounders. Authors also missing variable related to SES.		
<b>Overall Quality Determination</b>		<b>Low</b>	

<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2019). Identifying periods of susceptibility to the impact of phthalates on children's cognitive abilities. Environmental Research 172:604-614.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Full-scale IQ at age 5 years (Wechsler Preschool and Primary Scale of Intelligence-III [WPPSI-III]) and full scale IQ at age 8 years (Wechsler Intelligence Scale for Children-IV [WISC-IV]), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5053633

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study on phthalates exposure and child cognition used data from 253 mother-child pairs in the Cincinnati Health Outcomes and Measures of the Environment (HOME) Study (Cincinnati, Ohio). Pregnant women (~ 16 weeks' gestation) who lived in housing built prior to 1978 were recruited in 2003-2006. 401 of 1263 (31.7%) eligible women enrolled and remained in the study through delivery; 398 had live singleton births. This study included 253 (64% of eligible participants retained through delivery) mother-child pairs with at least one gestational and one childhood measurement of urinary phthalate metabolites, complete covariates, and at least one measure of cognitive abilities obtained at age 5 (n=202) or 8 (n=220) years. Effective sample size varied by availability of phthalate measures. Although there was substantial attrition, there is no evidence that inclusion in the analysis was associated with both phthalate exposures and cognitive outcomes.

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2019). Identifying periods of susceptibility to the impact of phthalates on children’s cognitive abilities. Environmental Research 172:604-614.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Full-scale IQ at age 5 years (Wechsler Preschool and Primary Scale of Intelligence-III [WPPSI-III]) and full scale IQ at age 8 years (Wechsler Intelligence Scale for Children-IV [WISC-IV])), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5053633			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalates were measured in repeated spot urine samples, an appropriate medium, including prenatal measures in maternal urine and child samples collected concurrent with outcome measures. Materna urine samples were collected at 16 and 26 weeks of gestation); samples in children were collected annually from ages 1 to 5 years, and again at age 8. Phthalates were measured using an automated isotope dilution HPLC-MS method with calibration standards and quality controls. Published data indicate this method performed well (e.g., MCOP and MCNP accuracy was within 1.5 ng/mL, Silva et al 2007, HEROID 807138). The number of urine samples with measured phthalates from each wave ranged from a minimum of 166 (66%) to a maximum of 251 (99%). Measures included four DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP), DiNP metabolite MCOP, DiDP metabolite MCNP, DBP metabolite MnBP (a small % may also reflect BBP exposure), DiDP metabolite MiBP, and BBP metabolite MBzP. The molar sum of DEHP metabolites was analyzed. MCOP and MCNP were not measured in maternal urine, as the analytic method including those biomarkers was not yet developed at the time of those analyses. MnBP, MiBP, and MEHP in urine samples collected at ages 1–3 years were excluded from analysis because of contamination from diaper inserts. Dilution was addressed by adjusting for urinary creatinine. LODs ranged from ~0.1 to ~1 ng/mL; values below LOD were imputed as LOD divided by the square root of 2. Some details on the distributions of phthalates were shown in a supplement not available at the time of this evaluation; distributions provided elsewhere indicate that proportions below LOD were largely <5% and consistently <25% (Watkins et al. 2015, HEROID 2347098; Schoaff et al 2015, HEROID 3230353). The availability of repeated exposure measures for phthalates was an important strength. However, it is a potential limitation that exposure during critical time windows for brain development may be represented by measures in a single spot sample, or that measures of key phthalates may have been unavailable for that period.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	High	Cognitive outcomes were assessed at aged 5 and 8 years by three trained examiners by means of two very widely used instruments (Wechsler Preschool and Primary Scale of Intelligence-III [WPPSI-III], Wechsler Intelligence Scale for Children-IV [WISC-IV]). A single expert performed quality checks and recertified examiners every 6 months. Full scale IQ scores were normalized based on US population reference data; SD scores were analyzed. Associations with indices for specific domains (e.g., verbal IQ, performance IQ, working memory) were also analyzed for phthalate metabolites that were inversely associated with full scale IQ (results described as similar to full scale IQ, included in supplement not available at the time of this assessment).	
	Metric 3B: Selective Reporting	Medium	There was no evidence of selective reporting. Results for all analyses were shown or described in the manuscript or supplementary materials.	
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<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2019). Identifying periods of susceptibility to the impact of phthalates on children's cognitive abilities. Environmental Research 172:604-614.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Full-scale IQ at age 5 years (Wechsler Preschool and Primary Scale of Intelligence-III [WPPSI-III]) and full scale IQ at age 8 years (Wechsler Intelligence Scale for Children-IV [WISC-IV]), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5053633

Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Confounders were identified using directed acyclic graphs. Models adjusted for maternal age, education, marital status, IQ, serum cotinine in pregnancy and pre-pregnancy BMI along with household income, child race, child sex, and HOME scores for the caregiving environment. Urinary creatinine was included as a covariate to account for dilution. Sensitivity analyses confirmed that there was little impact of adjusting for test examiner or for maternal pregnancy-induced hypertension, which was excluded as a potential intermediate. The confounders included were strongly associated with IQ scores. Co-exposure to correlated phthalates was addressed by analyzing associations with a weighted phthalate index (weighted quantile sum regression) in one analysis. Though it cannot be ruled out, there was no evidence of residual confounding (e.g., childhood environmental tobacco exposure, diet, psychosocial stress, other neurotoxic exposures such as Pb).
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Statistical analyses used a multiple informant method to investigate associations between log transformed repeated urinary phthalate measures and repeated full scale IQ measures obtained at ages 5 and 8 years. The method used generalized estimating equations to jointly estimate the exposure-outcome association including each exposure measurement period and cognitive outcomes at both ages. Associations between age 8 phthalates and age 5 IQ were excluded (potential reverse causality). Phthalate x visit interaction terms were included to assess the heterogeneity of associations by timing of exposure measurement ( $p < 0.20$ ); the authors documented when findings indicated heterogeneity for any one period. Both unadjusted and adjusted effect estimates were presented. Sex differences were evaluated in sensitivity analyses using visit x phthalate x sex interaction terms; p-values but not sex-stratified associations were shown. It is a potential limitation that several sensitivity analyses were conducted only for the subset of phthalate metabolites with at least one significant inversely association in the linear models. However, these sensitivity analyses did not provide evidence of non-linear dose-response using cubic splines and reported similar associations with specific cognitive domains as those presented for full scale IQ.
	Metric 5B: Sensitivity	Medium	The range of and variability in exposure and outcome measures was large. However, the sample size was modest (N up to 218 across exposure waves). In addition, the descriptive data showed that IQ scores were strongly associated with each of the potential confounders ( $p < 0.01$ for 9 variables). It is possible that strong confounding reduced effective statistical power, including the ability to detect interactions. However, there is no evidence of insufficient sensitivity.

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Full-scale IQ at age 5 years (Wechsler Preschool and Primary Scale of Intelligence-III [WPPSI-III]) and full scale IQ at age 8 years (Wechsler Intelligence Scale for Children-IV [WISC-IV]), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5053633

Domain	Metric	Rating	Comments
Additional Comments:	This study used data from 253 children in the Cincinnati HOME cohort to analyze associations between multiple phthalate metabolites and child cognition measured at ages 5 and 8 years. Child IQ was measured by means of the widely used Wechsler tests. Phthalate metabolites were measured in both maternal urine at 16- and 26-weeks' gestation, and in child spot urine samples collected annually from ages 1 to 5, and again at age 8. Prenatal measures were not available for MCOP and MCNP as the methods used did not include those metabolites at that time. The pattern of associations varied by metabolite: adjusted associations reached significance for several measures obtained in urine samples collected at ages 3y and 4y. These included significant negative associations between full scale IQ and age 3y samples for the sum of DEHP metabolites and MBzP, along with MCP and MEP, with null associations for exposure measured at age 4y. The negative association with MBzP was also significant at age 8y, and marginally non-significant associations with MBzP in early gestation and at age 5y. There were significant positive associations with MnBP and MiBP measured at age 4y; phthalates measures at age 3 years were not available for MnBP and MiBP. Strengths include the longitudinal design, repeated measures of exposures as well as outcomes, and quality control of the cognitive assessments. Potential limitations include that the sample size may have limited statistical power, particularly to detect interactions, and that critical time windows for exposure effects on brain development may be represented by a single spot sample.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2020). Gestational and childhood exposure to phthalates and child behavior. Environment International 144:106036.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavior, as reported by parents or caregivers using the Behavioral Assessment System for Children-2 (BASC-2) (internalizing problems, externalizing problems, Behavioral Symptoms Index [BSI]) and nine clinical subscales., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9419532		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Li et al 2020 HEROID 9419532 analyzed the relationship between child behavior and phthalates exposure – including DiDP/DiNP metabolites – using data from the longitudinal Health Outcomes and Measures of the Environment (HOME) cohort. The HOME study recruited pregnant women in greater Cincinnati, Ohio between 2003 and 2006, and conducted follow-ups through age 8 years. Eligibility criteria for pregnant women included age >= 18 years, being within 16 +/- 3 weeks of gestation, living in a home built before 1978, and not taking medications for thyroid disorders. Of 1263 eligible women, 468 (37%) participated, and 389 had live singleton births. This study included 314 (80.7% of live singleton births; 171 girls, 143 boys) mother-child pairs with at least one urinary phthalate measure in pregnancy or childhood, at least one child behavior assessment, and complete covariate data. Children excluded from the analysis had slightly younger and slightly more educated mothers, with a slightly higher prevalence of smoking during pregnancy. However, there was no evidence of selection bias (i.e. that selection was associated with phthalates exposure and child behavior outcomes).
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2020). Gestational and childhood exposure to phthalates and child behavior. Environment International 144:106036.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavior, as reported by parents or caregivers using the Behavioral Assessment System for Children-2 (BASC-2) (internalizing problems, externalizing problems, Behavioral Symptoms Index [BSI]) and nine clinical subscales., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9419532

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	High	Phthalates were measured in urine samples collected from mothers during gestation (~weeks 16 and 26) and from children annually from ages 1 to 5 and at age 8 years. Given their short half-lives and typical high variability in exposure, availability of repeated measures of urinary phthalates was an important strength. Measures in both mothers and children included four DEHP metabolites [mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono(2-ethyl-5-carboxypentyl) phthalate (MECPP), and mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)], and one metabolite each of DBP [mono-n-butyl phthalate (MnBP)], BBP metabolite [monobenzyl phthalate (MBzP)], and DiBP [mono-isobutyl phthalate (MiBP)]. Childhood measures included the DiDP metabolite mono-carboxynonyl phthalate (MCNP) and the DiNP metabolite monocarboxyoctyl phthalate (MCOP). While repeated measures were a strength, it was a minor limitation that maternal concentrations of these metabolites were not measured, as the methods to do so had not been developed. Another minor limitation was that MEHP, MnBP and MiBP were not quantified in samples from ages 1-3 years due to contamination in diaper inserts used to collect samples. DEHP exposure was analyzed as the molar sum of three metabolites MEOHP, MECPP and MECPP, excluding MEHP as this metabolite was not available at all ages. Methods established by the CDC (high performance liquid chromatography-mass spectrometry with standards and quality controls) were used to measure phthalate metabolites. Fewer than 3% of samples were below LOD (0.1 to 1 ng/mL); these values were imputed LOD divided by the square root of 2. Creatinine was used to account for dilution. 64.7% of children had 6-8 repeated urinary phthalate measures; 7.3% had 2-3 measurements. The use of measurement error models to estimate exposure was an additional strength. Exposure measurement error was addressed using subject-specific repeated measures in regression calibration models that estimated adjusted creatinine-standardized log-10 transformed phthalate concentrations at each age. Model specifications incorporated repeated measures of exposure as time-varying variables to evaluate periods of susceptibility. Sample size and percentile distribution of corrected and uncorrected phthalates were presented for each age. To reduce risk of reverse causation, longitudinal exposure-outcome associations analyzed exposure estimates through the time of assessment of each outcome measure.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yolton, K., Lanphear, B. P., Chen, A., Braun, J. M. (2020). Gestational and childhood exposure to phthalates and child behavior. Environment International 144:106036.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavior, as reported by parents or caregivers using the Behavioral Assessment System for Children-2 (BASC-2) (internalizing problems, externalizing problems, Behavioral Symptoms Index [BSI]) and nine clinical subscales., Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9419532			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Child behavior outcomes at ages 2, 3, 4, 5 and 8 years were evaluated based on parent or caregiver ratings on the Behavioral Assessment System for Children-2 (BASC-2), a validated and reliable tool. An assessment of validity within the study population was not mentioned. However, intraclass correlation coefficients ranging from 0.52 to 0.68 across repeated assessments was indicative of stability. The study analyzed three behavior problem composite scales (internalizing problems, externalizing problems, and Behavioral Symptoms Index [BSI]) and nine clinical subscales (anxiety, depression, somatization, aggression, conduct problems, hyperactivity, attention problems, atypicality, and withdrawal). Standardized T-scores were analyzed. The stability of outcome measures facilitated the analysis of repeated measures of most outcomes, which increased effective power and precision. Conduct problems were only assessed at age 8 years. Teacher ratings were not available.	
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all analyses discussed in the methods.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Covariates were selected using previous literature and directed acyclic graphs; causal intermediate or colliders were excluded. Covariates included maternal age, pre-pregnancy BMI, cotinine levels in pregnancy, maternal depression, alcohol use in pregnancy, maternal education, marital status, child sex, race/ethnicity, and age at outcome assessment. Effects of additionally adjusting for co-exposure to BPA and triclosan, child blood lead, household income, pregnancy induced hypertension, parity, caregiving environment, and maternal ADHD were examined. Mothers with diabetes were not eligible for the cohort. Co-exposure to phthalates was addressed using a weighted quantile sum mixture variable, as well as in models that mutually adjusted for gestational and childhood metabolite concentrations. The study was unable to evaluate the potential influence of gestational concentrations of MCOP and MCNP on results. However, for several other phthalates, childhood concentrations were more strongly associated with some – though not all – outcomes than were gestational levels. There was no evidence to suggest important residual confounding bias in this study.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Li, N., Papandonatos, G. D., Calafat, A. M., Yoltan, K., Lanphear, B. P., Chen, A., Braun, J. M. (2020). Gestational and childhood exposure to phthalates and child behavior. Environment International 144:106036.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Child behavior, as reported by parents or caregivers using the Behavioral Assessment System for Children-2 (BASC-2) (internalizing problems, externalizing problems, Behavioral Symptoms Index [BSI]) and nine clinical subscales., Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9419532

Domain	Metric	Rating	Comments
Metric 5A:	Analysis	Medium	Descriptive data included detailed exposure distributions, along with outcome means presented overall as well as stratified by levels of multiple covariates. Random intercept linear mixed models were used to analyze associations between time-varying repeated measures of phthalate metabolites and repeated behavioral outcomes. Results were presented as adjusted mean differences in scores per interquartile increase in each metabolite. Phthalate metabolites were log-10 transformed, creatinine adjusted, and measurement error corrected using regression calibration. Calibration approaches used repeated measures of exposure and accounted for time trends in exposure patterns. Effect modification by child sex was examined. The authors also used general estimating equations to examine whether associations between phthalates and outcomes varied by age at exposure or outcome assessment; heterogeneity p-values were not significant. Sensitivity analyses to evaluate robustness included adjustments for additional covariates as noted earlier. The authors did not discuss evaluating non-linearity in dose-response, but there was no evidence of non-linear patterns of association.
Metric 5B:	Sensitivity	Medium	There was no evidence of inadequate sensitivity. There was variability in phthalate exposures at all ages. The time-varying sample size of up to 314 mother-child pairs was moderate, with statistical power increased by repeated measures of exposure and outcome.

**Additional Comments:** This study used data from 314 children (171 girls, 143 boys) in the longitudinal Health Outcomes and Measures of the Environment (HOME) cohort in greater Cincinnati, Ohio to analyze associations between urinary phthalate metabolites and parent/caregiver ratings of child behavior in multiple assessments through age 8 years. Outcomes were measured using the Behavioral Assessment System for Children-2 (BASC-2). Phthalate metabolites were measured in maternal urine at gestational weeks 16 and 26, and in annual child urine samples from ages 1 to 5 years, and at age 8 years. Availability of metabolite measures varied due to changes in laboratory methods (no gestational MCNP and MCOP), and phthalate contamination of diaper inserts used to collect samples at ages 1-3 years (no MEHP, MnBP, MiBP at those ages). Repeated phthalate metabolite measures were used to address measurement error due to within-person variability and the short half-lives of phthalate metabolites, using regression calibration to estimate adjusted or predicted exposure concentrations. Childhood but not gestational measures of several phthalates were associated with behavioral outcomes. Notably, urinary MCOP and MCNP were associated with significantly higher composite Behavioral Symptoms Index (BSI) scores, with somewhat stronger associations in boys. MCNP was also associated with higher externalizing problems composite scores overall and in boys, and both MCNP and MCOP were associated with significantly higher somatization subscale scores. Gestational measures of MCNP and MCOP were not available in this study, since methods to assay these metabolites were not available when maternal samples were analyzed.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Liao, K. W., Kuo, P. L., Huang, H. B., Chang, J. W., Chiang, H. C., Huang, P. C. (2018). Increased risk of phthalates exposure for recurrent pregnancy loss in reproductive-aged women. Environmental Pollution 241:969-977.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Recurrent pregnancy loss, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728516		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This case-control study evaluated the association between phthalate exposure and recurrent pregnancy loss (RPL) among cases and controls recruited from the Obstetrics and Gynecology Department at the National Cheng Kung University Hospital in Taiwan, August 2013-August 2017. Cases (n=103) were reproductive-aged women between ages 20-49 who were diagnosed with RPL. Controls were women of similar age (22.8-47.8) who did not have RPL but were diagnosed with other "mild gynecological conditions" (not further specified). Controls were further excluded if they had endometriosis, adenomyosis and leiomyoma, polycystic ovary syndrome, or ovary- or uterus-related diseases; the study did not specify whether these exclusion criteria also applied to cases. No further inclusion/exclusion criteria were stated. No information on participation rates was provided. All cases and controls were of Chinese descent. There is some concern for selection bias given the lack of information of some aspects of participation recruitment.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were analyzed from single spot urine samples provided by the participants using an "online system coupled with liquid chromatography-electrospray tandem mass spectrometry." Detection rates were as follows: MiBP 93.4% in controls, 94.2% cases; MnBP 100% controls, 99.0% cases; MEHP 85.5% controls, 95.1% cases; MEHHP 93.4% controls, 98.1% cases; MEOHP 86.8% controls, 83.5% cases; MECPP 98.7% controls, 100% cases. The timing of urine sample collection was not provided, although presumably this took place at enrollment given the case-control design. There is some concern for exposure misclassification due to the use of a single spot urine sample to represent exposure levels prior to the development of the outcome (recurrent pregnancy loss). The study included a variable that summed MnBP and MiBP that was labeled "sum DBP", which combined primary metabolites of DBP (MnBP) and DiBP (MiBP).
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Authors stated that diagnosis of RPL was clinically defined as having two or more consecutive miscarriages (terminated pregnancy before 20 weeks of gestation). Although the source of the clinical definition is not specified, there is minimal concern for outcome misclassification as the diagnosis was conducted by a physician.
Metric 3B:	Selective Reporting	Medium	The results reported are consistent with the analyses described in the methods section.
Domain 4: Potential Confounding / Variability Control			

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Recurrent pregnancy loss, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728516			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Low	The strategy for identifying key confounders was based their association with the outcome of interest, their association with the exposure of interest, and whether they have been discussed in previous literature. These included urinary creatinine, age, age at menarche, education, and plastic food container use.
Domain 5: Analysis	Metric 5A:	Analysis	Medium	Logistic regression was used to analyze associations, which is appropriate for a case-control design. Handling of missing data are not discussed. MiBP and MnBP were examined separately. The study also included a variable that summed MnBP and MiBP that was labeled "sum DBP", which combined primary metabolites of DBP (MnBP) and DiBP (MiBP). DEHP metabolites were examined individually (with the exception of MCMHP) as well as jointly as sum of DEHP metabolites variable.
	Metric 5B:	Sensitivity	Medium	The sample size was relatively small (n=76 controls and n=103 cases). Exposure levels and distributions were adequate. No other concerns regarding study sensitivity were identified.
Additional Comments:	This case-control study examined associations between phthalate exposures measured in urine samples and recurrent pregnancy loss (RPL) among women in Taiwan. Concerns include the lack of information on some aspects of participant selection and the use of a single spot urine sample to assess exposure. The study included a variable that summed MnBP and MiBP that was labeled "sum DBP", which combined primary metabolites of DBP (MnBP) and DiBP (MiBP). The association between this sum DBP variable and RPL was statistically significant in the third versus first tertiles. This association was not statistically significant for all other relevant phthalate metabolites.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Machtinger, R., Mansur, A., Baccarelli, A. A., Calafat, A. M., Gaskins, A. J., Racowsky, C., Adir, M., Hauser, R. (2018). Urinary concentrations of biomarkers of phthalates and phthalate alternatives and IVF outcomes. Environment International 111:23-31.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Total Oocytes, mature oocytes, fertilized oocytes, top quality embryos, live births, implantation, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5743382		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Authors provide ample details regarding participant selection and exclusion of participants. The study recruited 136 women undergoing IVF cycles in the Sheba Medical Center in Israel from January 2014-August 2016. To prevent potential confounders, authors only included women seeking IVF due to "male factor or unexplained infertility, who were oocyte donors, or couples undergoing preimplantation genetic diagnosis (PGD) of autosomal recessive diseases." Authors additionally provided the exclusion criteria (age >38 yrs., BMI>30 kg/m2, a diagnosis of polycystic ovary syndrome, endometriosis, social oocyte cryopreservation, poor responders according to Bologna criteria and frozen IVF cycles) and excluded participants who were not meant to undergo a fresh embryo transfer. Authors reported a 95% participation rate at the beginning of recruitment. Participation rate is incompletely reported but available information indicates participation is unlikely to be related to exposure.n=136
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Valid exposure assessment methods were used, and samples were collected during fertility treatment. In the study, 73% (n=99) of participants provided spot urine samples during ovarian stimulation (first week of gonadotropin injection) and the date of oocyte retrieval. Authors pooled these samples. In the other 26.7% of participants, only one spot urine sample was collected per participant, either during the ovarian stimulation or date of oocyte retrieval. Urinary analyses were quantified for 17 metabolites, including MEHP, MEOHP, MEHHP and MECPP. Authors utilized an approach based on solid phase extraction coupled with high performance liquid chromatography-isotope dilution tandem mass spectrometry, followed standard quality assurance/quality control procedures as previously described (Silva et al. 2013, HEROID 2215466; Silva et al. 2017, HEROID 3859089). To adjust for urinary dilution, presented median (IQR) levels were specific gravity adjusted. Percent detection for DEHP metabolites was 100% for all DEHP metabolites except MEHP (91.2%). For metabolites where the percent of samples with detectable concentrations was > 66%, women were placed into tertiles based on each of their metabolite concentrations. Urine samples were described as shipped on dry ice for analysis, however details on sample storage were lacking.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Machtinger, R., Mansur, A., Baccarelli, A. A., Calafat, A. M., Gaskins, A. J., Racowsky, C., Adir, M., Hauser, R. (2018). Urinary concentrations of biomarkers of phthalates and phthalate alternatives and IVF outcomes. Environment International 111:23-31.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Total Oocytes, mature oocytes, fertilized oocytes, top quality embryos, live births, implantation, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5743382			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Outcome ascertainment is well described for both intermediate (total oocytes, mature oocytes, fertilized oocytes, and top quality embryos) and clinical (implantation, clinical pregnancy and live birth) outcomes, and authors note additional exclusions and treatments (all patients received controlled ovarian stimulation using GnRH antagonist) to avoid potential confounding. Reproductive outcomes (total Oocytes, mature oocytes, fertilized oocytes, top quality embryos, and live births) were measured during times of IVF treatment, development of oocytes, and births. Detail methodology regarding the IVF preparation process was provided. Authors note that "The total number of mature oocytes in a conventional IVF cycle was determined by summing the number of oocytes exhibiting one or more pronucleus combined with those without a pronucleus but exhibiting a polar body." An embryologist determined the results of a normal fertilization 16-18 hours following insemination. Clinical pregnancy was determined by an intrauterine gestation sac and fetal heartbeat detected via ultrasound at 7 weeks of gestation. Live birth was defined as the delivery of a live neonate 24 or more weeks of gestation. These clinical outcomes were sourced from medical records.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary analyses in the methods section and results were adequately reported for all primary analyses. Additional analyses are located in the supplemental file.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Authors report that confounders were selected and identified using prior knowledge related to art outcomes and phthalate exposures. It is noted that the variables were explored using a directed acyclic graph (not found in main study or supplement). The final model included: maternal age, BMI, and current smoking status. Additionally, sensitive analyses were conducted to adjust for other phthalate metabolites.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Authors reported LODs and utilized instrumental reading values for metabolite concentrations below the LOD. Descriptive statistics were calculated for all metabolites before and after adjusting for specific gravity. All phthalate metabolites with detectable measures>66% were divided into tertiles (T1, T2, T3). Quantitative results were presented in adjusted means (95% CI), and statistical significance was reported with p-values. Results were unchanged when additional sensitivity analyses were conducted restricted to the 116 cycles with embryo transfer. The analyses are well described, but the confidence for this metric is rated medium/adequate due to the lack of considerations of nonlinear possibilities, and analyses to address robustness. ΣDEHP (μmol/L): [T1 (0.02-0.12); T2 (0.12-0.22); T3 (0.22-2.65)]; MEHP (ug/L): [T1 (1.68-6.15); T2 (6.16-11.14); T3 (11.15-1344)]; MEHHP (ug/L): [T1 (2.10-9.73); T2 (9.74-17.9); T3 (18.0-215)]; MEOHP (ug/L): [T1 (1.40-7.49); T2 (7.50-13.3); T3 (13.4-145)]; MECPP (ug/L): [T1 (1.68-15.3); T2 (15.4-26.3); T3 (26.4-371)].	

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<b>Study Citation:</b>	Machtinger, R., Mansur, A., Baccarelli, A. A., Calafat, A. M., Gaskins, A. J., Racowsky, C., Adir, M., Hauser, R. (2018). Urinary concentrations of biomarkers of phthalates and phthalate alternatives and IVF outcomes. Environment International 111:23-31.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Total Oocytes, mature oocytes, fertilized oocytes, top quality embryos, live births, implantation, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5743382

Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	Authors note that the sample size is moderate and potentially limited the power of the findings. A total of n=136 participants were analyzed within the intermediate outcomes analyses, with n=121 analyzed for the live birth outcomes. The study population was sensitive to the development of outcomes of interest (women undergoing fertility treatment). Additionally, authors had a strict inclusion and exclusion criteria. This both strengthened their results and limited the generalizability.

**Additional Comments:** This cohort examined the association between urinary concentrations of phthalate with intermediate and clinical in vitro fertilization (IVF) outcomes. Authors note limitations such as the moderately sized sample, and the potential of IVF outcomes being much more sensitive when compared to clinical outcomes such as live birth.  $\Sigma$ DEHP, MEHHP, MEOHP, and MECPP had significant associations with reduced numbers of total oocytes [ $\Sigma$ DEHP: T2 vs T1 = 9.0 (8.1, 9.9), T3 vs T1 = 8.5 (7.7, 9.4); MEHHP: T2 vs T1 = 9.3 (8.5, 10.3), T3 vs T1 = 7.9 (7.1, 8.7); MEOHP: T2 vs T1 = 9.2 (8.1, 10.2), T3 vs T1 = 8.0 (7.2, 8.8); MECPP: T2 vs T1 = 9.4 (8.2, 10.3), T3 vs T1 = 8.5 (7.7, 9.3)], mature oocytes [ $\Sigma$ DEHP: T2 vs T1 = 7.3 (6.6, 8.1), T3 vs T1 = 7.1 (6.4, 7.9); MEHHP: T2 vs T1 = 7.5 (6.8, 8.3), T3 vs T1 = 6.7 (6.0, 7.5); MEOHP: T2 vs T1 = 7.5 (6.8, 8.2), T3 vs T1 = 6.7 (6.0, 7.5); MECPP: T3 vs T1 = 7.1 (6.4, 7.9)], , fertilized oocytes [ $\Sigma$ DEHP: T3 vs T1 = 4.7 (4.1, 5.4); MEHHP: T3 vs T1 = 4.6 (4.0, 5.2); MEOHP: T2 vs T1 = 5.1 (4.5, 5.8), T3 vs T1 = 4.5 (3.9, 5.1)] and top quality embryos [ $\Sigma$ DEHP: T2 vs T1 = 2.2 (1.8, 2.7), T3 vs T1 = 1.9 (1.5, 2.3); MEHHP: T3 vs T1 = 1.9 (1.5, 2.4); MEOHP: T2 vs T1 = 2.2 (1.8, 2.7), T3 vs T1 = 1.9 (1.5, 2.3)]. Additionally, log  $\Sigma$ DEHP was associated with a significantly negative percent change in total oocytes [log  $\Sigma$ DEHP: -7.3 (-13, -1.2)]. None of the urinary phthalate metabolite concentrations were associated with a reduced probability of implantation, clinical pregnancy or live birth.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Mínguez-Alarcón, L., Messerlian, C., Bellavia, A., Gaskins, A. J., Chiu, Y. H., Ford, J. B., Azevedo, A. R., Petrozza, J. C., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2019). Urinary concentrations of bisphenol A, parabens and phthalate metabolite mixtures in relation to reproductive success among women undergoing in vitro fertilization. Environment International 126:355-362.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Implantation probability, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043576		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This is a prospective cohort study. Study participants included women aged between 18 and 45 years and agreed to be enrolled in the EARTH study. Participation rate was reported as 60%. Women were included in this study if they had available urine biomarker data provided at least one urine sample per IVF cycle for the quantification of exposure chemicals. In total, this study included n=420 women who completed at least one IVF cycle between 2006 and 2017. This study didn't report the exposure distribution between selected participants and other participants in the cohort, so it is unclear if the participation is related to exposure compared to the whole cohort. However, there is no direct evidence indicates that participation was biased by exposure level, and there is no serious risk of bias according to the study description.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Spot urine samples were collected from women at each IVF cycle, and 23% of them provided one sample and 77% provided two samples. The first sample collected between Day 3 and Day 9 of the gonadotrophin phase, and the second one the second one collected on the day of oocyte retrieval (for fresh IVF cycles) or on day of embryo transfer (for cryo-thaw IVF cycles). The exposure assessment represents the etiologically relevant time period of interest. The exposure chemicals were quantified by using on-line solid-phase extraction coupled with HPLC-MS system. Quality control by Specific gravity (SG) adjustment was reported. There is possibility of exposure misclassification because of the short biological half-lives of the chemicals, and their episodic exposure but it is not expected to greatly change the effect estimate. In addition, 77% women provided two samples would reduce the concern of exposure misclassification.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Mínguez-Alarcón, L., Messerlian, C., Bellavia, A., Gaskins, A. J., Chiu, Y. H., Ford, J. B., Azevedo, A. R., Petrozza, J. C., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2019). Urinary concentrations of bisphenol A, parabens and phthalate metabolite mixtures in relation to reproductive success among women undergoing in vitro fertilization. Environment International 126:355-362.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Implantation probability, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043576			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The main outcomes of interest included implantation possibility, clinical pregnancy, and live birth. Several outcomes that are below the organ-level were not evaluated here, such as Total oocyte yield, endometrial wall thickness, etc. Clinical information obtained from patient's electronic medical record. Implantation was defined as a measurement of serum $\beta$ -hCG level > 6 mIU/mL at 17 days after oocyte retrieval. Clinical pregnancy defined as an elevated $\beta$ -hCG level with the confirmation of an intrauterine pregnancy on an ultrasound at 6 weeks. A live birth was defined as the birth of a neonate on or after 24 weeks of gestation. Some uncertainty with respect to outcome misclassification exists because assessment instrument and measurement procedure were not specified, but there is no direct evidence that indicates the diagnoses were biased or expected to greatly change the effect estimates.	
	Metric 3B: Selective Reporting	Medium	Results from the described analyses in the methods are reported. There is minimal concern of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Confounders were identified based on prior knowledge on biological relevance and study characteristics. This study presented the distribution of potential confounders by levels of the exposure of DEHP exposures. Variables that are significantly associated with exposure (p<0.05) were included as confounders. Key confounders were identified and evaluated appropriately. The possibility of residual confounding exists but the concern is minimal.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	This study used principal component analysis (PCA) for the DEHP factors (DEHP metabolites) and non-DEHP factors. Multivariable generalized linear mixed models were used to evaluate the associations between quartiles of the factor scores derived from the PCA and IVF outcomes. In addition, Bayesian kernel machine regression (BKMR) model was used to examine the difference in probabilities of clinical pregnancy and live birth for a change in urinary concentration of phthalate metabolites between the 25th and 75th percentile. A sensitivity analysis was conducted by restricting to women who underwent IVF cycles between 2006 and 2012 considering the declining trend of exposure levels in U.S. population. Quantitative results including mean differences and relative differences with 95% confidence interval were presented. LODs were reported for each measured chemical and concentrations of urinary phthalate metabolites were ln-transformed to adjust the right skewness. Single-chemical analysis were only available for DEHP metabolites (DEHP factor), and sensitivity analysis of live birth possibility that restricted to women underwent IVF between 2006 and 2012.	
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<b>Study Citation:</b>	Mínguez-Alarcón, L., Messerlian, C., Bellavia, A., Gaskins, A. J., Chiu, Y. H., Ford, J. B., Azevedo, A. R., Petrozza, J. C., Calafat, A. M., Hauser, R., Williams, P. L., Team, E.S. (2019). Urinary concentrations of bisphenol A, parabens and phthalate metabolite mixtures in relation to reproductive success among women undergoing in vitro fertilization. Environment International 126:355-362.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Implantation probability, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043576			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	The main analyses included 420 women underwent 648 IVF cycles in the EARTH Study. Therefore, the study is considered to have sufficiently large sample size. The exposure ranges of phthalate metabolites are adequate to provide variability to evaluate the exposure-outcome association. The timing of exposure and outcome assessment was appropriate. Even though there is no overall significant results, there is minimal concern of sensitivity considering the large sample size and exposure variability.	
Additional Comments:	This cohort study used PCA to evaluate the association between DEHP metabolites/non-DEHP metabolites and IVF outcomes. No overall significant result was identified but this study has sufficient sample size and exposure variability. There is no significant concern of bias with respect to participant selection, exposure assessment. The outcome ascertainment has potential concern of misclassification but not expected to greatly impact the effect estimates.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer mortality, Cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728408

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were women who were recruited into the Long Island Breast Cancer Study Project (LIBCSP), which was initially a case-control study then continued as a prospective cohort study. The prospective cohort analysis solely focused on cases. Cases were adult women with a first diagnosis with in situ or invasive breast cancer from August 1, 1996 to July 31, 1997 via a rapid reporting system used by the LIBCSP. Controls were recruited from the same two Long Island counties as LIBCSP, and were frequency matched to the expected distribution of women with breast cancer in 5-year age groups from 1996 to 1997. Controls 65 years of age and older were identified from the Health Care Finance Administration rosters, and all other controls were identified via random digit dialing in eight waves. 82% (n=1,508) of eligible cases completed the main questionnaire, while 63% (n=1,556) of controls completed the main questionnaire. LIBCSP participants ranged from 20-98 years of age and were 93% white and 67% postmenopausal. Among all included women, random sampling was performed twice (once in 2007 and once in 2010) to identify women with available urine samples for analysis. Not all urine samples were analyzed for phthalates due to limited resources, so women whose urine was not selected were excluded from further analysis. 400 cases and 400 controls were selected for urine analysis in 2007, and 493 cases and 250 controls were selected in 2010. Further exclusions were made for women with missing creatinine (n=224), women with dilute urine defined as creatinine < 10 mg/dL (n=10), and one woman with insufficient urine volume. The final sample consisted of 710 women with in situ (n=112) or invasive breast cancer (n=598) and 598 women without breast cancer. Since MCNP and MCOP were only measured in 2010, the final sample for those phthalates consisted of 320 cases and 205 controls. Overall there is limited risk of bias in participant selection. Controls and cases were pulled from the same representative population and matched based on age. There is no evidence to suggest that any random sampling done or exclusions would be differential based off of exposure status. The study does not report the total number of eligible participants, but this is also unlikely to be differential or have a significant impact on results.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.			
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer mortality, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728408			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Exposure to phthalates was measured via urinary concentrations of relevant metabolites. Urine samples were collected between 1996-1997 and were actually analyzed for MCNP and MCOP in 2010. Sample transportation and storage are sufficiently described. MCNP and MCOP were measured using online solid-phase extraction followed by high-performance liquid chromatography-electrospray ionization-isotope-dilution tandem mass-spectrometry. The limit of detection is specified to be 0.2 ug/L for both metabolites, and only 0.4% of samples were below the limit of detection for MCNP and MCOP was detected in all samples (Table S1). There is concern regarding temporality given the short-lived nature of phthalates and the chronic nature of the primary outcome, breast cancer. Samples were taken on average 3 months after diagnosis, and thus proceed outcome assessment. For mortality-related outcomes, there is limited concern because exposure precedes the outcome of mortality. All metabolites were specific to the parent compound.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	The primary outcome in this study was breast cancer incidence. Cases were recruited from a rapid reporting system created for Long Island Breast Cancer Study Project (LIBCSP). Diagnosis of breast cancer was confirmed by each patient's physician and medical record review. However, the article does not specify whether they confirmed controls did not have breast cancer, and it is possible that controls may have the disease without being aware. However, this is generally difficult to account for and not expected to have an outsized impact on effect estimates. Outcome assessment occurred before the exposure assessment, limiting the concern that outcome ascertainment was informed by exposure status.Secondary outcomes of the study were all-cause mortality and breast cancer mortality. Vital status was determined among cases from 1996-1997 until December 31, 2014. ICD-9/10 codes 174.9 and C-50.9 on death certificates were used to identify deaths associated with breast cancer. There are no concerns regarding the accuracy of the mortality assessment.	
	Metric 3B: Selective Reporting	Medium	The primary and secondary analyses are well described and extensively reported in the results.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.			
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer mortality, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728408			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	High	Considered covariates included age, income, education, reproductive factors, menopausal status, oophorectomies/hysterectomies, other surgical information, pregnancy status, lactation status, hormone replacement therapy use, parity and lactation history, age at first birth, family history of breast cancer, exogenous hormone use, age at menarche, BMI, alcohol intake, and estrogen receptor status. Analyses in cases only also used chemotherapy as a covariate. Potential covariates were identified based on a literature review. Associations between covariates and both exposure and outcome are reported separately (Table S3 and Table 1). All potential confounders were identified through questionnaire and medical record review. In analysis, only covariates significantly associated with phthalate metabolite concentrations in controls were used in statistical models.	
Domain 5: Analysis	Metric 5A: Analysis	High	Associations between breast cancer incidence and phthalates were measured using multivariable unconditional logistic regression. Odds ratios and 95% CIs are reported. Analyses were done on quintiles of creatine-corrected concentrations of both metabolites, and continuous natural log-transformed concentrations of both metabolites. Secondary analyses were also performed on tertiles to assess effect modification by BMI. Associations between mortality outcomes and phthalates were assessed via multivariable Cox regression models and reported hazard ratios and 95% CIs. Quintiles of creatinine-corrected phthalate metabolites were used. Assumptions were evaluated using Kaplan-Meier survival curves and log[-log(survival)] plots to assess the proportional hazards assumption, alongside assessing Schoenfeld residuals. No violations of the proportional hazards assumption were reported. In analyses of breast cancer mortality, non-breast cancer deaths were censored at the time of death. Sensitivity analyses were also conducted assessing effect modification by BMI and estrogen receptor status.	
	Metric 5B: Sensitivity	Medium	Generally, sensitivity was high due to large sample sizes (n=525 in the case-control analysis and n=320 in the mortality analysis) and exposure ranges wide enough to provide sufficient contrast between high and low exposures. However, there is some concern about sensitivity due to the exposure assessment occurring after the outcome assessment for a short-lived compound, and the lack of confirmation that controls were cancer-free.	
Additional Comments:	This study was a case-control analysis with a mortality follow-up component among women in the Long Island Breast Cancer Study Project. The mortality analysis was generally well-conducted and described with minimal concerns for bias. The largest concerns are the short-term nature of phthalate metabolite measurements in urine, but there is no evidence to suggest that any misclassification would be differential by outcome status. The primary outcomes were breast cancer mortality and all-cause mortality, and no significant results were reported.			

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Study Citation:	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.		
Health Outcome(s) Assessed:	Cancer/Carcinogenesis- Breast cancer mortality, Cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	4728408		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Breast cancer, Cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728408		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were women who were recruited into the Long Island Breast Cancer Study Project (LIBCSP), which was initially a case-control study then continued as a prospective cohort study. The prospective cohort analysis solely focused on cases. Cases were adult women with a first diagnosis with in situ or invasive breast cancer from August 1, 1996 to July 31, 1997 via a rapid reporting system used by the LIBCSP. Controls were recruited from the same two Long Island counties as LIBCSP, and were frequency matched to the expected distribution of women with breast cancer in 5-year age groups from 1996 to 1997. Controls 65 years of age and older were identified from the Health Care Finance Administration rosters, and all other controls were identified via random digit dialing in eight waves. 82% (n=1,508) of eligible cases completed the main questionnaire, while 63% (n=1,556) of controls completed the main questionnaire. LIBSCP participants ranged from 20-98 years of age and were 93% white and 67% postmenopausal. Among all included women, random sampling was performed twice (once in 2007 and once in 2010) to identify women with available urine samples for analysis. Not all urine samples were analyzed for phthalates due to limited resources, so women whose urine was not selected were excluded from further analysis. 400 cases and 400 controls were selected for urine analysis in 2007, and 493 cases and 250 controls were selected in 2010. Further exclusions were made for women with missing creatinine (n=224), women with dilute urine defined as creatinine < 10 mg/dL (n=10), and one woman with insufficient urine volume. The final sample consisted of 710 women with in situ (n=112) or invasive breast cancer (n=598) and 598 women without breast cancer. Since MCNP and MCOP were only measured in 2010, the final sample for those phthalates consisted of 320 cases and 205 controls. Overall there is limited risk of bias in participant selection. Controls and cases were pulled from the same representative population and matched based on age. There is no evidence to suggest that any random sampling done or exclusions would be differential based off of exposure status. The study does not report the total number of eligible participants, but this is also unlikely to be differential or have a significant impact on results.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Breast cancer, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728408			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Low	Exposure to DiDP was measured via urinary concentrations of the metabolite MCNP, while exposure to DiNP was measured via urinary concentrations of MCOP. Urine samples were collected between 1996-1997 and were actually analyzed for MCNP and MCOP in 2010. Sample transportation and storage are sufficiently described. MCNP and MCOP were measured using online solid-phase extraction followed by high-performance liquid chromatography-electrospray ionization-isotope-dilution tandem mass-spectrometry. The limit of detection is specified to be 0.2 ug/L for both metabolites, and only 0.4% of samples were below the limit of detection for MCNP and MCOP was detected in all samples (Table S1). There is concern regarding temporality given the short-lived nature of phthalates and the chronic nature of the primary outcome, breast cancer. Samples were taken on average 3 months after diagnosis, and thus proceed outcome assessment. The study cites several additional papers as evidence that single measurements of phthalates are somewhat reproducible over several days and month, but regardless there is uncertainty especially if womens’ diets and consumption patterns changed after diagnosis. Concentrations of phthalates were creatinine-adjusted.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Medium	The primary outcome in this study was breast cancer incidence. Cases were recruited from a rapid reporting system created for Long Island Breast Cancer Study Project (LIBCSP). Diagnosis of breast cancer was confirmed by each patient’s physician and medical record review. However, the article does not specify whether they confirmed controls did not have breast cancer, and it is possible that controls may have the disease without being aware. However, this is generally difficult to account for and not expected to have an outsized impact on effect estimates. Outcome assessment occurred before the exposure assessment, limiting the concern that outcome ascertainment was informed by exposure status.Secondary outcomes of the study were all-cause mortality and breast cancer mortality. Vital status was determined among cases from 1996-1997 until December 31, 2014. ICD-9/10 codes 174.9 and C-50.9 on death certificates were used to identify deaths associated with breast cancer. There are no concerns regarding the accuracy of the mortality assessment.	
Metric 3B:	Selective Reporting	Medium	The primary and secondary analyses are well described and extensively reported in the results.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Parada, H., Gammon, M. D., Chen, J., Calafat, A. M., Neugut, A. I., Santella, R. M., Wolff, M. S., Teitelbaum, S. L. (2018). Urinary Phthalate Metabolite Concentrations and Breast Cancer Incidence and Survival following Breast Cancer: The Long Island Breast Cancer Study Project. Environmental Health Perspectives 126(4):47013.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Breast cancer, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728408			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	High	Considered covariates included age, income, education, reproductive factors, menopausal status, oophorectomies/hysterectomies, other surgical information, pregnancy status, lactation status, hormone replacement therapy use, parity and lactation history, age at first birth, family history of breast cancer, exogenous hormone use, age at menarche, BMI, alcohol intake, and estrogen receptor status. Analyses in cases only also used chemotherapy as a covariate. Potential covariates were identified based on a literature review. Associations between covariates and both exposure and outcome are reported separately (Table S3 and Table 1). All confounders were identified through questionnaire and medical record review. In analysis, only covariates significantly associated with phthalate metabolite concentrations in controls were used in statistical models.	
Domain 5: Analysis	Metric 5A: Analysis	High	Associations between breast cancer incidence and DiDP/DiNP were measured using multivariable unconditional logistic regression. Odds ratios and 95% CIs are reported. Analyses were done on quintiles of creatine-corrected concentrations of both metabolites, and continuous natural log-transformed concentrations of both metabolites. Secondary analyses were also performed on tertiles to assess effect modification by BMI. Associations between mortality outcomes and DiDP/DiNP were assessed via multivariable Cox regression models and reported hazard ratios and 95% CIs. Quintiles of creatinine-corrected phthalate metabolites were used. Assumptions were evaluated using Kaplan-Meier survival curves and log[-log(survival)] plots to assess the proportional hazards assumption, alongside assessing Schoenfeld residuals. No violations of the proportional hazards assumption were reported. In analyses of breast cancer mortality, non-breast cancer deaths were censored at the time of death. Sensitivity analyses were also conducted assessing effect modification by BMI and estrogen receptor status.	
	Metric 5B: Sensitivity	Medium	Generally, sensitivity was high due to large sample sizes (n=525 in the case-control analysis and n=320 in the mortality analysis) and exposure ranges wide enough to provide sufficient contrast between high and low exposures. However, there is some concern about sensitivity due to the exposure assessment occurring after the outcome assessment for a short-lived compound, and the lack of confirmation that controls were cancer-free.	
Additional Comments:	This study was a case-control analysis with a mortality follow-up component among women in the Long Island Breast Cancer Study Project. The breast cancer analysis was generally well-reported but concerns exist for exposure misclassification. The study uses a spot urine sample collected three months after breast cancer diagnosis, which may introduce bias given the short half-life of phthalate metabolites and the potential for recall bias/change in diet or consumption patterns post breast cancer diagnosis. Inverse associations were observed for breast cancer and MiBP, MCOP, and MECCP.			

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Health Outcome(s) Assessed:	Reproductive/Developmental- Breast cancer, Cancer		
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HERO ID:	4728408		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Patti, M. A., Newschaffer, C., Eliot, M., Hamra, G. B., Chen, A., Croen, L. A., Fallin, M. D., Hertz-Picciotto, I., Kalloo, G., Khoury, J. C., Lanphear, B. P., Lyall, K., Yolton, K., Braun, J. M. (2021). Gestational exposure to phthalates and social responsiveness scores in children using quantile regression: The EARLI and home studies. International Journal of Environmental Research and Public Health 18(3):17-Jan.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum-related behaviors (Social Responsiveness Scale score), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	8350115

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective study evaluated associations between prenatal urinary phthalate metabolites and autism-related behaviors assessed via Social Responsiveness Scale (SRS) scores at age 3-8 years in two separate birth cohorts: the Early Autism Risk Longitudinal Investigation (EARLI) cohort (n=140, an “enriched-risk” cohort) and the Health Outcomes and Measures of the Environment (HOME) cohort (N=276, a general population cohort). The EARLI cohort recruited pregnant women who previously had a child diagnosed with autism spectrum disorder. Recruitment took place at four sites in the United States: Pennsylvania, Maryland, and two sites in Northern California. Eligibility criteria for the EARLI cohort were: previous child with autism spectrum disorder confirmed by a study clinician, at least 18 years old, fewer than 29 weeks gestation, able to communicate in English or Spanish, and living within two hours of the study site. Of 806 eligible women, 264 were recruited 2009-2012, 176 delivered live singleton infants and 140 were included in analyses after exclusion of those missing covariates. The HOME cohort recruited pregnant women (468 recruited from among 1263 eligible) from nine prenatal clinics in the Cincinnati, Ohio area, 2003-2006. Inclusion criteria for the HOME cohort were: age least 18 years old, 16 weeks plus or minus 3 weeks gestation, HIV negative, not taking medications for seizures or thyroid disorders, and living in homes build before 1978. Exclusion criteria were: diabetes, bipolar disorder, schizophrenia, or cancer treated with radiation or chemotherapy. Of 468 women recruited, 389 remained in the study through delivery and had a live singleton infant, and 276 had complete data on SRS scores and were included in final analyses. Although some aspects of participant selection and loss to follow-up were not described, the available evidence does not raise serious concerns regarding selection bias in either cohort.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Patti, M. A., Newschaffer, C., Eliot, M., Hamra, G. B., Chen, A., Croen, L. A., Fallin, M. D., Hertz-Picciotto, I., Kalloo, G., Khoury, J. C., Lanphear, B. P., Lyall, K., Yolton, K., Braun, J. M. (2021). Gestational exposure to phthalates and social responsiveness scores in children using quantile regression: The EARLI and home studies. International Journal of Environmental Research and Public Health 18(3):17-Jan.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum-related behaviors (Social Responsiveness Scale score), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	8350115

Domain	Metric	Rating	Comments
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured in maternal prenatal urine samples in both cohorts. The authors reported that maternal "urine samples were collected up to three timepoints during pregnancy in EARLI, and twice in HOME." All women in the EARLI cohort provided a first morning void urine sample in their first trimester, and a second sample was collected from n=81 women in their 2nd trimester and n=59 women in their third trimester. In the HOME cohort, two urine samples were collected from each women at approximately 16 and 26 weeks gestation, with 99% of women in the HOME cohort providing both urine samples. For both cohorts, phthalate metabolites were quantified at the same laboratory using isotope dilution-high performance liquid chromatography with tandem mass spectrometry. Limits of detection (LODs) ranged from 0.2 to 1 ng/mL. Values below the LOD were replaced with the LOD divided by the square root of two. Metabolite concentrations were standardized using urinary creatinine measurements. The use of multiple prenatal samples increases confidence in the exposure assessment, but the number of samples was still relatively small considering that phthalate metabolite levels can vary across time.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	The outcome of interest was autism-spectrum disorder-related behaviors, specifically children's social and communication skills. The outcome was assessed using the Social Responsiveness Scale (SRS), a validated questionnaire administered to caregivers. Scores from this scale were presented as sex-standardized T-scores. The outcome was assessed when children were age 3 in the EARLI cohort and age 4-8 in the HOME cohort. Outcomes were assessed more than once among some HOME participants; for such participants the earliest assessment was used. Reproducibility was evaluated in HOME participants with multiple measurements (intraclass correlation coefficient = 0.74). It is unclear if caregivers taking the questionnaire were aware of exposure status.
Metric 3B:	Selective Reporting	Medium	The analyses described in the methods section were presented in the results section.
Domain 4: Potential Confounding / Variability Control			
Metric 4A:	Potential Confounding	High	Potential confounders were identified and included in regression models based on a directed acyclic graph developed using a combination of biological plausibility and a priori knowledge. Regression models were adjusted for maternal age, maternal race, income, parity, and cotinine as a measure of smoking during pregnancy (urinary cotinine in EARLI, serum cotinine in HOME). With the exception of cotinine, covariates were assessed in questionnaires administered by trained research staff. The outcome variable was standardized for child sex. Correlations between phthalate metabolites were evaluated. MBP and MBzP were moderately correlated; as such, they were included in a two-pollutant model in sensitivity analysis.

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum-related behaviors (Social Responsiveness Scale score), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	8350115		
Domain	Metric	Rating	Comments
Domain 5: Analysis	Metric 5A: Analysis	High	Phthalate metabolite concentrations were log 10 transformed prior to analysis. As most women gave more than one urine sample, phthalate metabolite concentrations were averaged across measurements. DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP) were analyzed as a single variable (sum DEHP metabolites). This variable was created by dividing each metabolite concentration by its molar mass, summing the molar concentrations, and multiplying the result by the molar sum of the molar mass of MECPP. Associations between phthalate metabolites and SRS scores were estimated using quantile regression for each cohort separately, as well as jointly in a pooled analysis adjusted for cohort. Secondary analyses included evaluation of child's sex as an effect modifier, estimation of associations using linear regression instead of quantile regression, and evaluation of associations using raw SRS scores further adjusting for child sex and age instead of using sex-standardized SRS T-scores. Sensitivity analyses included additional adjustment of main models for child sex, child age, and pre-pregnancy BMI; inclusion of MBP and MBzP in the same model due to moderate correlations between these two metabolites, and adjustment for neonatal intensive care unit admittance for a subset of participants in HOME with information on this variable.
	Metric 5B: Sensitivity	Medium	The sample size in each cohort was adequate (n=140 in EARLI, n=276 in HOME, n=416 in pooled analysis), but statistical power may be reduced in subgroups defined using the distribution of the outcome variable in analyses using quantile regression. Exposure ranges suggest sufficient contrast.
<b>Additional Comments:</b>	This study evaluated associations between prenatal urinary phthalate metabolites and autism spectrum disorder-related behaviors assessed using the Social Responsiveness Scale in children age 3-8 in two prospective birth cohorts. The study used adequate exposure assessment, outcome assessment, confounding identification and adjustment, and analytic approaches. Strengths include a well-developed analytic approach that included multiple sensitivity analyses to evaluate the robustness of the results. Minor concerns included potentially reduced statistical power in analyses using a quantile regression approach.		

**Overall Quality Determination****High**

<b>Study Citation:</b>	Philippat, C., Heude, B., Botton, J., Alfaidy, N., Calafat, A. M., Slama, R., Group, E.M. (2019). Prenatal Exposure to Select Phthalates and Phenols and Associations with Fetal and Placental Weight among Male Births in the EDEN Cohort (France). Environmental Health Perspectives 127(1):17002.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Placental weight, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5041225		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The study population was a subgroup from the Etude des Déterminants pré et postnataux du développement et de la santé de l'Enfant (EDEN) mother-child cohort that consist of pregnant women recruited from 2003 to 2006.. Exclusion criteria for the entire cohort included multiple pregnancies, known diabetes prior to pregnancy, French illiteracy, or having a move-out plan in the next 3 years. In total, 473 mother-son pairs were included in the analysis. Additional criteria for the current study were male birth and available data on both birth weight and placental weight. Participation rate from the whole cohort was not reported, but number of male births that were excluded (n=525) was provided. Comparison of characteristics between included and excluded subjects were reported in Table 1. The authors reported that high frequency of missing placental weight in Nancy (43%) hospital compared with Poitiers (7%) might lead to selection bias; this potential bias was addressed via inverse probability weighting. While some information on participation was not available, the information provided does not raise major concerns regarding selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate biomarkers were assessed in urine samples. First morning urine samples were collected from participants between 23 and 29 gestational weeks, which represents an appropriate exposure window. Most women collected urine samples at home, while spot samples were collected at the hospital from 66 (14%) women. The LOD and detection frequency were reported for each phthalate metabolite. Values below the LOD were replaced with the instrumental reading, unless the reading was 0 in which case the value was replaced with the lowest reading divided by the square root of two. LODs were: MCOP 0.2 ug/L, MCNP 0.2 ug/L, MBP 0.2 ug/L, MiBP 0.2 ug/L, MBzP 0.3 ug/L, MEHP 0.5 ug/L, MEHHP 0.2 ug/L, MEOHP 0.2 ug/L, MECPP 0.2 ug/L. The percent of samples above the LOD was 100% for all metabolites except for MEHP (98% > LOD) and MCNP (99% > LOD). The samples were assessed by a CDC lab and the process is blinded. Further analytic details including instrumentation (on-line solid phase extraction coupled with isotope dilution-high performance liquid chromatography-tandem mass spectrometry) were reported in Silva et al. 2007 (HERO ID 807138). Exposures were standardized for creatinine. Factors potentially contributing to exposure misclassification include the collection of only one sample per pregnant women and variation in sample collection methods (i.e., home collection of first morning urine vs. spot sample collection in clinic). However, there is no evidence to suggest that such misclassification would be differential by outcome status.
Domain 3: Outcome Assessment			

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Placental weight, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5041225			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest were placental weight, birth weight, and placental-to-birth weight ratio (PFR). Placental and infant birth weight were obtained from hospital maternity records. Although validation process was not provided with some uncertainty, medical records obtained from the hospital is unlikely to introduce serious misclassification.	
	Metric 3B: Selective Reporting	Medium	The primary and secondary/sensitivity analyses in the method sections were described in details. Results were reported for all primary analyses. There is minimal concern of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Confounders were selected a priori. Those variables were "likely to be common causes of both the exposures and the outcomes without being likely consequences thereof and factors that were possible predictors of the outcomes only". Confounders included in models were: gestational duration, maternal pre-pregnancy weight and height, maternal active and passive smoking, maternal education, parity, and recruitment center. Elastic net regression models also included all other measured exposures (phthalates and phenols) , while unpenalized linear regression models included all other exposures retained in elastic net models. The distribution of potential confounders by exposure or outcome levels were not provided. The missing rate of confounders are low because analysis was restricted to participants having non-missing values.	
Domain 5: Analysis				
	Metric 5A: Analysis	High	The authors used adjusted Elastic Net penalized regression models (ENET) to select biomarkers (phthalates and phenols) associated with placental weight, birth weight, and placental to birth weight ratio (PFR). Unpenalized effect estimates were obtained by fitting linear regression models adjusted for the ENET-selected biomarkers and potential confounders. The statistical methods were described in detail, and also reported imputations for missing biomarkers. Concentrations below LOD were replaced by instrumental reading values. Method to replace instrument reading of 0 was provided. Sensitivity analyses included estimation of recruitment center-specific effects, single-pollutant models, and evaluation the extent to which results were driven by extreme values from inverse probability weighting.	
	Metric 5B: Sensitivity	Medium	The population size (n=473) is large in this study. The outcomes were measured at birth so the timing of assessment is not a concern. Phthalate metabolite detection rates were high (>=98% for all relevant metabolites) and exposure ranges likely provide sufficient contrast. Median (5th-95th percentiles) were: MCOP 3.86 (1.17, 17.4) ug/L, MCNP 1.26 (0.49, 10.2) ug/L, MBP 43.4 (11.7, 454) ug/L, MiBP 39.4 (11.8, 170) ug/L), MBzP 18.2 (4.47, 100) ug/L, MEHP 7.40 (1.30, 33.7) ug/L, MEHHP 27.7 (6.41, 98.5) ug/L, MEOHP 22.9 (5.28, 81.6) ug/L, MECPP 38.9 (12.0, 156) ug/L.	

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Study Citation:	Philippat, C., Heude, B., Botton, J., Alfaidy, N., Calafat, A. M., Slama, R., Group, E.M. (2019). Prenatal Exposure to Select Phthalates and Phenols and Associations with Fetal and Placental Weight among Male Births in the EDEN Cohort (France). Environmental Health Perspectives 127(1):17002.		
Health Outcome(s) Assessed:	Reproductive/Developmental- Placental weight, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	5041225		
Domain	Metric	Rating	Comments
Additional Comments:	This birth cohort study evaluated associations between phthalate metabolites and a set of outcomes measured at birth (birth weight, placental weight, placental-to-birth weight ratio). MCNP and MCOP were both associated with lower placental-to-birth weight ratio; MCNP was additionally associated with lower placental weight. Minor concerns include potential exposure misclassification due measurement of metabolites in a single urine sample per participant and variability in urine sample collection methods.		
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Ponsonby, A. L., Symeonides, C., Saffery, R., Mueller, J. F., O'Hely, M., Sly, P. D., Wardrop, N., Pezic, A., Mansell, T., Collier, F., Burgner, D., Thompson, K., Vijayasarathy, S., Sugeng, E. J., Dwyer, T., Ranganathan, S., Anderson, P. J., Anderson, V., Vuillermin, P., Group, B.I. (2020). Prenatal phthalate exposure, oxidative stress-related genetic vulnerability and early life neurodevelopment: A birth cohort study. <i>NeuroToxicology</i> 80:20-28.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Doctor-diagnosed autism spectrum disorder (ASD), Non-cancer; Neurological/Behavioral- Attention deficit hyperactivity disorder (ADHD) diagnosis, or hyperactivity symptoms on the hyperactivity/inattention scale of the pre-school version of the Strengths and Difficulties Questionnaire, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9644527		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study evaluated associations between prenatal phthalate exposures, genetic vulnerability to oxidative stress, and outcomes related to early life neurodevelopment. Mother-infant pairs were recruited in Victoria, Australia between 2010-2013 and followed up through child age 4, with outcome assessment for this study occurring age 2 and age 4. Exclusion criteria were delivery before 32 weeks and "serious illness." Additional detail provided in Vuillermin et al. 2015 (HERO ID 3309441) suggests a longer list of inclusion and exclusion criteria (inclusion criteria for women: residents of the Barwon Statistical Division, pregnant and no more than 28 weeks gestation at enrollment, planning to give birth at a study hospital, and intending to be available for study duration; exclusion criteria for women: not an Australian permanent resident, unable to complete questionnaires without an interpreter, unable to give informed consent, under 18 years old at 28 weeks gestation, previous participants of the Barwon Infant Study, planning to pay to store infant's cord blood, and moved out of the area by delivery; exclusion criteria for infants: born before 32 weeks gestation, serious illness during first few days of life, or had a known major congenital malformation or genetically determined disease). The overall participation rate was 33% (Vuillermin et al. 2015, HERO ID 3309441). Of n=1,074 mother-infant pairs recruited including 10 sets of twins, n=810 were followed up at age 2 (of which n=678 had outcome data) and n=847 were followed up at age 4 (of which n=791 had outcome data). A comparison between participants with outcome data to the overall cohort was provided in Table 1; the two populations were largely similar across a range of characteristics. The available information does not raise serious concerns regarding selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Ponsonby, A. L., Symeonides, C., Saffery, R., Mueller, J. F., O’Hely, M., Sly, P. D., Wardrop, N., Pezic, A., Mansell, T., Collier, F., Burgner, D., Thompson, K., Vijayasarathy, S., Sugeng, E. J., Dwyer, T., Ranganathan, S., Anderson, P. J., Anderson, V., Vuillermin, P., Group, B.I. (2020). Prenatal phthalate exposure, oxidative stress-related genetic vulnerability and early life neurodevelopment: A birth cohort study. <i>NeuroToxicology</i> 80:20-28.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Doctor-diagnosed autism spectrum disorder (ASD), Non-cancer; Neurological/Behavioral- Attention deficit hyperactivity disorder (ADHD) diagnosis, or hyperactivity symptoms on the hyperactivity/inattention scale of the pre-school version of the Strengths and Difficulties Questionnaire, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9644527			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalate metabolites were measured in single spot maternal urine samples collected at 36 weeks gestation and quantified using high-performance liquid chromatography/tandem mass spectroscopy with direct injection. Concentrations were adjusted for urine dilution using specific gravity. Limits of detection (LODs) and (percent of samples above the LOD) were as follows: MiBP 3.9 ug/L (98%), MnBP 4.5 ug/L (99%), MEHP 4.1 ug/L (33%), MEHHP 0.13 ug/L (100%), MECPP 0.03 ug/L (100%), MEOHP 0.10 ug/L (100%). MEHP concentrations appear not to have been considered further for analysis; in addition to the low detection rate, footnotes in Supplemental Material Table 1S indicate a possible contamination issue for MEHP measurements. The remaining DEHP metabolites (MEHHP, MECPP, MEOHP) were summed for analysis, as were MiBP and MnBP (referred to collectively as the “dibutyl phthalates” (DBP)). Sum DEHP and DBP were then used to estimate daily phthalate intake using each woman’s body weight and chemical excretion ratios (Supplemental Material, Box S2). The use of single spot urine samples is a concern, as this may have resulted in exposure misclassification, but this potential misclassification is not anticipated to be differential in nature.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest in this study were measures of child neurodevelopment. Outcome assessment methods for cognition, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and hyperactivity symptoms were adequate although not described in detail. At age 2, cognition was assessed using the cognitive development scale of the Bayley Scales of Infant and Toddler Development, 3rd edition (BAYLEY-III). No further information was provided on the administration of this test, but regression models of this outcome were adjusted for administering researcher, suggesting multiple researchers were involved in test administration. ASD at age 4 was assessed based on physician diagnosis. The paper initially states physician-diagnosed ASD was based on parental report at child age 4. However, additional text in the paper indicates there may have been confirmation by study investigators (“initial ASD assessments were made by a paediatrician and at least one other health professional”). Additionally, there is mention of a “parent-nominated” review of child medical records three years later that “verified 82%.” ADHD at age 4 was assessed via parental report of physician-diagnosed ADHD. Hyperactivity symptoms at age 4 were assessed using the hyperactivity/inattention scale of the Strengths and Difficulties Questionnaire (SDQ); no details on test administration were provided.	
	Metric 3B: Selective Reporting	Medium	Results from analyses of the association between phthalate intake and ADHD were not provided because “ADHD diagnosis by age four was rare” in the study. Other analyses described in the Materials and Methods section were reported in the Results section or in the Supplemental Material.	

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Doctor-diagnosed autism spectrum disorder (ASD), Non-cancer; Neurological/Behavioral- Attention deficit hyperactivity disorder (ADHD) diagnosis, or hyperactivity symptoms on the hyperactivity/inattention scale of the pre-school version of the Strengths and Difficulties Questionnaire, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9644527		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Potential confounding variables were initially identified based only on associations with the outcome variables. From among this set, some variables were included in regression models a priori, while others were included if the resulted in a change in the effect estimate of at least 15%. The primary regression models for ASD and ASD traits were adjusted for age at interview and sex, while primary regression models for cognition were adjusted for age at test, sex, administering researcher, and experience of the researcher in test administration. However, a sensitivity analyses in which models were adjusted for a larger set of potential confounders was included in the Supplemental Material (Table 3S). In this analysis, cognition models were additionally adjusted for parental education, "lone parent," alcohol consumption during the first trimester, prematurity, breastfeeding, number of household members after the first two adults, and maternal smoking. ASD models were additionally adjusted for maternal age at conception, paternal age at conception, and parental education. ASD trait models were additionally adjusted for parental education, breastfeeding, number of additional household members after the first two adults, and maternal smoking.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	DEHP and DBP (defined as MnBP and MiBP) daily intake values were log 2 transformed prior to analysis. Associations between phthalate intake and continuous outcomes were assessed using linear regression, while associations with binary outcomes were assessed using logistic regression. Raw scores from the cognition scale of the BAYLEY-III were used in models adjusted for age due to "a residual age at assessment effect." Missing data were not described. Additional analyses included the examination of both phthalate intake and oxidative stress-related single nucleotide polymorphisms on neurodevelopmental outcomes.
	Metric 5B: Sensitivity	Medium	The sample size was adequate. Exposure ranges were adequate to ensure sufficient contrast. MnBP and MiBP were summed for analysis; associations for each of these two metabolites individually cannot be determined. No other concerns for study sensitivity were identified.
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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Doctor-diagnosed autism spectrum disorder (ASD), Non-cancer; Neurological/Behavioral- Attention deficit hyperactivity disorder (ADHD) diagnosis, or hyperactivity symptoms on the hyperactivity/inattention scale of the pre-school version of the Strengths and Difficulties Questionnaire, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9644527

Domain	Metric	Rating	Comments
Additional Comments:	This prospective birth cohort study evaluated associations between prenatal phthalate intake estimated from urinary metabolite measures, genetic vulnerability to oxidative stress, and neurodevelopmental outcomes in children age 2 and 4. The study used generally adequate participant selection and analytic methods. Concerns include limited information on how outcomes were assessed, particularly for the outcome of ASD traits. MEOHP was initially measured but was not moved forward for analysis; other measured DEHP metabolites (MEHHP, MECPP, MEOHP) were summed and used to calculate prenatal DEHP intake. MnBP and MiBP were both measured but were summed for analysis into a combined "dibutyl phthalates" intake measure. DEHP intake was associated with increased odds of ASD and ASD traits. Similarly, the combined dibutyl phthalates intake measure (including MnBP and MiBP) was associated with increased odds of ASD and ASD traits. There also was evidence of potential interaction between phthalate exposure and genetic risk factors.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Ponsonby, A. L., Symeonides, C., Saffery, R., Mueller, J. F., O'Hely, M., Sly, P. D., Wardrop, N., Pezic, A., Mansell, T., Collier, F., Burgner, D., Thompson, K., Vijayasarathy, S., Sugeng, E. J., Dwyer, T., Ranganathan, S., Anderson, P. J., Anderson, V., Vuillermin, P., Group, B.I. (2020). Prenatal phthalate exposure, oxidative stress-related genetic vulnerability and early life neurodevelopment: A birth cohort study. <i>NeuroToxicology</i> 80:20-28.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD) traits, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9644527

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study evaluated associations between prenatal phthalate exposures, genetic vulnerability to oxidative stress, and outcomes related to early life neurodevelopment. Mother-infant pairs were recruited in Victoria, Australia between 2010-2013 and followed up through child age 4, with outcome assessment for this study occurring age 2 and age 4. Exclusion criteria were delivery before 32 weeks and "serious illness." Additional detail provided in Vuillermin et al. 2015 (HERO ID 3309441) suggests a longer list of inclusion and exclusion criteria (inclusion criteria for women: residents of the Barwon Statistical Division, pregnant and no more than 28 weeks gestation at enrollment, planning to give birth at a study hospital, and intending to be available for study duration; exclusion criteria for women: not an Australian permanent resident, unable to complete questionnaires without an interpreter, unable to give informed consent, under 18 years old at 28 weeks gestation, previous participants of the Barwon Infant Study, planning to pay to store infant's cord blood, and moved out of the area by delivery; exclusion criteria for infants: born before 32 weeks gestation, serious illness during first few days of life, or had a known major congenital malformation or genetically determined disease). The overall participation rate was 33% (Vuillermin et al. 2015, HERO ID 3309441). Of n=1,074 mother-infant pairs recruited including 10 sets of twins, n=810 were followed up at age 2 (of which n=678 had outcome data) and n=847 were followed up at age 4 (of which n=791 had outcome data). A comparison between participants with outcome data to the overall cohort was provided in Table 1; the two populations were largely similar across a range of characteristics. The available information does not raise serious concerns regarding selection bias.

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Ponsonby, A. L., Symeonides, C., Saffery, R., Mueller, J. F., O’Hely, M., Sly, P. D., Wardrop, N., Pezic, A., Mansell, T., Collier, F., Burgner, D., Thompson, K., Vijayasathay, S., Sugeng, E. J., Dwyer, T., Ranganathan, S., Anderson, P. J., Anderson, V., Vuillermin, P., Group, B.I. (2020). Prenatal phthalate exposure, oxidative stress-related genetic vulnerability and early life neurodevelopment: A birth cohort study. <i>NeuroToxicology</i> 80:20-28.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD) traits, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9644527			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalate metabolites were measured in single spot maternal urine samples collected at 36 weeks gestation and quantified using high-performance liquid chromatography/tandem mass spectroscopy with direct injection. Concentrations were adjusted for urine dilution using specific gravity. Limits of detection (LODs) and (percent of samples above the LOD) were as follows: MiBP 3.9 ug/L (98%), MnBP 4.5 ug/L (99%), MEHP 4.1 ug/L (33%), MEHHP 0.13 ug/L (100%), MECPP 0.03 ug/L (100%), MEOHP 0.10 ug/L (100%). MEHP concentrations appear not to have been considered further for analysis; in addition to the low detection rate, footnotes in Supplemental Material Table 1S indicate a possible contamination issue for MEHP measurements. The remaining DEHP metabolites (MEHHP, MECPP, MEOHP) were summed for analysis, as were MiBP and MnBP (referred to collectively as the “dibutyl phthalates” (DBP)). Sum DEHP and DBP were then used to estimate daily phthalate intake using each woman’s body weight and chemical excretion ratios (Supplemental Material, Box S2). The use of single spot urine samples is a concern, as this may have resulted in exposure misclassification, but this potential misclassification is not anticipated to be differential in nature.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Low	The outcomes of interest in this study were measures of child neurodevelopment. Autism spectrum disorder (ASD) traits were assessed based on parental report of “any ASD traits.” No further information about the instrument used to assess ASD traits or its validity were provided.	
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting of ASD trait results.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Potential confounding variables were initially identified based only on associations with the outcome variables. From among this set, some variables were included in regression models a priori, while others were included if the resulted in a change in the effect estimate of at least 15%. The primary regression models for ASD and ASD traits were adjusted for age at interview and sex, while primary regression models for cognition were adjusted for age at test, sex, administering researcher, and experience of the researcher in test administration. However, a sensitivity analyses in which models were adjusted for a larger set of potential confounders was included in the Supplemental Material (Table 3S). In this analysis, cognition models were additionally adjusted for parental education, “lone parent,” alcohol consumption during the first trimester, prematurity, breastfeeding, number of household members after the first two adults, and maternal smoking. ASD models were additionally adjusted for maternal age at conception, paternal age at conception, and parental education. ASD trait models were additionally adjusted for parental education, breastfeeding, number of additional household members after the first two adults, and maternal smoking.	

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<b>Study Citation:</b>	Ponsonby, A. L., Symeonides, C., Saffery, R., Mueller, J. F., O'Hely, M., Sly, P. D., Wardrop, N., Pezic, A., Mansell, T., Collier, F., Burgner, D., Thompson, K., Vijayarathay, S., Sugeng, E. J., Dwyer, T., Ranganathan, S., Anderson, P. J., Anderson, V., Vuillermin, P., Group, B.I. (2020). Prenatal phthalate exposure, oxidative stress-related genetic vulnerability and early life neurodevelopment: A birth cohort study. <i>NeuroToxicology</i> 80:20-28.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD) traits, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	9644527

Domain	Metric	Rating	Comments
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	DEHP and DBP (defined as MnBP and MiBP) daily intake values were log 2 transformed prior to analysis. Associations between phthalate intake and continuous outcomes were assessed using linear regression, while associations with binary outcomes were assessed using logistic regression. Raw scores from the cognition scale of the BAYLEY-III were used in models adjusted for age due to "a residual age at assessment effect." Missing data were not described. Additional analyses included the examination of both phthalate intake and oxidative stress-related single nucleotide polymorphisms on neurodevelopmental outcomes.
	Metric 5B: Sensitivity	Medium	The sample size was adequate. Exposure ranges were adequate to ensure sufficient contrast. MnBP and MiBP were summed for analysis; associations for each of these two metabolites individually cannot be determined. No other concerns for study sensitivity were identified.

**Additional Comments:** This prospective birth cohort study evaluated associations between prenatal phthalate intake estimated from urinary metabolite measures, genetic vulnerability to oxidative stress, and neurodevelopmental outcomes in children age 2 and 4. The study used generally adequate participant selection and analytic methods. Concerns include limited information on how outcomes were assessed, particularly for the outcome of ASD traits. MEOHP was initially measured but was not moved forward for analysis; other measured DEHP metabolites (MEHHP, MECPP, MEOHP) were summed and used to calculate prenatal DEHP intake. MnBP and MiBP were both measured but were summed for analysis into a combined "dibutyl phthalates" intake measure. DEHP intake was associated with increased odds of ASD and ASD traits. Similarly, the combined dibutyl phthalates intake measure (including MnBP and MiBP) was associated with increased odds of ASD and ASD traits. There also was evidence of potential interaction between phthalate exposure and genetic risk factors.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Qian, X.,i, Li, J., Xu, S., Wan, Y., Li, Y., Jiang, Y., Zhao, H., Zhou, Y., Liao, J., Liu, H., Sun, X., Liu, W., Peng, Y., Hu, C., Zhang, B.,in, Lu, S.,hi, Cai, Z., Xia, W.,ei (2019). Prenatal exposure to phthalates and neurocognitive development in children at two years of age. Environment International 131:105023.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Bayley Scales of Infant Development of China Revision (mental development index, psychomotor development index), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	6967437		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Longitudinal cohort of pregnant women who were invited to enroll at the first antenatal examination. Inclusion and exclusion criteria for participants were specified and would not induce bias. A significant difference in parity was reported between study participants and non-participants with no reported explanation however parity was controlled for in the analysis. Enough of a description of the recruitment process is reported to be comfortable that there is not a significant risk of bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Maternal phthalate concentrations determined by standard assay of spot urine samples in the 1st, 2nd, and 3rd trimesters. Intraclass correlation coefficients are reported for each metabolite across the entire pregnancy with relatively poor agreement for each metabolite due to the short half-life of phthalate metabolites.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Neurodevelopment measures in children assessed between 23-26 months of age using the Bayley Scales of Infant Development of China Revision (BSID-CR) by trained examiners at the study hospital. The BSID-CR has been validated for neurodevelopment screening in children aged 2-30 months of age in China.
Metric 3B:	Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control			
Metric 4A:	Potential Confounding	Medium	Strategy for selection of confounders reported and included a consideration of biological considerations, published literature, and univariable statistical analyses based on the association with outcomes. Results of the univariable analyses are not reported, and the distribution of potential confounders by either the exposure or the outcome are not reported.
Domain 5: Analysis			
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<b>Study Citation:</b>	Qian, X.,i, Li, J., Xu, S., Wan, Y., Li, Y., Jiang, Y., Zhao, H., Zhou, Y., Liao, J., Liu, H., Sun, X., Liu, W., Peng, Y., Hu, C., Zhang, B.,in, Lu, S.,hi, Cai, Z., Xia, W.,ei (2019). Prenatal exposure to phthalates and neurocognitive development in children at two years of age. Environment International 131:105023.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Bayley Scales of Infant Development of China Revision (mental development index, psychomotor development index), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	6967437			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	High	Quantitative results are presented for the analyses including confidence limits. Descriptive information available for exposure estimates including trimester-specific medians. Missingness is reported for a potential confounder however the type of missingness is not addressed though this is not expected to greatly influence the effect estimate. Non-linear dose-response considered and evaluated by fitting a cubic spline and no significant non-linear associations were reported. Effect modification by sex considered due to previous literature noting differences in exposure by sex.
	Metric 5B:	Sensitivity	Medium	The population was exposed to levels of phthalate metabolites expected to have an impact on response. Adequate variability in exposure level as reported by batch-specific mean concentrations and trimester-stratified central tendencies.
<b>Additional Comments:</b>	This prospective birth cohort study included 476 infant-child pairs and featured relatively robust outcome assessment and reporting of analytical methodology. No substantial flaws noted beyond those inherent to a prospective cohort study. The authors reported a significant negative association amongst all children between maternal MnBP and PDI score with a regression coefficient of -1.90 (95% CI: -3.43, -0.37) and a significant positive association amongst all children between maternal MECPP and PDI score with a regression coefficient of 2.15 (95% CI: 0.01, 4.29).			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Reeves, K. W., Santana, M. D., Manson, J. E., Hankinson, S. E., Zoeller, R. T., Bigelow, C., Sturgeon, S. R., Spiegelman, D., Tinker, L., Luo, J., Chen, B., Meliker, J., Bonner, M. R., Cote, M. L., Cheng, T. D., Calafat, A. M. (2019). Urinary phthalate biomarker concentrations and postmenopausal breast cancer risk. <i>Journal of the National Cancer Institute</i> 111(10):1059-1067.
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer, Cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5043615

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this Women's Health Initiative (WHI) nested case-control study were recruited from 40 clinical centers throughout the country between October 1, 1993, and December 21, 1998. This study included 419 cases and 838 controls. All participants were between 50 and 79 years of age at enrollment and had no prior cancer history (other than nonmelanoma skin cancer). Incident breast cancer cases were diagnosed through the end of follow-up in 2013. Cases were included if they had at least two urine samples available for phthalate measurement (from both the year 1 and year 3 follow-up visits) and were diagnosed after the year 3 visit. Two control subjects were individually matched to each case. Controls were not diagnosed with breast cancer, and were matched on enrollment date, length of follow-up, age at enrollment, and WHI study arm (clinical trials vs. observational study). If there were more than 2 eligible controls, two were randomly selected. Characteristics of included participants vs. the parent cohort were not described. There was no evidence to suggest concerns of bias based on participant selection, and inclusion and exclusion criteria were clearly outlined. The comparison group was adequately selected and methods for inclusion were provided.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Reeves, K. W., Santana, M. D., Manson, J. E., Hankinson, S. E., Zoeller, R. T., Bigelow, C., Sturgeon, S. R., Spiegelman, D., Tinker, L., Luo, J., Chen, B., Meliker, J., Bonner, M. R., Cote, M. L., Cheng, T. D., Calafat, A. M. (2019). Urinary phthalate biomarker concentrations and postmenopausal breast cancer risk. Journal of the National Cancer Institute 111(10):1059-1067.			
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043615			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	All participants in this study had provided at least two urine samples, collected at the year one and year three clinic visits, prior to breast cancer diagnosis among cases. Additional urine samples were collected at year 1 among participants in the WHI clinical trial arm: 168 cases (40.1%) and 336 controls (40.1%) had three urine samples available. The mean of repeated measures was used to represent each participant’s phthalates exposure. First morning void samples were collected by participants at home and processed within 30 minutes of arrival at the clinic. The urine samples were analyzed for phthalate metabolite concentrations by solid phase extraction and high-performance liquid chromatography-electrospray ionization-tandem mass spectrometry with quality controls. Phthalates measured included metabolites of DiDP (MCNP), DiNP (MCOP), DEHP (MECPP, MEHHP, MEHP, and MEOHP), DBP (MBP, MHBP), BBP (MBzP), and DiBP (MiBP, MHiBP). Along with individual metabolites, the authors analyzed associations with the molar sums of DEHP, DBP and DiBP metabolites. Coefficients of variation for measurements of these metabolites ranged from <4.3% to 10.3%. The limit of detection for phthalate metabolites was not reported, but the authors highlighted that <1% of observations were below the LOD for all metabolites. For values below LOD, the authors imputed the value as the LOD divided by the square root of two. Samples were standardized for dilution using creatinine. The availability of multiple samples and prospective designs are important strengths. However, given the long latency for developing breast cancer, it cannot be ascertained to what extent the timing of urine sample collection reflects the most relevant exposure. In addition, the low intra-class correlations (ICC) for repeated measures of phthalate metabolites (mean ICC for applicable metabolites ranged from lows of 0.01 to highs of 0.08) indicated that additional samples would have been optimal to characterize participants’ exposure.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	High	This study analyzed incident primary invasive breast cancers among postmenopausal women. Breast cancer diagnoses were self-reported annually, and all included cases were subsequently adjudicated by trained physicians who reviewed medical records and pathology data. All eligible cases that occurred after year three clinic visits and during WHI follow-up through 2013 were included. Breast cancers were further characterized by estrogen receptor/progesterone receptor (ER/PR) status, and by time windows for diagnosis after the year 3 clinic visit. There are minimal concerns for error in case ascertainment. However, issues such as stage at diagnosis and breast cancer screening among controls were not discussed.	
Metric 3B:	Selective Reporting	Medium	There were no major concerns of selective reporting in this study. All results for primary and secondary analyses were presented or described, though few sensitivity analyses were shown in detail.	

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<b>Study Citation:</b>	Reeves, K. W., Santana, M. D., Manson, J. E., Hankinson, S. E., Zoeller, R. T., Bigelow, C., Sturgeon, S. R., Spiegelman, D., Tinker, L., Luo, J., Chen, B., Meliker, J., Bonner, M. R., Cote, M. L., Cheng, T. D., Calafat, A. M. (2019). Urinary phthalate biomarker concentrations and postmenopausal breast cancer risk. Journal of the National Cancer Institute 111(10):1059-1067.		
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer, Cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043615		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Potential confounders were selected a priori. The authors examined numerous variables as potential confounders in their analysis including: race/region; education level; neighborhood socioeconomic status; body mass index; physical activity; smoking status; alcohol use; Health Eating Index score; total dietary energy intake; hormone therapy (HT) use at enrollment; age at menarche; parity; age at first birth; breastfeeding history; age at menopause; Gail breast cancer risk score; diabetes; high cholesterol; hypertension; membership in the observational study and specific clinical trials. Adjusted models included all variables with a p-value less than 0.25 in a multivariable model that included all candidate covariates. Final models included age, race/region, neighborhood SES index, BMI, alcohol use, smoking status, Gail score, HT use, HT trial assignment, dietary modification trial assignment, and calcium and vitamin D trial assignment. Although the authors acknowledged that variables such as BMI and weight gain are potential intermediates, they did not discuss excluding intermediates. However, the authors presented both adjusted and unadjusted results, as well as models stratified by BMI. The similarity of unadjusted and adjusted results did not suggest bias due to including potential intermediates. While confounding was based on statistical significance, important variables were included in the final model, and there is no evidence of bias.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Descriptive data for cases and controls were shown. These data included creatinine-corrected but not raw phthalate distributions, Phthalate distributions Odds ratios and their associated 95% confidence intervals were calculated using conditional logistic regression models. Unadjusted and adjusted results were presented. Phthalate concentrations were natural log-transformed to improve normality; exposure variables were creatinine corrected (method not specified). Analyses were shown using both transformed continuous exposure variables and quartiles. Numbers of cases and controls in each category were shown in analyses using quartiles. Results stratified by ER/PR status, obesity, and select periods of time to diagnosis (<3 years, <5 years of urine sample collection) were shown. Analysis limiting the sample to participants with lengthier duration of follow-up were not discussed. Sensitivity analyses included excluding women using hormone therapy at baseline, correcting for variability in phthalates using intra-class correlations, or using individual vs averaged phthalate measures. It was unclear whether missing data was an issue. Results stratified by other potentially relevant variables such as study arm or baseline health status were not mentioned. No important deficiencies in the analysis were noted.

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<b>Study Citation:</b>	Reeves, K. W., Santana, M. D., Manson, J. E., Hankinson, S. E., Zoeller, R. T., Bigelow, C., Sturgeon, S. R., Spiegelman, D., Tinker, L., Luo, J., Chen, B., Meliker, J., Bonner, M. R., Cote, M. L., Cheng, T. D., Calafat, A. M. (2019). Urinary phthalate biomarker concentrations and postmenopausal breast cancer risk. Journal of the National Cancer Institute 111(10):1059-1067.			
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Breast cancer, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043615			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	The distribution of exposure levels reported within the study indicated adequate variability for evaluation; few samples had concentrations of phthalates below detection. Two to three measures of phthalates were available for each participant. However, intra-class correlations were: 0.01 for MECPP, MEHHP, MEOHP; 0.02 for MHiBP; 0.03 for MEHP; 0.05 for MBP; 0.06 for MiBP and MBzP; and 0.08 for MHBP, indicating that there was very high within-person variability. The extent to which the available measures may misclassify habitual exposure, and perhaps reduce ability to detect associations, cannot be ascertained.	

**Additional Comments:** This nested case-control study of the WHI prospective cohort included 419 incident invasive breast cancer cases and 838 controls density matched on age, enrollment date, study arm, and length of follow-up. Participants were postmenopausal at enrollment. Subjects were recruited in 1993 to 1998 and followed through 2013. Exposure assessment included measures of urinary phthalate metabolites in 2-3 spot urine samples measured over three years following recruitment. Strengths included the prospective design, the availability of repeated urine samples to estimate exposure, and analyses stratified by estrogen and progesterone receptor status. Limitations included very low ICCs for repeated measures of phthalate metabolites (<0.08 for metabolites of interest), indicating high within-person variability. It cannot be ascertained to what extent available measures reflected habitual exposure. It is also uncertain whether the postmenopausal exposure estimates reflect the relevant timeframe for breast cancer etiology. Despite some limitations, the study had important strengths, and no major concerns were noted.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Rodríguez-Carmona, Y., Cantoral, A., Trejo-Valdivia, B., Téllez-Rojo, M. M., Svensson, K., Peterson, K. E., Meeker, J. D., Schnaas, L., Solano, M., Watkins, D. J. (2019). Phthalate exposure during pregnancy and long-term weight gain in women. Environmental Research 169:26-32.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Weight change after pregnancy, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043451		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study examines the association between urinary phthalate exposures during pregnancy and weight change in the years following pregnancy in a sub-sample of Mexican women from the ELEMENT cohort study. Women were recruited for the ELEMENT cohort study during the first trimester of pregnancy from 1997-2004. 250 women from two of three ELEMNT birth cohorts were selected for follow-ups in 2010 based on availability of urine samples from pregnancy. Follow up study visits occurred 12 months postpartum (1998-2005) and at follow-up visits 5.2-10.7 years after the first postpartum year (2008-2011). Of the 250 women eligible, 229 had phthalate measures available, 205 had complete postpartum weight information, and 178 had complete information on potential confounders. Although there is limited information on the recruitment of the broader ELEMENT cohort, there were no statistical differences between the 178 included in analyses and the 229 eligible to participate, minimizing concern for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MnBP, MiBP, MBzP, MEHP, MEHHP, MEOHP, MECPP) were measured in urine samples collected during the first, second, and third trimesters of pregnancy using high performance liquid chromatography and tandem mass-spectrometry. Urinary measures were corrected for specific gravity. Limits of detection (ng/mL) are reported for each metabolite (MnBP = 0.5, MiBP = 0.2, MBzP = 0.2, MEHP = 1, MEHHP = 0.1, MEOHP = 0.1, MECPP = 0.2), along with % of samples <LOD (MnBP = 0, MiBP = 0.16, MBzP = 0.32, MEHP = 0, MEHHP = 0, MEOHP = 0, MECPP = 0). Samples <LOD were assigned values of LOD/(sq. rt. 2). Molar sums of DEHP and DBP were also calculated using measures of metabolites. There may be some potential for exposure misclassification due to the short half-lives of phthalates and the measurement during pregnancy only three times; however, this misclassification is expected to be non-differential and concern for bias is minimal.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	During the first year postpartum, weight was measured up to five times (depending on subcohort). Weight was measured an additional two times during follow-up visits (mean (SD): 7.1 (1.13) and 9.6 (1.50) years after final visit during first year postpartum). Weight was measured using a hospital scale (accurate to 0.1 kg). Change in weight (kg) and BMI (kg/m <sup>2</sup> ) were calculated as arithmetic means according to standard formulas (either mean change per year, in follow-up visits, or in the first year postpartum).

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<b>Study Citation:</b>	Rodríguez-Carmona, Y., Cantoral, A., Trejo-Valdivia, B., Téllez-Rojo, M. M., Svensson, K., Peterson, K. E., Meeker, J. D., Schnaas, L., Solano, M., Watkins, D. J. (2019). Phthalate exposure during pregnancy and long-term weight gain in women. Environmental Research 169:26-32.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Weight change after pregnancy, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043451			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	Results from anticipated analyses are reported. Findings from analyses of DEHP and DBP are summarized qualitatively (no association). Total effects from path analyses "did not deviate from direct effects," which are reported. Main model results only include select phthalates (MBzP) but results reported in supplement.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Age, education level, and energy intake were included as confounders in models. Breastfeeding duration, SES, marital status, and parity rate were also considered. Energy intake was selected as a proxy for diet quality and is assumed to account for confounders associated with body weight (physical activity and metabolic efficiency).Confounders included in analyses were selected a priori and according to conceptual models. Paths that were not significant to the model were eliminated. Information on potential confounders was gathered from questionnaires (dietary information, education, SES) and parity and breastfeeding information was collected during clinical visits. There is no major concern for residual confounding that impacted findings.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Associations between urinary phthalate metabolites and change in weight/BMI following birth were assessed using path analyses with maximum likelihood estimation. Direct effects mark the unmediated associations between two variables, and indirect effects represent the effect mediated by other variables. 178 were included in analyses, as they had complete data. For each individual, log-transformed geometric mean and specific gravity corrected phthalate metabolite concentrations across pregnancy were included. Outliers and distributions were assessed for continuous variables, including skewness. Phthalates were logarithmically transformed. % of samples <LOD (MnBP = 0, MiBP = 0.16, MBzP = 0.32, MEHP = 0, MEHHP = 0, MEOHP = 0, MECPP = 0). Samples <LOD were assigned values of LOD/(sq. rt. 2).	
	Metric 5B: Sensitivity	Medium	The study had adequate sensitivity to assess the association between urinary phthalate metabolite levels and changes in weight. The sample size was adequate (n = 178), and the path analysis was selected due to "greater statistical power than traditional regression models." Exposure distributions are sufficient to detect an association.	
Additional Comments:	This prospective cohort study examines urinary phthalate metabolite levels during pregnancy and the association with changes in weight or BMI postpartum (up to 10 years following birth) in a subsample of Mexican women from the ELEMENT cohort. Concerns for bias in the findings are minimal, as the approaches to participant selection, exposure measure, outcome ascertainment, accounting for confounders, and statistical analyses were appropriate.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Santana, Díaz, M. V., Hankinson, S. E., Bigelow, C., Sturgeon, , S. R., Zoeller, R. T., Tinker, L., Manson, E., J.A., Calafat, A. M., Meliker, , J. R., Reeves, K. W. (2019). Urinary concentrations of phthalate biomarkers and weight change among postmenopausal women: a prospective cohort study. Environmental Health 18(1):20.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Overweight and obesity, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5613207

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study performed cross-sectional and longitudinal analyses of postmenopausal women enrolled in the nested case-control Women's Health Initiative (WHI) study. Enrollment for the WHI was described briefly, and 50-79 year old women were enrolled from October 1, 1993 until December 21, 1998 at locations in Alabama, Pennsylvania, and Arizona. The WHI focused on individuals with breast cancer and had matched controls. Cases were comprised of women diagnosed with invasive breast carcinoma which occurred after a three-year follow-up through 2013. Controls were matched on numerous variables including enrollment date, length of follow-up, age at enrollment, and WHI study arm. Controls were matched to cases 2:1. The cross-sectional analysis included 337 cases and 660 controls with complete data available, while the longitudinal analysis only included the 660 controls from the parent study. The authors indicated that weight gain is common after breast cancer treatment, which is why the longitudinal analysis was restricted. The authors provided sufficient information about participant selection, contributing to minimal concerns of selection bias. The methods for determining the control group were also adequate, strengthened by the matching procedures.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	All participants provided first morning void urine samples at baseline, and the WHI used a standard collection, processing, and storage protocol. The samples were collected at home and processed upon arrival at the clinics. Phthalate metabolite concentrations were quantified via on-line solid phase extraction coupled to high performance liquid chromatography-electrospray ionization-isotope dilution tandem mass spectrometry after enzymatic hydrolysis of the metabolites. While the authors do not provide exact numbers for the LOD, they do link to the methods used for quantification and detail that the LODs were in the low ng/mL range. The LOD for creatinine was reported as 10 mg/mL. The methods utilized are appropriate for determining phthalate metabolite concentrations, and the samples represent the etiologically relevant time period. Concerns were raised about exposure misclassification because two clinics used urine collection containers that were not confirmed to be phthalate free. These concerns are lowered somewhat because the authors measured metabolite concentrations instead of parent phthalates, which should not reflect potential contamination. This contributes to more confidence in an adequate rating for this metric.
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Santana, Díaz, M. V., Hankinson, S. E., Bigelow, C., Sturgeon, , S. R., Zoeller, R. T., Tinker, L., Manson, E., J.A., Calafat, A. M., Meliker, , J. R., Reeves, K. W. (2019). Urinary concentrations of phthalate biomarkers and weight change among postmenopausal women: a prospective cohort study. Environmental Health 18(1):20.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Overweight and obesity, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5613207			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The authors report that measurements of height and weight were collected three times: at baseline, year 3, and year 6 clinic visits. These measurements were used to determine participants BMI as weight(kg)/height^2(m^2). Respondents were then grouped based on their BMI into underweight/normal weight (<25.0 kg/m^2), overweight (25.0-<30.0 kg/m^2), and obese (>=30.0 kg/m^2). There is some uncertainty about misclassification because the authors did not report the tools used for height and weight, but in the discussion section the authors highlight the objectively measured data, reducing this concern. This metric is adequate because it is likely that the instruments were appropriate, but there is no discussion of validation.	
	Metric 3B: Selective Reporting	Medium	There were no major concerns of selective reporting in this reference, and results for the primary and secondary analyses outlined in the methods section are reported.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The WHI collected extensive data on participants, and numerous variables were considered as confounders. These included age, race/ethnicity, education level, income, health insurance, smoking status, alcohol use, Healthy Eating Index-2005 score, dietary energy intake, total recreational physical activity, oral contraceptive use, any hormone therapy use, ever had diabetes, ever had cardiovascular disease, hypertension, and dyslipidemia. All models were adjusted for age and urinary creatinine concentration. Other covariates were included if they had a p-value of less than 0.25 in a univariable model in a preliminary multivariable model, and their significant was evaluated using backward selection and keeping those with a p-value less than 0.10. Covariates included in the final models include creatinine, age, ethnicity, alcohol use, physical activity, smoking status, health eating index, dietary energy intake, hormone replacement therapy use, education, income, and history of diabetes, hypertension, dyslipidemia, and cardiovascular disease. While numerous covariates were considered, inclusion in the model was based on statistical significance, contributing to an adequate rating. The authors also note in the discussion section that residual confounding may have impacted their results.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	All phthalate concentrations were natural log transformed for normality. Cross-sectional analyses included cases and controls, with phthalate concentrations grouped into quartiles. Linear regression and multinomial logistic regression analyses were conducted to examine relationships between the biomarkers and weight and BMI categories. All results were appropriately reported with effect estimates and corresponding 95 percent confidence intervals. While there was not an optimal characterization of the outcome variable because specific tools were not mentioned, there was an adequate description of the exposure. LOD was not provided in the report, but specific methods were linked. Overall, the analyses performed were robust and appropriate.	

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<b>Study Citation:</b>	Santana, Díaz, M. V., Hankinson, S. E., Bigelow, C., Sturgeon, , S. R., Zoeller, R. T., Tinker, L., Manson, E., J.A., Calafat, A. M., Meliker, , J. R., Reeves, K. W. (2019). Urinary concentrations of phthalate biomarkers and weight change among postmenopausal women: a prospective cohort study. Environmental Health 18(1):20.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Overweight and obesity, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5613207			
Domain	Metric	Rating	Comments	
Metric 5B:	Sensitivity	Medium	Study sensitivity was sufficient due to a range of exposure levels, which provides enough variability to evaluate the primary hypotheses, and the study population was sensitive to the development of the outcomes of interest. Even though the longitudinal analysis only included controls, these contributing factors are still true. The cross-sectional analysis sample size (n=337 cases; n=660 controls) had adequate power, as well as the longitudinal analysis (n=660).	
Additional Comments:	This cross-sectional and longitudinal analysis of participants from a nested case-control included a moderate number of individuals, with a high-quality exposure assessment methodology. There were no major flaws noted in this study, other than a potential for residual confounding and possible Type 1 error resulting from numerous statistical analyses.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Shin, H. M., Schmidt, R. J., Tancredi, D., Barkoski, J., Ozonoff, S., Bennett, D. H., Hertz-Picciotto, I. (2018). Prenatal exposure to phthalates and autism spectrum disorder in the MARBLES study. <i>Environmental Health</i> 17(1):85.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD), non-typical development (Non-TD), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043457		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	This cohort study examined a subset of participants (186 mothers and their 201 children) from the MARBLES (Markers of Autism Risk in Babies – Learning Early Signs) cohort, which follows pregnant women at a high risk of delivering another child who will develop autism spectrum disorder (ASD). Recruitment for the larger cohort was conducted from 2006-2014 "mostly in Northern California" primarily from "lists of children receiving services for autism through the California Department of Developmental Services, as well as from other studies, by self- or provider referrals and obstetrics/gynecology clinics. Participation rates and inclusion/exclusion criteria were not provided for the overall cohort. For the subset of mothers and children included in the current study, participants were limited to mothers who provided first morning voids and/or 24 hour urine samples during pregnancy between 2007-2014 and had a child who completed the study at age 3 (flow chart available in Figure S1). 43 mothers were excluded due to miscarriage or loss to follow-up. While there was a moderate degree of loss to follow-up, the information provided does not suggest that this was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Valid exposure assessment methods were used. Phthalate metabolites were measured in multiple maternal urine samples during pregnancy. Mothers were asked to provide three first morning voids (FMVs) each one week apart, as well as one 24-hour urine sample each trimester (collected between January 2007-February 2014). When mothers provided 3+ urine specimens a trimester, authors kept the first FMV as an individual sample and pooled the extra urine samples. Samples were refrigerated or frozen and sent to the UC Davis lab for analyses. The LODs (% above the LOD) were 0.2 ug/L (100%) for MCNP, 0.3 ug/L (100%) for MCOP, and 0.9 ug/L (50%) for MiNP, 0.4 ug/L (99%) for MBP, 0.4 ug/L (82% for MHBP, 0.8 ug/L (98%) for MiBP, 0.4 ug/L (97%) for MHBP, 0.3 ug/L (99%) for MBzP, 0.8 ug/L (83%) for MEHP, 0.4 ug/L (100%) for MEHHP, 0.2 ug/L (100%) for MEOHP, and 0.4 ug/L (100%) for MECPP. DEHP metabolites were summed (molar sum). The number of urine samples actually provided varied among participants; as such, weighted averages were estimated across mid-to-late pregnancy as well as for the 2nd and 3rd trimesters separately, with weights proportional to the number of individual and pooled samples. Some non-differential exposure misclassification may be present particularly among participants with fewer samples across pregnancy, but this is not a major concern. Concentrations were corrected for specific gravity.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Shin, H. M., Schmidt, R. J., Tancredi, D., Barkoski, J., Ozonoff, S., Bennett, D. H., Hertz-Picciotto, I. (2018). Prenatal exposure to phthalates and autism spectrum disorder in the MARBLES study. Environmental Health 17(1):85.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD), non-typical development (Non-TD), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043457			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	There is high confidence in the validity in the outcome definition. ASD was assessed in children by licensed clinical psychologists using the gold standard, the Autism Diagnostic Observation Schedules (ADOS). Children were also administered the Mullen Scales of Early Learning (MSEL). Scores from ADOS and MEL were used to categorize children into those with ASD outcomes, non-typical development outcomes, and typical development outcomes. The study does not state whether outcome assessors were aware of exposure status, but this seems unlikely given the exposure was measured in a biological matrix (urine).	
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary and secondary analyses.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	High	Confounders were identified using a directed acyclic graph as well as a literature review. Authors adjusted for "child's birth year (continuous), maternal pre-pregnancy body mass index (BMI; underweight/normal weight, overweight, obese), and homeownership (owner, non-owner) as a proxy of socioeconomic status" in the final model. Additionally, authors ran sensitivity analyses to further adjust for "(1) interpregnancy interval (continuous), (2) gestational age at birth (continuous), (3) maternal age at delivery (continuous), and (4) child's race/ethnicity (white, Hispanic, other)." Child's sex and maternal prenatal vitamin use were conceptualized and evaluated as potential effect measure modifiers.	
Domain 5: Analysis				
	Metric 5A: Analysis	High	The analytic approach was appropriate. Authors used multinomial logistic regression models to estimate the association of pre-natal phthalate exposure in mid to late pregnancy and risk of ASD or non-TD in children (vs. TD). Authors conducted sensitivity analyses (located in the supplemental file) to exclude any outliers, twin values from the cohort, and additional adjustment factors to address robustness of the results. Additional analyses included stratification by prenatal vitamin use and child's sex, as well as examination of trimester-specific associations. Phthalate metabolite concentrations were natural log-transformed prior to averaging over pregnancy. No relevant phthalate values were below the LOD. Missing covariate data was minimal and well-documented.	
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<b>Study Citation:</b>	Shin, H. M., Schmidt, R. J., Tancredi, D., Barkoski, J., Ozonoff, S., Bennett, D. H., Hertz-Picciotto, I. (2018). Prenatal exposure to phthalates and autism spectrum disorder in the MARBLES study. Environmental Health 17(1):85.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Autism spectrum disorder (ASD), non-typical development (Non-TD), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043457			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	The sample size was adequate but the number of participants with each outcome status was relatively small (n=46 ASD, n=53 non-TD, n=109 TD). Authors note that the varying results could be due to random error from the smaller amount of cases in the study., where the average exposure characterized from multiple (4 or 5) samples might not necessarily represent the individual’s true exposure for compounds with low ICCs (e.g., MEHP, MEHHP, MEOHP, MECPP, MCP, MNP, MCOP, MCNP), whose molecular weight is relatively high and for which diet is a primary exposure source. Median concentrations for MiBP, MHiBP, MEHP, MEHHP, MEOHP, MECPP, MCP, and MNP were significantly lower in the ASD group than in the TD group.	
Additional Comments:	Overall, this cohort of mother-child pairs from MARBLES provided detailed methodology using the gold standard regarding the exposure assessment and outcome ascertainment. Other than the limitation of a smaller number of cases (n = 46 children with autism spectrum disorder) in the cohort, the study is well-designed with appropriate selection, confounding adjustment, and analytic methods). Among boys, ΣDEHP measured in mid-late pregnancy was associated with higher risk of non-typical development (vs. typical development) (RRR = 1.87 (1.02, 3.41)).			
<b>Overall Quality Determination</b>		<b>High</b>		

<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728712

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The sample in this study is a subgroup of the French EDEN (Etude des Déterminants pré et postnatals du développement de la santé de l'Enfant) prospective birth cohort study. The cohort recruitment process is further described in Heude et al. 2015 (HEROID: 3366583). At two university maternity clinics in Nancy and Poitiers, France, women were recruited before the 24th week of pregnancy from 2003-2006. Among 3,758 women approached, 2,002 (58%) agreed to participate in the study. Exclusion criteria included multiple pregnancy, known pre-pregnancy diabetes, French illiteracy, or planning to move out of the region within three years. In the cohort, male offspring were followed up to 5 years of age (n=998). The analysis in this study was conducted on all male offspring for whom maternal urine samples had been analyzed for metabolites in a prior study of the same cohort (n=604). The study compared males with and without phthalate measurements and found small but significant differences in a few variables (e.g., maternal age, gestational age, low birth weight and season of urine sample) that were evaluated as potential confounders. Generally, there is little concern for selection bias. There is no discussion of potential attrition.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was characterized using measures in urine samples from mothers during pregnancy. Women provided a first urine sample at home before a hospital visit between the 24th and 28th gestational weeks. If women forgot, the sample was collected at the hospital visit. All parent compounds were measured via urinary metabolites with high specificity. Sample storage and transportation are sufficiently described. Quantification was performed using on-line solid phase extraction-high-performance liquid chromatography-electrospray ionization isotope dilution-tandem mass spectrometry. Creatinine was also measured to account for dilution and concentrations are reported corrected for creatinine. The study reports that >97% of samples and metabolites were above the limit of detection, and the limit of detection is also described for metabolites. The study reports that there were no significant differences between samples collected at home compared to those collected at the hospital. The temporality of outcome-exposure is clear, as outcomes were measured after exposure assessment. While a single spot urine sample may not represent the etiologically relevant time period for eczema and IgE outcomes due to the short half-life of phthalates in the body, there is no specific evidence to suggest the exposure is not representative of typical phthalate measures among mothers or that the etiologically relevant time period was not captured.

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<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728712		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Eczema was assessed by a standardized and validated questionnaire from the International Study of Asthma and Allergies in Childhood, given to the parents at follow-up visits at child ages of 1,2,3,4, and 5 years by appointment. The timing of eczema incidence was further characterized based on reported diagnoses by a doctor in the past 12 months at each annual follow-up visit. Eczema was defined as ever eczema, eczema incidence in each year of age, early onset eczema (diagnosed in the first 2 years of life), and late onset eczema (24 to 60 months of age).
	Metric 3B: Selective Reporting	Medium	No concerns reported. All analyses discussed in the methods are reported in the results.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Considered covariates included birth weight, gestational age, season of birth, parity, number of siblings, exclusive breast-feeding for >= 4 months, maternal age at delivery, pre-pregnancy BMI, maternal and paternal history of allergies, maternal and paternal educational level, household income, city of residence, mode of delivery, smoking during pregnancy, maternal alcohol use during pregnancy, maternal and paternal physician-diagnosed cases of asthma/rhinitis/eczema, food allergies, and recruitment center. Potential covariates were selected a priori from a literature review and evaluated using a directed acyclic graph (DAG). Measurement of these variables occurred via maternal or parental interview near recruitment or at yearly follow-up visits. No concerns are reported for bias due to confounding.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multiple logistic regression analyses were performed to assess the association between phthalate metabolites and eczema outcomes. Adjusted and unadjusted associations were shown for ever-diagnoses of eczema. Concentrations of phthalates were log-transformed to account for non-normality. Adjusted odds ratios and 95% confidence intervals are reported. A Cox proportional hazards discrete time survival model was also applied to assess the association between phthalates and eczema occurrence in the first five years of life. There was no discussion of the proportional hazards assumption. Sensitivity analyses were performed, stratifying by atopic status determined by serum IgE levels. The authors also analyzed associations between phthalates and IgE-defined atopic status. Bonferroni corrections for multiple comparisons were applied. Descriptive information was provided for both exposure and outcome.
	Metric 5B: Sensitivity	Medium	No significant concerns for sensitivity. The sample size of n=604 is likely sufficient to detect an effect. Exposure ranges are relatively small, but still wide enough to likely allow for some contrast.

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<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Eczema, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728712

Domain	Metric	Rating	Comments
Additional Comments:	This prospective birth cohort of the EDEN (Etude des Déterminants pré et postnatals du développement de la santé de l'Enfant) study measured maternal urinary phthalate metabolites and their association with eczema and serum IgE at ages 1-5 in boys. There are limited concerns for bias in this study, as all aspects appear well-conducted and well-reported. Significant positive associations were reported for prenatal MCOP and ever diagnosed eczema, eczema diagnosed at ages 4 and 5, as well as for early-onset and late-onset eczema. The magnitude of associations was stronger for late onset eczema. Significant positive associations were observed for MiBP and eczema at ages 3 and later, as well as for late-onset eczema. Similar findings were found in the sum of all DEHP metabolites in ages 3 and later, and for MBzP at age 5. In a subset of 293 boys who had IgE measured at age 5, about one third were characterized as having allergic eczema and two thirds nonallergic asthma. Associations between these metabolites and ever diagnosed eczema did not vary by atopic status.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.		
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Atopic status (total serum IgE $\geq$ 60 IU/mL), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728712		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The sample in this study is a subgroup of the French EDEN (Etude des Déterminants pré et postnatals du développement de la santé de l'Enfant) prospective birth cohort study. The cohort recruitment process is further described in Heude et al. 2015 (HEROID: 3366583) At two university maternity clinics in Nancy and Poitiers, France, women were recruited before the 24th week of pregnancy from 2003-2006. Among 3,758 women approached, 2,002 (58%) agreed to participate in the study. Exclusion criteria included multiple pregnancy, known pre-pregnancy diabetes, French illiteracy, or planning to move out of the region within three years. In the cohort, male offspring were followed up to 5 years of age (n=998). The analysis in this study was conducted on all male offspring for whom maternal urine samples had been analyzed for metabolites in a prior study of the same cohort (n=604). The study compared males with and without phthalate measurements and found small but significant differences in a few variables (e.g., maternal age, gestational age, low birth weight and season of urine sample) that were evaluated as potential confounders. Generally, there is little concern for selection bias. There was no discussion of attrition. The final sample for analyses of serum IgE is only n=293. Details are not provided on why this number is smaller but may be related to the collection of blood samples only at 5 years of age.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was characterized using measures in urine samples from mothers during pregnancy. Women provided a first urine sample at home before a hospital visit between the 24th and 28th gestational weeks. If women forgot, the sample was collected at the hospital visit. All parent compounds were measured via urinary metabolites with high specificity. Sample storage and transportation are sufficiently described. Quantification was performed using on-line solid phase extraction-high-performance liquid chromatography-electrospray ionization isotope dilution-tandem mass spectrometry. Creatinine was also measured to account for dilution and concentrations are reported corrected for creatinine. The study reports that >97% of samples and metabolites were above the limit of detection, and the limit of detection is also described for metabolites. The study reports that there were no significant differences between samples collected at home compared to those collected at the hospital. The temporality of outcome-exposure is clear, as outcomes were measured after exposure assessment. While a single spot urine sample may not represent the etiologically relevant time period for eczema and IgE outcomes due to the short half-life of phthalates in the body, there is no specific evidence to suggest the exposure is not representative of typical phthalate measures among mothers or that the etiologically relevant time period was not captured.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Atopic status (total serum IgE ≥60 IU/mL), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728712			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The outcomes of interest were eczema and IgE status. Total IgE was measured in serum samples from boys at 5 years of age using the CAP assay (Pharmacia and Upjohn Diagnostics AB, Uppsala, Sweden), which is assumed to be a reasonable method of measuring IgE. The authors cited a previous EDEN study publication to justify using IgE ≥60 IU=mL to define sensitization (Baiz et al., 2016, PMID 27566456). Pediatric reference values are not well established. This cutoff characerized 60 of the 293 boys with serum IgE measures as atopic. While details on the assay and cutoff are limited, there is no evidence of bias. Elevated total IgE was also used to characterize eczema as sensitized vs. not sensitized. Eczema was assessed by parental report of doctor diagnoses in annual visits using a standardized and validated questionnaire from the International Study of Asthma and Allergies in Childhood.	
	Metric 3B: Selective Reporting	Low	All analyses discussed in the methods are reported in the results. As the analysis of elevated IgE alone was complementary to the analysis of eczema with vs without sensitization, the authors described where results were significant, but effect estimates were not provided.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Considered covariates included birth weight, gestational age, season of birth, parity, number of siblings, exclusive breast-feeding for >= 4 months, maternal age at delivery, pre-pregnancy BMI, maternal and paternal history of allergies, maternal and paternal educational level, household income, city of residence, mode of delivery, smoking during pregnancy, maternal alcohol use during pregnancy, maternal and paternal physician-diagnosed cases of asthma/rhinitis/eczema, food allergies, and recruitment center.Potential covariates were selected a priori from a literature review and evaluated using a directed acyclic graph (DAG). Measurement of these variables occurred via maternal or parental interview near recruitment or at yearly follow-up visits. No concerns are reported for bias due to confounding.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	The association between elevated serum IgE levels (≥60 IU/mL) and phthalate metabolites was analyzed using multiple logistic regression. Concentrations of phthalates were log-transformed. Associations between elevated IgE and phthalates are described as significant for phthalate metabolites where that was the case. However, descriptive information on exposure and outcome are provided, and associations with eczema stratified by total IgE status are shown. As this analysis was complementary to the analysis of eczema stratified by IgE status, few details were provided.	

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<b>Study Citation:</b>	Soomro, M. H., Baiz, N., Philippat, C., Vernet, C., Siroux, V., Maesano, Nichole, C., Sanyal, S., Slama, R., Bornehag, C. G., Annesi-Maesano, I. (2018). Prenatal exposure to phthalates and the development of eczema phenotypes in male children: results from the EDEN mother-child cohort study. Environmental Health Perspectives 126(2):27002.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Atopic status (total serum IgE ≥60 IU/mL), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728712			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	No significant concerns for sensitivity. The sample size of n=604 is likely sufficient to detect an effect. Exposure ranges are relatively small, but still wide enough to likely allow for some contrast. MCOP (ug/L) median = 3.9 ug/L, (25th-75th percentiles: 2.4-6.5 ug/L. MCNP (ug/L) median = 1.2 ug/L (25th-75th percentiles: 0.8-2.2 ug/L.	
Additional Comments:	This prospective birth cohort of the EDEN (Etude des Déterminants pré et postnatals du développement de la santé de l'Enfant) study measured maternal urinary phthalate metabolites and their association with eczema diagnosed at ages 1-5 in boys, and with elevated serum IgE at age 5 years. IgE data was available for a subset of 293 boys (total n=604); IgE data were used principally to characterize boys as having atopic (sensitized) vs non-atopic eczema. About one third of the 293 boys were characterized as having elevated IgE based on a cutoff used in a previous EDEN study publication; pediatric reference values are not well established. There are limited concerns for bias in this study, as all aspects appear well-conducted and well-reported. Results for the main effect association between phthalates and elevated IgE were described only as not significant for all pthahlates. However, associations with atopic vs. non-atopic eczema were shown for all phthalate metabolites (supplemental material). There are potential concerns given the limited information on IgE measurement and the cutoff used to define atopy. However, there is no evidence of bias.			

**Overall Quality Determination****Medium**



<b>Study Citation:</b>	Strassle, P. D., Smit, M., L.A., Hoppin, J. A. (2018). Endotoxin enhances respiratory effects of phthalates in adults: Results from NHANES 2005-6. Environmental Research 162:280-286.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, hay fever, rhinitis (symptoms in the past 12 months), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728797		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study utilized the publicly available NHANES 2005-2006 data, designed to represent the US population. These data are the only recent NHANES that include information on respiratory and allergic symptoms and endotoxin measurements. The analysis sample included adults aged $\geq 18$ years who had complete information on urinary phthalates, dust endotoxin levels, and potential confounders, and had not moved between the clinic visit and dust collection ( $n=1,091$ ). NHANES methods including participation rates are documented ( <a href="https://wwwn.cdc.gov/nchs/nhanes/continuousnhanes/overview.aspx?BeginYear=2005">https://wwwn.cdc.gov/nchs/nhanes/continuousnhanes/overview.aspx?BeginYear=2005</a> ). The authors described the proportion of participants with complete data as about one third of NHANES participants with urinary phthalate measures. The sample analyzed in this study was similar to that in a previous study by these authors examining main effects of phthalates on these respiratory outcomes; the sample in this study was reduced as fewer participants had valid endotoxin measures. The authors noted some differences in the significance of main effects of some phthalates in this study vs their prior analysis (Hoppin et al., 2013 HEROID 1987636). Nonetheless, there is no direct evidence that inclusion in this sample was selective.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were analyzed in spot urine samples collected during the NHANES clinic visit using high performance liquid chromatography-mass spectrometry. Concentrations below limits of detection (LOD) were imputed as the LOD divided by the square root of 2. Urine dilution was addressed by including creatinine as a covariate in regression models. Phthalate concentrations were log10 transformed for analysis. Any phthalates present in $\geq 50\%$ of the sample were included. These included the DEHP metabolites mono-(2-ethyl)-hexyl phthalate (MEHP), mono-2-ethyl-5-carboxypentyl phthalate (MECPP), mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), and mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP). The proportion of samples above LOD were 67.7%, 99.9%, 99.7%, and 99.1% , respectively. A primary aim was to examine whether endotoxin levels in the home modified associations between phthalates and respiratory symptoms. Endotoxin was measured in combined dust from the participants bed and bedroom floor within 7 days of the clinic visit. Limitations of exposure measurement include the use of a single spot urine to quantify exposure and the cross-sectional design. Given the relatively short half-life of phthalate metabolites in urine, exposure may be misclassified by a single sample. Reverse causation in a cross-sectional study cannot be ruled out, should some individuals experiencing respiratory and/or allergic symptoms adjust behaviors in ways that influence phthalates exposure. However, there is no evidence of such bias.

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, hay fever, rhinitis (symptoms in the past 12 months), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728797		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	The outcomes analyzed in this study were defined based on self-reported symptoms of asthma, hay fever, rhinitis, and wheeze during the past 12 months. Current asthma was defined based on both a doctor diagnosis of asthma and symptoms in the past year. Wheeze was defined as any episode of wheezing or whistling in the chest in the past year.
	Metric 3B: Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses. Associations with hay fever and current rhinitis were described as null in the main manuscript and included in supplemental materials not available at the time of this assessment.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Models adjusted for variables included in a previous study on phthalates and allergy in NHANES 2005-2006 by these authors which did not analyze endotoxin interactions (Hoppin et al., 2013 HEROID 1987636). Covariates were selected a priori based on the literature, and included age, gender, race/ethnicity, BMI, urinary creatinine, and cotinine. Poverty-income ratio was excluded in the previous study as it did not confound associations and inclusion would have reduced sample size. To examine effect modification, endotoxin levels in dust were categorized in approximate tertiles (low: < 10 endotoxin units [EU]/mg, medium: 10–25 EU/mg, and high: ≥25 EU/mg). Potential co-exposure confounding was not discussed.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multivariable logistic regression was used to analyze the association between phthalates and respiratory and allergic outcomes, potentially modified by endotoxin. Each phthalate was analyzed individually using log10 transformed variables. Results were reported as adjusted odds ratios for the main effects of phthalates alone and for effects stratified by endotoxin tertile. Phthalates-endotoxin interaction p-values were reported based on Wald tests for overall differences in slope across tertiles. Results were also presented graphically. As a sensitivity analysis, the authors analyzed interactions between phthalates and total dust weight to provide evidence that any interactions were due to the endotoxin content of dust vs. the dust itself. Gender interactions were not discussed in either study. The DEHP metabolites (MEHP, MECPP, MEHHP, and MEOHP) were combined into a summary variable phthalate and analyzed as "DEHP."
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<b>Study Citation:</b>	Strassle, P. D., Smit, M., L.A., Hoppin, J. A. (2018). Endotoxin enhances respiratory effects of phthalates in adults: Results from NHANES 2005-6. Environmental Research 162:280-286.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, hay fever, rhinitis (symptoms in the past 12 months), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	4728797

Domain	Metric	Rating	Comments
Metric 5B:	Sensitivity	Medium	The analysis sample included more than 1,000 adults. Detection rates were high and there was variability in the phthalate metabolites analyzed. The authors noted that the analysis sample was limited to participants who provided urine and household dust samples and included about one third of adults with urine samples in NHANES. Moreover, the sample of 1,546 adults in their previous study that did not incorporate endotoxin measures was reduced to 1,091 in this analysis. Main effects of phthalates were described as "approximately the same" as in their previous study. DEHP metabolites had significant associations reported for wheeze and interaction with endotoxins, and MBzP had significant increase in one unit change of MBzP for wheeze in the highest category of endotoxin. The differences in magnitude of associations is unknown as detailed results for these metabolites were not shown previously.

**Additional Comments:** This study used NHANES 2005-2006 data to analyze whether dust endotoxin levels modified the association between phthalate exposures and respiratory symptoms in the past year, including symptoms of asthma (among doctor-diagnosed participants) and wheeze. The study utilized a sample (n =1,091) of nearly 1/3 of the NHANES sample size due to exclusions of from missing data such as lacking spot urine samples, home endotoxin measures, or confounding factors. For asthma, the authors reported significant ( $p < 0.05$ ) interactions with endotoxins and phthalate metabolites MCOP (DiNP) and MCNP (DiDP). This study also observed significant main effects of these metabolites that were not observed in their previous study of NHANES 2005-06, which analyzed a larger sample as it did not exclude participants missing endotoxin data (N=1,546). Main effects for those associations were not shown in the previous study; results were described as not significant. The magnitude of difference in associations is unknown. For wheeze, main effect associations with these metabolites were not significant, but there was a significant ( $p < 0.05$ ) interaction with endotoxin for MCOP (DiNP), MnBP (DBP) and ΣDEHP. Several characteristics of participants included in both studies were described by the authors and appeared to be similar (49% vs 46% non-Hispanic white, 50% vs 49% male, 28% vs 27% cotinine >10 ng/mL). Reasons for the differences in significance of some results are uncertain, and it is uncertain whether the magnitude of associations was meaningfully different. Nonetheless, there is no evidence that inclusion in this sample was selective.

## Overall Quality Determination

**Medium**

<b>Study Citation:</b>	Tanner, E. M., Hallerbäck, M. U., Wikström, S., Lindh, C., Kiviranta, H., Gennings, C., Bornehag, C. G. (2020). Early prenatal exposure to suspected endocrine disruptor mixtures is associated with lower IQ at age seven. Environment International 134:105185.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- full scale IQ, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5933606		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	The association of prenatal urinary DiDP (MHiDP, MCNP), DiNP (MHiNP, MOiNP, MCiOP), DBP (MBP), BBP (MBzP), and DEHP (MEHP, MEHHP, MEOHP, MECPP) metabolites and child full scale IQ at age 7 was assessed in this cohort study of mother-child pairs (n = 718) from the Swedish Environmental Longitudinal Mother and Child, Asthma and Allergy (SELMA) study. 2300 pregnant women were recruited for the study from November 2007 - March 2010 in prenatal clinics in Varmland county during the first trimester. Families were invited to participate in child cognitive functioning studies consecutively based on child age. 943 were assessed, but full data were only available for 718 children. Inverse probability weights were used to incorporate baseline characteristics (child sex, maternal age, education, and smoking) with significant differences between the recruited population (n=943) and the study population. Concern for selection bias is minimal.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	MBP, MBzP, MEHP, MEHHP, MEOHP, MECPP, MHiDP, MCNP, MHiNP, MOiNP, and MCiOP were assessed in first morning void urine samples from pregnant women during the first prenatal clinic visit (median = 10 weeks gestation). Samples were analyzed via LC-MS/MS and creatinine (measured enzymatically) was used to adjust for urine dilution. Limits of detection are reported (MBP: 0.100 ng/mL; MBzP: 0.04 ng/mL; MEHP: 0.100 ng/mL; MEHHP: 0.02 ng/mL; MEOHP: 0.03 ng/mL; MECPP: 0.02 ng/mL; MHiDP and MCNP: 0.031 ng/mL, MHiNP: 0.020 ng/mL, MOiNP: 0.010 ng/mL, MCiOP: 0.020 ng/mL) and 100% of metabolite samples were >LOD. DiNP was calculated as the molar sum of 3 metabolites (MHiNP, MOiNP, and MCiOP) and DEHP was calculated as the molar sum of 4 metabolites (MEHP, MEHHP, MEOHP, MECPP). Urinary measure during pregnancy is the etiologically window to measure exposure. However, the use of single measurements for chemicals with short half-lives to represent exposure during pregnancy may lead to misclassification. Impacts expected to be minor.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	Medium	Trained psychologists evaluated full scale IQ in children at age 7 using the Wechsler Intelligence Scale for Children, 4th edition (WISC-IV). Scores were indexed to have a mean of 100 and SD of 15. There is no discussion of validation in the study population, but the WISC-IV is a well-established tool to assess cognitive function.
Metric 3B:	Selective Reporting	Medium	All anticipated results are reported from primary and secondary analyses.
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<b>Study Citation:</b>	Tanner, E. M., Hallerbäck, M. U., Wikström, S., Lindh, C., Kiviranta, H., Gennings, C., Bornehag, C. G. (2020). Early prenatal exposure to suspected endocrine disruptor mixtures is associated with lower IQ at age seven. Environment International 134:105185.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- full scale IQ, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5933606

Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Covariates were selected for inclusion through examination of the literature and bivariate associations with study data. Child sex and the maternal characteristics (parity, age, weight, education, IQ (RAVEN), and smoking) were included as confounders in final models. Maternal fish consumption and breast feeding were also considered as confounders. Additionally, child sex, maternal age, maternal education, maternal smoking, and prenatal creatinine-corrected MEP and MBzP, trans-nonachlor, and PCBs were included via inverse probability weights to adjust for potential selection bias. These variables were summarized in a directed acyclic graph. Analyses were also stratified by child sex. Information on potential confounders was collected from mothers during visits via questionnaire. Subsequent information was collected via follow-up questionnaires (i.e., information on breast feeding). Gestational age, birth weight, and maternal weight data were obtained from the Swedish Medical birth register.
Domain 5: Analysis			
	Metric 5A: Analysis	High	Weighted quantile sum (WQS) regression was used to examine the association between exposure to mixtures of EDC chemicals (natural log-transformed), including the phthalate metabolites of interest, and child full scale IQ. For these regressions, a WQS index (of all chemicals) is included in a multivariable linear model to assess the effects on the outcome. Effect estimates and 95% CI are reported from WQS regression. Construction of the WQS used negative weights from 100 bootstrap samples for each chemical, anchored by an assumption that IQ would decrease with increasing exposure. Chemicals with weights >3.8% were considered chemicals of concern. Authors deemed this an explanatory approach. A repeated holdout validation was conducted to simulate a distribution of validated results from the underlying population. The resulting mean estimate is reported along with the range of values representing the uncertainty in a weight uncertainty plot. Additional sensitivity analyses were conducted with the population stratified by child sex, with the addition of covariates (maternal fish consumption, breastfeeding). The WQS regression was conducted with 40% of the data to assess the origin of differences between the explanatory approach and repeated holdout validation. Additional analyses were conducted without the highest weight chemical and with an assumption of a positive association between exposure and outcome (i.e., using positive weights instead of negative). Analyses were conducted on individuals with complete data; thus, treatment of missing values was not necessary.
	Metric 5B: Sensitivity	Low	Study had adequate sample size (n = 718 mother-child pairs) and exposure distribution to detect an effect. Importantly, the study analyzes the effect of EDC mixtures on child cognitive functioning (IQ). As a result, single chemical effects cannot be gleaned from the findings.

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- full scale IQ, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5933606

Domain	Metric	Rating	Comments
Additional Comments:	This cohort study examined mother-child pairs (n=718) from the SELMA study and the association between prenatal urinary phthalate exposure (MBP, MBzP, MEHP, MEHHP, MEOHP, MECPP, MHiDP, MCNP, MHiNP, MOiNP, MCiOP) and child IQ at age 7. The study used a robust analysis and appropriate recruiting, outcome, and exposure assessment methods. However, the results are reported for mixtures of EDCs only, limiting the study's sensitivity to determine single-pollutant effects. DEHP (calculated as the molar sum of MEHP, MEHHP, MEOHP, and MECPP), DiNP (calculated as the molar sum of MHiNP, MOiNP, and MCiOP), MBP, MHiDP, and MCiNP were below the threshold of concern, however, in some analyses with positive weights, DiNP was above the threshold. MBzP was above the threshold of concern in the full sample explanatory approach (weight: 6%).		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Trasande, L., Liu, B., Bao, W. (2021). Phthalates and attributable mortality: A population-based longitudinal cohort study and cost analysis. Environmental Pollution 292:118021.		
<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Cancer mortality, Cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	9495379		
Domain	Metric	Rating	Comments
Domain 1: Study Participation	Metric 1A: Participant Selection	Medium	Subjects in this study cohort were participants in NHANES surveys from 2001-2010. Phthalate metabolites were measured in about third of randomly selected NHANES participants in various waves. However, data on MCNP and MCOP were only available in NHANES years 2005-2006 to 2009-2010, so analyses of those metabolites were restricted to this sub-sample of the overall participants. NHANES is a well-studied and well-reported cross-sectional study representative of the United States, so there is minimal concern for selection bias in the use of NHANES data. To be included in this study, participants had to be adults aged 40 or older and have available urinary phthalate metabolite data. Participants were linked to publicly available mortality data, allowing for up to 10 years of follow-up. No information is provided on any participants whose vital status may not have been identified, and no other inclusion/exclusion criteria are specified. The final number of participants was n=3,310 for MCOP/MCNP, and 5,303 for all other phthalate metabolites. The study provides covariate data stratified by exposure status, but this information is only provided for groupings of other phthalates and DEHP.
Domain 2: Exposure Characterization	Metric 2A: Exposure Measurement	Medium	Exposure to phthalates were measured through concentrations of appropriate urinary metabolites. At NHANES enrollment, spot urine samples were collected. phthalate metabolites were quantified using solid phase extraction coupled with reversed phase high performance liquid chromatography-electrospray ionization-tandem mass spectrometry. While characterization of habitual exposure is uncertain due to the short half-life of phthalate metabolites, which were characterized using a single spot urine sample, exposure is appropriately measured prior to incidence of the outcome. There is no evidence to suggest participants changed behaviors in ways associated with exposure to phthalates. Concentrations of phthalates were adjusted for dilution by adjusting for creatinine. A change in the urinary creatinine measurement method in 2007 was addressed by adding a categorical variable to adjust for NHANES wave. Values below detection limits were imputed as the LOD divided by the square root of 2. The LOD and number of samples below the LOD are not provided in the study, but are available in NHANES data (Source: <a href="https://www.cdc.gov/exposurereport/data_tables.html">https://www.cdc.gov/exposurereport/data_tables.html</a> ).
Domain 3: Outcome Assessment			
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<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Cancer mortality, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9495379			
Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Outcome data was obtained through the NHANES Public-Use Linked Mortality File through 12/31/2015 which allows for the linkage of NHANES participants to the National Death Index with a probabilistic matching algorithm to determine mortality status. Specific causes of death were categorized according to ICD-10 codes. Cardiovascular (CVD) mortality was classified by NCHS as death from heart disease (codes I00–I09, I11, I13, and I20–I51) or cerebrovascular disease (codes I60–I69), and cancer mortality as death from malignant neoplasms (codes C00–C97).
	Metric 3B:	Selective Reporting	Medium	All analyses described in the methods are reported in results. Methods for MCNP and MCOP are described as a sensitivity analysis to evaluate the specificity of associations; data from NHANES 2005-2010 were analyzed in separate models from other phthalates. Associations between these variables and mortality outcomes are presented using sample weights in the main manuscript, and without sample weights in the supplemental material. Results of the weighted analysis were also presented in the supplementary material: there were very minor differences in a few hazard ratios suggesting analyses were repeated with an inadvertent small change, but no evidence for concern (e.g. HR for tertile 3 of MCNP and cancer mortality 0.63, 0.30-1.34 vs. 0.65, 0.31-1.36).
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Considered covariates included age, sex, race/ethnicity, urinary creatinine, education, family income, smoking status, alcohol drinking, physical activity, total energy intake, Healthy Eating Index-2010, survey year and BMI. Total energy intake and the Healthy Eating index measure of overall diet quality were computed using multi-pass 24-hour dietary recall interviews. There are no details on why these specific covariates were chosen. Co-exposure confounding by BPA was evaluated for other phthalate variables, but it was unclear whether this issue was examined for MCOP and MCNP.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between phthalates with mortality was assessed using Cox proportional hazards regression models. Exposure to each metabolite was categorized using tertiles to examine non-linear dose-response, as well as using as natural log transformed continuous variables to address skewed distributions. Follow-up time was calculated as the difference between the NHANES examination date and the last known date alive or censored from the linked mortality data. Effect estimates are reported with 95% CIs. While the proportional hazards assumption is not tested there is no evidence that the assumption would not be met. For their primary analyses of other phthalate exposure variables, the authors reported conducting several sensitivity analyses, including using evaluating the likelihood of potential residual confounding, using unweighted data, and stratifying results by variables including age (< vs >=60 years), gender, obesity, race/ethnicity, and physical activity level. For MCNP/MCOP, only weighted and unweighted associations were shown.

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<b>Health Outcome(s) Assessed:</b>	Cancer/Carcinogenesis- Cancer mortality, Cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	9495379			
Domain	Metric	Rating	Comments	
	Metric 5B: Sensitivity	Medium	The number of participants is likely sufficient to detect an effect (n=3,310 for MCNP/MCOP and n=5,303 for other phthalates). The distribution of MCNP and MCOP were not provided in the manuscript for adults aged >=40 years, but NHANES data indicates that all metabolites were detected in sufficient numbers and with sufficient ranges of exposure (Source: <a href="https://www.cdc.gov/exposurereport/data_tables.html">https://www.cdc.gov/exposurereport/data_tables.html</a> ).	
Additional Comments:	This cohort study used NHANES 2001 to 2010 data for adults aged 40+ years linked to mortality information to estimate the association between urinary concentrations of several phthalate metabolites and risk of death (all cause, CVD, and cancer). While measures of other phthalates were included for the entire period (n = up to 5,303), MCOP and MCNP data were only available for NHANES survey waves from 2005-06 to 2009-10 (n = 3,310). Participants were followed for vital status and cause of death through 2015. Exposure was characterized using a single spot urine sample, which may misclassify habitual exposure given the high variability and short half-lives of these metabolites. Significant associations between phthalate metabolites and mortality outcomes were reported for several phthalates, including MBzP, MEHHP, MEOHP, and MECCP. There was limited information and fewer analyses reported for the supplementary analyses of MCNP/MCOP in comparison to other phthalate exposure variables. There was no direct evidence of concern due to issues such as low sensitivity or bias. However, no significant associations were reported for MCOP or MCNP, for which the duration of follow-up was shorter and sample size smaller.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Tsai, Y. A., Tsai, M. S., Hou, J. W., Lin, C. L., Chen, C. Y., Chang, C. H., Liao, K. W., Wang, S. L., Chen, B. H., Wu, M. T., Hsieh, C. J., Chen, M. L., Group, TMICs (2018). Evidence of high di(2-ethylhexyl) phthalate (DEHP) exposure due to tainted food intake in Taiwanese pregnant women and the health effects on birth outcomes. Science of the Total Environment 618:635-644.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth head circumference, birth chest circumference, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	4728612		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study analyzed the association between maternal urinary phthalates and birth anthropometry in 112 infants whose mothers were recruited from the Cathay General Hospital (CGH) in Taipei, Taiwan between March 2010 and May 2010. Of 235 women recruited during first trimester visits, 162 had singleton pregnancies; 50 were excluded from the study as they provided fewer or insufficient urine samples for analysis. The authors stated that there were no significant differences between the 112 (69% of singletons) included vs. excluded participants; data were not shown. Recruitment strategies were not discussed, though the sample was characterized as a convenience sample. Eligibility criteria were not specified: the sample included 11 women with pregnancy complications (gestational diabetes, pregnancy induced hypertension, placenta previa). The mean age of 31.9 years was similar to a sub-sample of pregnant women from the Taiwan Maternal and Infant Cohort Study (TMICs) that was included solely to provide comparative descriptive data on phthalates exposure during pregnancy. The TMICs cohort was recruited after a DEHP food contamination event in Taiwan in May 2011, enabling a comparison of exposure levels before vs. after that event. The subsample of 245 TMICS pregnant women (mean age 31.9 y) included in this study were recruited from Taipei; details on TMICS were not presented here but have been published. There was no evidence to suggest that selection into the study was associated with exposure or outcomes.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth head circumference, birth chest circumference, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728612			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Exposure to several parent phthalates, including DEHP (four metabolites), as well as DiBP, BBP and DBP (one metabolite each). was estimated by analyzing urinary metabolites. Other phthalate esters [mono-ethyl phthalate (MEP) metabolite of diethyl phthalate (DEP), and mono-methyl phthalate (MMP) metabolite of dimethyl phthalate (DMP)] were also evaluated. A urine sample from each woman were collected during the 1st, 2nd, and 3rd trimester. Ultra-performance liquid chromatography-tandem mass spectrometry was used to determine concentrations; the authors referenced method used in other studies without mention of quality control procedures or standards (Blount et al., 2000; Kato et al., 2005; Silva et al., 2007). Concentrations were corrected for dilution using creatinine. Detection rates ranged from 81.3% to 100%. Imputation of values below detection was not discussed, but phthalates were dichotomized for statistical analysis. Trimester specific concentrations were analyzed individually; the mean of repeated measures was not analyzed. Intra-class correlations ranged from 0.01 to 0.10 for metabolites of DEHP, DiBP, BBP and DBP, indicating low repeatability within the same participant. Repeated measures were a strength that facilitated analyzing trimester-specific associations; multiple samples were not used to address potential misclassification due to short half-lives and high variability of exposure estimated using single spot urine samples.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Birth outcomes were ascertained from the participants’ medical records. The authors stated that birth weight, height (length), head circumference, and chest circumference were measured by a pediatrician.	
	Metric 3B: Selective Reporting	Medium	The authors presented association between phthalate metabolites and each birth outcome using exposure measures from all three trimesters.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Confounders were selected based on a review of the literature, and in part based on associations with birth outcomes (p<0.01). Covariates included maternal age, gestational age, body mass index before pregnancy, weight gain, infant gender, parity, and adverse disease during pregnancy. A socioeconomic indicator, such as maternal education which was included in descriptive data, was not included as confounder. There were no smokers, and only one woman reported consuming alcohol during pregnancy. The authors did not present unadjusted models or models that excluded gestational age, potentially on the causal pathway between phthalates exposure and birth size. Despite potential concerns, there was no evidence of important confounding bias.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Tsai, Y. A., Tsai, M. S., Hou, J. W., Lin, C. L., Chen, C. Y., Chang, C. H., Liao, K. W., Wang, S. L., Chen, B. H., Wu, M. T., Hsieh, C. J., Chen, M. L., Group, TMICs (2018). Evidence of high di(2-ethylhexyl) phthalate (DEHP) exposure due to tainted food intake in Taiwanese pregnant women and the health effects on birth outcomes. Science of the Total Environment 618:635-644.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth head circumference, birth chest circumference, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	4728612			
Domain	Metric	Rating	Comments	
Metric 5A:	Analysis	Medium	The authors provided descriptive data on participant characteristics for both their CGH cohort and the TMICS study subsample used for comparison of phthalates exposure levels. Detailed descriptive data were presented for the distributions of phthalates metabolites. The authors also used urinary measures to estimate the proportion of women in the CGH study with gestational exposure to DEHP above reference dose levels for hepatic and androgenic effects. Associations between phthalates and birth anthropometry were analyzed in the CHG cohort. In addition to individual metabolites, the study analyzed the sum of DEHP metabolites, along with the sum of low molecular weight, high molecular weight, and all phthalate metabolites. Multivariate linear regression models were used to analyze associations between phthalate exposure variables dichotomized at the median and each birth outcome. Results were reported as beta coefficients with 95% confidence intervals the p-value for each model. Associations with four outcomes (weight, length, chest circumference, head circumference) were estimated for a large number of phthalates variables, measured in each of three trimesters; multiple comparisons adjustments were not included. Supplementary analyses to assess robustness were not discussed, and stratified analyses to examine potential effect modification (e.g., by infant sex) were not presented. A limited set of analyses was presented, but there was no evidence of important error or bias.	
Metric 5B:	Sensitivity	Medium	The Cathay General Hospital cohort used to evaluate exposure-outcome relationships included 112 participants. A potential concern is that the small sample size may have limited statistical power to explore interactions. While the sample size was not large, there was a substantial range of and variability in exposure for all measured phthalate metabolites, and rates of detection were high. Concentrations of phthalates in the CGH cohort were higher than those estimated in the TMICS subsample, which collected urines after the tainted food event in 2011.	
Additional Comments:	This prospective cohort study in Taiwan (N=112) analyzed the association between several phthalates in maternal urine samples collected from each trimester of pregnancy and infant anthropometry at birth. Phthalates measures included metabolites of DEHP (four metabolites), DiBP, BBP and DBP. Small amounts of MnBP, a primary metabolite of DBP, may also be related to BBP exposure. Phthalates concentrations in this study, which recruited pregnant women in March to December 2010, were higher than those reported in a separate study of pregnant women from Taipei recruited in 2012, after a DEHP food contamination even in May 2011. Mean phthalates concentrations in CGH participants tended to increase in the second and third vs. the first trimester; intra-class correlations for repeated measures were ≤0.10 for 10 of the 13 phthalates variables analyzed. This sample predominantly included healthy pregnancies, including 11 women with pregnancy complications such as gestational diabetes, 7 infants who were preterm, and 3 with low birth weight. Models estimated associations between phthalates metabolites from each trimester and infant weight, length, head circumference, and chest circumference at birth. Analyses were limited to dichotomized exposure variables and did not include supplementary models to explore potential interactions or robustness to assumptions. Few associations, limited to second and third trimester phthalate measures, were statistically significant. Significant associations were not observed for metabolites of DEHP, DiBP, BBP, or DBP. Strengths of this study included the availability of phthalates measures from each trimester. Limitations included the lack of information on eligibility criteria for participants and the small sample size.			

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Health Outcome(s) Assessed:	Reproductive/Developmental- Birth weight, birth length, birth head circumference, birth chest circumference, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
HERO ID:	4728612		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Yland, J., Messerlian, C., Mínguez-Alarcón, L., Ford, J. B., Hauser, R., Williams, L., S.P., Team, E.S. (2019). Methodological approaches to analyzing IVF data with multiple cycles. Human Reproduction 34(3):549-557.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- live birth, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043574		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study examined the association between live birth outcomes and urinary phthalate metabolites (MEHP, MEHHP, MEOHP, MECPP) in women from the EARTH Study. Women were recruited from the Massachusetts General Hospital (MGH) Fertility Center beginning in 2004 through 2017 while they were seeking infertility treatment (442). Women from the cohort were eligible if they initiated at least one IVF cycle (regardless of cycle outcome). The relevant analysis included only those with DEHP measures (n = 401; 575 cycles). Women were excluded if they were oocyte donors, conceived naturally, received only IUI, or had missing BMI data. Individual cycles were excluded if the patients received gamete donation, used cryo-thawed oocytes, or were frozen embryo transfers (14% of cycles). If women had other eligible cycles, those were included in the study. Women included in analyses of DEHP were "not appreciably different" when compared with those without DEHP measures. There is no direct comparisons of the current study population with the broader EARTH Study cohort, which limits the ability to assess selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP) were measured in urine spot samples, which were collected at study entry and twice during each IVF cycle (between Days 3-9 of gonadotrophin phase and on the day of oocyte retrieval). Cycle-specific concentrations were calculated as the geometric mean of the two samples from each cycle. Metabolite concentrations were adjusted for specific gravity. The analytical method is not reported. Concentrations <LOD were assigned values of LOD/(sq. rt. 2). The LOD and % of samples <LOD is not reported. Each metabolite concentration was divided by its molecular weight and the sum across metabolites yielded the molar sum of DEHP. The exposure distributions are reported (median sum of DEHP metabolites: 0.13 ug/L; 25th-75th percentile: 0.07, 0.26 ug/L; max value = 5.23 ug/L). The analytical method and LOD information are not reported, meriting a deficient rating.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	IVF cycle outcomes were obtained from patient medical records by trained research staff, including pregnancy outcome. These records are expected to be complete and lead to minimal misclassification.
Metric 3B:	Selective Reporting	Medium	Results from all anticipated analyses are reported in the study findings.
Domain 4: Potential Confounding / Variability Control			

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- live birth, Non-cancer			
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<b>HERO ID:</b>	5043574			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Analyses were adjusted for BMI, maternal smoking history, SART infertility diagnosis, maternal age at cycle initiation, age squared. These covariates were selected a priori, as they are associated with live birth outcomes following IVF treatment. Other characteristics, such as race/ethnicity, were not included, as the study population was deemed homogenous. First cycles were not adjusted for prior treatment.Information on potential confounders was obtained from: clinical measure (of height and weight for BMI) and baseline questionnaires (demographic data and prior pregnancy data). There are no major concerns about residual confounding.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	A variety of statistical analyses were conducted to assess the association between live birth and urinary DEHP metabolite concentrations. Relative risks were calculated using log-binomial models, and odds ratios were estimated via logistic regression for first IVF cycles. To assess multiple IVF cycles per woman, log-binomial mixed effects models, generalized estimating equation log-binomial models, and cluster weighted GEE models were developed. These models account for within-woman correlations and cluster sizes, respectively. To assess potential nonlinearity, quadratic terms were added and model fits were compared using a likelihood ratio test. Trends were assessed across quartiles. Exposure samples <LOD were assigned values of LOD/ (sq. rt. 2). % of samples <LOD was not reported.Additional analyses assessed the association between cycle number and probability of live birth (i.e., informs understanding of cluster size influence) and also evaluated the working correlation matrix.	
	Metric 5B: Sensitivity	Low	Exposure levels may have been insufficient to detect an effect. A decline in DEHP levels from 2012-2017 is reported for the cohort, which may have attenuated the association with DEHP metabolites. The sample size (n = 401 women; 575 cycles) was adequate to detect an association.	
Additional Comments:	This prospective analysis of women obtaining IVF treatment who were part of the EARTH Study examines the association between live births and urinary DEHP metabolite (MEHP, MEHHP, MEOHP, MECPP) levels. No statistically significant associations were reported for urinary DEHP levels and live births among those seeking IVF treatment. Limits of detection and percent of samples <LOD are not reported in this otherwise well conducted and designed study.			
<b>Overall Quality Determination</b>		<b>Medium</b>		

<b>Study Citation:</b>	Zota, A. R., Geller, R. J., Calafat, A. M., Marfori, C. Q., Baccarelli, A. A., Moawad, G. N. (2019). Phthalates exposure and uterine fibroid burden among women undergoing surgical treatment for fibroids: a preliminary study. Fertility and Sterility 111(1):112-121.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- fibroid size, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	5043589		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Key elements of study design were reported within this cross-sectional pilot study of a racially diverse population of premenopausal (n=57) women undergoing either hysterectomy or myomectomy for symptomatic uterine fibroids to examine the potential associations between urinary phthalate biomarkers and two measures of fibroid burden (uterine volume and fibroid size). Women within the Fibroids Observational Research on Genes and the Environment (FORGE) study presenting to the George Washington University (GWU) gynecology clinic for evaluation for symptomatic fibroid tumors and surgical management were recruited 2014-2017. Eligible women were nonpregnant, premenopausal, English speaking, older than 18 years of age, and intending to have their surgery at the GWU hospital. Women with small or large fibroids were oversampled to capture fibroid size variability. As larger fibroid size is associated with greater morbidity and participants were presenting to the clinic for fibroid surgical management, the representativeness of variability in fibroid size and potentially related exposures is uncertain. Recruitment was initially limited to non-Hispanic black or non-Hispanic white women, but later expanded to all racial/ethnic groups in 2017. Ninety percent (n=61) of the n=68 women initially approached consented to participate. Final analysis was limited to the women (n=57) with urinary phthalate metabolite data. Insufficient information regarding comparison of participants and non-participants with respect to demographic or other characteristics possibly related to exposure and outcome.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- fibroid size, Non-cancer			
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<b>HERO ID:</b>	5043589			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Methods used to quantify exposure to 14 urinary phthalate metabolites were well defined. Spot urines were obtained from participants during clinic visits prior to surgery for 91% of participants. Urines were not collected on the day of surgery to ensure participant samples more closely represented usual dietary practices however urine was collected up to 2 months after surgery in 9% (n=5) of participants. Quantification of urinary phthalate metabolite biomarkers was performed by the Centers for Disease Control and Prevention (CDC) utilizing online-solid phase extraction-high performance liquid chromatography-isotope dilution tandem mass spectrometry. Limits of detection (LOD) and percent detected were reported. Percent detected for exposure metabolites ranged from 42 percent (MiNP) to 100 percent (MEP, MCNP, MECPP). Biomarker concentrations below the LOD were replaced with the LOD divided by the square root of 2 prior to specific gravity (SG) adjustment or calculation of phthalate biomarker summary measures. There was uncertainty regarding the potential for reverse causality within this cross-sectional study of women presenting with symptomatic fibroids who might be undergoing more medical treatments with potentially higher phthalate concentrations due to parenteral exposure from medical devices. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Low	Low/deficient for fibroid outcomes: Percent difference in largest fibroid size (cm), percent difference in uterine volume (cm^3), fibroid size >= median, and uterine volume >= median were the outcomes utilized within the final analyses for this study. Data regarding fibroid size was limited in many participants to one or two dimensions, and calculation of fibroid volume was lacking. Fibroid diagnosis and size data was collected from radiographic studies, electronic medical records and pathology reports. Fibroid size was reported in up to three dimensions with the largest recorded dimension utilized. Magnetic resonance imaging (MRI), the gold standard for fibroid detection and measurement, was available for 69 percent of patients who underwent myomectomy and 46 percent of those who had a hysterectomy. Data for fibroid size from those patients for whom MRI was unavailable within 12 months prior to surgery was obtained through ultrasound (n=19), operative (n=3) or surgical pathology (n=1) reports. Uterine size data was obtained through MRI within 12 months of surgery (n=35), ultrasound (n=20) and surgical pathology (n=1) reports. Uterine size was missing for n=1 participant (excluded from uterine volume analyses). Uterine volume was calculated using a referenced (Levens et al., 2009) equation. There was some uncertainty as MRI was more likely to have been utilized for fibroid size among patients undergoing myomectomy rather than hysterectomy, with the potentially less accurate methods utilized for many of those undergoing hysterectomies with potentially more complex medical histories and potentially higher medical procedural phthalate exposures.	

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<b>HERO ID:</b>	5043589			
Domain	Metric	Rating	Comments	
Metric 3B:	Selective Reporting	Medium	There were no concerns for selective reporting.	
Domain 4: Potential Confounding / Variability Control				
Metric 4A:	Potential Confounding	Medium	Final models for all analyses were adjusted for age, body mass index (BMI), and race/ethnicity. Potential confounders were assessed using prior knowledge on biological relevance and directed acyclic graphs. The variables considered as potential confounders included factors previously related to fibroid outcomes in this and other studies, as well as factors associated with phthalate exposures in this study. Data regarding potential confounding variables was obtained from patient medical records (race/ethnicity, age, parity, BMI, last menstrual period, insurance type, use of oral contraceptives or Lupron and medical history) and interviewer-administered surveys (smoking behavior and educational attainment). Time since diagnosis was obtained from medical record and cross-referenced with interview data. The distribution of potential confounders was presented across outcomes of interest, with amount of missing data noted. Data regarding time since diagnosis was missing for n=9 participants. There was uncertainty regarding potential for residual confounding due to a lack of consideration for non-oral hormonal contraceptive options and other estrogen-dependent gynecologic conditions, such as endometriosis and adenomyosis, potentially related to exposure in these participants.	
Domain 5: Analysis				
Metric 5A:	Analysis	Medium	Multivariate linear regression was utilized to examine the associations between natural log-transformed phthalate biomarker concentrations and natural log-transformed fibroid size with the percent difference in fibroid size and uterine volume calculated for a doubling , with the 95 percent confidence intervals (CIs), of phthalate biomarker concentrations. Multivariate logistic regression was utilized to evaluate the association between phthalate biomarker concentrations and fibroid size and uterine volume (below and at or above the median) with the estimated odds ratios (OR) and 95 percent CIs presented. Sensitivity analyses excluded n=6 women with previous fibroid surgery and potential surgically-induced alteration of fibroid biology. Additional sensitivity analyses excluded n=5 women providing a urine sample up to two months after surgery to assess potential for exposure misclassification. Examination of model fit, heteroscedasticity, and influence, as well as potential for examination of potential heterogeneity of effect were not described.	
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- fibroid size, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5043589

Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	The analytic sample size (n=57) was limited for multivariate analyses. There was uncertainty regarding the potential for reverse causality within this cross-sectional study of women presenting with symptomatic fibroids who might be undergoing more medical treatments with potentially higher phthalate concentrations due to parenteral exposure from medical devices. There was additional uncertainty due to the 9 percent (n=5) of participants providing urine up to 2 months after surgery. However, there were reportedly no meaningful changes in associations between phthalate biomarkers and fibroid outcomes in sensitivity analyses excluding women with prior fibroid surgery or women with urine samples collected after surgery. Additionally, MRI (gold standard) measurements of fibroid detection and measurement were utilized for the majority (69 percent) of participants undergoing myomectomy, but only 46 percent of those undergoing hysterectomy, with the potential for fibroid size being measured with less accuracy in women undergoing hysterectomies, although measurements of fibroid size were highly correlated in the subset of participants with both measures. Uncertainty remains regarding potential for residual confounding from unassessed hormonal contraception, treatments or gynecological conditions potentially related to exposure, as well as the use of a single spot urine for analysis of phthalate exposures in adequately representing the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.

**Additional Comments:** This cross-sectional pilot study included a racially diverse population of premenopausal women within the Fibroids Observational Research on Genes and the Environment (FORGE) study presenting to a university gynecology clinic and undergoing either hysterectomy or myomectomy for symptomatic uterine fibroids to examine the potential associations between urinary phthalate biomarkers and two measures of fibroid burden (uterine volume and fibroid size). Gold standard (MRI) measurements of fibroid size were utilized for the majority of, but not all, participants and urine phthalates were quantified by CDC labs. The number of participants for study (n=57) was limited, a single spot urine, taken prior to surgery in most (91 percent) but not all participants, was utilized for phthalate exposure, and potential for residual confounding remains from unassessed hormonal contraception, treatments and gynecological conditions. Higher urinary concentrations of MHiBP, MCOP, MCNP, MEHP, MEHHP, MEOHP, MECPP, the sum of DEHP metabolites and the sum of anti-androgenic metabolites (MnBP, MHBP, MiBP, MHiBP, MBzP, MEHP, MEHHP, MEOHP, MECPP, MCOP, MEP) were significantly associated with adjusted odds of greater uterine volume. MCNP was the only phthalate biomarker marginally significantly associated with fibroid size (adjusted odds ratio 1.9; 95% CI (1.0-3.5)). No other significant associations were noted between urinary phthalate concentrations and fibroid size within multivariate linear regression analyses.

**Overall Quality Determination****Medium**

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- uterine volume, Non-cancer		
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<b>HERO ID:</b>	5043589		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Key elements of study design were reported within this cross-sectional pilot study of a racially diverse population of premenopausal (n=57) women undergoing either hysterectomy or myomectomy for symptomatic uterine fibroids to examine the potential associations between urinary phthalate biomarkers and two measures of fibroid burden (uterine volume and fibroid size). Women within the Fibroids Observational Research on Genes and the Environment (FORGE) study presenting to the George Washington University (GWU) gynecology clinic for evaluation for symptomatic fibroid tumors and surgical management were recruited 2014-2017. Eligible women were nonpregnant, premenopausal, English speaking, older than 18 years of age, and intending to have their surgery at the GWU hospital. Women with small or large fibroids were oversampled to capture fibroid size variability. As larger fibroid size is associated with greater morbidity and participants were presenting to the clinic for fibroid surgical management, the representativeness of variability in fibroid size and potentially related exposures is uncertain. Recruitment was initially limited to non-Hispanic black or non-Hispanic white women, but later expanded to all racial/ethnic groups in 2017. Ninety percent (n=61) of the n=68 women initially approached consented to participate. Final analysis was limited to the women (n=57) with urinary phthalate metabolite data. Insufficient information regarding comparison of participants and non-participants with respect to demographic or other characteristics possibly related to exposure and outcome.
Domain 2: Exposure Characterization			
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Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Methods used to quantify exposure to 14 urinary phthalate metabolites were well defined. Spot urines were obtained from participants during clinic visits prior to surgery for 91% of participants. Urines were not collected on the day of surgery to ensure participant samples more closely represented usual dietary practices however urine was collected up to 2 months after surgery in 9% (n=5) of participants. Quantification of urinary phthalate metabolite biomarkers was performed by the Centers for Disease Control and Prevention (CDC) utilizing online-solid phase extraction-high performance liquid chromatography-isotope dilution tandem mass spectrometry. Limits of detection (LOD) and percent detected were reported. Percent detected for exposure metabolites ranged from 42 percent (MiNP) to 100 percent (MEP, MCNP, MECPP). Biomarker concentrations below the LOD were replaced with the LOD divided by the square root of 2 prior to specific gravity (SG) adjustment or calculation of phthalate biomarker summary measures. There was uncertainty regarding the potential for reverse causality within this cross-sectional study of women presenting with symptomatic fibroids who might be undergoing more medical treatments with potentially higher phthalate concentrations due to parenteral exposure from medical devices. Given the short half-life of phthalates, it is unclear if a single spot urine measure adequately represents the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Percent difference in largest fibroid size (cm), percent difference in uterine volume (cm^3), fibroid size >= median, and uterine volume >= median were the outcomes utilized within the final analyses for this study. Data regarding fibroid size was limited in many participants to one or two dimensions, and calculation of fibroid volume was lacking. Fibroid diagnosis and size data was collected from radiographic studies, electronic medical records and pathology reports. Fibroid size was reported in up to three dimensions with the largest recorded dimension utilized. Magnetic resonance imaging (MRI), the gold standard for fibroid detection and measurement, was available for 69 percent of patients who underwent myomectomy and 46 percent of those who had a hysterectomy. Data for fibroid size from those patients for whom MRI was unavailable within 12 months prior to surgery was obtained through ultrasound (n=19), operative (n=3) or surgical pathology (n=1) reports. Uterine size data was obtained through MRI within 12 months of surgery (n=35), ultrasound (n=20) and surgical pathology (n=1) reports. Uterine size was missing for n=1 participant (excluded from uterine volume analyses). Uterine volume was calculated using a referenced (Levens et al., 2009) equation. There was some uncertainty as MRI was more likely to have been utilized for fibroid size among patients undergoing myomectomy rather than hysterectomy, with the potentially less accurate methods utilized for many of those undergoing hysterectomies with potentially more complex medical histories and potentially higher medical procedural phthalate exposures.	

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<b>Study Citation:</b>	Zota, A. R., Geller, R. J., Calafat, A. M., Marfori, C. Q., Baccarelli, A. A., Moawad, G. N. (2019). Phthalates exposure and uterine fibroid burden among women undergoing surgical treatment for fibroids: a preliminary study. Fertility and Sterility 111(1):112-121.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- uterine volume, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)			
<b>HERO ID:</b>	5043589			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Final models for all analyses were adjusted for age, body mass index (BMI), and race/ethnicity. Potential confounders were assessed using prior knowledge on biological relevance and directed acyclic graphs. The variables considered as potential confounders included factors previously related to fibroid outcomes in this and other studies, as well as factors associated with phthalate exposures in this study. Data regarding potential confounding variables was obtained from patient medical records (race/ethnicity, age, parity, BMI, last menstrual period, insurance type, use of oral contraceptives or Lupron and medical history) and interviewer-administered surveys (smoking behavior and educational attainment). Time since diagnosis was obtained from medical record and cross-referenced with interview data. The distribution of potential confounders was presented across outcomes of interest, with amount of missing data noted. Data regarding time since diagnosis was missing for n=9 participants. There was uncertainty regarding potential for residual confounding due to a lack of consideration for non-oral hormonal contraceptive options and other estrogen-dependent gynecologic conditions, such as endometriosis and adenomyosis, potentially related to exposure in these participants.	
Domain 5: Analysis				
	Metric 5A: Analysis	Medium	Multivariate linear regression was utilized to examine the associations between natural log-transformed phthalate biomarker concentrations and natural log-transformed fibroid size with the percent difference in fibroid size and uterine volume calculated for a doubling, with the 95 percent confidence intervals (CIs), of phthalate biomarker concentrations. Multivariate logistic regression was utilized to evaluate the association between phthalate biomarker concentrations and fibroid size and uterine volume (below and at or above the median) with the estimated odds ratios (OR) and 95 percent CIs presented. Sensitivity analyses excluded n=6 women with previous fibroid surgery and potential surgically-induced alteration of fibroid biology. Additional sensitivity analyses excluded n=5 women providing a urine sample up to two months after surgery to assess potential for exposure misclassification. Examination of model fit, heteroscedasticity, and influence, as well as potential for examination of potential heterogeneity of effect were not described.	
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- uterine volume, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	5043589

Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	The analytic sample size (n=57) was limited for multivariate analyses. There was uncertainty regarding the potential for reverse causality within this cross-sectional study of women presenting with symptomatic fibroids who might be undergoing more medical treatments with potentially higher phthalate concentrations due to parenteral exposure from medical devices. There was additional uncertainty due to the 9 percent (n=5) of participants providing urine up to 2 months after surgery. However, there were reportedly no meaningful changes in associations between phthalate biomarkers and fibroid outcomes in sensitivity analyses excluding women with prior fibroid surgery or women with urine samples collected after surgery. Additionally, MRI (gold standard) measurements of fibroid detection and measurement were utilized for the majority (69 percent) of participants undergoing myomectomy, but only 46 percent of those undergoing hysterectomy, with the potential for fibroid size being measured with less accuracy in women undergoing hysterectomies, although measurements of fibroid size were highly correlated in the subset of participants with both measures. Uncertainty remains regarding potential for residual confounding from unassessed hormonal contraception, treatments or gynecological conditions potentially related to exposure, as well as the use of a single spot urine for analysis of phthalate exposures in adequately representing the intensity, frequency and potential peak exposures responsible for initiation and development of outcomes of interest.

**Additional Comments:** This cross-sectional pilot study included a racially diverse population of premenopausal women within the Fibroids Observational Research on Genes and the Environment (FORGE) study presenting to a university gynecology clinic and undergoing either hysterectomy or myomectomy for symptomatic uterine fibroids to examine the potential associations between urinary phthalate biomarkers and two measures of fibroid burden (uterine volume and fibroid size). Gold standard (MRI) measurements of fibroid size were utilized for the majority of, but not all, participants and urine phthalates were quantified by CDC labs. The number of participants for study (n=57) was limited, a single spot urine, taken prior to surgery in most (91 percent) but not all participants, was utilized for phthalate exposure, and potential for residual confounding remains from unassessed hormonal contraception, treatments and gynecological conditions. Higher urinary concentrations of MHiBP, MCOP, MCNP, MEHP, MEHHP, MEOHP, MECPP, the sum of DEHP metabolites and the sum of anti-androgenic metabolites (MnBP, MHBP, MiBP, MHiBP, MBzP, MEHP, MEHHP, MEOHP, MECPP, MCOP, MEP) were significantly associated with adjusted odds of greater uterine volume. MCNP was the only phthalate biomarker marginally significantly associated with fibroid size (adjusted odds ratio 1.9; 95% CI (1.0-3.5)). No other significant associations were noted between urinary phthalate concentrations and fibroid size within multivariate linear regression analyses.

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Bornehag, C. G., Lindh, C., Reichenberg, A., Wikström, S., Hallerback, Unenge, M., Evans, S. F., Sathyanarayana, S., Barrett, E. S., Nguyen, N., R.H., Bush, N. R., Swan, S. H. (2018). Association of prenatal phthalate exposure with language development in early childhood. JAMA Pediatrics 172(12):1169-1176.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Language delay, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	5043345

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study includes mother-infant pairs from the Swedish Environmental Longitudinal Mother and Child, Asthma and Allergy (SELMA) study and The Infant Development and the Environment Study (TIDES). The SELMA cohort consists of pregnant women from the county of Värmland, Sweden recruited from their first prenatal visit between November 1, 2007-March 31, 2010. Of the original 8394 women, 6658 were eligible and 2582 agreed to participate. Of the 1957 children born, only 963 have complete data for analysis. The authors mentioned that only a select number of children's data (n=1113) were sent by local clinics. No justification was provided for why data for 844 children was not available. Women who did not understand the written Swedish questionnaire, were not a resident of Värmland, were beyond week 22 in their pregnancy, or were moving outside of the study area were excluded from the SELMA cohort (HEROID: 1597769). The TIDES cohort consists of pregnant women recruited during their first trimester (<13 weeks) from four different academic medical centers in the US. Recruitment was between August 1, 2010-August 31, 2012. Inclusion criteria included ability to read and write English (or Spanish at the CA center), women whose pregnancy was not medically threatened, women who planned to deliver in a study hospital, those that provided a urine sample and completed a questionnaire in each trimester, and those that provided a serum sample in the first trimester (HEROID: 2823280). Of the 969 who consented to participate, 739 were eligible for a follow up. The TIDES study had a low return rate for questionnaires, raising questions about whether the participants included in the analyses differed from those who did not submit a questionnaire. Compared to participants included from SELMA, mothers whose children were not included in SELMA analyses had lower education. Compared to participants included from TIDES, mothers whose children were not included in the TIDE analyses had significantly lower rates of premature birth (p=0.012) and were significantly more likely to be non-Hispanic white (p=0.009) (eTable 2).

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Bornehag, C. G., Lindh, C., Reichenberg, A., Wikström, S., Hallerback, Unenge, M., Evans, S. F., Sathyanarayana, S., Barrett, E. S., Nguyen, N., R.H., Bush, N. R., Swan, S. H. (2018). Association of prenatal phthalate exposure with language development in early childhood. JAMA Pediatrics 172(12):1169-1176.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Language delay, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	5043345			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	In the SELMA study, phthalate metabolites were analyzed from first morning void urine samples collected at the first prenatal visit. In the TIDES study, phthalate metabolites were analyzed from spot urine samples collected at the first prenatal visit. The median gestational age for urine collection was 10 weeks in the SELMA study and 10.9 weeks in the TIDES study. Additionally, 95.4% of participants in SELMA and 100% in TIDES were enrolled before 13 weeks. In the SELMA study, adjustment for urine concentration was performed via an enzymatic method to determine creatinine level and samples were corrected by creatinine adjustment. In TIDES, specific gravity was measured using a handheld refractometer (Refractometer Atago PAL-10S; National Instrument Company). Transformation of values below the LOD is discussed, but specific LODs are not reported in the study. The percentage of samples below the LOD and the metabolites subject to lower detection are also not outlined. The distribution of metabolite concentrations for both cohorts are reported in eTable 1; however, only unadjusted concentrations are reported. For DBP metabolites, only MBP was measured in SELMA, while MnBP (shown as MBP in eTable 1) and MiBP were measured in TIDES. DEHP metabolites were measured in both cohorts, except for MCMHP which was not measured in TIDES.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	The study assessed language delay at 30 months using a parental questionnaire on language use and a nurse evaluation. An English translation of the Swedish questionnaire was mailed to mothers enrolled in TIDES when their children were approximately 2 years of age. The study authors note that the assessment was validated in the SELMA study however it is unclear if the English translation was validated for a United States population. In the SELMA study, it was assumed that children completed the language development questionnaire at 30 months, coinciding with the age at which clinics invited mothers for language assessment in their children as information on the timing of questionnaire completion is unavailable. This assumption leaves some uncertainty with respect to misclassification but is not expected to greatly change the effect estimate.	
	Metric 3B: Selective Reporting	Medium	The authors described their primary the methods section and results were reported for all primary analyses.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Bornehag, C. G., Lindh, C., Reichenberg, A., Wikström, S., Hallerback, Unenge, M., Evans, S. F., Sathyanarayana, S., Barrett, E. S., Nguyen, N., R.H., Bush, N. R., Swan, S. H. (2018). Association of prenatal phthalate exposure with language development in early childhood. JAMA Pediatrics 172(12):1169-1176.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Language delay, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	5043345			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Strategy for identification of key confounders included consideration of published literature to identify covariates associated with cognitive development and language delays, including “prematurity (gestational age of <37weeks); mother’s educational level; and mother’s weight and smoking status at study enrollment; and child sex.” A key variable for assessing language development is language in the home environment which was not considered in the study. Correlation between the DEHP metabolites were not assessed which could introduce some bias.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Quantitative results of the association between phthalate exposure and language delay in children were appropriately presented. Logistic regression models were used to calculate odds ratios and confidence intervals for language delay which was appropriate for the study design. Stratified analyses were conducted by sex. DEHP metabolites were individually analyzed for both cohorts, except for MCMHP, which was not measured in TIDES. In TIDES, these were also examined jointly as a sum. An interaction term between sex and exposure was examined in Model 3, based on previous literature. No additional sensitivity analyses are described.	
	Metric 5B: Sensitivity	Medium	The sample size for the TIDES cohort was relatively small compared to SELMA, especially for sex-stratified analyses. In the TIDES cohort, there were 185 boys and 185 girls. In contrast, the SELMA cohort had 508 boys and 455 girls. The length of follow-up and timing of outcome ascertainment was appropriate given the expected latency for language delay.	
Additional Comments:	This study examined the association between phthalate exposure and language delay in children from two pregnancy cohort studies: Swedish Environmental Longitudinal Mother and Child, Asthma and Allergy (SELMA) and The Infant Development and the Environment Study (TIDES). Analyses were comprehensive but there are some concerns about the acquisition of data in both cohorts, assumptions made on outcome ascertainment in SELMA, and failure to report LOD for metabolites measured. MiBP was labeled under DBP in this study. This evaluation considers MiBP as a metabolite of DBP, as outlined in the guidance. For the TIDES cohort, the study also included a variable that summed MnBP (shown in eTable1 as MBP) and MiBP that was labeled “sum DBP”, which combined primary metabolites of DBP (MnBP) and DiBP (MiBP). DiDP metabolites (MHIDP and MCiNP) appeared to be measured in SELMA but were not discussed in the main text, likely due to very low concentrations.			
Overall Quality Determination		Medium		

<b>Study Citation:</b>	Chen, J., Zhou, X., Zhang, H., Liu, Y., Cao, C., Dong, R., Yuan, Y., Wang, M., Lu, Y., Wu, M., Li, S., Chen, B. (2019). Association between urinary concentration of phthalate metabolites and impaired renal function in Shanghai adults. Environmental Pollution 245:149-162.		
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Renal function parameters (albumin-to-creatinine ratio (ACR), beta2-microglobulin (B2M), N-acetyl-beta-d-glucosaminidase (NAG)), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5041222		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	This cross-sectional study examined associations between urinary phthalate metabolites and measures of renal function among adult participants in the Shanghai Food Consumption Survey (SHFCS) in 2012. The original purpose of the SHFCS was to collect data on food consumption patterns in the general population in Shanghai using a four-stage cluster random sampling scheme (Dong et al. 2017, HERO ID 3972417). A detailed participation flowchart was provided. Of 4623 people invited to participate in fall 2012 cycle of the survey, 3322 agreed to participate and completed a questionnaire administered by trained dietitians, and 3082 provided a urine sample. Participants were excluded from the current study if they were ≤ 18 years old (n=275), missing information on demographic characteristics or health status (n=264), had insufficient urine sample for measurement of phthalate metabolites and outcomes (n=855), or had creatinine concentrations of <20 umol/L or >30,000 umol/L (n=25). The final sample size was n=1663. A comparison on included versus excluded participants age > 18 was provided; there some differences between groups based on age, education, occupation, physical activity, and diabetes prevalence. The available information does not suggest that selection into the study was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were measured in spot urine samples using liquid chromatography tandem mass spectrometry (LC-MS/MS). QA/QC procedures included the use of procedural blanks and matrix-spiked samples. LODs (% of samples >LOD) for relevant phthalate metabolites were as follows: MnBP 0.04 ug/L (72.82%), MiBP 0.04 ug/L (80.76%), MBzP 0.60 ug/L (69.69%), MEHP 0.20 ug/L (97.53%), MEOHP 0.10 ug/L (91.94%), MEHHP 0.20 ug/L (99.70%), MECPP 0.03 ug/L (99.88%), MCMHP 0.50 ug/L (96.51%). Values below the LOD were given a value of one half of the LOD. Phthalate metabolite concentrations were adjusted for creatinine. Given the cross-sectional design of the study and the use of single spot urine samples, there is some concern that exposure may not represent the etiologically relevant time period for the development of the outcome unless phthalate exposure patterns are relatively constant over time in this population. Additionally, the authors note some potential for reverse causality if “individuals with impaired renal function may excrete more phthalate metabolites.”
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Chen, J., Zhou, X., Zhang, H., Liu, Y., Cao, C., Dong, R., Yuan, Y., Wang, M., Lu, Y., Wu, M., Li, S., Chen, B. (2019). Association between urinary concentration of phthalate metabolites and impaired renal function in Shanghai adults. Environmental Pollution 245:149-162.			
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Renal function parameters (albumin-to-creatinine ratio (ACR), beta2-microglobulin (B2M), N-acetyl-beta-d-glucosaminidase (NAG)), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	5041222			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	The outcomes of interest were measures of renal function measured in spot urine samples. Albumin and beta2-microglobulin (B2M) were quantified via enzyme-linked immunosorbent assay. N-acetyl beta-d-glucosaminidase (NAG) was assessed using the P-nitrophenol colorimetric method. Concentrations of all three parameters were adjusted for urinary creatinine. The albumin outcome was expressed as the albumin to creatinine ratio (ACR). No major concerns regarding outcome misclassification.
	Metric 3B:	Selective Reporting	Medium	The analyses described in the methods section were presented in the results section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	The strategy for identifying potential confounding variables was not described, although text suggest it may have in part been based on prior literature. A number of potential confounders were included in regression models: age, sex, ethnicity, education, occupation, physical activity, marital status, smoking status, drinking, BMI, diabetes, systolic blood pressure, diastolic blood pressure, and nutrients ("protein, fat, carbohydrate, fiber, calcium, phosphorus, potassium, and magnesium"). Information on potential confounding variables was obtained from a face-to-face questionnaire administered to study participants by trained dietitians. No major concerns regarding residual confounding.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	Values of phthalate metabolites below the LOD were replaced with a value of one half of the LOD. Both phthalate measurements and renal function measures were natural log-transformed prior to analysis. All three outcomes were examined both as continuous variables as well as dichotomized around the upper 10 percent. A fourth outcome, potentially impaired renal function (PIRF) was defined as having at least one of renal function parameter in the upper 10 percent of values. Single metabolite models were constructed using linear regression for continuous outcomes and logistic regression for dichotomized outcomes. Phthalate metabolites that were significantly associated with outcomes in single metabolite models were further examined as co-exposures in weighted score models. Sensitivity analyses included models using metabolite concentrations unadjusted for creatinine. Results were presented as effect estimates and 95% confidence intervals.
	Metric 5B:	Sensitivity	Medium	The sample size was large (N=1663). Median (IQR) exposure levels ranged from 1.99 (0.9=83, 3.99) ug/g creatinine for MBzP to 17.01 (10.86, 28.00) ug/g creatinine for MCMHP. No concerns regarding study sensitivity identified.
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<b>Study Citation:</b>	Chen, J., Zhou, X., Zhang, H., Liu, Y., Cao, C., Dong, R., Yuan, Y., Wang, M., Lu, Y., Wu, M., Li, S., Chen, B. (2019). Association between urinary concentration of phthalate metabolites and impaired renal function in Shanghai adults. Environmental Pollution 245:149-162.
<b>Health Outcome(s) Assessed:</b>	Renal/Kidney- Renal function parameters (albumin-to-creatinine ratio (ACR), beta2-microglobulin (B2M), N-acetyl-beta-d-glucosaminidase (NAG)), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	5041222

Domain	Metric	Rating	Comments
Additional Comments:	This cross-sectional study examined associations between phthalate metabolites and measures of renal function in single spot urine samples collected from adult participants in the Shanghai Food Consumption Survey. The study used adequate participant selection and outcome assessment methods and had a large sample size (n=1663). Major concerns include uncertainty over whether the exposure was measured in a time-period that is etiologically relevant for the development of the outcome(s) and the potential for reverse causality. Minor concerns include the lack of information on how potential confounding variables were selected. In single metabolite models, six metabolites (MBzP, MEHP, MEOHP, MECPP, MEHHP, MCMHP) were significantly associated with higher levels of all three continuous measures of renal function, while two metabolites (MnBP, MiBP) were significantly associated with lower levels. Results were similar in analyses in which outcomes were dichotomized		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Choi, G., Villanger, G. D., Drover, M., S.S., Sakhi, A. K., Thomsen, C., Nethery, R. C., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Øvergaard, K. R., Herring, A. H., Skogan, A. H., Biele, G., Aase, H., Engel, S. M. (2021). Prenatal phthalate exposures and executive function in preschool children. Environment International 149:106403.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive function symptoms, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	8010273		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Choi et al 2021 HEROID 8010273 examined the relationship between prenatal phthalates and executive function at age 3.5 years among 340 participants in the Preschool ADHD sub study nested within the MoBa (Norwegian Mother, Father, and Child Cohort) birth cohort. MoBa recruited pregnant women from 1999-2008 (n= 114,500 children, 41% maternal participation rate). The ADHD sub-study included births after April 1, 2004, residing within a direct flight to Oslo, oversampled based on summed scores for ADHD-like symptoms reported using the Child Behavior Checklist and DMS-IV-TR criteria in the 36-month questionnaire (62% completion rate). Of 3,452 invitees (2,798 with symptom scores >90th percentile, 654 randomly selected without), 1,195 (34.6%) children took part in the one-day clinical assessment used for this study. 870 (72.8%) had prenatal urine samples. This study included 262 children with clinically significant or subthreshold symptoms of ADHD and 78 children confirmed as neurotypical (39.1% of 870). Further details on selection criteria at this final stage were not provided. Multivariate analyses included 310 of the 340 participants. As noted by the authors, selection into this study involved oversampling based on ADHD scores and was not random. Therefore, the primary analyses used inverse probability sampling weights calculated based on ADHD summed scores. There was no evidence that sample selection was not adequately addressed, or that the selection process induced bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was measured using a single maternal spot urine sample from approximately 17 weeks of gestation. Several phthalates were investigated using individual metabolites (MBzP, MiBP, MnBP). Exposure to DiNP was estimated as the molar sum of three metabolites (OH-MiNP, oxo-MiNP and (cx-MiNP), and DEHP as the molar sum of five metabolites (MEHP, MEHHP, MEOHP, MECPP, MMCHP). Assays used online column switching liquid chromatography coupled with tandem mass spectrometry; procedural blanks and control samples were analyzed in each randomized batch. Specific gravity was used to account for urine dilution. Prenatal exposure preceded the assessments of executive function outcomes at age 3.5 years. Given the short half-life of phthalates, misclassification due to the use of a single sample to characterize exposure is a potential concern. However, there was no evidence of factors that would contribute to differential misclassification of exposure.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Choi, G., Villanger, G. D., Drover, M., S.S., Sakhi, A. K., Thomsen, C., Nethery, R. C., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Øvergaard, K. R., Herring, A. H., Skogan, A. H., Biele, G., Aase, H., Engel, S. M. (2021). Prenatal phthalate exposures and executive function in preschool children. Environment International 149:106403.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive function symptoms, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	8010273			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The study analyzed executive function symptoms in a pooled sample of children with clinically significant/subthreshold ADHD and neurotypical children. The sample did not include children with high levels of autistic symptoms, severe medication conditions that might affect ability to complete clinic assessments, or using psychopharmacological treatment (Baumgartner et al 2014, PMID 24884579). Data were collected in two ways. Habitual executive function over the previous 6 months was evaluated by parent and teacher-rated reports completed using the Behavior Rating Inventory of Executive Function-Preschool [BRIEF-P]. Emotional control, inhibition, and working memory scores were age and sex- standardized to calculate T-scores (n=6 outcome measures). In addition, three performance-based assessments were administered by psychologists in the study clinic with a parent present: Stanford Binet IV short version [SB5]; a developmental Neuro PSYchological Assessment [NEPSY] test subtask; and cookie delay task [CDT]. SB5 performance was used to assess non-verbal and verbal working memory; the CDT to evaluate self-control, and the NEPSY subtask to assess motor persistence and inhibition (n=4 outcome measures). Raters were blinded to child selection status. Scores were standardized to facilitate comparisons across instruments. Strengths include the assessment of multiple domains of executive function using accepted methods, the use of clinical assessments at the same age under the same testing conditions, and availability of assessments based on recent behavior over a longer period from teachers as well as parents. The lower ADHD symptom group was described as confirmed as neurotypical after the on-site assessment. Interestingly, however, mean clinic assessment scores, but not parent or teacher ratings, were higher in the neurotypical vs ADHD group. The authors did not discuss inter-rater reliability or validity within the study population. However, there was no evidence to suggest bias.	
	Metric 3B: Selective Reporting	Medium	Results of primary analyses for all outcomes were reported for all children and stratified by child sex. There was no evidence of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Choi, G., Villanger, G. D., Drover, M., S.S., Sakhi, A. K., Thomsen, C., Nethery, R. C., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Øvergaard, K. R., Herring, A. H., Skogan, A. H., Biele, G., Aase, H., Engel, S. M. (2021). Prenatal phthalate exposures and executive function in preschool children. Environment International 149:106403.			
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<b>HERO ID:</b>	8010273			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	The authors used a directed acyclic graph (DAG) to identify potential confounders. Models adjusted for maternal ADHD, BMI, age at delivery, parity, childbirth year, and child sex, specific gravity, and analytic batch effect. For phthalates significantly associated with outcomes, the authors examined the influence of additionally adjusting for other phthalates with significant results. Several confounders considered were omitted from the final models; the authors used the minimally sufficient adjustment set to improve variance and selection bias. Additional variables considered included marital status, maternal education, self-reported depression before or during pregnancy, smoking during pregnancy, alcohol intake during pregnancy, fish intake during pregnancy, folate use during pregnancy, child age at the clinical exam. The authors considered extensive confounders, though potential residual confounding cannot be ruled out (e.g., by other pre- or postnatal neurotoxicant exposures, assessor, timing of urine sample collection).	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Analyses used appropriate methods. Descriptive data were shown for phthalates exposures and for test scores. Associations were estimated using weighted multiple linear regression models per inter-quartile increase in each phthalate exposure after confirming that relationships were not non-linear. Sample weights were calculated separately for neurotypical and ADHD children; an alternative approach to weighting based on the population prevalence of ADHD was also examined. Results of several supplementary analyses to assess robustness of results were shown for phthalates significantly associated with child outcomes. These included results stratified by ADHD status and adjusting for phthalate co-exposure, as well as associations with individual metabolites. There was no evidence that additional supplementary analyses for phthalates for which primary results were non-significant would meaningfully influence conclusions.	
	Metric 5B: Sensitivity	Medium	Though mean concentrations of some phthalates were low, each exposure measure had variability. Concentrations were lowest for DiNP: geometric mean (SD) 0.02 (1.60) umol/L. Though the size of an IQR increase in DiNP was small (0.01 umol/L) there was no direct evidence of low sensitivity. However, statistical power was likely limited for analyses stratified by child sex or by ADHD group. Variability was considerably larger for all other phthalate exposure measures.	
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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Executive function symptoms, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	8010273		
Domain	Metric	Rating	Comments
Additional Comments:	This study analyzed the association between several phthalate metabolites and measures of executive function symptoms in a subset of 310 children from the longitudinal MoBa ((Norwegian Mother, Father, and Child) cohort. The sample was selected by recruiting two groups of children – with and without high ADHD symptoms – to participate; sample weights were used to account for oversampling children with these symptoms. The final sample included 77% of children with elevated symptoms. Phthalates were measured in a single spot urine sample collected at around 17 weeks gestation. Outcomes were measured using widely used, externally validated instruments, and included separate parent and teacher reports of emotional control, inhibition, and working memory, and in-clinic assessments of non-verbal and verbal working memory, self-control, and inhibition. The study found evidence of associations with several phthalate metabolites [monobenzyl phthalate (MBzP), mono-n-butyl phthalate (MnBP) and monoisobutyl phthalate (MiBP)], some of which appeared to be sex-specific. There were no significant associations with DiNP, and few with DEHP. Strengths include the longitudinal design and including multiple measures of a range of executive function symptoms based on multiple assessors. Limitations include the use of a single maternal spot urine to estimate exposure. Another potential limitation is the relatively small sample of neurotypical children in the study. In addition to sex differences for some metabolites, supplementary analyses conducted for MBzP found stronger associations for 6 of 8 outcomes among children with low vs. high ADHD summed scores. The oversampling of ADHD participants was addressed using sample weight adjustments. There was no evidence of important bias or error that would meaningfully affect conclusions.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Dong, R., Wu, Y., Chen, J., Wu, M., Li, S., Chen, B. (2019). Lactational exposure to phthalates impaired the neurodevelopmental function of infants at 9months in a pilot prospective study. Chemosphere 226:351-359.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Delayed development based on the Ages and Stages Questionnaires-3 (ASQ-3), scores that fell into Gray (infant developing in the borderline of expectations) or Black (infant performance below expectations) areas in at least one of the following domains - communication, gross motor, fine motor, problem solving, personal-social., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5559180		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants were recruited for this pilot prospective study from 3 of 18 districts in Shanghai; one community hospital from each district was randomly selected. 200 infants aged 0-9 months were identified from the childhood immunization program system and invited to participate. Of these, 154 mother-infant pairs completed the questionnaire and provided a urine sample; 12 were excluded due to lack of completion of the food frequency questionnaire or unreasonable creatinine concentrations. At the follow-up survey, 4 more pairs were excluded due to lack of completion of the Ages and Stages Questionnaire. Final sample size was 138 pairs; authors compared included and excluded pairs and did not identify any meaningful differences.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolites for n=138 mother-infant pairs in maternal (lactating period) and infant (0-8 months) spot urine samples were quantified using standard methodology (liquid chromatography tandem mass spectrometry); details regarding the methodology and quality control analysis were provided. Limits of detection were provided. Phthalate metabolites were measured prior to outcome ascertainment. Infant age at enrollment varied from 0-9 months, and outcome was assessed at 9 months, so the time difference between exposure measurement and outcome ascertainment varied across mother-infant pairs. For the metabolite MBzP, about 35% and 16% of mothers and infants respectively had values below LOD; values below the LOD were substituted with 1/2LOD.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	The Ages and Stages Questionnaire Edition 3 (ASQ-3) was used to ascertain outcomes. It was completed by the mothers in their households with the help of trained community doctors, who ensured that the mothers were able to provide accurate information. A system of points based on answers to the questions was used to classify performance based on the cut-off points for each age and domain (communication, gross motor, fine motor, problem solving, and personal-social) and identify domains in which the infant fell below expectations. While it's possible that a mother might incorrectly answer the questions or be biased to report performance that is higher than reality, the use of trained doctors for administration attempts to limit this potential.
Metric 3B:	Selective Reporting	Medium	Results for all primary and secondary analyses described in the methods section are reported in the paper.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Dong, R., Wu, Y., Chen, J., Wu, M., Li, S., Chen, B. (2019). Lactational exposure to phthalates impaired the neurodevelopmental function of infants at 9months in a pilot prospective study. Chemosphere 226:351-359.			
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<b>HERO ID:</b>	5559180			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	While confounders appear reasonable, rationale for selection of confounders is not provided. Models to assess associations between phthalate metabolites and ASQ-3 domains included age, sex, BMI, and feeding pattern (breastfed, formula-fed) as confounders, and an additional analysis stratified by sex was conducted.	
Domain 5: Analysis	Metric 5A: Analysis	High	Metabolite concentrations were creatinine corrected and values below LOD were assigned 1/2LOD. Multivariate logistic regression was used to calculate odds ratios (OR) for delayed development associated with each phthalate metabolite with results presented for the overall population as well as stratified by infant gender. Additional analyses were conducted (Figure S1) utilizing gender * phthalate metabolite interaction terms. An additional analysis examined the association between feeding pattern (breastfed or formula fed) and phthalate metabolite concentrations using multivariate linear regression controlling for sex, age, and BMI. Phthalate metabolites were log-transformed to improve normality. 95% CIs and p-values were presented in tables for each OR or beta estimate.	
	Metric 5B: Sensitivity	Medium	Since this is a pilot study, sample size is relatively small (138 mother-infant pairs). Study population was relevant, represented a range of exposures, and assessed exposure and outcome at an important life stage and to enable temporality to be maintained.	
Additional Comments:	This prospective pilot study of phthalate exposure and developmental outcomes included 138 mother-infant pairs recruited from three community hospitals in Shanghai, China. The study's exposure and outcome measurement were relative strengths. The study found a significant negative association between lactational exposure to phthalate and ASQ-3 domains, with some sex-specific differences noted.			

**Overall Quality Determination****High**

<b>Study Citation:</b>	Dong, R., Wu, Y., Chen, J., Wu, M., Li, S., Chen, B. (2019). Lactational exposure to phthalates impaired the neurodevelopmental function of infants at 9months in a pilot prospective study. Chemosphere 226:351-359.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Delayed development based on the Ages and Stages Questionnaires-3 (ASQ-3), scores that fell into Gray (infant developing in the borderline of expectations) or Black (infant performance below expectations) areas in at least one of the following domains - communication, gross motor, fine motor, problem solving, personal-social., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5559180		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
	Metric 1A: Participant Selection	Medium	Participants were recruited for this pilot prospective study from 3 of 18 districts in Shanghai; one community hospital from each district was randomly selected. 200 infants aged 0-9 months were identified from the childhood immunization program system and invited to participate. Of these, 154 mother-infant pairs completed the questionnaire and provided a urine sample; 12 were excluded due to lack of completion of the food frequency questionnaire or unreasonable creatinine concentrations. At the follow-up survey, 4 more pairs were excluded due to lack of completion of the Ages and Stages Questionnaire. Final sample size was 138 pairs; authors compared included and excluded pairs and did not identify any meaningful differences.
Domain 2: Exposure Characterization			
	Metric 2A: Exposure Measurement	High	Phthalate metabolites for n=138 mother-infant pairs in maternal (lactating period) and infant (0-8 months) spot urine samples were quantified using standard methodology (liquid chromatography tandem mass spectrometry); details regarding the methodology and quality control analysis were provided. Limits of detection were provided. Phthalate metabolites were measured prior to outcome ascertainment. Infant age at enrollment varied from 0-9 months, and outcome was assessed at 9 months, so the time difference between exposure measurement and outcome ascertainment varied across mother-infant pairs. For the metabolite MBzP, about 35% and 16% of mothers and infants respectively had values below LOD; values below the LOD were substituted with 1/2LOD.
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	High	The Ages and Stages Questionnaire Edition 3 (ASQ-3) was used to ascertain outcomes. It was completed by the mothers in their households with the help of trained community doctors, who ensured that the mothers were able to provide accurate information. A system of points based on answers to the questions was used to classify performance based on the cut-off points for each age and domain (communication, gross motor, fine motor, problem solving, and personal-social) and identify domains in which the infant fell below expectations. While it's possible that a mother might incorrectly answer the questions or be biased to report performance that is higher than reality, the use of trained doctors for administration attempts to limit this potential.
	Metric 3B: Selective Reporting	Medium	Results for all primary and secondary analyses described in the methods section are reported in the paper.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Dong, R., Wu, Y., Chen, J., Wu, M., Li, S., Chen, B. (2019). Lactational exposure to phthalates impaired the neurodevelopmental function of infants at 9months in a pilot prospective study. Chemosphere 226:351-359.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Delayed development based on the Ages and Stages Questionnaires-3 (ASQ-3), scores that fell into Gray (infant developing in the borderline of expectations) or Black (infant performance below expectations) areas in at least one of the following domains - communication, gross motor, fine motor, problem solving, personal-social., Non-cancer			
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<b>HERO ID:</b>	5559180			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	While confounders appear reasonable, rationale for selection of confounders is not provided. Models to assess associations between phthalate metabolites and ASQ-3 domains included age, sex, BMI, and feeding pattern (breastfed, formula-fed) as confounders, and an additional analysis stratified by sex was conducted.	
Domain 5: Analysis	Metric 5A: Analysis	High	Metabolite concentrations were creatinine corrected and values below LOD were assigned 1/2LOD. Multivariate logistic regression was used to calculate odds ratios (OR) for delayed development associated with each phthalate metabolite with results presented for the overall population as well as stratified by infant gender. Additional analyses were conducted (Figure S1) utilizing gender * phthalate metabolite interaction terms. An additional analysis examined the association between feeding pattern (breastfed or formula fed) and phthalate metabolite concentrations using multivariate linear regression controlling for sex, age, and BMI. Phthalate metabolites were log-transformed to improve normality. 95% CIs and p-values were presented in tables for each OR or beta estimate.	
	Metric 5B: Sensitivity	Medium	Since this is a pilot study, sample size is relatively small (138 mother-infant pairs). Study population was relevant, represented a range of exposures, and assessed exposure and outcome at an important life stage and to enable temporality to be maintained.	
Additional Comments:	This prospective pilot study of phthalate exposure and developmental outcomes included 138 mother-infant pairs recruited from three community hospitals in Shanghai, China. The study’s exposure and outcome measurement were relative strengths. The study found a significant negative association between lactational exposure to phthalate and ASQ-3 domains, with some sex-specific differences noted.			
Overall Quality Determination		High		

<b>Study Citation:</b>	Duan, Y., Sun, H., Han, L., Chen, L. (2019). Association between phthalate exposure and glycosylated hemoglobin, fasting glucose, and type 2 diabetes mellitus: A case-control study in China. Science of the Total Environment 670:41-49.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Type 2 diabetes mellitus, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	5499698

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This case-control study examined association between urinary phthalate metabolite concentrations and type 2 diabetes mellitus, and glycemic indicators (fasting glucose, glycosylated hemoglobin). Cases (n=250) and controls (n=250) were recruited from the same city (Tianjin) between May 2016-June 2017. Cases were patients recruited from the out-patient clinic of the Metabolic Disease Hospital, Tianjin Medical University. Controls were staff or support workers at Nankai University. It is unclear whether the control population of workers at a different university is representative of the population from which the cases arose. There were statistically significant differences between cases and controls with respect to age, sex, BM, education level, smoking status, drinking status, exercise, family history of diabetes, and blood pressure; however, these variables were controlled for in statistical analyses. No information on participation rates or inclusion/exclusion criteria were provided. There is substantial uncertainty as to whether selection bias may be present given the lack of information on recruitment procedures and appropriateness of the control population. The concern regarding appropriateness of the control population is relevant only to the primary outcome of diabetes as additional outcomes were evaluated among controls only.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured in single spot urine samples collected from each participant between 8-11am. Concentrations were quantified using high performance liquid chromatography tandem mass spectrometry. LODs for metabolites ranged from 0.001 to 1.282 ng/mL. The percentage of samples above the LOD was 90% for all relevant metabolites (MBP, MiBP, MEHP, MEHHP, MEOHP, MECPP, MCMHP). An additional relevant phthalate metabolite (MBzP) was measured but was excluded from analyses due to a low detection rate (23%). MBP, MiBP, MEHP, and MECPP were detected in procedural blank samples; as such, values detected in procedural blanks were used to correct concentrations measured in urine samples. Urinary creatinine was measured and included as a covariate in regression models. There is some concern that exposure measurement may not represent the etiologically relevant time period due to the use of single spot urine samples collected around the time of enrollment in this case-control study.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Duan, Y., Sun, H., Han, L., Chen, L. (2019). Association between phthalate exposure and glycosylated hemoglobin, fasting glucose, and type 2 diabetes mellitus: A case-control study in China. Science of the Total Environment 670:41-49.			
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Type 2 diabetes mellitus, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	5499698			
Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	High	The primary outcome of interest in this case-control study was type 2 diabetes mellitus. Fasting glucose and glycosylated hemoglobin (HbA1c) were measured in fasting blood samples taken from cases and controls by professional nurses. Cases with diabetes were defined as HbA1c $\geq 6.5\%$ or fasting glucose $\geq 7.0$ mmol/L (per the American Diabetes Association), while controls without diabetes were defined as HbA1c between 3.8-5.8% and fasting glucose between 3.89-6.11 mmol/L. Both fasting glucose and HbA1C measurements were evaluated as secondary outcomes among controls only.
	Metric 3B:	Selective Reporting	Medium	The primary analyses described in the methods section were presented in the results section.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Regression models were adjusted for a number of potential confounders: age, sex, BMI, education, alcohol status, smoking status, exercise, blood pressure, and family history of diabetes. Information on potential confounders was collected via questionnaire. No information on how the set of potential confounders were identified was provided. From among confounders evaluated, only those that changed regression coefficients by $> 10\%$ were included in adjusted models. Many phthalate metabolites were correlated; as such, there is some concern for residual confounding due to co-exposures to other phthalates.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	Samples with values below the LOD were replaced with the LOD divided by the square root of two. DEHP metabolites were examined individually as well as a single, summed variable. For the primary outcome of diabetes, phthalate metabolite exposures were categorized into quartiles and associations were quantified using logistic regression models. Secondary outcomes (fasting glucose, HbA1C) were evaluated among controls only using linear regression models; for these models, exposures were included as log-transformed continuous variables. Additional analyses included examination of potential effect modification by age, BMI, and sex. Results were presented as effect estimates and 95% confidence intervals.
	Metric 5B:	Sensitivity	Medium	The sample size was adequate (n=250). Exposure ranges provided sufficient contrast. No other concerns regarding study sensitivity were identified.
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<b>Study Citation:</b>	Duan, Y., Sun, H., Han, L., Chen, L. (2019). Association between phthalate exposure and glycosylated hemoglobin, fasting glucose, and type 2 diabetes mellitus: A case-control study in China. Science of the Total Environment 670:41-49.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Type 2 diabetes mellitus, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5499698		
Domain	Metric	Rating	Comments
Additional Comments:	This case-control study evaluated associations between phthalate metabolites measured in urine and type 2 diabetes mellitus. In secondary analyses, the study also evaluated associations with outcomes of fasting glucose and HbA1c among controls only. The primary concern in this study is uncertainty regarding whether controls are representative of the population from which cases were drawn; this concern is relevant only to the primary outcome of diabetes as additional outcomes were evaluated among controls only. Minor concerns include the lack of information about some aspects of participant selection and the potential for residual confounding by exposure to other phthalates. MEHP, MEOHP, MEHHP, the sum of DEHP metabolites, and MiBP were significantly positively associated with diabetes, while MECPP and MCMHP were significantly inversely associated with diabetes. Among controls only, MEHHP was associated with HbA1c, while MEHP was associated with higher fasting glucose.		
<b>Overall Quality Determination</b>		<b>Medium</b>	



<b>Study Citation:</b>	Duan, Y., Sun, H., Han, L., Chen, L. (2019). Association between phthalate exposure and glycosylated hemoglobin, fasting glucose, and type 2 diabetes mellitus: A case-control study in China. Science of the Total Environment 670:41-49.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- glycosylated hemoglobin (HbA1c), fasting glucose, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5499698		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Low	This case-control study examined association between urinary phthalate metabolite concentrations and type 2 diabetes mellitus, and glycemic indicators (fasting glucose, glycosylated hemoglobin). Cases (n=250) and controls (n=250) were recruited from the same city (Tianjin) between May 2016-June 2017. Cases were patients recruited from the outpatient clinic of the Metabolic Disease Hospital, Tianjin Medical University. Controls were staff or support workers at Nankai University. It is unclear whether the control population of workers at a different university is representative of the population from which the cases arose; however, this is not a concern for analyses of fasting glucose and glycosylated hemoglobin, as these outcomes were analyzed only among controls. No information on participation rates or inclusion/exclusion criteria were provided. There is some uncertainty as to whether selection bias may be present given the lack of information on recruitment procedures.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites were measured in single spot urine samples collected from each participant between 8-11 am. Concentrations were quantified using high performance liquid chromatography tandem mass spectrometry. LODs for metabolites ranged from 0.001 to 1.282 ng/mL. The percentage of samples above the LOD was 90% for all relevant metabolites (MBP, MiBP, MEHP, MEHHP, MEOHP, MECPP, MCMHP). An additional relevant phthalate metabolite (MBzP) was measured but was excluded from analyses due to a low detection rate (23%). MBP, MiBP, MEHP, and MECPP were detected in procedural blank samples; as such, values detected in procedural blanks were used to correct concentrations measured in urine samples. Urinary creatinine was measured and included as a covariate in regression models. There is some concern that exposure measurement may not represent the etiologically relevant time period due to the use of single spot urine samples collected around the time of enrollment in this case-control study.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	The primary outcome of interest in this case-control study was type 2 diabetes mellitus. Fasting glucose and glycosylated hemoglobin (HbA1c) were measured in fasting blood samples taken from cases and controls by professional nurses. Cases with diabetes were defined as HbA1c $\geq$ 6.5% or fasting glucose $\geq$ 7.0 mmol/L (per the American Diabetes Association), while controls without diabetes were defined as HbA1c between 3.8-5.8% and fasting glucose between 3.89-6.11 mmol/L. Both fasting glucose and HbA1C measurements were evaluated as secondary outcomes among controls only.
Metric 3B:	Selective Reporting	Medium	The primary analyses described in the methods section were presented in the results section.

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<b>Study Citation:</b>	Duan, Y., Sun, H., Han, L., Chen, L. (2019). Association between phthalate exposure and glycosylated hemoglobin, fasting glucose, and type 2 diabetes mellitus: A case-control study in China. Science of the Total Environment 670:41-49.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- glycosylated hemoglobin (HbA1c), fasting glucose, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	5499698		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	Regression models were adjusted for a number of potential confounders: age, sex, BMI, education, alcohol status, smoking status, exercise, blood pressure, and family history of diabetes. Information on potential confounders was collected via questionnaire. No information on how the set of potential confounders were identified was provided. From among confounders evaluated, only those that changed regression coefficients by >10% were included in adjusted models. Many phthalate metabolites were correlated; as such, there is some concern for residual confounding due to co-exposures to other phthalates.
Domain 5: Analysis	Metric 5A: Analysis	Medium	Samples with values below the LOD were replaced with the LOD divided by the square root of two. DEHP metabolites were examined individually as well as a single, summed variable. For the primary outcome of diabetes, phthalate metabolite exposures were categorized into quartiles and associations were quantified using logistic regression models. Secondary outcomes (fasting glucose, HbA1C) were evaluated among controls only using linear regression models; for these models, exposures were included as log-transformed continuous variables. Additional analyses included examination of potential effect modification by age, BMI, and sex. Results were presented as effect estimates and 95% confidence intervals.
	Metric 5B: Sensitivity	Medium	The sample size was adequate (n=250). Exposure ranges provided sufficient contrast. No other concerns regarding study sensitivity were identified.
Additional Comments:	This case-control study evaluated associations between phthalate metabolites measured in urine and type 2 diabetes mellitus. In secondary analyses, the study also evaluated association with outcomes of fasting glucose and HbA1c among controls only. The primary concern in this study is uncertainty regarding whether controls are representative of the population from which cases were drawn; this concern is relevant only to the primary outcome of diabetes as additional outcomes were evaluated among controls only. Minor concerns include the lack of information about some aspects of participant selection and the potential for residual confounding by exposure to other phthalates. MEHP, MEOHP, MEHHP, the sum of DEHP metabolites, and MiBP were significantly positively associated with diabetes, while MECPP and MCMHP were significantly inversely associated with diabetes. Among controls only, MEHHP was associated with HbA1c, while MEHP was associated with higher fasting glucose.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- postnatal depression, postpartum depression, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	7978436		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This longitudinal cohort study examined urinary phthalate metabolite levels (MCiOP, MiNP, MCNP, MEHP, MECPP, MEHHP, MEOHP, MCMHP, MBzP, MBP, MiBP, phthalic acid) during pregnancy and the associations with sex hormone levels and postnatal depression/postpartum depression. 139 pregnant women from the New York University (NYU) Children’s Health and Environment Study (CHES) were recruited between 2016 and 2018. Pregnant women were eligible if they were >=18 years old, under 18 weeks gestation, and had nonmedically threatened pregnancies. Recruitment occurred at three hospitals: NYU Langone Hospitals in Manhattan and Brooklyn, and Bellevue Hospital Center. While recruitment methods appear adequate, there is limited information comparing the eligible population with the study population. This impedes the ability to fully assess potential for selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- postnatal depression, postpartum depression, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	7978436			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolite levels (DiNP metabolites: MCiOP, MiNP; DiDP metabolites: MCNP; DEHP metabolites: MEHP, MECPP, MEHHP, MEOHP, MCMHP; BBP metabolite: MBzP; DBP metabolites: MBP, MiBP; phthalic acid) were measured in urine samples collected from mothers in early (<18 weeks) and midpregnancy (>=18 - <25 weeks). While single measures of chemicals with short half-lives may lead to exposure misclassification, the multiple samples collected minimized concern that exposure was inaccurately measured. Phthalate levels were measured via "enzymatic deconjugation followed by off-line solid phase extraction with reversed phase HPLC electrospray MS/MS." Internal standards were incorporated for each metabolite. The LODs (ng/mL) were as follows: MCiOP = 0.15; MiNP = 0.02; MCNP = 0.17; MEHP = 0.30; MECPP = 0.05; MEHHP = 0.04; MEOHP = 0.02; MCMHP = 0.17; MBzP = 0.03; MBP = 0.04; MiBP = 0.02; phthalic acid = 0.12. Percent of samples detected were: MCiOP = 100%; MiNP = 66%; MCNP = 22%; MEHP = 72%; MECPP = 99%; MEHHP = 99%; MEOHP = 99%; MCMHP = 96%; MBzP = 89%; MBP = 99%; MiBP = 96%; phthalic acid = 99%. In analyses, urinary creatinine was used to adjust for urinary dilution. Ultimately, the molar sums of metabolites (MCiOP and MiNP only) were used to estimate total DiNP and total DEHP (MEHP, MEOHP, MEHHP, MECPP, MCMHP), total low molecular weight phthalates (MBP, MiBP), and total high molecular weight phthalates (MCiOP, MiNP, MCNP, MEHP, MEOHP, MEHHP, MECPP, MCMHP, MBP). Analysis was performed with HPLC coupled with electrospray MS/MS under negative mode of ionization. Assay precision was enhanced by incorporating the IS for each of the phthalate metabolites, allowing for LODs in the range of 0.02 to 0.3 ng/mL. Urinary Cr, used to adjust for urinary dilution, was analyzed using HPLC-MS/MS. The number of obtained samples was not specified.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Medium	Postnatal depression and postpartum depression (PPD) symptoms were measured in women at 4 months following delivery using the Edinburgh Postnatal Depression Scale (EPDS). Scores >=10 were categorized as postpartum depression cases. This threshold has the highest sensitivity for PPD and can capture a range of severity. While the questionnaire is a valid screening tool for depressive symptoms in mothers following birth, the study did not include a clinical diagnosis. There is risk of misclassification since mothers were self-reporting symptoms, particularly considering the stigma around mental health. Information is limited on the ideal time post-delivery to measure postpartum depression. There is some concern that four months may be too late to detect depression experienced before 4 months. Still, these concerns are not expected to introduce substantial bias.	
Metric 3B:	Selective Reporting	Medium	All anticipated results were reported for primary and secondary analyses.	
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<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- postnatal depression, postpartum depression, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	7978436		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	High	Confounders were selected for models a priori and using a directed acyclic graph. Appropriate key confounders were included in analyses. Models included urinary creatinine, gestational age at time of serum hormone sampling, maternal age, and prepregnancy BMI (phthalate-hormone models); urinary creatinine, maternal age, prepregnancy BMI, race/ethnicity, and education (phthalate-PPD models). Additional covariates were included in models (antenatal depressive symptoms, marital status, material hardship, pregnancy complications), but model results did not change. As a result, these covariates were not included in final models. Mothers reported information on potential confounders via questionnaire during each trimester. Information on clinical data (pregnancy BMI, perinatal psychotropic medication use) were obtained from medical records.
Domain 5: Analysis			
	Metric 5A: Analysis	High	Associations between phthalate metabolites and metabolite groups and PPD were examined via multiple informant models fit using generalized estimating equations with either logit or linear links (for dichotomous or continuous variables). Effect estimates and 95% CI are reported. Multiple informant models present a single integrated estimate for multiple exposure measures. EPDS scores were modeled as both dichotomous and continuous variables. 10 was used as the cutoff score for analyses of dichotomous EPDS. Phthalate measures were log-transformed for continuous analyses. Values <LOD were imputed using LOD/(sq rt. of 2). P-values were adjusted using a modified Bonferroni approach to account for multiple testing. Sensitivity analyses examined urinary creatinine correction via standardization, exclusion of women taking antidepressants, anxiolytics, or antipsychotic medications, and assessed midpregnancy hormone concentrations in relation to EPDS scores to assess the influence of phthalate-associated hormonal shifts on PPD symptoms. Distributions of outcome and exposure variables are reported.
	Metric 5B: Sensitivity	Medium	Sample size was fairly small (n = 139) but adequate to detect an effect. Exposure distributions for monoisononyl phthalate (44% <LOD; median, IQR = 1.0 ng/mL; <0.02-0.07) and MEHP (28%; median, IQR = 1.2; <0.3-3.9) were limited, but other metabolites had adequate distributions to detect an effect (median, IQR = MCiOP: 1.5 ng/mL, 0.79-3.6; MCNP: 0.97 ng/mL, 0.23-2.2; MECPP: 7.9 ng/mL, 3.6-13.6; MEHHP: 7.4 ng/mL, 3.6-13.9; MEOHP: 4.1 ng/mL, 2.2-7.7; MCMHP: 2.9 ng/mL, 1.5-8.0; MBZP: 11 ng/mL, 1.1-8.2).
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Study Citation:	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.		
Health Outcome(s) Assessed:	Neurological/Behavioral- postnatal depression, postpartum depression, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
HERO ID:	7978436		
Domain	Metric	Rating	Comments
Additional Comments:	This longitudinal cohort study assessed urinary phthalate metabolite (MCNP, MCiOP, MiNP, MEHP, MECPP, MEHHP, MEOHP, MCMHP, MBzP) levels in 139 pregnant women and the association with sex hormone levels and postpartum depression following deliver. The study population was from the NYU Children’s Health and Environment Study. There were no major concerns for residual bias based on study design, as recruitment, exposure assessment and statistical analysis used adequate methods. While depression symptoms were self-reported using a validated scale, concern for resulting recall bias was minimal. The authors reported sum( DINP) metabolites were associated with reduced progesterone concentrations, with log-unit increases in Sum(DiNP) predicted 7.7% (95% CI –13.3%, –1.7%) lower progesterone. No statistically significant associations with phthalates were found when post-partum depression symptoms were represented by continuous EPDS scores.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. <i>Journal of Clinical Endocrinology and Metabolism</i> 106(7):1887-1899.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones (allopregnanolone, pregnanolone, progesterone, pregnenolone), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	7978436		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This longitudinal cohort study examined urinary phthalate metabolite levels (MCiOP, MiNP, MCNP, MEHP, MECPP, MEHHP, MEOHP, MCMHP, MBzP, MBP, MiBP, phthalic acid) during pregnancy and the associations with sex hormone levels and postnatal depression/postpartum depression. 139 pregnant women from the New York University (NYU) Children's Health and Environment Study (CHES) were recruited between 2016 and 2018. Pregnant women were eligible if they were ≥18 years old, under 18 weeks gestation, and had nonmedically threatened pregnancies. Recruitment occurred at three hospitals: NYU Langone Hospitals in Manhattan and Brooklyn, and Bellevue Hospital Center. While recruitment methods appear adequate, there is limited information comparing the eligible population with the study population. This impedes the ability to fully assess potential for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolite levels (DiNP metabolites: MCiOP, MiNP; DiDP metabolites: MCNP; DEHP metabolites: MEHP, MECPP, MEHHP, MEOHP, MCMHP; BBP metabolite: MBzP; DBP metabolites: MBP, MiBP; phthalic acid) were measured in urine samples collected from mothers in early (<18 weeks) and midpregnancy (≥18 - <25 weeks). While single measures of chemicals with short half-lives may lead to exposure misclassification, the multiple samples collected minimized concern that exposure was inaccurately measured. Phthalate levels were measured via "enzymatic deconjugation followed by off-line solid phase extraction with reversed phase HPLC electrospray MS/MS." Internal standards were incorporated for each metabolite. The LODs (ng/mL) were as follows: MCiOP = 0.15; MiNP = 0.02; MCNP = 0.17; MEHP = 0.30; MECPP = 0.05; MEHHP = 0.04; MEOHP = 0.02; MCMHP = 0.17; MBzP = 0.03; MBP = 0.04; MiBP = 0.02; phthalic acid = 0.12. Percent of samples detected were: MCiOP = 100%; MiNP = 66%; MCNP = 22%; MEHP = 72%; MECPP = 99%; MEHHP = 99%; MEOHP = 99%; MCMHP = 96%; MBzP = 89%; MBP = 99%; MiBP = 96%; phthalic acid = 99%. In analyses, urinary creatinine was used to adjust for urinary dilution. Ultimately, the molar sums of metabolites (MCiOP and MiNP only) were used to estimate total DiNP and total DEHP (MEHP, MEOHP, MEHHP, MECPP, MCMHP), total low molecular weight phthalates (MBP, MiBP), and total high molecular weight phthalates (MCiOP, MiNP, MCNP, MEHP, MEOHP, MEHHP, MECPP, MCMHP, MBP). Analysis was performed with HPLC coupled with electrospray MS/MS under negative mode of ionization. Assay precision was enhanced by incorporating the IS for each of the phthalate metabolites, allowing for LODs in the range of 0.02 to 0.3 ng/mL. Urinary Cr, used to adjust for urinary dilution, was analyzed using HPLC-MS/MS. The number of obtained samples was not specified.
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<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones (allopregnanolone, pregnanolone, progesterone, pregnenolone), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	7978436		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Sex steroid hormones (allopregnanolone, pregnanolone, progesterone, and pregnenolone) were measured in midpregnancy ( $\geq 18$ -<25 weeks) serum samples. Samples were analyzed using gas chromatography mass spectrometry after separating steroid hormones using HPLC. Sex hormones were log-normally distributed and distributions are reported by demographic characteristics.
	Metric 3B: Selective Reporting	Medium	All anticipated results were reported for primary and secondary analyses.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	High	Confounders were selected for models a priori and using a directed acyclic graph. Appropriate key confounders were included in analyses. Models included urinary creatinine, gestational age at time of serum hormone sampling, maternal age, and prepregnancy BMI (phthalate-hormone models); urinary creatinine, maternal age, prepregnancy BMI, race/ethnicity, and education (phthalate-PPD models). Additional covariates were included in models (antenatal depressive symptoms, marital status, material hardship, pregnancy complications), but model results did not change. As a result, these covariates were not included in final models. Mothers reported information on potential confounders via questionnaire during each trimester. Information on clinical data (pregnancy BMI, perinatal psychotropic medication use) were obtained from medical records.
Domain 5: Analysis			
	Metric 5A: Analysis	High	Associations between phthalate metabolites and metabolite groups and PPD were examined via multiple informant models fit using generalized estimating equations with either logit or linear links (for dichotomous or continuous variables). Effect estimates and 95% CI are reported. Multiple informant models present a single integrated estimate for multiple exposure measures. Phthalate and hormone measures were log-transformed for continuous analyses. Values <LOD were imputed using LOD/(sq rt. of 2). P-values were adjusted using a modified Bonferroni approach to account for multiple testing. Sensitivity analyses examined urinary creatinine correction via standardization, exclusion of women taking antidepressants, anxiolytics, or antipsychotic medications, and assessed midpregnancy hormone concentrations in relation to EPDS scores to assess the influence of phthalate-associated hormonal shifts on PPD symptoms. Distributions of outcome and exposure variables are reported.
	Metric 5B: Sensitivity	Medium	Sample size was fairly small (n = 139) but adequate to detect an effect. Exposure distribution for monoisononyl phthalate was limited (44% <LOD; median, IQR = 1.0 ng/mL; <0.02-0.07), but other metabolites had adequate distributions to detect an effect (median, IQR = MCiOP: 1.5 ng/mL, 0.79-3.6; MCNP: 0.97 ng/mL, 0.23-2.2).

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<b>Study Citation:</b>	Jacobson, M. H., Stein, C. R., Liu, M., Ackerman, M. G., Blakemore, J. K., Long, S. E., Pinna, G., Romay-Tallon, R., Kannan, K., Zhu, H., Trasande, L. (2021). Prenatal exposure to bisphenols and phthalates and postpartum depression: The role of neurosteroid hormone disruption. Journal of Clinical Endocrinology and Metabolism 106(7):1887-1899.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Sex hormones (allopregnanolone, pregnanolone, progesterone, pregnenolone), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	7978436

Domain	Metric	Rating	Comments
Additional Comments:	This longitudinal cohort study assessed urinary phthalate metabolite (MCNP, MCiOP, MiNP, MEHP, MECPP, MEHHP, MEOHP, MCMHP, MBzP) levels in 139 pregnant women and the association with sex hormone levels and postpartum depression following deliver. The study population was from the NYU Children’s Health and Environment Study. There were no major concerns for residual bias based on study design, as recruitment, exposure assessment and statistical analysis used adequate methods. While depression symptoms were self-reported using a validated scale, concern for resulting recall bias was minimal. The authors reported DINP metabolites were associated with reduced progesterone concentrations, with log-unit increases in Sum(DiNP) predicted 7.7% (95% CI –13.3%, –1.7%) lower progesterone. No statistically significant associations with phthalates were found when post-partum depression symptoms were represented by continuous EPDS scores.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Kamai, E. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Knudsen, G. P., Reichborn-Kjennerud, T., Zeiner, P., Overgaard, K., Herring, A. H., Aase, H., Engel, S. M. (2021). Gestational phthalate exposure and preschool attention deficit hyperactivity disorder in Norway. Environmental Epidemiology 5(4):e161.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit Hyperactivity Disorder (ADHD), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	9559555		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This case-cohort study of prenatal phthalates exposure and preschool ADHD was nested within the population-based Norwegian MoBa (Mother, Father and Child) birth cohort study. The participation rate for the parent cohort of more than 100,000 mother-child pairs was 41% (Magnus et al 2016, PMID: 27063603). This study included 260 children defined as ADHD cases and 549 non-cases born between April 2004 and January 2008 and who lived proximate to or within a direct flight to Oslo (n=33,050). Cases were identified from among 2,798 children aged 3.1 to 3.8 years who scored at or above the 90th percentile on ADHD screening questions included in the 36-month questionnaire. Of 1,195 (35%) who agreed to participate in a 1-day clinical assessment in Oslo used to identify cases, 870 had stored maternal gestational urine samples and 260 (115 girls, 44%) were confirmed as cases. From the eligible cohort of 27,347 children with 36-month questionnaire and stored maternal urine samples, 556 (274 girls, 50%) were randomly selected and frequency matched to cases on year of birth. 549 remained after removing 7 identified as cases during the ADHD clinic screening (6 from among 147 non-cases who agreed to the clinical exam, 22.5%). There was no evidence that selection into either the parent cohort or the sub-study was biased. Moreover, models included adjustment for maternal age, education, and parity, factors associated with selection into MoBa.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Kamai, E. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Knudsen, G. P., Reichborn-Kjennerud, T., Zeiner, P., Overgaard, K., Herring, A. H., Aase, H., Engel, S. M. (2021). Gestational phthalate exposure and preschool attention deficit hyperactivity disorder in Norway. Environmental Epidemiology 5(4):e161.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit Hyperactivity Disorder (ADHD), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	9559555			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Three DiNP metabolites (OH-MiNP, oxo-MiNP, and cx-MiNP), DiBP metabolite (MiBP), DBP metabolite (MnBP), BBP metabolite (MBzP), and DEHP metabolites (MEHP, MEHHP, MEOHP, MECPP, and MMCHP) were measured in maternal spot urine samples collected at about 17 weeks' gestation. The molar sum of its metabolites was analyzed as DiNP and DEHP exposure; individual metabolites were not analyzed. Concentrations of phthalates were measured at the Norwegian Institute of Public Health. Analysis methods, as described elsewhere, used liquid chromatography/mass spectrometry with procedural blanks and control samples in each randomized batch. The coefficient of variation was <0.1% for control urine samples and average batch coefficients of variation were less than 5%. LOQ and the percentage above LOQ for DiNP metabolites OH-MiNP, oxo-MiNP, and cx-MiNP were 0.2 ug/L and 100%, 0.2 ug/L and 98.5%, and 1.0 ug/L and 100%, respectively. For MiBP, MnBP, MBzP, MEHP, MEHHP, MEOHP, MECPP, MMCHP the LOQ was 0.5 ug/L, 0.5 ug/L, 0.2 ug/L, 0.5 ug/L, 0.4 ug/L, 0.4 ug/L, 2.0 ug/L, and 2.0 ug/L respectively, and 100% of samples had detectable levels. Specific gravity was used to account for urine dilution. Exposure at ~17 weeks' gestation is thought to be a relevant window of vulnerability for perturbations in fetal growth that can impact long-term neurodevelopmental outcomes. As noted by the authors, single spot urine samples collected in this study may not accurately reflect a woman's exposure to phthalates throughout her pregnancy as the half-lives of phthalates are short. However, there was no evidence of potential differential misclassification of exposure by case status.	
Domain 3: Outcome Assessment				
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<b>Study Citation:</b>	Kamai, E. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Knudsen, G. P., Reichborn-Kjennerud, T., Zeiner, P., Overgaard, K., Herring, A. H., Aase, H., Engel, S. M. (2021). Gestational phthalate exposure and preschool attention deficit hyperactivity disorder in Norway. <i>Environmental Epidemiology</i> 5(4):e161.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit Hyperactivity Disorder (ADHD), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	9559555

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	Cases defined as having either ADHD or subthreshold ADHD were identified in an assessment by trained graduate psychology students under the supervision of child psychologists/psychiatrists. The assessment used diagnostic interviews based on the Preschool Age Psychiatric Assessment (PAPA), a validated tool designed to evaluate children aged 2-6 years. Reliability was assessed by a second rater, blind to parent and teacher ratings, who re-scored 79 randomly selected recorded audiotapes (ICC 0.98 for number of ADHD symptoms). The PAPA defines ADHD symptoms as present when reported by parents to be pervasive across at least two settings. Only symptoms lasting $\geq 3$ months were counted. Impairment or impact of symptoms was evaluated in six functional domains (e.g., friends, learning, play/leisure). ADHD (n=114) was defined as the presence of both (b) $> 6$ symptoms on the PAPA that met DSM-IV-TR criteria and (b) impairment. Subthreshold preschool ADHD (n=146) was defined as children with 6+ ADHD symptoms but no evidence of impairment, or with 3-5 ADHD symptoms and evidence of impairment. The authors did not discuss separately analyzing associations with subthreshold ADHD. While outcome assessment was rigorous, evaluating behavioral outcomes during preschool years is challenging; the authors noted the potential for undetected preschool ADHD among non-cases. Most cases were identified among children screened at $\geq$ the 90th percentile on items in the 36-month questionnaire, which included 6 items from the Child Behavior Checklist and five items from the DSM-IV-TR criteria for ADHD. However, 6 children not identified in the screening were characterized as cases in the assessment. As noted by the authors, some symptoms may be less noticeable to caretakers.
	Metric 3B: Selective Reporting	Medium	No concerns for selective reporting.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Confounders were selected a priori using directed acyclic graphs and previous literature. Covariates included specific gravity, analytic batch, child sex, maternal age, parity, maternal education, maternal depression during pregnancy, and maternal ADHD-like symptom. Marital status and maternal smoking were considered but ultimately excluded as they did not meaningfully influence effect estimates and removal improved model fit. Confounding by co-exposure to correlated phthalate metabolites was assessed in a sensitivity analysis. Variables such as maternal BMI and pregnancy complications were not discussed, but may have been excluded as potential intermediates. The authors presented crude and adjusted associations with phthalate quintiles; results were generally very similar.

Domain 5: Analysis

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit Hyperactivity Disorder (ADHD), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	9559555			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Descriptive data included participant characteristics and phthalate distributions. Logistic regression models were used to calculate odds ratios of association between phthalates and preschool ADHD. Analyses in the full sample analyzed exposure using both exposure quintile and natural log transformed variables; sex-stratified models used only natural log transformed exposure variables. Augmented product terms were used to evaluate sex specific effects; statistical significance of interaction was set at $p < 0.20$ . Cubic splines and Wald tests were used to assess the significance of nonlinear associations: the association between ADHD and prenatal concentrations of both DiNP and DiBP metabolites were significantly non-linear. While evaluating this non-linearity was a strength, a limitation is that this non-linear relationship was not taken into account in sex-stratified analyses, which used a continuous exposure variable. Positive trends between increasing levels of ΣDEHP and odds of preschool ADHD. Statistically significant modification by child sex of the linear association between MnBP and preschool ADHD. Sensitivity analyses evaluated the influence of adjusting for correlated phthalate co-exposures.	
	Metric 5B: Sensitivity	Medium	The sample size of 260 cases and 549 non-cases was likely adequate to estimate associations in the sample as a whole; power may have been limited for stratified analyses. Exposure distributions were had substantial variability among both cases and non-cases. The geometric means and standard deviation of the sum of DiNP metabolites for cases was 0.02 and 2.04 umol/L with a range of 0.01 to 0.96 umol/L. For DiBP, the geometric mean (SD) among cases was 19.7 (2.12) ug/L. For the sum of DEHP, the geometric mean (SD) among cases was 0.29 (2.13) ug/L. For DBP, the geometric mean (SD) among cases was 20.0 (2.22) ug/L. For BBP, the geometric mean (SD) among cases was 5.40 (2.49) ug/L.	
Additional Comments:	This case-cohort study (260 cases, 549 non-cases) nested in the Norwegian MoBa cohort analyzed the association between prenatal phthalates measured in spot urines at about 17 weeks' gestation and odds of ADHD at age 3 years. Prenatal phthalate metabolites were detected in virtually all participants. Associations in the full sample were analyzed using both exposure quintiles and natural log transformed continuous exposure variables. Intermediate quintiles of DiNP (2nd and 5th) and DiBP (3rd and 4th) metabolites were associated with significantly increased odds of preschool ADHD, suggesting potential non-linear relationships. This non-linearity was not addressed in sex-stratified analyses to evaluate gender differences, which used only continuous natural log transformed exposure. In stratified analyses, there was a significant sex difference in associations with the DBP metabolite MBP, which were positive and significant only among boys. Associations with the highest quintile of the sum of DEHP metabolites were marginally non-significant overall and reached significance among boys. A limitation noted by the authors is the use of a single spot urine sample to characterize exposure during pregnancy, which may misclassify exposures. However, there is no evidence of bias. The authors acknowledged the possibility of undetected preschool ADHD among the non-case group, as only 22.5% were examined by study psychologists. The authors also discussed a possibility of bias due to self-selection into the MoBa cohort, but the statistical model adjusted for variables such as maternal education, which may mitigate residual bias. There was no evidence of important bias that would affect the validity of the overall results.			

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Health Outcome(s) Assessed:	Neurological/Behavioral- Attention Deficit Hyperactivity Disorder (ADHD), Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
HERO ID:	9559555		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Shu, H., Wikstrom, S., Jönsson, G., B.A., Lindh, C. H., Svensson, Å., Nånberg, E., Bornehag, C. G. (2018). Prenatal phthalate exposure was associated with croup in Swedish infants. <i>Acta Paediatrica</i> 107(6):1011-1019.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Wheeze, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)		
<b>HERO ID:</b>	4728698		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examined the association between phthalate metabolites measured in prenatal urine samples among pregnant women in the SELMA cohort and respiratory/immune outcomes in infants up until 12 months of age. Study participants were a subset of maternal-child pairs included in the Swedish Environmental Longitudinal, Mother and Child, Asthma and Allergy study (SELMA). For the overall SELMA cohort, 6,658 women were invited to participate during their first visit to a public antenatal care center (2007-2010), of which 2,582 (39%) agreed to participate. Exclusion criteria as described in Bornehag et al., 2012 (HERO ID 1597769) were: did not understand written Swedish questionnaire, > 22 weeks gestational age, and plans to move outside the study area. The current study population was limited to a subset of SELMA participants (n=1062) with complete data on relevant variables; this subset was similar to the overall cohort on most covariates and exposure levels. Participating families differed from non-participants in characteristics such as the prevalence of allergy and asthma symptoms (Bornehag et al., 2012). However, mean concentrations of phthalate metabolites were similar in the study population and the entire SELMA study. There is no evidence to suggest that entry into or continuation in the study population was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was characterized using measures in maternal urine collected during pregnancy. Phthalate metabolites were measured in morning void urine samples collected at enrollment; enrollment was during the first trimester for 96% of participants (median 10 weeks, range 4-27 weeks). Metabolites were measured using liquid chromatography-tandem mass spectrometer (LC-MS/MS). For all relevant metabolites, 100% of samples were above the LOD with the exception of MEHP (99.6% above LOD). Urine dilution was addressed by adjusting for creatinine in regression models. There is potential for some exposure misclassification due to the use of a single urine sample; this misclassification is expected to be non-differential. The study authors state that they were not able to separate the two DiDP metabolites (MHDP, MCiNP) from DPHP metabolites with similar retention time and mass spectrometry; further details on this issue were not provided. Results for these metabolites were reported as reflecting DiDP/DPHP exposure. While there is concern for potential additional error, there is no direct evidence of bias. Monitoring data from other European studies report low levels of DPHP exposure (Schmidt-kunz et al., 2019, PMID 30772154).
Domain 3: Outcome Assessment			
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<b>HERO ID:</b>	4728698			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	The outcomes of interest in this study were any episode of wheeze, along with croup and otitis media, within the infant's first 12 months of life. Outcomes were assessed via maternal report at a single time point by maternal report. For wheeze, the study used the standardized International Study of Asthma and Allergies in Childhood (ISAAC) core health questions, which include questions on wheeze reported as adequately sensitive and specific in other settings and age groups (e.g., Asher et al., 2020 PMID 32972987). Nonetheless, there is potential for some misclassification due to the use of parent reported symptoms to define outcomes.
	Metric 3B:	Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary and secondary The authors described their primary and secondary analyses in the methods section. Results were presented for croup and wheeze. For otitis media, however, the authors stated that no significant associations were found in either crude or adjusted analysis, and data were not shown..
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Potential confounders were included in regression models if they were significantly correlated with two or more urinary phthalate metabolites concentrations. Information on how the full set of potential confounders evaluated in bivariate analyses were identified was not provided. The final set of confounders included in regression models was: maternal age, maternal education, maternal smoking, child sex, asthma and allergies in the family, categories of creatinine in urine. Maternal smoking was evaluated via measurement of cotinine in blood samples collected at enrollment, while other variables were measured using self-administered questionnaires. No information on how creatinine was categorized in analysis was provided. Co-exposure confounding was not discussed.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between each phthalate metabolite and each outcome was evaluated using logistic regression. Metabolites were log 10 transformed prior to analysis. Individual metabolites were analyzed separately, analyses using the sum of metabolites from the same parent phthalate were not mentioned. Metabolites were evaluated in models as a continuous variable as well as categorized into quartiles. Sex-stratified analyses were conducted. No sensitivity analyses were described. No missingness was described, as expected given the study population was limited to maternal-infant pairs in the SELMA cohort with complete data.
	Metric 5B:	Sensitivity	Medium	The sample size was large (n=1062) and there was variability in and high detection rates for phthalate metabolites. No concerns related to study sensitivity were identified.

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Wheeze, Non-cancer		
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<b>HERO ID:</b>	4728698		
Domain	Metric	Rating	Comments
Additional Comments:	This analysis of a subset of maternal-infant pairs in the SELMA cohort (n=1,062 of 2,356 participants) had a large sample size and appropriate participant recruitment methods. There is potential for outcome misclassification as outcomes were classified based on maternal reports of infant symptoms of wheeze, otitis media, and croup during the first year of life. For wheeze, outcomes were reported using standardized questions; questions about croup were based on specific characterization of symptoms. Questions on otitis media were not described. DiDP metabolites results were reported as DiDP/DPHP due to difficulty separating these metabolites in the assays used. In quartile-based analyses, DINP metabolites were significantly associated with wheeze (for example, OR [95% CI] for Q4 vs. Q1: MHiNP 1.83 [1.24, 2.71], MOiNP 1.69 [1.13, 2.51], MCiOP 1.72 [1.17, 2.54]) although there was no clear dose-response relationship. Associations for Q4 vs Q1 were somewhat stronger and reached significance in girls but not boys for DiNP metabolites (MHiNP, MOiNP, and MCiOP). Associations between wheeze and metabolites of other phthalates (DiDP/DPHP, DEHP, BBP, and DBP) did not reach significance. Overall, no significant associations were found between DiNP or DiDP/DPHP metabolites and croup. However, isolated quartiles of the DiNP metabolite MHiNP and the DiDP metabolite MHiDP had significant associations among boys. The BBP metabolite (MBzP) as well as the DEHP metabolites were significantly positively associated with croup among all study participants; most associations remained significant among boys when stratified by sex. There were no significant associations with otitis media, for which results were not shown.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Shu, H., Wikstrom, S., Jönsson, G., B.A., Lindh, C. H., Svensson, Å., Nånberg, E., Bornehag, C. G. (2018). Prenatal phthalate exposure was associated with croup in Swedish infants. Acta Paediatrica 107(6):1011-1019.
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Croup, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
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Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examined the association between phthalate metabolites measured in prenatal urine samples among pregnant women in the SELMA cohort and respiratory/immune outcomes in infants up until 12 months of age. Study participants were a subset of maternal-child pairs included in the Swedish Environmental Longitudinal, Mother and Child, Asthma and Allergy study (SELMA). For the overall SELMA cohort, 6,658 women were invited to participate during their first visit to a public antenatal care center (2007-2010), of which 2,582 (39%) agreed to participate. Exclusion criteria as described in Bornehag et al., 2012 (HERO ID 1597769) were: did not understand written Swedish questionnaire, > 22 weeks gestational age, and plans to move outside the study area. The current study population was limited to a subset of SELMA participants (n=1062) with complete data on relevant variables; this subset was similar to the overall cohort on most covariates and exposure levels. Participating families differed from non-participants in characteristics such as the prevalence of allergy and asthma symptoms (Bornehag et al., 2012). However, mean concentrations of phthalate metabolites were similar in the study population and the entire SELMA study. There is no evidence to suggest that entry into or continuation in the study population was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was characterized using measures in maternal urine collected during pregnancy. Phthalate metabolites were measured in morning void urine samples collected at enrollment; enrollment was during the first trimester for 96% of participants (median 10 weeks, range 4-27 weeks). Metabolites were measured using liquid chromatography-tandem mass spectrometer (LC-MS/MS). For all relevant metabolites, 100% of samples were above the LOD with the exception of MEHP (99.6% above LOD). Urine dilution was addressed by adjusting for creatinine in regression models. There is potential for some exposure misclassification due to the use of a single urine sample; this misclassification is expected to be non-differential. The study authors state that they were not able to separate the two DiDP metabolites (MHDP, MCiNP) from DPHP metabolites with similar retention time and mass spectrometry; further details on this issue were not provided. Results for these metabolites were reported as reflecting DiDP/DPHP exposure. While there is concern for potential additional error, there is no direct evidence of bias. Monitoring data from other European studies report low levels of DPHP exposure (Schmidt-kunz et al., 2019, PMID 30772154).

Domain 3: Outcome Assessment

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Croup, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	4728698			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	The outcomes of interest in this study were any episode of croup or otitis media, along with wheeze, within the infant's first 12 months of life. All three outcomes were assessed via maternal report at a single time point by maternal report. Croup was defined as breathing difficulties with a barking cough ("Has your child suffered from croup (breathing difficulties with a barking cough?" Preece et al., 2021 HEROID 7975690). Otitis media questions were not specified in this manuscript. Prevalence of these outcomes was 9.5% for croup, and 15.4% for otitis media. There is some concern for potential outcome misclassification due to the use of parent reported symptoms to define outcomes and uncertainty regarding reliability of the questions used. However, there is no direct evidence of low sensitivity, specificity, or differential misclassification.
	Metric 3B:	Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section. Results were presented for croup and wheeze. For otitis media, however, the authors stated that no significant associations were found in either crude or adjusted analysis, and data were not shown.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Potential confounders were included in regression models if they were significantly correlated with two or more urinary phthalate metabolites concentrations. Information on how the full set of potential confounders evaluated in bivariate analyses were identified was not provided. The final set of confounders included in regression models was: maternal age, maternal education, maternal smoking, child sex, asthma and allergies in the family, categories of creatinine in urine. Maternal smoking was evaluated via measurement of cotinine in blood samples collected at enrollment, while other variables were measured using self-administered questionnaires. No information on how creatinine was categorized in analysis was provided. Co-exposure confounding was not discussed.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between each phthalate metabolite and each outcome was evaluated using logistic regression. Metabolites were log 10 transformed prior to analysis. Individual metabolites were analyzed separately, analyses using the sum of metabolites from the same parent phthalate were not mentioned. Metabolites were evaluated in models as a continuous variable as well as categorized into quartiles. Sex-stratified analyses were conducted. No sensitivity analyses were described. No missingness was described, as expected given the study population was limited to maternal-infant pairs in the SELMA cohort with complete data.
	Metric 5B:	Sensitivity	Medium	The sample size was large (n=1062) and there was variability in and high detection rates for phthalate metabolites. No concerns related to study sensitivity were identified.

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Croup, Non-cancer		
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<b>HERO ID:</b>	4728698		
Domain	Metric	Rating	Comments
Additional Comments:	This analysis of a subset of maternal-infant pairs in the SELMA cohort (n=1,062 of 2,356 participants) had a large sample size and appropriate participant recruitment methods. There is potential for outcome misclassification as outcomes were classified based on maternal reports of infant symptoms of wheeze, otitis media, and croup during the first year of life. For wheeze, outcomes were reported using standardized questions; questions about croup were based on specific characterization of symptoms. Questions on otitis media were not described. DiDP metabolites results were reported as DiDP/DPHP due to difficulty separating these metabolites in the assays used. In quartile-based analyses, DINP metabolites were significantly associated with wheeze (for example, OR [95% CI] for Q4 vs. Q1: MHiNP 1.83 [1.24, 2.71], MOiNP 1.69 [1.13, 2.51], MCiOP 1.72 [1.17, 2.54]) although there was no clear dose-response relationship. Associations for Q4 vs Q1 were somewhat stronger and reached significance in girls but not boys for DiNP metabolites (MHiNP, MOiNP, and MCiOP). Associations between wheeze and metabolites of other phthalates (DiDP/DPHP, DEHP, BBP, and DBP) did not reach significance. Overall, no significant associations were found between DiNP or DiDP/DPHP metabolites and croup. However, isolated quartiles of the DiNP metabolite MHiNP and the DiDP metabolite MHiDP had significant associations among boys. The BBP metabolite (MBzP) as well as the DEHP metabolites were significantly positively associated with croup among all study participants; most associations remained significant among boys when stratified by sex. There were no significant associations with otitis media, for which results were not shown.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Shu, H., Wikstrom, S., Jönsson, G., B.A., Lindh, C. H., Svensson, Å., Nånberg, E., Bornehag, C. G. (2018). Prenatal phthalate exposure was associated with croup in Swedish infants. <i>Acta Paediatrica</i> 107(6):1011-1019.
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Otitis media, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)
<b>HERO ID:</b>	4728698

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective birth cohort study examined the association between phthalate metabolites measured in prenatal urine samples among pregnant women in the SELMA cohort and respiratory/immune outcomes in infants up until 12 months of age. Study participants were a subset of maternal-child pairs included in the Swedish Environmental Longitudinal, Mother and Child, Asthma and Allergy study (SELMA). For the overall SELMA cohort, 6,658 women were invited to participate during their first visit to a public antenatal care center (2007-2010), of which 2,582 (39%) agreed to participate. Exclusion criteria as described in Bornehag et al., 2012 (HERO ID 1597769) were: did not understand written Swedish questionnaire, > 22 weeks gestational age, and plans to move outside the study area. The current study population was limited to a subset of SELMA participants (n=1062) with complete data on relevant variables; this subset was similar to the overall cohort on most covariates and exposure levels. Participating families differed from non-participants in characteristics such as the prevalence of allergy and asthma symptoms (Bornehag et al., 2012). However, mean concentrations of phthalate metabolites were similar in the study population and the entire SELMA study. There is no evidence to suggest that entry into or continuation in the study population was jointly related to exposure and outcome.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Prenatal exposure to phthalates was characterized using measures in maternal urine collected during pregnancy. Phthalate metabolites were measured in morning void urine samples collected at enrollment; enrollment was during the first trimester for 96% of participants (median 10 weeks, range 4-27 weeks). Metabolites were measured using liquid chromatography-tandem mass spectrometer (LC-MS/MS). For all relevant metabolites, 100% of samples were above the LOD with the exception of MEHP (99.6% above LOD). Urine dilution was addressed by adjusting for creatinine in regression models. There is potential for some exposure misclassification due to the use of a single urine sample; this misclassification is expected to be non-differential. The study authors state that they were not able to separate the two DiDP metabolites (MHDP, MCiNP) from DPHP metabolites with similar retention time and mass spectrometry; further details on this issue were not provided. Results for these metabolites were reported as reflecting DiDP/DPHP exposure. While there is concern for potential additional error, there is no direct evidence of bias. Monitoring data from other European studies report low levels of DPHP exposure (Schmidt-kunz et al., 2019, PMID 30772154).

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Shu, H., Wikstrom, S., Jönsson, G., B.A., Lindh, C. H., Svensson, Å., Nånberg, E., Bornehag, C. G. (2018). Prenatal phthalate exposure was associated with croup in Swedish infants. Acta Paediatrica 107(6):1011-1019.			
<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Otitis media, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)			
<b>HERO ID:</b>	4728698			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Low	The outcomes of interest in this study were any episode of croup or otitis media, along with wheeze, within the infant's first 12 months of life. All three outcomes were assessed via maternal report at a single time point by maternal report. Croup was defined as breathing difficulties with a barking cough ("Has your child suffered from croup (breathing difficulties with a barking cough?" Preece et al., 2021 HEROID 7975690). Otitis media questions were not specified in this manuscript. Prevalence of these outcomes was 9.5% for croup, and 15.4% for otitis media. There is some concern for potential outcome misclassification due to the use of parent reported symptoms to define outcomes and uncertainty regarding reliability of the questions used. However, there is no direct evidence of low sensitivity, specificity, or differential misclassification.
	Metric 3B:	Selective Reporting	Low	The authors described their primary and secondary analyses in the methods section. Results were presented for croup and wheeze. For otitis media, however, the authors stated that no significant associations were found in either crude or adjusted analysis, and data were not shown.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Potential confounders were included in regression models if they were significantly correlated with two or more urinary phthalate metabolites concentrations. Information on how the full set of potential confounders evaluated in bivariate analyses were identified was not provided. The final set of confounders included in regression models was: maternal age, maternal education, maternal smoking, child sex, asthma and allergies in the family, categories of creatinine in urine. Maternal smoking was evaluated via measurement of cotinine in blood samples collected at enrollment, while other variables were measured using self-administered questionnaires. No information on how creatinine was categorized in analysis was provided. Co-exposure confounding was not discussed.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	The association between each phthalate metabolite and each outcome was evaluated using logistic regression. Metabolites were log 10 transformed prior to analysis. Individual metabolites were analyzed separately, analyses using the sum of metabolites from the same parent phthalate were not mentioned. Metabolites were evaluated in models as a continuous variable as well as categorized into quartiles. Sex-stratified analyses were conducted. No sensitivity analyses were described. No missingness was described, as expected given the study population was limited to maternal-infant pairs in the SELMA cohort with complete data.
	Metric 5B:	Sensitivity	Medium	The sample size was large (n=1062) and there was variability in and high detection rates for phthalate metabolites. No concerns related to study sensitivity were identified.

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<b>Health Outcome(s) Assessed:</b>	Immune/Hematological- Otitis media, Non-cancer		
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<b>HERO ID:</b>	4728698		
Domain	Metric	Rating	Comments
Additional Comments:	This analysis of a subset of maternal-infant pairs in the SELMA cohort (n=1,062 of 2,356 participants) had a large sample size and appropriate participant recruitment methods. There is potential for outcome misclassification as outcomes were classified based on maternal reports of infant symptoms of wheeze, otitis media, and croup during the first year of life. For wheeze, outcomes were reported using standardized questions; questions about croup were based on specific characterization of symptoms. Questions on otitis media were not described. DiDP metabolites results were reported as DiDP/DPHP due to difficulty separating these metabolites in the assays used. In quartile-based analyses, DINP metabolites were significantly associated with wheeze (for example, OR [95% CI] for Q4 vs. Q1: MHiNP 1.83 [1.24, 2.71], MOiNP 1.69 [1.13, 2.51], MCiOP 1.72 [1.17, 2.54]) although there was no clear dose-response relationship. Associations for Q4 vs Q1 were somewhat stronger and reached significance in girls but not boys for DiNP metabolites (MHiNP, MOiNP, and MCiOP). Associations between wheeze and metabolites of other phthalates (DiDP/DPHP, DEHP, BBP, and DBP) did not reach significance. Overall, no significant associations were found between DiNP or DiDP/DPHP metabolites and croup. However, isolated quartiles of the DiNP metabolite MHiNP and the DiDP metabolite MHiDP had significant associations among boys. The BBP metabolite (MBzP) as well as the DEHP metabolites were significantly positively associated with croup among all study participants; most associations remained significant among boys when stratified by sex. There were no significant associations with otitis media, for which results were not shown.		
<b>Overall Quality Determination</b>		<b>Medium</b>	

<b>Study Citation:</b>	Choi, G., Keil, A. P., Villanger, G. D., Richardson, D. B., Daniels, J. L., Hoffman, K., Sakhi, A. K., Thomsen, C., Herring, A. H., Drover, M., S.S., Nethery, R., Aase, H., Engel, S. M. (2021). Pregnancy exposure to common-detect organophosphate esters and phthalates and maternal thyroid function. Science of the Total Environment 782:146709.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Thyroid function: total triiodothyronine (TT3), total thyroxine (TT4), TT3:TT4 ratio, thyroid stimulating hormone (TSH), thyroid peroxidase autoantibodies (TPOAb), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)		
<b>HERO ID:</b>	7978495		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this study were a subset of individuals from the Norwegian Mother, Father, and Child Cohort (MoBa), an ongoing prospective population-based cohort. Participants were women recruited at routine prenatal ultrasound visits across Norway between 1999 and 2008, who provided urine and blood samples. Participants were recruited at approximately 17 gestational weeks. From the overall cohort of 114,500 children, 95,200 mothers, and 75,200 fathers, 33,050 participants met eligibility criteria that included giving birth to a singleton without Down syndrome or cerebral palsy between April 2004 and January 2008 and living in proximity to Oslo. This study used data from a sample of 555 women with available urine and blood specimens who had completed the 36-month questionnaire, who were randomly sampled and frequency matched by birth year to cases in a study on phthalates, maternal thyroid function and ADHD (Engel et al. 2018, HEROID 4728558). Of 539 women with measures of thyroid function organophosphate esters and urinary phthalate metabolites, primary analyses included 473 euthyroid women with no missing data (excluding women with self-reported thyroid disease, using thyroid medications, with measured thyroid biomarkers that could imply thyroid dysfunction, or missing covariate data). Non-euthyroid individuals were excluded since their measured thyroid markers may have been affected by medical interventions. The overview of recruitment and selection for this study was adequate, and there was no evidence to suggest biased participation.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Thyroid- Thyroid function: total triiodothyronine (TT3), total thyroxine (TT4), TT3:TT4 ratio, thyroid stimulating hormone (TSH), thyroid peroxidase autoantibodies (TPOAb), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)			
<b>HERO ID:</b>	7978495			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Maternal spot urine samples collected at approximately 17 weeks of gestation were used to measure several primary and secondary metabolites of DiNP, DEHP, DBP, DiBP, and BBP. DiNP exposure was analyzed as the molar sum of three metabolites, and DEHP as the molar sum of five metabolites. Metabolites were analyzed using on-line column switching liquid chromatography coupled with tandem mass spectrometry. As reported by the reference cited for additional information on exposure assessment (Engel et al., 2018, HERO 4728558), quality controls, blank and control samples were used, and coefficients of variation across batches were <5%. Urinary dilution was addressed by standardizing for specific gravity. Detection rates for raw measures were 100%; after batch and specific gravity adjustment detection rates for the various metabolites ranged from a low of 98.5% for oxo-MiNP to a high of 100% for all other metabolites. Values below LOD for other exposures analyzed in this study were imputed as LOD divided by the square root of 2. A limitation is that given the high variability and short half-lives of these phthalate metabolites, a single urine sample may misclassify habitual exposure to parent phthalates. However, there was no evidence of potential differential misclassification that might contribute to bias. Although thyroid hormone function was measured in blood samples collected at the same time as the spot urines used to estimate exposure, there was no evidence of reverse causality.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Medium	Thyroid function was assessed by examining thyroid hormone biomarkers in maternal blood samples collected at approximately 17 weeks' gestation, along with urine samples. Electro-chemiluminescent immunoassays were used to measure total triiodothyronine (TT3), total thyroxine (TT4), and thyroid stimulating hormone (TSH) in plasma. The TT3 to TT4 ratio was used as an indicator of thyroid homeostasis mechanisms distinct from hyper- or hypo-active stimulation of the thyroid gland (Ross et al 2016 PMID: 27521067). Free TT3 and TT4 were not directly measured due to the uncertain influence of large changes in levels of plasma binding proteins and total thyroid hormones. The inter- and intra-assay coefficients of variation were <5% for TSH, triiodothyronine uptake, TT3, and TT4. The analysis sample was limited to women with normal thyroid function based on levels of TSH, estimated free T4 index, and thyroid peroxidase autoantibodies (TPOAb), along with preexisting thyroid disease or medication self-reported or identified by data linkage to the Medical Birth Registry of Norway. The reliability of TT3, TT5 and TSH during pregnancy measured in plasma rather than serum (the gold standard) was evaluated by the authors in an independent study of 17 pregnant women; Spearman correlations were 0.97 to 1.00 (Villanger et al, 2017; PMID: 27984425). Overall, outcome measures appeared to be appropriate. While there was no mention of blinding in the methods, it is unlikely that the researchers had knowledge of an individual's exposure levels.	
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<b>Health Outcome(s) Assessed:</b>	Thyroid- Thyroid function: total triiodothyronine (TT3), total thyroxine (TT4), TT3:TT4 ratio, thyroid stimulating hormone (TSH), thyroid peroxidase autoantibodies (TPOAb), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)			
<b>HERO ID:</b>	7978495			
Domain	Metric	Rating	Comments	
	Metric 3B: Selective Reporting	Medium	The results reported by the study author are consistent with the primary and secondary analyses described. No major concerns of selective reporting were noted.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors constructed a directed acyclic graphic to identify a minimally sufficient adjustment set of covariates that included study year, maternal age, education, parity, dietary iodine, dietary selenium, depression, smoking during pregnancy, season of urine collection, and urinary concentrations of other phthalates and organophosphate esters. Covariate information was obtained through a variety of tools, including a questionnaire at 15 weeks' gestation, a food frequency questionnaire at approximately 22 weeks' gestation, and linkage with the Medical Birth Registry of Norway (MBRN). Characteristics obtained from the 15-week questionnaire included education, depression before or during pregnancy, smoking during the first or second trimester of pregnancy, and alcohol intake during pregnancy. Iodine and selenium intake was estimated from the food frequency questionnaire. Co-pollutant confounding was addressed by simultaneously adjusting for 4 other phthalate metabolites and 2 organophosphate esters, as well as using Bayesian Kernel Machine regression to analyze mixtures. Models did not adjust for maternal BMI, which was characterized as a collider in their directed acyclic graph. Comorbidities such as hypertension and diabetes were not discussed; the authors did not discuss whether depression may have been a collider or overadjustment. However, there was no evidence of important residual confounding bias.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Choi, G., Keil, A. P., Villanger, G. D., Richardson, D. B., Daniels, J. L., Hoffman, K., Sakhi, A. K., Thomsen, C., Herring, A. H., Drover, M., S.S., Nethery, R., Aase, H., Engel, S. M. (2021). Pregnancy exposure to common-detect organophosphate esters and phthalates and maternal thyroid function. Science of the Total Environment 782:146709.			
<b>Health Outcome(s) Assessed:</b>	Thyroid- Thyroid function: total triiodothyronine (TT3), total thyroxine (TT4), TT3:TT4 ratio, thyroid stimulating hormone (TSH), thyroid peroxidase autoantibodies (TPOAb), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)			
<b>HERO ID:</b>	7978495			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Analysis methods were appropriate. Descriptive data included sample characteristics as well as exposure and outcome variable distributions. Associations between phthalate exposure and each outcome were estimated using multivariate general linear models. Estimates were presented as the difference in each marker per IQR increase in log-transformed exposure with 95% confidence intervals. The primary analysis was a complete case analysis of 473 euthyroid women, i.e. excluding women who had a preexisting thyroid disease or had measured biomarkers of TSH, TPOAb, and FT4i concentrations that could imply thyroid dysfunction. In addition to adjusting for co-pollutants, the authors performed a Bayesian Kernal Machine Regression to analyze mixtures of pollutants, and to illustrate the shape of dose-response relationships. The authors reported the absolute difference in thyroid biomarkers expected with increasing exposure from the 25th to the 75th percentile while keeping other exposures at their 25th percentile and adjusting for confounders. The authors presented results from both “exact” and “approximate” BKMR methods; a rationale for this comparison was not discussed. A sensitivity analysis included the 49 non-euthyroid women in the analysis sample; results were inferentially similar to the primary models. Additional sensitivity analyses examined analytic batch effects and alternative definitions of mixtures.	
	Metric 5B: Sensitivity	Medium	There were no major concerns raised related to sensitivity. The range of exposure levels for all measured phthalate metabolites appeared to provide adequate variability for analysis. There was also variability in outcome variables (e.g., geometric mean ± geometric SD: TT3 163.2 ± 1.2 ng/dL, TT4 10.4 ± 1.1 ug/dL, TSH 1.60 ± 1.6 mU/L). The sample used for the primary analyses included 473 women with complete data.	
Additional Comments:	This cross-sectional study analyzed data on a subset of 473 pregnant women in the Norwegian MoBa cohort who had available spot urine and blood samples, had completed a 36-month postnatal questionnaire, and had normal thyroid function. The authors reported that there was an inverse association between the sum of DiNP metabolites and a significantly lower ratio of total triiodothyronine (TT3) to total thyroxine (TT4) in plasma. The study also found that several other phthalate metabolites were associated with non-significant increases in TT3, but were not meaningfully associated with TT4, including MnBP, MiBP and MBzP. There were no major concerns. Potential limitations include the cross-sectional design, and possible misclassification of habitual phthalate exposure, which was measured based on metabolites in a single spot urine sample at about 17 weeks of gestation. All models shown adjusted simultaneously for multiple phthalates along with several organophosphate ester metabolites and included adjustments for maternal depression. However, there was no evidence of resulting bias.			
Overall Quality Determination		Medium		

<b>Study Citation:</b>	Engel, S. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Herring, A. H., Aase, H. (2018). Prenatal phthalates, maternal thyroid function, and risk of attention-deficit hyperactivity disorder in the Norwegian mother and child cohort. Environmental Health Perspectives 126(5):57004.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention-deficit hyperactivity disorder (ADHD), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)
<b>HERO ID:</b>	4728558

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The participants within this population-based nested case-control study were part of the Norwegian Mother and Child Cohort (MoBa) 2003-2008. Of 112,762 participants enrolled between 1999 and 2008, mother-child pairs were eligible for the current study if they were singleton pregnancies in 2003 or later, completed the 36 month questionnaire, did not have Down Syndrome or cerebral palsy, had maternal urine and blood samples during pregnancy, and resided in geographic areas eligible for the MoBa Preschool ADHD Substudy (born at one of the larger hospitals in Norway between April 2004 and January 2008). The final eligible population was 24,035 from which cases (n=297) were randomly sampled from the Norwegian Patient Registry (NPR), a national database capturing 90 to 95% of ADHD diagnoses and containing all persons with diagnoses recorded from 2008 onward within government funded facilities. Controls (n=553 mother-child pairs) were randomly sampled from the eligible population. There were case-control differences in variables that included maternal age, education, depression, and smoking status, as well as in child sex and year of birth. However, multivariate models were adjusted for these variables. Comparisons between those included and excluded for the current study with regards to population characteristics possibly related to exposure or outcome were not presented, but there was no evidence of bias. The authors noted that to some extent, the MoBa cohort under-represent young mothers, those living alone, and women who report smoking during pregnancy, but there was no evidence that this would introduce bias.

Domain 2: Exposure Characterization

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<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention-deficit hyperactivity disorder (ADHD), Non-cancer			
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<b>HERO ID:</b>	4728558			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Quantification of 12 maternal urinary phthalate metabolites using spot urine samples collected at approximately 17 weeks gestation was conducted utilizing on-line column switching liquid chromatography coupled with tandem mass spectrometry at the Norwegian Institute of Public Health. Individual metabolites of DiBP, DBP and BBP were analyzed; DiNP and DEHP were analyzed as the molar sums of multiple metabolites. Concentrations of relevant metabolites were reported across case and control status in ug/L. Appropriate quality control procedures were summarized. Limits of quantification (LOQ) and percent greater than the LOQ were summarized for metabolites and summation of metabolites variables. All reported concentrations were adjusted for batch and standardized to the geometric mean of specific gravity to account for dilution. Raw measured values for individual phthalates were greater than the LOQ; 98.5% or more of batch- and specific-gravity adjusted concentrations were also above LOQs. Given the short half-life of phthalates, it is unclear to what extent a single spot urine measure adequately represents gestational exposure. Concentrations of postnatal phthalates in children were not measured.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Clinically diagnosed cases of ADHD born in 2003 or later were randomly sampled from the Norwegian Patient Registry (NPR) national database, which contains all persons with clinical diagnoses within government funded facilities recorded from 2008 onward. Current study cases (n=297) were randomly sampled from the NPR clinician diagnosed ADHD cases born in 2003 or later based upon ICD-10 classification of at least two registrations of “Hyperkinetic disorder” (codes F90, F90.0, F90.1, F90.8 or F90.9). Cases were limited to those with two registrations to exclude erroneous registrations or false diagnoses. These ICD-10 codes exclude attention deficit disorder (ADD) without hyperactivity. The distribution of age at diagnosis, and the year of follow-up through which cases were identified, were not reported. Cases were more likely than controls to have been born in 2003-2004 (44.1% vs. 10.0%), and less likely to have been born in 2007-2008 (11.8% vs. 31.5%). Despite this imbalance, there was no evidence of resulting bias as final models were adjusted for year of birth. The possibility of ADD, undiagnosed ADHD, or other related disorders among controls was not discussed. However, there was no evidence that the case definition, or the criteria used to obtain controls, resulted in bias.	
	Metric 3B: Selective Reporting	Medium	There were no concerns for selective reporting.	

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Engel, S. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Herring, A. H., Aase, H. (2018). Prenatal phthalates, maternal thyroid function, and risk of attention-deficit hyperactivity disorder in the Norwegian mother and child cohort. Environmental Health Perspectives 126(5):57004.			
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<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)			
<b>HERO ID:</b>	4728558			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	The strategy for selection of potential confounding factors incorporated a priori knowledge with directed acyclic graphs based on knowledge of covariates that could potentially influence both phthalate levels and ADHD. Final models were adjusted for child sex and year of birth, as well as maternal age at delivery, education level, marital status, smoking in the first or second trimester, parity, and depression during pregnancy. Several maternal thyroid hormones during pregnancy were evaluated as potential mediators. Supplementary models evaluated analytic batch and specific gravity as confounders vs. as integrated in phthalates measures. Information on confounders was obtained from maternal self-report and from records. Missing data was somewhat higher in cases vs. controls, but numbers were not excessive (e.g. highest n=29 vs. n=7 missing values for maternal education). There was no evidence of inadequate or inappropriate confounding adjustment.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Bayesian logistic regression with binary ADHD status as the outcome in a complete case analysis framework was used to examine associations between maternal urinary phthalate concentrations and clinical diagnosis of ADHD. Models examined associations using either quintiles or log-transformed phthalates exposure variables. Primary analyses included all phthalates simultaneously; associations with single phthalates were examined in supplementary analyses. A Bayesian framework was selected as estimates are more stable in the presence of correlated exposures. Models were run for all children as well as stratified by child sex; additive interactions between each phthalate variables and child sex were examined. Mediation analyses using measures of three maternal thyroid hormones and preterm delivery was also examined for phthalates found to be significantly associated with ADHD. Results were presented as odds ratios with corresponding 95% credible intervals. Sensitivity analyses examined additional adjustment for maternal or paternal income, and for month and year of urine collection, with no substantial changes reported.	
	Metric 5B: Sensitivity	Medium	The analytic sample size for cases (n=297) and controls (n=533) was adequate; the authors reported an estimated 90% power to detect additive interactions between phthalates and child sex. There was substantial variability in individual phthalate metabolites, and very few participants had exposure levels below LOQ. Potential concerns that may reduce the ability to detect an association include exposure misclassification due to the use of a single spot urine from early pregnancy to characterize prenatal exposure.	

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<b>Study Citation:</b>	Engel, S. M., Villanger, G. D., Nethery, R. C., Thomsen, C., Sakhi, A. K., Drover, M., S.S., Hoppin, J. A., Zeiner, P., Knudsen, G. P., Reichborn-Kjennerud, T., Herring, A. H., Aase, H. (2018). Prenatal phthalates, maternal thyroid function, and risk of attention-deficit hyperactivity disorder in the Norwegian mother and child cohort. Environmental Health Perspectives 126(5):57004.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention-deficit hyperactivity disorder (ADHD), Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-2-methylcarboxyhexyl phthalate (MMCHP)		
<b>HERO ID:</b>	4728558		
Domain	Metric	Rating	Comments
Additional Comments:	This was a relatively large (n=297 cases, n=533 controls) population-based nested case-control study of ADHD in children born in the Norwegian MoBa cohort between 2003 and 2008. The authors examined associations between odds of clinically diagnosed ADHD and metabolites of DiNP, DEHP, BBP, DBP and DiBP. The study reported significant associations with the sum of DEHP phthalate metabolites. Strengths include the prospective design. A potential limitation is an imbalance in the birth years of cases vs. controls: the earlier birth years of cases may have contributed to higher concentrations of some phthalates. However, associations remained significant after adjusting for birth year, as well as month and year of sample collection. Other potential limitations include the heterogeneity of ADHD, and estimating exposure based on a single spot urine sample from early pregnancy.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Milošević, N., Milić, N., Bosić, D. Ž., Bajkin, I., Perčić, I., Abenavoli, L., Stojanoska, M. M. (2018). Potential influence of the phthalates on normal liver function and cardiometabolic risk in males. Environmental Monitoring and Assessment 190(1):17-Jan.			
<b>Health Outcome(s) Assessed:</b>	Hepatic/Liver- ALTASTGGT, Non-cancer; Cardiovascular- HDLLDLTGTotal cholesterol, Non-cancer; Nutritional/Metabolic-BMIGlucoseInsulinHOMA-IR (homeostatic model assessment of insulin resistance)TyG index (triglyceride glucose)VAI (visceral adiposity index)LAP (lipid accumulation product), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexylphthalate (MEHP)			
<b>HERO ID:</b>	5705574			
Domain	Metric	Rating	Comments	
Domain 1: Study Participation				
Metric 1A:	Participant Selection	Low	Inclusion and exclusion criteria are clearly specified. Participant number is reported. No information on sampling framework, selection strategy or recruitment process is provided. It is difficult to assess whether there is potential bias in selecting participants.	
Domain 2: Exposure Characterization				
Metric 2A:	Exposure Measurement	Medium	The biomarker of exposure was appropriate: urine MEHP concentration. Creatinine was also measured to account for differences in hydration. Standard laboratory procedures were used to determine phthalate levels, using GC-MS. The analyses were performed in triplicate and the authors reported recovery %, LOQ and LOD for each phthalate metabolite. Phthalates were measured in single morning spot urine. There is a slight possibility of exposure misclassification using only one measure, but unlikely to be in a specific direction.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	Medium	This study looked at markers of liver function and cardiometabolic risk. The biomarkers measured were appropriate for these outcomes. Standard sampling, storage and processing of serum and plasma samples were performed using standard methods. Blood samples were fasting. Fasting glucose measured using quantitative enzyme GOD/PAP method. Fasting insulin determined by ECLIA. Total cholesterol was determined by CHOD-PAP. HDL cholesterol was measured using direct phenol colorimetric analyses. Triglycerides were determined with GPO-PAP. GGT was analyzed using GAMMA-GT-CARBOXY method, and ALT and AST were determined by IFCC/SFBC methods. The authors reported inter and inter-assay coefficients of variation for insulin measures. The referent values are reported for all outcome measures. Minimal concerns for misclassification.	
Metric 3B:	Selective Reporting	Medium	The results reported by the study authors are consistent with the primary and secondary analyses described in the methods. The authors did not report (in this paper) on any statistical analyses of several phthalate metabolites which had little or no detection.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Milošević, N., Milić, N., Bosić, D. Ž., Bajkin, I., Perčić, I., Abenavoli, L., Stojanoska, M. M. (2018). Potential influence of the phthalates on normal liver function and cardiometabolic risk in males. Environmental Monitoring and Assessment 190(1):17-Jan.			
<b>Health Outcome(s) Assessed:</b>	Hepatic/Liver- ALTASTGGT, Non-cancer; Cardiovascular- HDLLDLTGTotal cholesterol, Non-cancer; Nutritional/Metabolic- BMIGlucoseInsulinHOMA-IR (homeostatic model assessment of insulin resistance)TyG index (triglyceride glucose)VAI (visceral adiposity index)LAP (lipid accumulation product), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Mono-ethylhexylphthalate (MEHP)			
<b>HERO ID:</b>	5705574			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	The exclusion criteria for participants did limit some potential confounding by removing those with pre-existing conditions which might affect the exposure-outcome relationship, i.e. type-2 diabetes, liver disease, autoimmune disease, endocrine disease, alcohol or drug abuse, diagnosed liver disease or malignancy. The authors also mention that all participants were born in and continue to live in a specific geographic region to exclude differences in potential environmental exposure. There is limited information on any other potential confounders or modifiers, specifically noting no measures of SES, genetic factors, dietary habits and energy expenditure. This study also looked at obese participants, and obesity has been found to be a potential confounder or modifier in studies of environmental pollutants and endocrine disrupters (as noted in this study; the authors note several references).	
Domain 5: Analysis	Metric 5A: Analysis	Low	Average, standard deviation and median values were reported for the phthalate metabolites of interest. Descriptive information about the exposure and outcome variables reported for all participants. Association between phthalate exposure and outcome variables was analyzed using one way ANOVA. The characteristics of those with detectable MEHP (MEHP+) and undetectable MEHP (MEHP-) were compared for the normal weight group and overweight group (BMI 18.5-24.9 and >30, respectively). Distribution and LOQ of exposure variable discussed and limits of small data set is noted. Limited discussion of methods for determining linear associations.	
	Metric 5B: Sensitivity	Low	The low number of participants with detectable phthalate metabolites limits the power of this study to detect a response. (Normal weight MEHP+ n = 11 and Overweight MEHP+ n = 10). The overall study population was also small: n = 102. The results of this study are specific to Caucasian males. The cross-sectional design and thus timing of the samples (single spot urine and single blood sample do not allow for inference of causal effect.	
Additional Comments:	This was a cross-sectional study of phthalate exposure and liver function and cardiometabolic markers. There was a significant correlation between MEP and TG, VAI, LAP and TG to HDL ratio among obese participants. There was a significant increase in BMI increment among MEHP- normal weight volunteers, and urine MEHP was negatively correlated with HDL serum levels in the normal weight group. The study population was very small, and there were the low levels of phthalate detection in participants. There were few demographic and other characteristics assessed and the ability to determine effect is limited by the small study population, cross-sectional design and lack of detailed information on potential confounders and effect modifiers.			
Overall Quality Determination		NEED TO FIX		

<b>Study Citation:</b>	Muerkøster, A. P., Frederiksen, H., Juul, A., Andersson, A. M., Jensen, R. C., Glintborg, D., Kyhl, H. B., Andersen, M. S., Timmermann, G., C.A., Jensen, T. K. (2020). Maternal phthalate exposure associated with decreased testosterone/LH ratio in male offspring during mini-puberty. Odense Child Cohort. Environment International 144:106025.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- hormone levels:testosterone, luteinizing hormone (LH), follicle stimulating hormone (FSH), androstenedione (adione), 17 alpha-hydroxyprogesterone (17-OHP), dehydroepiandrosterone (DHEAS), testosterone/LH ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP) ]		
<b>HERO ID:</b>	7978907		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	From 2010-2012, all pregnant women residing in Odense, Denmark (N=4017) were invited to participate in the Odense Child Cohort study; of these, 2874 were enrolled. 374 dropped out, and exclusions included twins (n=52), women without phthalate measurements (n=1605), offspring without hormone measurements (n=364), leaving 479 mother/child pairs with prenatal phthalate measurements and reproductive hormone measurements during mini-puberty. All pregnant women were invited; there is no indication that participation was influenced by knowledge of phthalate or hormone measurements, and participation is clearly described at all stages. However, there was a large proportion of enrolled participants with incomplete data who were subsequently excluded from the analysis; the authors do not address this or provide information comparing demographic or other factors between those who were included vs. excluded. Descriptive data on exposure and outcome is presented stratified by demographic characteristics.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Urine was obtained from mothers at gestational week 28 and analyzed for phthalate metabolites using standard methodology (enzymatic deconjugation, followed by solid phase extraction and liquid chromatography-tandem mass spectrometry.) Limits of detection (LODs) were provided. Urinary osmolality was measured by the freezing point depression method and was used to adjust for urinary dilution; this is a preferred method of adjustment. Phthalate measurements below LOD were not osmolality adjusted but substituted with LOD divided by square root of 2. Exposure measurement would not be affected by knowledge of or presence of the outcome since outcome was measured in infants after birth.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Hormone measurements from children at 3-4 months of age were analyzed using standard methodology (LH and FSH were analyzed with automated immunoassay system, and testosterone, androstenedione, 17-OHP, and DHEAS were analyzed by LC-MS/MS); LOQs were provided for each. Concentrations below LOD were substituted with LOD/2. Outcome measures unaffected by exposure knowledge since exposure was assessed from mothers prior to childbirth. Inter-day relative standard deviation was given and appeared acceptable.
Metric 3B:	Selective Reporting	Medium	Results were reported consistently with analyses described in the methods section.
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<b>Study Citation:</b>	Muerkoster, A. P., Frederiksen, H., Juul, A., Andersson, A. M., Jensen, R. C., Glinborg, D., Kyhl, H. B., Andersen, M. S., Timmermann, G., C.A., Jensen, T. K. (2020). Maternal phthalate exposure associated with decreased testosterone/LH ratio in male offspring during mini-puberty. Odense Child Cohort. Environment International 144:106025.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- hormone levels:testosterone, luteinizing hormone (LH), follicle stimulating hormone (FSH), androstenedione (adione), 17 alpha-hydroxyprogesterone (17-OHP), dehydroepiandrosterone (DHEAS), testosterone/LH ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP) ]		
<b>HERO ID:</b>	7978907		
Domain	Metric	Rating	Comments
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Confounders were selected a priori based on their associations with reproductive hormones and phthalate exposure and included parity (nulliparous or multiparous), post-conceptional age (continuous variable), and individual age- and sex-specific standard deviation score for child BMI (BMI z-score, continuous variable). There was a detailed and thoughtful discussion of the rationale for including each of these. Analyses were also stratified by child sex, as there are hormonal differences by sex, and phthalates have been shown to have different affects based on sex.
Domain 5: Analysis			
	Metric 5A: Analysis	High	When phthalate and hormone concentrations were non-normally distributed, medians and percentiles were compared and appropriate statistical tests for non-normally distributed data were used. Multiple linear regression was used to assess associations between prenatal phthalates and hormones in children at 3-4 months of age, controlling for confounders described previously. Hormone concentrations were adjusted using the natural logarithm when continuous and were also analyzed in tertiles. Statistical models were validated using several methods (residual plots, Whites test, checking for multicollinearity and linearity). Analyses were stratified by sex as discussed previously. Percent change and 95% CI were presented in tables. Percent of urine samples with phthalate metabolites and hormone measurements above LOD, as well as associations between hormones and confounders/descriptive variables (age at examination and post-conceptional age at examination, BMI, maternal age, parity, education, etch) are described in supplemental tables.
	Metric 5B: Sensitivity	Medium	The study has a large sample size (479 mother/child pairs) and assessed a large number of phthalate metabolites and hormones. Prenatal measurements of phthalate exposure preceded outcome measurement of child hormone levels. The study measured hormone levels during mini-puberty, a brief time period during the first 6 months of postnatal life that may reflect later reproductive development. The study did not measure exposure during the male programming window during the first trimester (when androgens act to masculinize all components of the reproductive tract and allow their later complete development), so it is possible that assessing exposure during this key window may have been better, although it is unclear if this is the case in populations with low exposure (as this cohort was). A single spot urine sample was used to assess exposure, which has limitations, and women were fasting at the time of collection, which could impact phthalate measurements. Not all infants were assessed at 3-4 months at age, although that was adjusted for in the analysis.

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<b>Study Citation:</b>	Muerkøster, A. P., Frederiksen, H., Juul, A., Andersson, A. M., Jensen, R. C., Glintborg, D., Kyhl, H. B., Andersen, M. S., Timmermann, G., C.A., Jensen, T. K. (2020). Maternal phthalate exposure associated with decreased testosterone/LH ratio in male offspring during mini-puberty. Odense Child Cohort. Environment International 144:106025.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- hormone levels:testosterone, luteinizing hormone (LH), follicle stimulating hormone (FSH), androstenedione (adione), 17 alpha-hydroxyprogesterone (17-OHP), dehydroepiandrosterone (DHEAS), testosterone/LH ratio, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP) ]
<b>HERO ID:</b>	7978907

Domain	Metric	Rating	Comments
Additional Comments:	This cohort study of 479 mother/child pairs assessed associations between prenatal phthalate metabolites measured around 28 weeks gestation and child reproductive hormone levels measured around 3-4 months of age. The study was strong in all components, with some limitations, and found that maternal exposure to the phthalate MnBP was association with significantly reduced testosterone in boy at mini-puberty, while maternal exposure to anti-androgenic phthalates (sum of MBP and DiNP metabolites) was associated with a significantly reduced testosterone/LH ratio in boys at mini-puberty; exposure to MnBP was associated with an increase in DHEAS, and the sum of DiNP metabolites was associated with a decrease in FSH in boys at mini-puberty. No clear pattern was found in girls.		

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Chin, H. B., Jukic, A. M., Wilcox, A. J., Weinberg, C. R., Ferguson, K. K., Calafat, A. M., McConnaughey, D. R., Baird, D. D. (2019). Association of urinary concentrations of phthalate metabolites and bisphenol A with early pregnancy endpoints. <i>Environmental Research</i> 168:254-260.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Early pregnancy outcome measures: time from ovulation to implantation, pattern of human chorionic gonadotropin (hCG) hormone rise (an early indicator of pregnancy), and type of ovarian corpus luteum “rescue” (timing and pattern of ovarian progesterone rise, necessary for maintaining an early pregnancy), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	5043528

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study used data from the North Carolina Early Pregnancy study (EPS), a prospective cohort study conducted in 1982-1986. The EPS enrolled 221 healthy women with no known fertility problems from the time they discontinued birth control and followed them for up to 6 months for the occurrence of a clinical pregnancy. Eligible women for this study included those who became pregnant and whose pregnancy lasted at least 6 weeks; women with early pregnancy losses were excluded because of distinct irregular hormone patterns in those conceptions. Of 151 clinical pregnancies, this study excluded one woman with missing phthalate measures, four who had been exposed to diethylstilbestrol (also associated with irregular hormone patterns in early pregnancy), and 10 with no day of ovulation or implantation identified (n=136). There was a minor discrepancy in the N shown in supplemental data and the manuscript. Ultimately, analysis included up to 137 women with a median age of 29 years, 66% of whom had a prior pregnancy. 95% of participants were white. Exclusions were appropriately justified and there was no evidence of any selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolite concentrations during the conception cycle were measured in a pool of three spot urine samples collected from each participant. Nine metabolites from six parent phthalates were analyzed. In addition to individual metabolites, the molar sum of four DEHP metabolites was analyzed. Participants collected daily morning spot urine samples in polypropylene jars without preservatives that were stored in their freezers for up to 2 weeks before collection by study staff. The three samples pooled for analysis were collected during the interval between the day after the end of menses and the day before implantation to estimate habitual exposure during the window prior to pregnancy establishment. Samples used were preferentially those collected on Mondays (the day participants were asked to collect a larger volume); if three adequate Monday samples were not available, a sample from a nearby day was used. Phthalate metabolites were measured at the CDC laboratories using high performance liquid chromatography-isotope dilution tandem mass spectrometry; methodological references were cited. All measures were standardized using creatinine concentrations. Important strengths include that no concentrations were below detection limits, and the use of three spot urine samples to characterize exposure during the relatively short conception cycle period.
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Chin, H. B., Jukic, A. M., Wilcox, A. J., Weinberg, C. R., Ferguson, K. K., Calafat, A. M., McConaughey, D. R., Baird, D. D. (2019). Association of urinary concentrations of phthalate metabolites and bisphenol A with early pregnancy endpoints. Environmental Research 168:254-260.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Early pregnancy outcome measures: time from ovulation to implantation, pattern of human chorionic gonadotropin (hCG) hormone rise (an early indicator of pregnancy), and type of ovarian corpus luteum “rescue” (timing and pattern of ovarian progesterone rise, necessary for maintaining an early pregnancy), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	5043528			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Early pregnancy outcomes were characterized using measures of reproductive hormone metabolites in daily urine samples using radioimmunoassay methods. Major metabolites of estrogen (estrone 3-glucuronide (E1G)) and progesterone (pregnanediol 3-glucuronide (PdG)) were measured, along with human chorionic gonadotropin (hCG) hormone. References were cited for the radioimmunoassay methods and markers used. These measures were used to define the three outcomes analyzed: pattern of early human chorionic gonadotropin (hCG) hormone, time from ovulation to implantation, and type of ovarian corpus luteum “rescue”. Definitions used for each outcome measure were adequately characterized and references were cited to support their utility. hCG rise was used as an indicator of clinical pregnancy (3 days $\geq$ 0.02h ng/mL) and to estimate day of implantation ( $\geq$ 0.015 ng/mL). The rate of hCG rise was characterized using repeated continuous measures of this hormone on the day of implantation and the following 6 days. Day of ovulation was identified by a rapid decline in the ratio of estrogen to progesterone metabolites, which has been validated against ultrasounds and luteinizing hormone measures. Time from ovulation to implantation was categorized in three groups ranging from n=34 to 52. Corpus luteum “rescue”, or sustained progesterone production by the ovary prior to implantation, is critical for maintaining an early pregnancy. By design, only a subsample of pregnancies had progesterone metabolites measured outside of an ovulatory window. Type of rescue was characterized in this subset (n=74 women, 54%) with luteal (menstrual cycle) progesterone measures, with day of rescue defined as the first 2-day sequence in which progesterone metabolites were at least 31% higher than the preimplantation value. Type of rescue was characterized as early (within 2 days after implantation, n=42), late (3 to 6 days after implantation, n=16) and rescue with no rise during the first week of hCG rise (n=16). Early rise is hypothesized to be optimal. While there is limited data on the validity of outcome measures, and characteristics of the subset with and without corpus luteum rescue information were not compared, there was no evidence of important error or bias. However, numbers were limited for the analysis of corpus luteum rescue.
	Metric 3B:	Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses included as aims.

Domain 4: Potential Confounding / Variability Control

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<b>Study Citation:</b>	Chin, H. B., Jukic, A. M., Wilcox, A. J., Weinberg, C. R., Ferguson, K. K., Calafat, A. M., McConnaughey, D. R., Baird, D. D. (2019). Association of urinary concentrations of phthalate metabolites and bisphenol A with early pregnancy endpoints. Environmental Research 168:254-260.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Early pregnancy outcome measures: time from ovulation to implantation, pattern of human chorionic gonadotropin (hCG) hormone rise (an early indicator of pregnancy), and type of ovarian corpus luteum “rescue” (timing and pattern of ovarian progesterone rise, necessary for maintaining an early pregnancy), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	5043528			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	Covariates were identified a priori based on participant characteristics associated with exposure and outcomes, excluding potential mediators. Maternal age, smoking status, and body mass index (BMI) were considered as covariates but were ultimately excluded as the authors stated they did not appreciably change effect estimates. Criteria for determining what constituted an appreciable change were not specified. In addition, the authors did not discuss potential confounding by other variables such as participant education level, or co-exposure to other phthalates and BPA, some of which were significantly associated with outcomes. However, correlations among phthalates and BPA were not shown, and there was no evidence of residual confounding bias.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Descriptive data were presented for the analysis sample as a whole. Associations with the outcome variable time from ovulation to implantation, which was categorized as 6-8 (n=34), 9 (n=52) and 10-12 days (n=50), was analyzed using polytomous logistic regression. Phthalates exposure variables were natural log transformed. Associations with hCG rise, a continuous variable characterized by repeated measures, were analyzed using linear mixed models with biomarker exposure variables dichotomized at the median. Associations with type of corpus luteum rescue, which was also categorical, were analyzed using polytomous logistic regression models and natural log transformed exposure variables. Sensitivity analyses to evaluate robustness, effect modification (e.g., by smoking status) or linearity of dose-response were not discussed, but there was no evidence of important error or bias.	
	Metric 5B: Sensitivity	Low	There was variability in creatinine-adjusted phthalate metabolites. However, sensitivity may be limited by sample size, which ranged from 74 to 137, depending on the outcome.	
Additional Comments:	This prospective study used data from 137 participants in the North Carolina Early Pregnancy Study (1982-1986) to analyze the association between conception cycle urinary phthalates and three early pregnancy outcomes. Exposure was characterized using samples measures obtained in a pool of three spot urine samples. Early pregnancy outcomes, characterized using changes in three reproductive hormones, included time from ovulation to implantation, pattern of hCB rise (an indicator of pregnancy), and type of corpus luteum “rescue” (an indicator of ovarian progesterone production prior to implantation, necessary for sustaining and early pregnancy). The pattern of associations suggested some protective and other adverse associations between these early pregnancy outcomes and varied phthalate metabolites; associations for MBzP and sumDEHP reached statistical significance. Strengths include the prospective design, the use of multiple urine samples to characterize exposure, and the availability of detailed hormone measures to characterize very early pregnancy outcomes. Limitations include relatively small sample size and the potential for residual confounding.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Romano, M. E., Eliot, M. N., Zoeller, R. T., Hoofnagle, A. N., Calafat, A. M., Karagas, M. R., Yolton, K., Chen, A., Lanphear, B. P., Braun, J. M. (2018). Maternal urinary phthalate metabolites during pregnancy and thyroid hormone concentrations in maternal and cord sera: The HOME Study. <i>International Journal of Hygiene and Environmental Health</i> 221(4):623-631.
<b>Health Outcome(s) Assessed:</b>	Thyroid- TSH, TT4, TT3, FT4, FT3, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	4728848

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	The Health Outcomes and Measures of the Environment (HOME) Study birth cohort enrolled pregnant women in the greater Cincinnati, Ohio area from March 2003-January 2006. Authors state the inclusion criteria "pregnant (16 ± 3 weeks gestation), ≥18 years old, English speakers, living in a home built before 1978, intending to continue prenatal care and deliver at a HOME Study-affiliated obstetric practice, and had no history of HIV infection" and exclusion criteria "taking medication for seizure or thyroid disorders." 1263 women were eligible, but only 37% were enrolled. The participation rate of mothers who stayed through live birth was 83% for an included sample size of 389. However, other mothers were excluded later due to "missing covariate data." It is unclear which covariate data was missing, and no reason for missingness is provided. However, there is no direct evidence of bias due to missingness. The final sample of participants with maternal TSH measures was n=202, and was n=276 for participants with cord TSH measures. The study compared urinary phthalate measures between those included and excluded and reported no significant differences between the two groups. Overall, there are minimal concerns for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Exposure was measured using two spot urine samples from mothers at around 16 and 26 weeks of gestation. Authors measured for MEP, MnBP, MiBP, MBzP, MCP, MEHP, MEHHP, MEOHP, and MECPP. Sample collection and storage information are sufficiently documented. Analytic methods are described in Silva et al., 2007 (HERO ID 807138) and indicated that phthalate metabolites were quantified using solid phase extraction coupled with isotope dilution-high performance liquid chromatography with electrospray ionization-tandem mass spectrometry. Limits of detection were provided for all phthalate exposures and were reported to be 0.2-1.2 ng/mL. The percentage of samples below the LOD for each metabolite is not provided, but the 25th percentile for each metabolite indicates that detection rates were greater than 75% for all metabolites. "Phthalate metabolite concentrations were creatinine-standardized to account for urine dilution and log10-transformed to decrease the influence of extreme values on effect estimate." The temporal relationship between phthalate exposure and potential thyroid effects is unknown, but exposure was measured concurrently for maternal thyroid measures and twice prenatally for cord thyroid measures.
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Romano, M. E., Eliot, M. N., Zoeller, R. T., Hoofnagle, A. N., Calafat, A. M., Karagas, M. R., Yolton, K., Chen, A., Lanphear, B. P., Braun, J. M. (2018). Maternal urinary phthalate metabolites during pregnancy and thyroid hormone concentrations in maternal and cord sera: The HOME Study. International Journal of Hygiene and Environmental Health 221(4):623-631.			
<b>Health Outcome(s) Assessed:</b>	Thyroid- TSH, TT4, TT3, FT4, FT3, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	4728848			
Domain		Metric	Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Maternal blood samples were collected from mothers at 16 weeks of gestation, and cord blood was collected at delivery. Samples were analyzed using an immunoassay analyzer and coefficients of variation are provided. Measured thyroid hormones included TSH, TT3, TT4, FT3, and FT4. There is no discussion of blinding.
	Metric 3B:	Selective Reporting	Medium	The authors described their primary (and secondary) analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Considered covariates included maternal age at delivery, race/ethnicity, education, marital status, household income, parity, body mass index, serum cotinine during pregnancy, and prenatal vitamin use. Models for maternal thyroid measures were also adjusted for maternal urinary BPA concentration at 16 weeks' gestation, while models for cord thyroid measures were also adjusted for maternal urinary BPA at 16 and 26 weeks' gestation, infant sex, gestational week at delivery, and mode of delivery. Most confounders were evaluated appropriately via a questionnaire administered by trained research staff. BPA and cotinine were measured from urine using appropriate methods. Secondary analyses also considered co-exposure to iodine, PCB-153, BDE-28, and BDE-47. Co-variates were identified a priori.
Domain 5: Analysis				
	Metric 5A:	Analysis	Medium	Analyses of maternal thyroid hormones used only urinary measures at 16 weeks' gestation, since maternal serum was only collected at 16 weeks' gestation. Analyses of cord serum thyroid hormones included urinary measurements at 26 weeks' as well. The study conducted multivariable linear regression analyses to estimate adjusted differences in individual thyroid hormones with 10-fold increases in urinary metabolites. Distributions of TSH and urinary phthalate metabolites were right skewed and thus log10-transformed in all analyses. Results are presented as effect estimates with 95% confidence intervals. Secondary analyses utilized weighted quantile sum regression to explore mixtures of metabolites, as well as models incorporating iodine concentrations and other co-exposures (PCB-153, BDE-28, BDE-47). A secondary analysis using a product interaction term between individual metabolites and infant sex was performed in analyses of cord serum thyroids.
	Metric 5B:	Sensitivity	Medium	Authors note that the sample size was modest (n=202 in maternal measures, n=276 for cord serum measures) and overall statistical power was reduced when examining effect modification by sex. Exposure ranges for each metabolite are likely wide enough to provide sufficient contrast.

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Study Citation:	Romano, M. E., Eliot, M. N., Zoeller, R. T., Hoofnagle, A. N., Calafat, A. M., Karagas, M. R., Yolton, K., Chen, A., Lanphear, B. P., Braun, J. M. (2018). Maternal urinary phthalate metabolites during pregnancy and thyroid hormone concentrations in maternal and cord sera: The HOME Study. International Journal of Hygiene and Environmental Health 221(4):623-631.		
Health Outcome(s) Assessed:	Thyroid- TSH, TT4, TT3, FT4, FT3, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
HERO ID:	4728848		
Domain	Metric	Rating	Comments
Additional Comments:	Overall, this paper evaluated the associated between urinary phthalates and thyroid hormones (TSH, TT3, TT4, FT3, and FT4) in pregnant women at 16 weeks gestation, 26 weeks gestation, and birth from the HOME study. There were no significant sources of bias in the study although there were no particular strengths. The log10-transformed MBzP had a decreased association with cord serum TSH.		
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Watkins, D. J., Meeker, J. D., Tamayo-Ortiz, M., Sánchez, B. N., Schnaas, L., Peterson, K. E., Téllez-Rojo, M. M. (2021). Gestational and peripubertal phthalate exposure in relation to attention performance in childhood and adolescence. Environmental Research 196:110911.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Conners' Continuous Performance Test, Second Edition (CPT-II) at age 6-11 years and an updated version of the Conners' CPT (CPT-3) at age 9-18 years, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
<b>HERO ID:</b>	8348423		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study analyzed associations between urinary phthalate metabolite levels and ADHD symptoms in childhood and adolescence. Women in Mexico City were recruited for the Early Life Exposure in Mexico to Environmental Toxicants (EL-EMENT) birth cohort. The current study includes women recruited from 1997-2004 in maternity hospitals during the first trimester of pregnancy, those who participated in three prenatal study visits, and those who were followed through delivery. When their children were 6-11 years (n = 827), a follow up was initiated to assess ADHD symptoms. When children were 9-18, a second follow-up was initiated to collect urine samples and measure ADHD symptoms. 221 participants had prenatal phthalate measures and childhood outcome measures; 200 had prenatal phthalate measures and adolescent outcome measures; and 195 had prenatal phthalate measures and outcome measures at both timepoint. 491 participants had adolescent exposure and outcome measures. The current study population was not significantly different from the total eligible population, minimizing concern for selection bias. Some information on participation rates (e.g., total eligible population) was not reported.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolite levels were measured in urine samples collected both prenatally and during adolescence via liquid chromatography-tandem mass spectrometry. Maternal urine samples were collected throughout pregnancy (mean gestational weeks for each trimester: 1 = 13.4 weeks; 2 = 25.1 weeks; 3 = 34.3 weeks). Phthalate measures in each trimester were used to calculate geometric means for pregnancy (overall exposure in utero). Additional urine samples were collected from children during adolescent visits (between ages 9-18, mean age = 14.6 years). There is no information on quality control measures, but storage information is specified. Urine specific gravity was also measured in collected samples to account for dilution. The use of multiple phthalate measures throughout pregnancy reduces concerns for exposure misclassification. Exposure distribution information is available for both adolescent measures and pregnancy measures (available in Supplement). LODs are reported for each metabolite (ug/L: MEHP = 1.0; MEHHP = 0.1; MEOHP = 0.1; MECPP = 0.2; MBzP = 0.2; MBP = 0.5; MiBP = 0.2 or 0.1; MCOP = 0.2; MCNP = 0.2; MNP = 0.5), along with % of samples above the LOD (% MEHP = 93.2; MEHHP = 99.6; MEOHP = 99.6; MECPP = 99.6; MBzP = 99.0; MBP = 99.6; MiBP = 99.6; MCOP = 99.6; MCNP = 98.6; MNP = 0.4). Samples <LOD were assigned values of LOD/ (sq. rt. 2). For analyses, DEHP metabolites were summed by dividing each metabolite by their molar mass and summing them.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Watkins, D. J., Meeker, J. D., Tamayo-Ortiz, M., Sánchez, B. N., Schnaas, L., Peterson, K. E., Téllez-Rojo, M. M. (2021). Gestational and peripubertal phthalate exposure in relation to attention performance in childhood and adolescence. Environmental Research 196:110911.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Conners' Continuous Performance Test, Second Edition (CPT-II) at age 6-11 years and an updated version of the Conners' CPT (CPT-3) at age 9-18 years, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	8348423			
Domain	Metric		Rating	Comments
	Metric 3A:	Outcome Ascertainment	Medium	Attention Deficient Hyperactivity Disorder (ADHD) symptoms were measured using two editions of the Conners' Continuous Performance Test (CPT-II and CPT-3). CPT-II was administered during child visits at ages 6-11 years and CPT-3 was administered at adolescent visits at ages 9-18. The CPT is a "computer-based assessment of attention and impulsivity that provides information on specific ADHD behaviors." During these tests, participants at the computer press the spacebar when letters other than "X" appear on screen. "Letters are displayed for 250 ms at intervals of 1, 2, or 4 s, with a total of 360 trials over 14 min." The following indices are assessed using the scores: Omissions (missed targets); Commissions (incorrect response to non-target); Hit Reaction Time (HRT); HRT standard deviation (HRT-SD); HRT for Block Change (change in speed across blocks of trials); HRT for ISI Change (change in speed across different inter-stimulus intervals); Detectability (measure of differentiation of targets from non-targets); Variability (measure of variability of reaction time consistency across blocks of trials); Response Style (accuracy over speed or speed over accuracy). "Raw scores can be converted to age- and sex-adjusted t-scores with a mean of 50 and standard deviation of 10." Although the CPT-II and CPT-3 are both validated questionnaires, they are not official diagnostic tools for ADHD. In tandem with other measures of ADHD, these assessments may be useful for diagnosis; however, they are not used to officially diagnosis ADHD. Additionally, the use of two versions of the questionnaire from ages 6-11 to ages 9-18 may lead to varied scores for individuals. No information is provided on who performed the examinations and whether or not they were aware of participants' exposure status.
	Metric 3B:	Selective Reporting	Medium	Results for all anticipated analyses were reported in the main text or supplements, either quantitatively or qualitatively.
Domain 4: Potential Confounding / Variability Control				
	Metric 4A:	Potential Confounding	Medium	Confounders were collected a priori and included child age at assessment, sex, maternal education, and urinary specific gravity. Models assessing results from CPT-3 scores were also adjusted for the number of years the child attended school at the time of assessment. Sensitivity analyses also adjusted for household SES at CPT administration (as measured by the AMAI scale), ADHD medication use (n=5), gestational age at birth, and birth weight. Information on covariates was collected at prenatal, childhood, and adolescent visits. There is no information on missing covariates data. While maternal race/ethnicity was not considered, there is no evidence to suggest a high likelihood of residual confounding.
Domain 5: Analysis				

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<b>Study Citation:</b>	Watkins, D. J., Meeker, J. D., Tamayo-Ortiz, M., Sánchez, B. N., Schnaas, L., Peterson, K. E., Téllez-Rojo, M. M. (2021). Gestational and peripubertal phthalate exposure in relation to attention performance in childhood and adolescence. Environmental Research 196:110911.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Conners' Continuous Performance Test, Second Edition (CPT-II) at age 6-11 years and an updated version of the Conners' CPT (CPT-3) at age 9-18 years, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	8348423			
Domain	Metric	Rating	Comments	
	Metric 5A: Analysis	Medium	Associations between maternal and adolescent urinary phthalate metabolite levels and CPT t-scores were analyzed using linear regression. Effect estimates and 95% CI are provided. Phthalate measures and CPT t-scores for Response Style, Commissions, and Omissions at ages 6-11 and for Omissions, HRT, HRT-SD, Variability at ages 9-18 were natural-log transformed. Other CPT subindices were normally distributed. Maternal pregnancy phthalate measures were the sum of measures taken from the three trimesters. Samples <LOD were assigned values of LOD/(sq. rt. 2). Information on missing covariates data is not provided. Models assessed maternal phthalate measures and CPT outcomes at 6-11 years and at 9-18. Cross-sectional analyses examined adolescent phthalate measures and CPT scores at ages 9-18. Categorical analyses (phthalate tertiles) were also conducted.Exposure distribution information is provided for maternal and adolescent measures. Sensitivity analyses adjusted for additional confounders (household SES, ADHD medication, gestational age at birth, birth weight) and examined sex*exposure interactions.	
	Metric 5B: Sensitivity	Medium	The analytical sample sizes are adequate and would provide sufficient statistical power (longitudinal analyses: childhood CPT-II measures n = 221; adolescent CPT-3 measures n = 200   cross-sectional analysis n = 491). Exposure levels appear to have adequate contrast to detect an effect, with the exception of MNP (median ug/L (25th-7th %ile): MEHP = 4.08 (2.30, 7.94); MEHHP = 29.5 (16.0, 53.0); MEOHP = 14.0 (7.89, 26.2); MECPP = 43.5 (24.6, 78.8); MBzP = 3.37 (1.94, 6.35); MBP = 128 (71.3, 238); MiBP = 11.3 (6.17, 19.2); MCOP = 4.85 (2.37, 9.56); MCNP = 0.80 (0.55, 1.36); MNP = <0.5 (<0.5, <0.5)).	
Additional Comments:	This prospective cohort study includes both longitudinal and cross-sectional analyses of urinary phthalate metabolites (DEHP: mono-2-ethylhexyl phthalate (MEHP), mono-2-ethyl-5-hydroxyhexyl phthalate (MEHHP), mono-2-ethyl-5-oxohexyl phthalate (MEOHP), and mono-2-ethyl-5-carboxypentyl phthalate (MECPP); BBP: monobenzyl phthalate (MBzP); DIBP: monoisobutyl phthalate (MiBP); DBP: mono-n-butyl phthalate (MnBP)), measured during pregnancy and adolescence, and symptoms of ADHD measured by the CPT-II and CPT-3 scales. The study used an adequate design and methods to assess the association of interest, including for participant selection, exposure measurement, outcome ascertainment, and statistical analyses. The inclusion of multiple exposure measures is a particular strength of the study. There are no major deficiencies that raise concern for residual bias. In cross-sectional analyses, significantly increased HRT and HRT-SD scores were observed for summed DEHP and significantly decreased Block Change scores for MCOP and MCNP. In longitudinal analyses of adolescent CPT-3 scores, significant increases were found for the following: Response Style for MBP, Omissions for MBP and MBzP, and ISI Change and Variability for MiBP. Other results were not significant.			
Overall Quality Determination		Medium		

<b>Study Citation:</b>	Mustieles, V., Mínguez-Alarcón, L., Christou, G., Ford, J. B., Dimitriadis, I., Hauser, R., Souter, I., Messerlian, C. (2019). Placental weight in relation to maternal and paternal preconception and prenatal urinary phthalate metabolite concentrations among subfertile couples. <i>Environmental Research</i> 169:272-279.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Placental weight, birth weight to placental weight ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono(2-ethylhexyl) phthalate (MEHP); Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono(2-ethyl-5-carboxypentyl) phthalate (MECPP)]		
<b>HERO ID:</b>	5742214		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study on phthalates and placental weight in sub-fertile couples included participants in the Environment and Reproductive Health (EARTH) Study, a prospective preconception cohort of couples recruited from a fertility center in Massachusetts. Participation rates were not discussed. The sample was predominantly Caucasian (95% of mothers) and highly educated (45% of mothers with graduate degrees). Women aged 18-46 and men aged 18-55 were eligible. The analysis sample included data from participants who used their own gametes, had singleton infants born between 2005 and 2016, had an available placenta at delivery, and phthalates quantified in at least one pre-conception urine sample. The authors stated that characteristics of parents in the analysis sample (N=132 mothers, N=68 fathers) did not differ substantially from the full cohort (N=364 mothers, N=195 fathers, Messerlian et al 2017 HEROID 3972328). Although proportions of preterm and low birth weight infants were elevated in the sub-sample, the main findings relating phthalates with birth weight were consistent with the full sample. While sample size was small, there was no evidence of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Both preconception and prenatal phthalate exposures were estimated. Preconception phthalate exposures were quantified using the mean of available preconception spot urine samples for both men and women; prenatal exposure was estimated using the mean of up to three spot urine samples (one per trimester) for women. Specific gravity was used to adjust for dilution; the mean of log-transformed specific-gravity adjusted samples was used. Preconception samples were collected at enrollment from both men and women, with up to two additional samples per fertility treatment cycle for women and one per cycle for men. Phthalate metabolites were measured at the CDC laboratories using HPLC-MS with quality control procedures. Concentrations below detection limits (which ranged from 0.1 to 1.2 across metabolites) were assigned the LOD divided by the square root of 2. For all metabolites except MEHP and MBzP, the proportion of samples with detectable levels of metabolites ranged from 80% to 100%. Detection rates for MBzP were 87% to 93% except for 70% in maternal preconception samples. While other DEHP metabolites had detection rates of 81% to 99%, MEHP detection rates ranged from 47% (maternal preconception samples) to 69% (paternal preconception samples). The availability of a mean of 2.5, 4 and 2.5 urine samples for paternal, maternal preconception and maternal prenatal urine samples was an important strength. However, only one sample was available for 24%, 20% and 13% of paternal and maternal preconception and maternal prenatal urine samples, respectively.

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<b>Study Citation:</b>	Mustieles, V., Mínguez-Alarcón, L., Christou, G., Ford, J. B., Dimitriadis, I., Hauser, R., Souter, I., Messerlian, C. (2019). Placental weight in relation to maternal and paternal preconception and prenatal urinary phthalate metabolite concentrations among subfertile couples. Environmental Research 169:272-279.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Placental weight, birth weight to placental weight ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono(2-ethylhexyl) phthalate (MEHP); Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono(2-ethyl-5-carboxypentyl) phthalate (MECPP)]		
<b>HERO ID:</b>	5742214		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Placental weight (umbilical cord and fetal membranes removed) was measured by nurses immediately after delivery, and birth weight was abstracted from hospital records. The birth weight to placental weight ratio (BW:PW) was calculated. Placental weight and its ratio to birth weight are used as indicators of placental functioning.
	Metric 3B: Selective Reporting	Medium	There was no indication of selective reporting.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Confounders were identified using directed acyclic graphs. Maternal exposure models adjusted for maternal age, maternal BMI, maternal education, maternal smoking status, and infant sex. Paternal preconception samples were additionally adjusted for paternal age and BMI and paternal smoking. The authors did not adjust for mode of conception based on the absence of association with placental weight or BW:PW in a different study population. Gestational age, which was correlated with some phthalate metabolites, birth weight and placental weight, was not discussed as a confounder; gestational age may have been considered as a potential intermediate. However, a sensitivity analysis excluded preterm births. Parity (88% of women were nulliparous) was not considered. Potential confounding by gestational age, mode of conception, parity, or other variables (e.g., any parental medical conditions, time to conception), was not explored but there is also no evidence of bias. Notably, for one phthalate (MEP), the authors found that mutually adjusting for maternal preconception and prenatal exposure was influential.
Domain 5: Analysis			
	Metric 5A: Analysis	Medium	Multiple linear regression models were used to analyze associations between phthalate exposures and both placental weight and the BW:PW ratio. Separate models were run for each phthalate measure, including separate models for maternal and paternal preconception and prenatal measures. Adjusted and unadjusted models were shown; results did not meaningfully differ. Sample size varied considerably across these models based on maternal vs. paternal urine availability (N=68 vs. 123 or 131). The authors did not conduct sensitivity analyses examining linearity or excluding individuals with only one urine sample. A sensitivity analysis excluded preterm births; the potential influence of low birth weight was not discussed but was likely partially addressed by this analysis. A limitation of the study is that the potential influence of sample size differences is unknown, as the authors did not discuss whether associations with maternal exposures conducted in larger samples yielded similar results if repeated within the smaller subset that had paternal exposure data.

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<b>Study Citation:</b>	Mustieles, V., Mínguez-Alarcón, L., Christou, G., Ford, J. B., Dimitriadis, I., Hauser, R., Souter, I., Messerlian, C. (2019). Placental weight in relation to maternal and paternal preconception and prenatal urinary phthalate metabolite concentrations among subfertile couples. Environmental Research 169:272-279.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Placental weight, birth weight to placental weight ratio, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono(2-ethylhexyl) phthalate (MEHP); Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP); Mono(2-ethyl-5-oxohexyl) phthalate (MEOHP); Mono(2-ethyl-5-carboxypentyl) phthalate (MECPP)]
<b>HERO ID:</b>	5742214

Domain	Metric	Rating	Comments
Metric 5B:	Sensitivity	Medium	Sample size was small, particularly for paternal exposure (N=68). Nonetheless, there is no evidence that this was a limitation, since statistically significant, or marginally significant associations with outcomes were observed for paternal measures of a number of other phthalate measures. Statistical power was optimized by using continuous variables. In addition, the range of and variability in exposure and outcome measures appeared to be adequate. For example, in paternal preconception samples, the SG-adjusted median (IQR) for MCOP was 35.0 (10.7 to 69.5) ng/mL, for MCNP 4.4 (2.9 to 7.8) ng/mL, and for MEHP 2.7 (1.3 to 6.2) ng/mL.

**Additional Comments:** This study used data from a small cohort of subfertile couples in the Environment and Reproductive Healthy (EARTH) study to analyze the association between paternal (N=68) and maternal (N=132) preconception urinary phthalates, as well as maternal prenatal (N=123) phthalates, and measures of placental weight. Several phthalate metabolites, including paternal  $\Sigma$ DEHP, were associated with decreased placental weight. Limitations including small sample size and the potential for residual confounding. However, exposure estimation was an important strength; for most participants, there were multiple urine samples collected throughout the preconception and prenatal periods, with measures from both parents. Detection rates were high for most phthalates, with the exception of one DEHP metabolite.

## Overall Quality Determination

**Medium**



<b>Study Citation:</b>	Zhang, Y. W., Gao, H., Mao, L. J., Tao, X. Y., Ge, X., Huang, K., Zhu, P., Hao, J. H., Wang, Q. N., Xu, Y. Y., Jin, Z. X., Sheng, J., Xu, Y. Q., Yan, S. Q., Tao, X. G., Tao, F. B. (2018). Effects of the phthalate exposure during three gestation periods on birth weight and their gender differences: A birth cohort study in China. Science of the Total Environment 613-614:1573-1578.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, low birth weight, high birth weight, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)]		
<b>HERO ID:</b>	4728493		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants were from a birth cohort from the Ma'anshan Women and Children's Health Care Hospital (Ma'anshan, Anhui, China), where recruitment took place from May 2013-September 2014. Authors clearly state the inclusion criteria "providing informed consent to participate, the gestational age being no longer than 14 weeks, attending prenatal checks and delivering their child at Ma'anshan Women and Children's Health Care Hospital, having no serious mental illness, and understanding and being able to answer the study questionnaire independently." The participation rate is incompletely reported, but there is no major worry of participation being related to the exposure. The birth cohort originally comprised of 3,474 pregnant women, but after exclusion (n=120 for aborted pregnancies, n=40 for odinopoeia, n=39 for multiple pregnancies, n=162 without urine samples and n=8 without birth weight data), n=3103 women remained.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Morning spot urine tests for phthalate metabolites were collected from mothers at each trimester and sent for HPLC-electrospray ionization MS/MS analysis. Storage information is provided and QC procedures are detailed. The LOD and detection rates are specified for each phthalate metabolite. Samples were adjusted for urinary dilution via urinary creatinine concentrations. A strength of the exposure assessment is the availability of three samples across pregnancy. For MBP, authors note that a limitation was that the study used the sum of MiBP and MnBP concentrations due to the inability to further separate the metabolites, raising some concern for potential misclassification. However, the study reports that 80% of the total MBP concentration was MnBP specifically.
Domain 3: Outcome Assessment			
Metric 3A:	Outcome Ascertainment	High	Birth weights were recorded in the delivery room. Authors utilized delivery records for birth weight data. The ranges of birth weight classifications are provided. "Infants with a birth between 2500 g and 4000 g were classified as normal BW (NBW), infants with a BW of b<2500 g or >4000 g were classified as having LBW or high BW (HBW), respectively." There are minimal concerns for potential outcome misclassification.
Metric 3B:	Selective Reporting	Medium	The authors described their primary analyses in the methods section and results were reported for all primary analyses.
Domain 4: Potential Confounding / Variability Control			
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<b>Study Citation:</b>	Zhang, Y. W., Gao, H., Mao, L. J., Tao, X. Y., Ge, X., Huang, K., Zhu, P., Hao, J. H., Wang, Q. N., Xu, Y. Y., Jin, Z. X., Sheng, J., Xu, Y. Q., Yan, S. Q., Tao, X. G., Tao, F. B. (2018). Effects of the phthalate exposure during three gestation periods on birth weight and their gender differences: A birth cohort study in China. Science of the Total Environment 613-614:1573-1578.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, low birth weight, high birth weight, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP), Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP), Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP)]			
<b>HERO ID:</b>	4728493			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Low	Authors note that confounders selected in the analyses were sourced from relevant literature and determined via one-way ANOVA and Chi-squared tests (p <= 0.05). Confounders adjusted for in the analyses included: pre-pregnancy body mass index(pre-BMI), gestational weight gain, pregnancy complications (gestational hypertension, eclampsia, or diabetes mellitus), education level (≥junior college or <junior college), and sex of the infant. The study does not specify where the demographic information came from, but it is reasonable to assume data were sourced from study questionnaires given to participants. Intra-class correlation coefficients were presented for phthalate metabolites. There are some concerns for potential residual confound due to the lack of consideration of gestational age, which differed significantly across birth weight groups.	
Domain 5: Analysis	Metric 5A: Analysis	Medium	Mixed linear models were used to assess the association between phthalate metabolite levels and birth weight, which is an appropriate model given the multiple sample approach used in this study. Phthalate concentrations were natural-log transformed, and concentrations below the LOD were replaced with the LOD divided by the square root of two. Effect estimates were presented with 95% confidence intervals. Results were also stratified by birth weight group (low birth weight, normal birth weight, and high birth weight).	
	Metric 5B: Sensitivity	Medium	The number of overall participants is likely large enough to detect an effect (n=3,103 births). Phthalate concentrations were likely detected in sufficiently wide ranges to allow for sufficient contrast between high and low exposure.	
Additional Comments:	This study evaluated the association between multiple phthalate exposures during the three trimesters and birth weight between genders. Strengths include the availability of multiple urine samples across pregnancy and the use of a mixed linear model in analysis to account for multiple samples. However, the lack of adjustment for gestational age in statistical modeling may be a cause for concern regarding residual confounding. Significant associations were reported for DBP and DEHP metabolites.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Huang, H. B., Kuo, P. L., Chang, J. W., Jaakkola, K., J.J., Liao, K. W., Huang, P. C. (2018). Longitudinal assessment of prenatal phthalate exposure on serum and cord thyroid hormones homeostasis during pregnancy - Tainan birth cohort study (TBCS). Science of the Total Environment 619-620(Elsevier):1058-1065.		
<b>Health Outcome(s) Assessed:</b>	Thyroid- Maternal serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4) in each trimester. Cord serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4)., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)]		
<b>HERO ID:</b>	4728500		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This study examined associations between prenatal phthalates exposure and fetal and maternal thyroid hormones using data from the Tainan birth cohort study (TBCS). The TBCS recruited pregnant women in 2013 and 2014 from the National Cheng Kung University Hospital in Taiwan who had been recommended to undergo amniocentesis due to abnormal biochemical results (alpha fetal protein and free $\beta$ -hCG) or maternal age > 35 years (Huang et al 2016, HEROID 3469529). The study excluded participants with pre-eclampsia and pregnancies with chromosomal disorders; amniotic fluid screening confirmed all fetuses were healthy. 98 women (mean age 35 years) were included at a median 18 gestational weeks at the first study visit. No participants had a personal or family history of thyroid disease. Though details such as participation rates were not described, there was no evidence of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Phthalate metabolites were measured in maternal urine samples collected in up to three visits, at median times of 18 (n=98), 26 (n=87) and 39 (n=84) gestational weeks. Maternal outcome measures were assessed at the same visits. Metabolites were measured in each sample using online liquid chromatography–tandem mass spectrometry using a published method (Huang et al 2011, HEROID 3045605), with reference standards and QC blanks included in each batch. The authors reported that the relative percent difference in recovery was less than 30%. Creatinine was used to account for urine dilution. Measures included metabolites of DEHP (MEHP, MEHHP, MEOHP, MECPP and MCMHP), DnBP (MnBP) and DiBP (MiBP). DEHP was analyzed as individual metabolites and the molar sum of 5 metabolites. Metabolites of two other phthalates (BBzP/MBzP, DiNP/MiNP) had fewer than 30% of samples above detection limits and associations were not analyzed. Detection limits ranged from 0.1 to 1 ng/mL; values below LOD were assigned half the LOD. Except for MCMHP for which the proportion < LOD ranged from 51% to 83%, other metabolites included in the analysis had >65% of samples above detection limits across trimesters. MCMHP analysis provided insights on individual components of DEHP. Visit-specific spot urine measures were analyzed separately and in a repeated measures analysis. Given their short half-life, few metabolites from different visits were significantly correlated; misclassification of trimester-specific exposure is likely. Nonetheless, repeated phthalate metabolite measures provided insights on changes in exposure during pregnancy and on potentially vulnerable time windows.

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<b>Health Outcome(s) Assessed:</b>	Thyroid- Maternal serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4) in each trimester. Cord serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4)., Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)]		
<b>HERO ID:</b>	4728500		
Domain	Metric	Rating	Comments
Domain 3: Outcome Assessment			
	Metric 3A: Outcome Ascertainment	Medium	Thyroid hormones were measured using serum collected at the same three visits as urine samples, as well as in cord serum. The study included measures of four hormones: thyroxine (T4), free T4, triiodothyronine (T3), and thyroid-stimulating hormone (TSH). The protein T4-binding globulin (TBG) was also measured and used as a covariate. Hormones were measured at an accredited laboratory using an electrochemiluminescence immunoassay and were measured in random order by a technician blinded to patient characteristics. The number of pregnant women with available thyroid hormone measures in visits 1, 2 and 3 was 97, 69 and 60, respectively. Analyses of cord serum thyroid hormones included 48 to 50 participants. Measurements of up to 5 hormones at multiple times in pregnancy and in cord blood was a strength. Hormones were analyzed as continuous variables; the authors did not note whether participant hormone concentrations were within normal limits.
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all analyses discussed in the methods section.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Low	Covariates were described as selected based on previous literature and evaluated based on a 10% change in estimate. Unadjusted associations were not presented. Models analyzing maternal thyroid measures adjusted for maternal age at enrollment, gestational age at time of sample collection, urinary creatinine, and serum TBG levels. Models analyzing cord thyroid measures appeared to adjust only for maternal age at enrollment and urinary creatinine. The authors reported that results were similar adjusting for phthalate co-exposures. Confounding by smoking or alcohol use was unlikely as few women reported use. Potential confounding by variables such as income, dietary factors, or parity was not discussed, but there was nothing to suggest important residual confounding. Potential confounding by or interactions with infant sex was not mentioned. The authors did not discuss the rationale for adjusting maternal models for serum TBG: it is unclear whether this TBG is a potential intermediate. Manuscripts cited to justify confounder selection did not adjust for TBG (Meeker et al 2011 788209; Boas et al 2010 673235); other studies have reported associations between phthalates and TBG (Choi et al 2020, 6968571). Associations between phthalates and TBG concentrations were not reported. Nonetheless, this apparent inconsistency in the approach to confounder adjustment, and potential overadjustment in some models, is a concern.

Domain 5: Analysis

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<b>Health Outcome(s) Assessed:</b>	Thyroid- Maternal serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4) in each trimester. Cord serum thyroid-stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), and free T4 (FT4)., Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-[2-(carboxymethyl)hexyl]phthalate (MCMHP)]			
<b>HERO ID:</b>	4728500			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Descriptive data were shown for maternal demographics, phthalate metabolites and maternal thyroid hormones. Infant sex was not described. Multivariate linear regression models were used to estimate associations between ln transformed thyroid hormones and ln transformed phthalate metabolites. Effect estimates were presented as beta coefficients with 95% confidence intervals and p-values. For maternal hormone outcomes, in addition to models estimating cross-sectional associations in each trimester, a mixed model was used to estimate associations between repeated measures of phthalates and thyroid hormones. For cord hormones, models estimated associations between outcomes and phthalate metabolites measured in each trimester, to evaluate evidence of vulnerable windows. A small number of missing values was noted for each model. Among potential limitations, the authors did not discuss evaluating model assumptions such as linearity of dose response or outliers, and adjusting for multiple comparisons was not considered. In addition, sensitivity analysis such as exploring potential differences in associations by infant sex were not discussed; sex interactions have been reported elsewhere (e.g. Ryva et al 2024 PMID 38219543; Morgenstern et al 2017 PMID 28554096). There were some limitations, but there was no evidence of important deficiencies in data analysis.
	Metric 5B:	Sensitivity	Medium	Sample size was small, particularly for cord thyroid hormone measures (n=50). However, measures were collected in relevant timeframes, and there was variability in exposure and outcomes for which descriptive data were shown. There was no direct evidence of inadequate sensitivity.
Additional Comments:	This study analyzed associations between urinary phthalate metabolites measured in each trimester and maternal thyroid hormones in each trimester, as well as thyroid hormones in cord serum. The study included 98 mother-infant pairs from the Taiwanese Tainan birth cohort study (TBCS). Analysis of cord thyroid hormones included 47 to 50 participants. The study found some significant associations between concentrations of MnBP, MiBP and several DEHP metabolites with maternal TSH, T3, T4 and free T4. In addition, there was a significant association between maternal MnBP and cord T3. Limitations include small sample size, particularly for cord blood hormone levels Potential sex differences in associations were not discussed. Additionally, a rationale for including T4-binding globulin (TBG) as a covariate in models estimating associations with maternal hormones was not provided. It is unclear whether this may have been an overadjustment.			
<b>Overall Quality Determination</b>			<b>Medium</b>	

<b>Study Citation:</b>	Buckley, J. P., Quirós-Alcalá, L., Teitelbaum, S. L., Calafat, A. M., Wolff, M. S., Engel, S. M. (2018). Associations of prenatal environmental phenol and phthalate biomarkers with respiratory and allergic diseases among children aged 6 and 7 years. Environment International 115:79-88.		
<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
<b>HERO ID:</b>	4728666		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants’ mothers were enrolled in the prospective pregnancy cohort study, known as the Mount Sinai Children’s Environmental Health Study. Participants were primiparous women in New York City from 1998 and 2002 who were enrolled from the Mount Sinai prenatal clinic and two adjacent private practices. Participants were excluded if they had medical complications, they had very premature births (<32 weeks’ gestation of <1,500 g), their infant had birth defects, pre-delivery biological specimens could not be acquired, there was a change of residence, or they refused to continue participation (n=75 excluded). Of the 404 mother-infant pairs who had available birth data, 382 had sufficient urine sample volumes for analyses related to phthalate exposure. The final sample size for assessing the association between phthalate exposure and respiratory and allergy outcomes was 164 children aged 6 or 7 years with 240 observations. 240 observations were reported due to follow-up visits at 6 or 7 ages, of which some children attended both. Descriptive characteristics of the full cohort and study sample are provided. The significant loss to follow-up may introduce bias, as the authors pointed out several constraints in evaluating health outcomes due to the limited sample size, which could underestimate the effect of phthalate exposure on the health outcomes studied; the authors noted that “substantial attrition in our cohort resulted in limited sample size for assessing sex-specific effects and precluded us from examining the shape of exposure-response relationships by child’s sex.” The authors noted that the mothers of the participants in the study sample were slightly older, had higher pre-pregnancy BMI, and lower socioeconomic status than the full cohort. However, these factors were all considered as potential covariates.
Domain 2: Exposure Characterization			
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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	4728666			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were analyzed from spot urine samples provided by the participants' mothers during the third trimester of their pregnancy. Samples were stored at -80 degrees C and were analyzed using high performance liquid chromatography-isotope dilution tandem spectrometry. LOD for each metabolite is documented in Table 2. Mothers with a creatinine concentration of <10 ug/dL were excluded. In addition, creatinine was considered a measure of urine dilution and was adjusted for in analyses. Only one sample was collected during the third trimester as opposed to multiple samples. The authors suggested that differences in their findings from established literature could suggest that the third trimester may not be a relevant window of susceptibility for respiratory or allergic disease development. In addition, without access to data on postnatal phthalate exposure the authors could not assess whether childhood exposure would have a different contribution to risk of respiratory and allergic disease development. They suggested that a single spot urine sample might be adequate to categorize exposure over several weeks to months. However, the short half-life of phthalates could suggest that a single measurement might only capture very recent exposures. The authors also acknowledged that prior studies using multiple biomarker samples had shown poor reproducibility for DEHP metabolites. Nevertheless, multiple measurements taken at different times could provide a more comprehensive picture of exposure by enhancing variability and minimizing measurement error.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Medium	There is moderate confidence in the outcome definition. Reports of asthma and wheeze were collected from health assessment questionnaires completed by parents when child participants were 6 and 7 years of age. Items from the International Study of Asthma and Allergies in Children (ISAAC) questionnaire were included in the health assessment questionnaire. The ISAAC questionnaire is "a validated instrument designed to ascertain asthma and wheezing symptoms in children from parental report at age 6 or 7 years." However, parental report of health data on children could still introduce bias such as their reporting being influenced by the parents' perceived risk or the parents' own health status (e.g., parents who self-report poor health may be more likely to report children as having poor health). A higher certainty in outcome ascertainment could be achieved with clinical confirmations.
	Metric 3B:	Selective Reporting	Medium	All analyses described in the methods were reported in all aspects of the report. Methodologies are clearly outlined. Table 5 presented association of prenatal phthalate metabolites or molar sums with all health outcomes of interest, stratified by sex.

Domain 4: Potential Confounding / Variability Control

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<b>Health Outcome(s) Assessed:</b>	Lung/Respiratory- Asthma, wheeze, Non-cancer			
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<b>HERO ID:</b>	4728666			
Domain		Metric	Rating	Comments
	Metric 4A:	Potential Confounding	High	Multiple confounders reported to be predictors of childhood respiratory and allergic disease not on the causal pathway were identified using directed acyclic graphs and were subsequently adjusted for in analyses. These included “sociodemographic (maternal age, race/ethnicity, pre-pregnancy body mass index (BMI), education, marital status), residential characteristics (type of residence, number of occupants, pets), predictors of asthma, wheeze, and atopic skin conditions (maternal smoking during pregnancy, persons in the household with asthma, persons in the household with allergies, child’s sex, age at follow-up), and creatinine.” Spearman correlations were estimated for all relevant metabolites in the analysis, as well as for phenols that were measured (2,5-Dichlorophenol, Triclosan, Benzophenone-3, and Bisphenol A). The high correlation between DEHP metabolites led the authors to create a molar sum of these metabolites. Results were presented for both single-pollutant and multi-pollutant models. Covariate data was collected from in-person two-hour structured interviews in the third trimester, except for delivery characteristics and infant sex which were collected from a computerized perinatal database.
Domain 5: Analysis	Metric 5A:	Analysis	High	Quantitative results of the association between phthalate exposure and all health outcomes of interests were adequately presented. Logistic regression models were used to calculate ORs and confidence intervals for all health outcomes which was appropriate for the study design. LODs for all phthalate metabolites are reported and authors provide justification to use natural-log transformation. For missing covariate values and exposure estimates below the LOD, multiple imputation was used. Effect modification by child’s sex was also assessed given established literature reporting sex differences in the association between phthalate exposure and other health outcomes. For outcomes where repeated measures were available due to participants attending visits at both 6 and 7 years, generalized estimating equations were created with an independent working correlation matrix to account for within-person correlation.
	Metric 5B:	Sensitivity	Medium	The sample size of the study (n=165) is likely large enough to detect an effect. Outcomes were reported in a large enough frequency that sensitivity is overall a limited concern, all the number of observations for some outcomes (ex: emergency room visits due to asthma) is somewhat low (n=25). The distribution of phthalate metabolites is likely large enough to provide contrast between low and high exposure.
Additional Comments:	This prospective cohort study examined the association between prenatal phthalate exposure to childhood asthma, wheeze, and atopic skin conditions. Analyses were comprehensive but faced limitations due to a long interval between exposure (during pregnancy) and outcome assessment (at ages 6 and 7), with uncertainty regarding whether exposure was measured at an etiologically relevant time period. Significant inverse associations were reported for MnBP and the sum of low-molecular weight phthalates and incidence of wheeze.			
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Health Outcome(s) Assessed:	Lung/Respiratory- Asthma, wheeze, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
HERO ID:	4728666		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Buckley, J. P., Quirós-Alcalá, L., Teitelbaum, S. L., Calafat, A. M., Wolff, M. S., Engel, S. M. (2018). Associations of prenatal environmental phenol and phthalate biomarkers with respiratory and allergic diseases among children aged 6 and 7years. Environment International 115:79-88.
<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Atopic skin conditions (rash, eczema, hives), Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	4728666

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants' mothers were enrolled in the prospective pregnancy cohort study, known as the Mount Sinai Children's Environmental Health Study. Participants were primiparous women in New York City from 1998 and 2002 who were enrolled from the Mount Sinai prenatal clinic and two adjacent private practices. Participants were excluded if they had medical complications, they had very premature births (<32 weeks' gestation of <1,500 g), their infant had birth defects, pre-delivery biological specimens could not be acquired, there was a change of residence, or they refused to continue participation (n=75 excluded). Of the 404 mother-infant pairs who had available birth data, 382 had sufficient urine sample volumes for analyses related to phthalate exposure. The final sample size for assessing the association between phthalate exposure and respiratory and allergy outcomes was 164 children aged 6 or 7 years with 240 observations. 240 observations were reported due to follow-up visits at 6 or 7 ages, of which some children attended both. Descriptive characteristics of the full cohort and study sample are provided. The significant loss to follow-up may introduce bias, as the authors pointed out several constraints in evaluating health outcomes due to the limited sample size, which could underestimate the effect of phthalate exposure on the health outcomes studied; the authors noted that "substantial attrition in our cohort resulted in limited sample size for assessing sex-specific effects and precluded us from examining the shape of exposure-response relationships by child's sex." The authors noted that the mothers of the participants in the study sample were slightly older, had higher pre-pregnancy BMI, and lower socioeconomic status than the full cohort. However, these factors were all considered as potential covariates.

Domain 2: Exposure Characterization

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<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Atopic skin conditions (rash, eczema, hives), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	4728666			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Low	Phthalate metabolites were analyzed from spot urine samples provided by the participants' mothers during the third trimester of their pregnancy. Samples were stored at -80 degrees C and were analyzed using high performance liquid chromatography-isotope dilution tandem spectrometry. LOD for each metabolite is documented in Table 2. Mothers with a creatinine concentration of <10 ug/dL were excluded. In addition, creatinine was considered a measure of urine dilution and was adjusted for in analyses. Only one sample was collected during the third trimester as opposed to multiple samples. The authors suggested that differences in their findings from established literature could suggest that the third trimester may not be a relevant window of susceptibility for respiratory or allergic disease development. In addition, without access to data on postnatal phthalate exposure the authors could not assess whether childhood exposure would have a different contribution to risk of respiratory and allergic disease development. They suggested that a single spot urine sample might be adequate to categorize exposure over several weeks to months. However, the short half-life of phthalates could suggest that a single measurement might only capture very recent exposures. The authors also acknowledged that prior studies using multiple biomarker samples had shown poor reproducibility for DEHP metabolites. Nevertheless, multiple measurements taken at different times could provide a more comprehensive picture of exposure by enhancing variability and minimizing measurement error.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	Low	There is low confidence in the outcome definition. Reports of atopic skin conditions were collected from health assessment questionnaires completed by parents when child participants were 6 and 7 years of age, which relied on parental report of rashes, eczema, or hives in the past 12 months. The authors did not specify if a validated instrument was used to ascertain atopic skin conditions. In addition, parental report of health data on children could still introduce bias such as their reporting being influenced by the parents' perceived risk or the parents' own health status (e.g., parents who self-report poor health may be more likely to report children as having poor health). A higher certainty in outcome ascertainment could be achieved with clinical confirmations.
	Metric 3B:	Selective Reporting	Medium	All analyses described in the methods were reported in all aspects of the report. Methodologies are clearly outlined. Table 5 presented association of prenatal phthalate metabolites or molar sums with all health outcomes of interest, stratified by sex.
Domain 4: Potential Confounding / Variability Control				
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<b>Health Outcome(s) Assessed:</b>	Skin/Connective Tissue- Atopic skin conditions (rash, eczema, hives), Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	4728666			
Domain		Metric	Rating	Comments
	Metric 4A:	Potential Confounding	High	Multiple confounders reported to be predictors of childhood respiratory and allergic disease not on the causal pathway were identified using directed acyclic graphs and were subsequently adjusted for in analyses. These included “sociodemographic (maternal age, race/ethnicity, pre-pregnancy body mass index (BMI), education, marital status), residential characteristics (type of residence, number of occupants, pets), predictors of asthma, wheeze, and atopic skin conditions (maternal smoking during pregnancy, persons in the household with asthma, persons in the household with allergies, child’s sex, age at follow-up), and creatinine.” Spearman correlations were estimated for all relevant metabolites in the analysis, as well as for phenols that were measured (2,5-Dichlorophenol, Triclosan, Benzophenone-3, and Bisphenol A). The high correlation between DEHP metabolites led the authors to create a molar sum of these metabolites. Results were presented for both single-pollutant and multi-pollutant models. Covariate data was collected from in-person two-hour structured interviews in the third trimester, except for delivery characteristics and infant sex which were collected from a computerized perinatal database.
Domain 5: Analysis	Metric 5A:	Analysis	High	Quantitative results of the association between phthalate exposure and all health outcomes of interests were adequately presented. Logistic regression models were used to calculate ORs and confidence intervals for all health outcomes which was appropriate for the study design. LODs for all phthalate metabolites are reported and authors provide justification to use natural-log transformation. For missing covariate values and exposure estimates below the LOD, multiple imputation was used. Effect modification by child’s sex was also assessed given established literature reporting sex differences in the association between phthalate exposure and other health outcomes. For outcomes where repeated measures were available due to participants attending visits at both 6 and 7 years, generalized estimating equations were created with an independent working correlation matrix to account for within-person correlation.
	Metric 5B:	Sensitivity	Medium	The sample size of the study (n=165) is likely large enough to detect an effect. Outcomes were reported in a large enough frequency that sensitivity is overall a limited concern, all the number of observations for some outcomes (ex: emergency room visits due to asthma) is somewhat low (n=25). The distribution of phthalate metabolites is likely large enough to provide contrast between low and high exposure.
Additional Comments:	This prospective cohort study examined the association between prenatal phthalate exposure to childhood asthma, wheeze, and atopic skin conditions. Analyses were comprehensive but faced limitations due to a long interval between exposure (during pregnancy) and outcome assessment (at ages 6 and 7), with uncertainty regarding whether exposure was measured at an etiologically relevant time period. Significant inverse associations were reported for MnBP and the sum of low-molecular weight phthalates and incidence of wheeze.			
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Health Outcome(s) Assessed:	Skin/Connective Tissue- Atopic skin conditions (rash, eczema, hives), Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
HERO ID:	4728666		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Burns, J. S., Sergeyev, O., Lee, M. M., Williams, P. L., Mínguez-Alarcón, L., Plaku-Alakbarova, B., Sokolov, S., Kovalev, S., Koch, H. M., Lebedev, A. T., Hauser, R., Korrick, S. A., Study, R.C. (2022). Associations of prepubertal urinary phthalate metabolite concentrations with pubertal onset among a longitudinal cohort of boys. Environmental Research 212(Pt A):113218.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- age at pubertal onset (as measured by testicular volume, genitalia Tanner stage, and pubarche Tanner stage_, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
<b>HERO ID:</b>	10294569		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study measured urinary phthalate metabolite levels at age 8-9 and the association with age at puberty onset in boys from the Russian Children’s Study (RCS). Phthalate metabolites included mono-isobutyl phthalate (MiBP), mono-benzyl phthalate (MBzP), mono-n-butyl phthalate (MnBP), mono (2-ethylhexyl) phthalate (MEHP), mono (2-ethyl-5-hydroxy-hexyl) phthalate (MEHHP), mono (2-ethyl-5-oxo-hexyl) phthalate (MEOHP), mono (2-ethyl-5-carboxy-pentyl) phthalate (MECPP), mono-hydroxy-iso-nonyl phthalate (MHiNP), mono-oxo-iso-nonyl phthalate (MOiNP), mono-carboxy-iso-octyl phthalate (MCOP), mono-(hydroxy-iso-decyl) phthalate (MHiDP), mono-(oxo-iso-decyl) phthalate (MOiDP), mono-(carboxy-iso-nonyl) phthalate (MCNP), and mono-(3-carboxypropyl) phthalate (MCP). Recruitment of boys at ages 8-9 occurred from 2003-2005 in Chapaevsk, Russia, and boys were followed annually through ages 18-19 (total n=516). Boys with at least one urinary metabolite measure prior to pubertal onset were eligible (n = 320). Boys were excluded if they were orphans without birth or parental information or had chronic diseases that could impact puberty, leaving a final sample size of 304. There is no comparison of the included study population with the broader population of the RCS, making it difficult to assess the potential for selection bias. However, there is no direct evidence of bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Burns, J. S., Sergeev, O., Lee, M. M., Williams, P. L., Mínguez-Alarcón, L., Plaku-Alakbarova, B., Sokolov, S., Kovalev, S., Koch, H. M., Lebedev, A. T., Hauser, R., Korrick, S. A., Study, R.C. (2022). Associations of prepubertal urinary phthalate metabolite concentrations with pubertal onset among a longitudinal cohort of boys. Environmental Research 212(Pt A):113218.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- age at pubertal onset (as measured by testicular volume, genitalia Tanner stage, and pubarche Tanner stage_, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	10294569			
Domain	Metric	Rating	Comments	
	Metric 2A: Exposure Measurement	Medium	Phthalate metabolites were measured in spot urine samples via liquid chromatography tandem mass spectrometry (LC-MS/MS). Metabolites included the following: DIBP: MiBP; BBP:MBzP; DBP: MnBP; DEHP: MEHP, MEHHP, MEOHP, MECPP; DiNP: MHiNP, MOiNP, MCOP; DiDP: MHiDP, MOiDP, MCNP, MCPP. Summed DEHP, summed DiNP, and summed DiDP were also analyzed. Urine samples were collected at enrollment and during annual study visits, with each boy having 1-6 samples (median = 2). Pooled samples were used in the analyses by combining individual annual samples. Urine samples collected during the first 10 months of the study (n = 216) were not analyzed, as they were stored at Harvard and could not be shipped to Moscow for analyses. There is no additional information on these samples, but they would not be expected to greatly bias the observed results. LODs ranged from 0.05 - 0.125 ng/mL. Samples were all >LOD except for the following (%): MBzP: <1%; MEHP: <1%; MHiDP: 3%; MOiDP: 23%; MCNP: <1%. Standards were used to perform instrument calibrations (including commercial reference standards, custom synthesized standards from Koch/IPA, and isotopically labelled internal standards from LGC). All batches were run with two randomly selected samples analyzed in duplicate, two QC samples, and 1 field blank for QA/QC purposes. Specific gravity was measured and metabolite concentrations were adjusted for specific gravity to account for urinary dilution. While not every participant had multiple urine samples, a median of 2 urine samples across the analytic sample is a strength as it increases certainty in the exposure assessment.	
Domain 3: Outcome Assessment				
	Metric 3A: Outcome Ascertainment	Medium	Age at pubertal onset was determined via clinical examinations. At enrollment, boys underwent a standardized anthropometric examination. Pubertal staging was determined by a single physician at study entry and during annual visits. Staff did not have knowledge of urinary phthalate metabolite measures during assessments. Staging included the following: 1-5 (immature to sexually mature) for genitalia and pubic hair (according to Tanner Stages). A prader orchidometer was used to measure testicular volume (TV). Boys with TV of 1 or 2 and genitalia at stage 1 or 2 were determined to be in prepuberty. Prepuberty was also defined as TV at 3 and genitalia at stage 1. Genitalia and pubic hair at stage 2 or TV above 3 were marked as pubertal onset. Some boys in early puberty (at genitalia or pubic hair stage 2) were included in prepubertal urinary pools due to discordant sexual maturity measures. Although this suggests the outcome definition was not sufficiently specific, the authors conducted a sensitivity analysis to exclude these boys and findings were largely similar, minimizing concern for misclassification.	
	Metric 3B: Selective Reporting	Medium	Results for all anticipated analyses were reported.	
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Burns, J. S., Sergeyev, O., Lee, M. M., Williams, P. L., Mínguez-Alarcón, L., Plaku-Alakbarova, B., Sokolov, S., Kovalev, S., Koch, H. M., Lebedev, A. T., Hauser, R., Korrick, S. A., Study, R.C. (2022). Associations of prepubertal urinary phthalate metabolite concentrations with pubertal onset among a longitudinal cohort of boys. Environmental Research 212(Pt A):113218.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- age at pubertal onset (as measured by testicular volume, genitalia Tanner stage, and pubarche Tanner stage_, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	10294569

Domain	Metric	Rating	Comments
	Metric 4A: Potential Confounding	Medium	All key confounders were considered. All models were adjusted for urine specific gravity. Models of testicular volume were also adjusted for prenatal tobacco smoke exposure, birthweight, breastfed, and household income. Models of genitalia stage were also adjusted for prenatal tobacco smoke exposure, mother's age at son's birth, breastfed, and biological father living in home. Models of pubarche were also adjusted for prenatal maternal alcohol intake. Height, BMI, gestational age, dietary intake (calories, calories from carbohydrates, calories from fat, calories from protein), and parental education were also considered as potential confounders. Age was considered as part of the outcome (age at pubertal onset) and thus not needed as a covariate. Most information was collected from questionnaires completed by parents during study entry and annual visits. Self-report by parents may be subject to some recall bias, particularly for food frequency questionnaires. Few data were missing. A complete case analysis was conducted. Potential confounders were identified a priori. Covariates were selected for inclusion in models using backwards selection to exclude covariates with $p > 0.10$ (association with pubertal onset). Covariates with $< 0.20$ were re-entered into the final model and those with $\geq 10\%$ change in trend test were retained.

## Domain 5: Analysis

Metric 5A: Analysis	Medium	The association between urinary phthalate metabolite concentrations and the mean age at pubertal onset as measured by three separate parameters was measured via interval-censored survival analyses, which allows for pubertal onset between study visits, before the study entry visit, or after the final visit. Urinary phthalate metabolite levels were analyzed categorically (quartiles). Effect estimates and 95% CI are reported for the models. Analyses were conducted for MnBP, MiBP, MBzP, and summed DEHP, summed DiNP, and summed DiDP. Sensitivity analyses excluded boys with genitalia or pubarche at stage 2 in the prepubertal urine pool and excluded boys with only one urine sample in their pool samples. Information on the exposure distribution and % of samples $< LOD$ is provided for all metabolites.
Metric 5B: Sensitivity	Medium	The sample size was adequate ( $n = 304$ ). Exposure levels in the study were adequate to detect an effect. There are no other concerns for sensitivity.

**Additional Comments:** This prospective cohort study examined age at pubertal onset that the association with prepubertal urinary phthalate metabolite levels among boys from the Russia Child's Study (RCS). Measured metabolites included DIBP: MiBP; BBP:MBzP; DBP: MnBP; DEHP: MEHP, MEHHP, MEOHP, MECPP; DiNP: MHiNP, MOiNP, MCOP; DiDP: MHiDP, MOiDP, MCNP, MCP. The study used an adequate approach to participant selection, exposure measurement, outcome ascertainment, account for confounders, and statistical analyses. Pubertal onset occurred at older ages among higher quartiles of MiBP, MBzP, summed DEHP, and summed DiNP.

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Health Outcome(s) Assessed:	Reproductive/Developmental- age at pubertal onset (as measured by testicular volume, genitalia Tanner stage, and pubarche Tanner stage_, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
HERO ID:	10294569		
Domain	Metric	Rating	Comments
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Shoaff, J. R., Coull, B., Weuve, J., Bellinger, D. C., Calafat, A. M., Schantz, S. L., Korrick, S. A. (2020). Association of exposure to endocrine-disrupting chemicals during adolescence with attention-deficit/hyperactivity disorder-related behaviors. JAMA Network Open 3(8):e2015041.		
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit-Hyperactivity Disorder (ADHD) related behaviors, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
<b>HERO ID:</b>	9419487		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This cross-sectional study analyzed associations between urinary phthalates and behavioral outcomes among 205 teenagers from the New Bedford Cohort in Massachusetts. The cohort recruited mother-infant pairs between 1993 and 1998 after delivery at a New Bedford hospital. The original study aimed to analyze associations between prenatal exposure to organochlorines and metals and neurodevelopment among children living near the New Bedford Harbor Superfund site. Of 660 eligible members of the parent cohort, 528 (80%) participants were included in the age 15-year follow-up. Urine sample collection was initiated midway through this follow-up. 252 of these subjects had follow-up visits after urine collection was initiated, from 2011 to 2014; 205 participants provided urine samples. Urine study participants (205 of 528, 39%) were younger and more likely to be non-White but were otherwise similar to the complete age 15 follow-up study population. There was no evidence that inclusion in the original cohort study or the age 15 urine study was selective with respect to phthalates exposure and adolescent behavior.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Shoaff, J. R., Coull, B., Weuve, J., Bellinger, D. C., Calafat, A. M., Schantz, S. L., Korrick, S. A. (2020). Association of exposure to endocrine-disrupting chemicals during adolescence with attention-deficit/hyperactivity disorder-related behaviors. JAMA Network Open 3(8):e2015041.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit-Hyperactivity Disorder (ADHD) related behaviors, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	9419487

Domain	Metric	Rating	Comments
	Metric 2A: Exposure Measurement	Medium	Phthalate metabolites were measured in spot urine samples collected from adolescents during the same age 15 visit in which behavioral outcomes were assessed. Urine samples were collected and processed using sterile polypropylene cups, and frozen until analyzed at the CDC using high performance liquid chromatography-isotope dilution-tandem mass spectrometry. Quality assurance measures and that included analysis of duplicates and quality control samples indicated excellent reproducibility. Instrument reading values were used for samples with concentrations below detection limits. The proportion below LOD was 0-1% except for three of the 11 metabolites [MEHP (25%), MNP (27%), and MHBP (8%), Shoaff et al 2019, HEROID 5043592]. Specific gravity was used to account for dilution. Phthalate exposures were analyzed using individual metabolite measures and as the molar sums of DEHP metabolites, antiandrogenic metabolites and metabolites found in personal care products. There was some heterogeneity in exposure assessment. However, there was no evidence that this heterogeneity results in bias. Specifically, the 205 participants provided either one (n=61) sample, or two (n=144) urine samples about one week apart. 60 of the duplicate samples were analyzed separately and the mean of two concentrations analyzed; 84 were analyzed as a single pooled sample. In addition, urine samples were analyzed in two batches. Additional metabolites included only in the second batch (MNP, MHBP, MHBP) were missing for 27 (13.2%) participants. Given the short half-life of phthalate metabolites, some misclassification of habitual phthalates exposure is likely, which is especially complicated by the unknown etiologically relevant time period for ADHD behaviors. The availability of two urine samples in 70% of participants may have helped to reduce misclassification.

Domain 3: Outcome Assessment

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<b>Study Citation:</b>	Shoaff, J. R., Coull, B., Weuve, J., Bellinger, D. C., Calafat, A. M., Schantz, S. L., Korrick, S. A. (2020). Association of exposure to endocrine-disrupting chemicals during adolescence with attention-deficit/hyperactivity disorder-related behaviors. JAMA Network Open 3(8):e2015041.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit-Hyperactivity Disorder (ADHD) related behaviors, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	9419487			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Outcomes were defined as the prevalence of significant ADHD-related behaviors. Measures were characterized using two validated and widely used behavioral checklists: parent, teacher and self-reported responses to the Behavior Assessment System for Children, Second Edition (BASC-2) and parent and teacher responses using Conners Attention Deficit Scale (CADS). Parent and child scores were collected at the time of the first urine collection; teacher scores were obtained a median (SD) of 2.5 (6.6) months later. All 205 adolescents with exposure data had at least 1 outcome measure, 204 (99.5%) had parent- and self-completed checklists, and 173 (84%) had teacher ratings. Age- and sex-adjusted standardized T-scores were used to generate indices of inattention and executive function which were dichotomized at the 98th percentile to identify significant behavioral problems, consistent with checklist guidelines. Outcomes (8 BASC, 6 CADS indices) were analyzed as repeat measures, including combined ADHD-related behavior problems, attention problems, and hyperactivity problems. Sensitivity analyses evaluated the influence of excluding indices for which there were internal inconsistencies in ratings and of using the 85th percentile as a cutoff to identify possible significant behavior problems. 80% of the 56 children with a reported ADHD diagnosis were characterized as having possible or significant behavior problems on the overall CADS ADHD index. In addition, a sensitivity analysis evaluated the impact of excluding children with diagnosed ADHD on results. There was no evidence of important error or bias in outcome ascertainment.	
	Metric 3B: Selective Reporting	Medium	Results were presented or described for all primary and secondary analyses included as aims.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	The authors reported using a directed acyclic graph to identify potential confounders. Models adjusted for child sex, race/ethnicity, mean test age (across teacher, parent and self-reported ratings), urine specific gravity; maternal age, income, education, marital status, and smoking during pregnancy; and a test indicator. Sensitivity analyses evaluated the influence of additionally adjusting for: early life neurotoxicants (cord serum PCBs and DDE, 12 and 36-month blood Pb), adolescent behaviors (cigarette smoking, ever alcohol or marijuana use, canned and fast food consumption, personal care product use), adolescent BMI, family history of mental illness, and diagnosed behavioral problems other than ADHD. Potential co-exposure confounding by other phthalate metabolites was considered by using indices that combined multiple phthalates based on antiandrogenic properties and personal care products as a common source. Potential confounding by other measured co-exposures (e.g., parabens, bisphenols) does not appear to have been considered. There was no evidence of any important confounding bias.	
Domain 5: Analysis				

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<b>Study Citation:</b>	Shoaff, J. R., Coull, B., Weuve, J., Bellinger, D. C., Calafat, A. M., Schantz, S. L., Korrick, S. A. (2020). Association of exposure to endocrine-disrupting chemicals during adolescence with attention-deficit/hyperactivity disorder-related behaviors. JAMA Network Open 3(8):e2015041.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- Attention Deficit-Hyperactivity Disorder (ADHD) related behaviors, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	9419487			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Descriptive analyses included exposure distributions and the prevalence of significant behavior problems. Statistical analysis used modified Poisson models to analyze repeated measures of binary behavioral problems indicators within each participant as reflecting a single underlying outcome. Exposure variables were log2 transformed; the authors did not discuss formally evaluating the linearity of dose-response relationships using log2 transformed exposure variables. Results were reported as relative risks with 95% confidence intervals for each exposure variable. Models were specified using a robust error variance and independent working correlation, which accommodated missing behavioral scores and allowed inclusion of participants with at least one behavioral measure. The authors analyzed effect modification by child sex for the primary exposure indices, although not for individual metabolites. Primary results were based on complete case analysis; multiple imputation was applied in a sensitivity analysis. In addition to evaluating the influence of additional potential confounders, sensitivity analyses examined the influence of excluding participants: diagnosed with ADHD; diagnosed with other behavioral outcomes; taking prescription medication for behavioral problems; and siblings. Among others, sensitivity analyses evaluated the influence of excluding BASC measures that were overly negative or lacked internal consistency. The authors did not discuss examining evidence of any other heterogeneity in associations with outcomes that were examined as repeated measures. Though there were minor limitations, there was no evidence of important error or bias in data analyses.
	Metric 5B:	Sensitivity	Medium	There was variability in each exposure variable. Analytic sample sizes ranged from 164 to 190. The prevalence of significant ADHD-related behaviors in this population (mean age at assessment 14 to 17) varied from 6% to 24% for individual indices; outcomes were analyzed using a repeated measures framework, increasing statistical power. There was no evidence of inadequate sensitivity.
<b>Additional Comments:</b>	This cross-sectional study analyzed the association between phthalates and ADHD-related behavioral problems in 205 adolescents in the New Bedford Cohort in Massachusetts. The study began collecting urine samples about midway through the age 15-year follow-up; the urine study included about 39% of the participants in that wave. Outcomes were characterized using parent, teacher, and adolescent self-report on two validated behavioral checklists (BASC-2 and CADS), which were analyzed as repeated measures. Exposure was characterized using phthalate metabolites measured in 1 or 2 (70%) urine samples. The sum of DEHP metabolites was associated with significant increases in the risk of having significant ADHD-related behavior problems, particularly in boys. Along with DEHP metabolites, MBP, MiBP, MHBP and MBzP were also associated with significantly increased risk of behavior problems. Strengths of this study include the integrated analysis of multiple assessments from parent and teachers as well as self-report, with findings that were robust in multiple sensitivity analyses. Limitations included the cross-sectional design, and that urine samples were available for a subset of the cohort.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]		
<b>HERO ID:</b>	4829228		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study examined the association between urinary phthalate exposures during pregnancy and anogenital distance and second to fourth finger (2D:4D) digit ratios in infants from mothers enrolled in the Maternal-Infant Research on Environmental Chemicals (MIREC) study. Women were recruited during their first trimester of pregnancy from prenatal clinics in 10 cities across Canada. Women were eligible if they were 18 years of age or older, could consent and communicate in English or French, planned to deliver at a local hospital, and agreed to provide cord blood samples for the study. Women were excluded if they had "known fetal chromosomal or major malformations in their current pregnancy, a history of chronic medical conditions, including renal disease with altered renal function, epilepsy, any collagen disease such as lupus erythematosus and scleroderma, active and chronic liver disease (hepatitis), heart disease, serious pulmonary disease, cancer, hematologic disorder (patients with anemia or thrombophilia were included), threatened spontaneous abortion (women with previous bleeding in first trimester could be included if the site documented a viable fetus at the time of recruitment) and illicit drug use." The present analysis consisted of a follow-up study (MIREC-ID) of infants at birth and at 6 months which recruited mothers and single infants without any major congenital birth defects or neurological disorders in 6 of the 10 cities. Only 6 cities were chosen due to funding concerns and delays in ethics approval; it is unknown whether there were significant differences between the 6 cities included and the 4 cities excluded. 396 mother-infant pairs were assessed at birth from 5 of the 6 cities and 421 mother-infant pairs were assessed at approximately 6 months of age from the 6 cities. 317 mother-infant pairs provided data for birth and 6-month assessments. Participation rates of MIREC and MIREC-ID studies provided in supplementary material. Overall, there are no explicit concerns for selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	4829228			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MBzP, MnBP, MCHP, MEHP, MEHHP, MEOHP, MiNP, and MCPP) were measured in spot urine samples collected during first trimester of pregnancy. Storage information, contamination checks, and QA procedures are detailed. Liquid chromatography-mass spectrometry/mass spectrometry (LC-MS/MS) was used to analyze phthalate metabolites in maternal urine. Limits of detection (ug/L) are reported for each phthalate metabolite (MzBP = 0.20, MnBP = 0.20, MCHP = 0.20, MEHP = 0.20, MEHHP = 0.40, MEOHP = 0.20, MiNP = 0.40, MCPP = 0.20). Specific gravity was measured in urine samples that were thawed using a refractometer. The data and time of collection and the number of minutes since last urination were noted. Authors provide information about LOD, percent of values below the LOD, and note that all values below the LOD were replaced with 1/2 LOD. For MCHP and MiNP, over 90% of samples were below the LOD and were thus excluded from further analysis. A possible limitation of the exposure assessment is lack of repeated urinary phthalate measurements throughout pregnancy due to the short half-life of phthalates in the human body.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	High	Anogenital distance measurements were taken soon after infant birth (on average 3.5 days). Distance (mm) from the center of the anus to the posterior convergence of the fourchette (anofourchette or AFD) or the clitoris (anoclititoris distance of ACD) was measured in female infants. Female infants were placed in dorsal decubitus position. Distance (mm) between the base of the scrotum (junction of the smooth perineal skin and the rugated skin of the scrotum) and the mid-anus (anoscrotal distance or ASD) and between the centers of the anus to the superior base of the penis (anopenile distance or APD) were measured in male infants. Authors used metric dial Vernier calipers with rounded corners showing increments of 0.1 mm. Calipers were properly calibrated and set to 0 before each measurement. Mean of the 2 closest measures was recorded. The ratio of the lengths of the second and fourth finger digits (2D:4D digit ratio) was also determined. At 6-month assessment of infant, length (cm) of second and fourth finger of left and right hand were measured. Transparent plastic ruler with millimeter increments was used for measurements and bottom of ruler was aligned with basal crease of each finger. Measurements were taken twice for each finger length for left and right hands. Mean finger length for left and right hands was used. For all outcome measurements, study personnel took two measurements and if a greater than 2 mm difference between 2 measures was found, then a third measurement was performed. Methods for outcome assessment were well-documented and are not likely to result in outcome misclassification.	
Metric 3B:	Selective Reporting	Medium	Results from expected analyses are reported.	
Domain 4: Potential Confounding / Variability Control				

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<b>Study Citation:</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	4829228			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified from demographic and anthropometric measurement variables and from urine collection metrics from previous analyses of predictors or maternal urinary phthalate concentrations (Arbuckle, 2014, 2345941; Arbuckle, 2015, 3983419). Considered confounders included: age, race, country of birth, pre-pregnancy body mass index, education, annual household income, active exposure to tobacco smoke and passive smoke exposure, season, time of urine collection, time since last void, recruitment center, gestational age at birth, infant age, infant weight and length at examination, and weight for length z score calculated based on standards from World Health Organization (World Health Organization, 2011, <a href="https://www.who.int/toolkits/child-growth-standards/software">https://www.who.int/toolkits/child-growth-standards/software</a> ). Information on co-variables was collected via questionnaires or direct measurement for infant weight/height. Co-exposures included triclosan and bisphenol A, but these were only evaluated as separate independent variables and not incorporated as covariates in statistical analyses. Correlation coefficients between exposures are not presented. However, there is no direct evidence of residual confounding.	
Domain 5: Analysis	Metric 5A: Analysis	High	Multiple linear regression was used to determine the relationship between phthalate concentrations, which were specific gravity adjusted, and the AGD and the 2D:4D digit ratios. Phthalate metabolites MCHP and MiNP were excluded from the analyses due to their high percentages of samples below the LOD. Phthalate concentrations were natural log transformed since the data was skewed. Authors note that transformations resulted in normally and evenly distributed residuals. Outcome variables were anofourchette in females and anoscrotal distance in males, which were short distances, and anoclititoris in females and anopenile distances in males, which were long distances. The 2D:4D digit ratio in both left and right hands was also another outcome variable. All results were stratified by gender. Levene's test examined the homogeneity of variance across the sites. Confounders from the change in estimate procedure were included and the same confounders were used in all of phthalate models. Effect estimates are presented with 95% confidence intervals. Adjusted models were assessed for collinearity by using the variance inflation factors (VIFs) for each variable.	
	Metric 5B: Sensitivity	Medium	This study seemed to have adequate sensitivity to determine the association between urinary phthalate metabolite levels during pregnancy and anogenital distance and 2D:4D digit ratio in male and female infants. The sample size was adequate (n=396 mother-infant pairs). Exposure distributions (MnBP, MBzP, MEHHP, MCP, MEOHP, and MEHP) seem sufficient to detect an association.	

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Study Citation:	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.		
Health Outcome(s) Assessed:	Reproductive/Developmental- Anoclitoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer		
Chemical:	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]		
HERO ID:	4829228		
Domain	Metric	Rating	Comments
Additional Comments:	This prospective birth cohort study examines the association between urinary phthalate metabolite levels during pregnancy and anogenital distance and 2D:4D digit ratio in male and female infants. Authors used appropriate methods for participant selection, exposure assessment, outcome ascertainment, confounding and analytical techniques. A possible limitation of the exposure assessment is lack of repeated urinary phthalate measurements throughout pregnancy.		
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. Reproductive Toxicology 82(Elsevier):9-Jan.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Bacterial vaginosis, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]		
<b>HERO ID:</b>	4829224		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	This cross-sectional study utilized data from the National Health and Nutrition Examination Survey (NHANES) conducted by the Centers for Disease Control and Prevention which surveys the US population. Survey cycles 2001-2002 and 2003-2004 were utilized. Due to the general purpose of NHANES, recruitment was not based on participant knowledge of the exposure and outcomes of interest for this study. There was a minimal concern for selection bias based on the description of the population-based random sample selection of NHANES. Inclusion criteria included having bacterial vaginosis measurements. Data was available for 2,814 of 3,465 women of eligible age and n=8 women were excluded due to having Nugent scores for bacterial vaginosis not classified as positive, negative, or intermediate. A third of the NHANES participants aged 6 and above were selected for phthalate metabolite analysis, and n=940 of them were women with Nugent data. Further exclusions were made for participants with missing BMI data (n=11) or missing past six-month vaginal douching (n=79) for a final sample of n=854. Demographic characteristics such as maternal race, socioeconomic status, and douching history differed between those with the outcome and those without the outcome, but these factors were controlled for in statistical analysis. Survey weights were incorporated into analyses. Overall, there is minimal risk for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolite levels were measured from spot urine samples. Sample storage and quality control measures were detailed. Samples were quantified using high performance liquid chromatography -isotope dilution-tandem mass spectrometry. Urinary creatinine was measured and utilized to account for dilution. Information on the LOD is not provided in the text of the paper but is available on the publicly available NHANES website. Valid exposure assessment methods were used representing the etiologically relevant time point of interest; however, a single spot urine sample was used to estimate phthalate exposure. Phthalates and their metabolites have short half-lives which raises the potential for exposure misclassification when relying on single spot urine samples which are unable to capture temporal variation in phthalate exposure levels. Concern is raised for reverse causality as phthalates are potentially present in vaginal douches which may be used in response to outcome symptoms; however there is no evidence to suggest that douching was used in this sample of women in response to outcome symptoms.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. Reproductive Toxicology 82(Elsevier):9-Jan.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Bacterial vaginosis, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]
<b>HERO ID:</b>	4829224

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	High	Bacterial vaginosis outcomes were determined by Nugent Gram Stain which is used as a 'gold-standard' method for diagnosis of the outcome. All procedures were conducted according to NHANES protocols. Participants self-collected vaginal swabs in a private bathroom after receiving oral and written instructions. Swabs were applied to pH paper and rolled onto a grass slide by NHANES personnel for gram-stain testing via Nugent's criteria. Outcomes were categorized as negative (score of 0-3), intermediate (4-6), or positive (7-10). The method has been validated in clinical settings and represents minimal concern with respect to misclassification.
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary analyses. Some secondary analyses were briefly mentioned in the results as not meaningfully influencing the null results presented by other models however the data are not presented.
Domain 4: Potential Confounding / Variability Control	Metric 4A: Potential Confounding	Medium	Considered covariates included age, race/ethnicity, educational attainment, body mass index, number of lifetime sex partners, frequency of vaginal douching, and urinary creatinine. All covariates were analyzed using NHANES-approved methodology with computer-assisted personal interviewing. Strategy for identification of key confounders included a review of the literature and statistical analysis of the dataset. Vaginal douching was also analyzed in mediation analysis. Urinary creatinine was accounted for in several ways: using metabolite levels unadjusted, using metabolite levels standardized by urinary creatinine, and by adjusting for urinary creatinine as a covariate. Descriptive statistics are presented for potential confounders in regard to the outcome of interest. Not all key confounders or risk factors identified in the literature are considered, notably there is no discussion of analyses considering the potential impact of number of sexual partners on the exposure-outcome relationship.
Domain 5: Analysis	Metric 5A: Analysis	High	The association between phthalate metabolites and bacterial vaginosis was assessed using multinomial and logistic regression. The risk of intermediate and Nugent-score bacterial vaginosis was compared to those with no bacterial vaginosis by phthalate quartiles. Effect estimates are presented with 95% confidence intervals. Descriptive data about the exposure and outcome are provided, where missingness is noted where applicable or addressed by the study design through exclusion of participants with missing outcome information. Sensitivity analyses address the robustness of study findings including consideration of different methods for creatinine-adjustment, assessment of using a continuous exposure, assessment of using a binary outcome, and assessment of whether adjustment for phthalate metabolites attenuated the association between vaginal douching and bacterial vaginosis

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<b>Study Citation:</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. Reproductive Toxicology 82(Elsevier):9-Jan.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Bacterial vaginosis, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	4829224			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	The study population was sensitive to the development of the outcomes of interest in regard to age and sex. Sample size is adequate for a cross-sectional study evaluating the outcome given the prevalence (n=854). Specific exposure ranges are not provided for the study but quartiles were generated and information on exposure ranges is available on the NHANES website.
Additional Comments:	This cross-sectional study of reproductive aged women in the US examined the association between phthalate metabolites and bacterial vaginosis. Despite temporality concerns inherent to cross-sectional studies, there is minimal concern for bias with noted strengths in participant selection, outcome assessment, and analysis. In particular the use of multiple ways of characterizing urinary creatinine and the mediation analysis for vaginal douching presents a robust analysis. The authors reported non-significant associations between phthalate metabolites and bacterial vaginosis when adjusting for creatinine.			
<b>Overall Quality Determination</b>			<b>High</b>	

<b>Study Citation:</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), BMI z-score, overweight, obesity, waist circumference, sum of skinfolds, weight to height ratio, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]
<b>HERO ID:</b>	5041285

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study is part of the Rhea study and includes pregnant women and their children from Heraklion, Crete, Greece. Women were eligible for inclusion if they became pregnant within one year of February 2007, were over the age of 16 and had a good understanding of the Greek language. Women were contacted at the first ultrasound examination (mean 12 weeks' gestation) and were followed over the course of the pregnancy (6th month of pregnancy, at birth, 9 months of age, 4 years of age, and 6 years of age). 1,363 singleton live births were included in the Rhea study, but phthalate concentrations were only measured in urine samples from 260 mothers in the first trimester, and in 500 children at 4 years of age. 500 children also had at least one BMI measure between ages 4 and 6. It is not specified why exposure or outcome data were not available for all participants. In some analyses, children who were born preterm or at low birth weight were excluded. Specific details about recruitment numbers are not specified in the main text but are available in the referenced cohort profile (Chatzi et al., 2017 HERO ID: 11306018). In general, the description of their selection bias was sufficient to reduce concerns of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Spot urine samples were collected from 260 mothers during the first trimester of pregnancy, and child spot urine samples were collected for 500 participants at 4 years of age. Samples were analyzed at the Environmental Chemical Processes Laboratory (ECPL) in the Department of Chemistry of the University of Crete. Phthalate metabolite concentrations were measured using a liquid chromatography-tandem mass spectrometry system consisting of a reversed phase HPLC chromatograph coupled to a mass spectrometer (Myridakis et al., 2015; HERO ID 2823289). Two quality control and two blank samples were run with every 46 urine samples, and all samples were measured in duplicates. The molar sum of DEHP metabolites was determined by their molecular weight and summing across. Storage information is specified. The LOD ranged from 0.01 to 2.5 ng/mL, and samples below the LOD were imputed as the LOD divided by the square root of 2. Creatinine concentrations were also determined to provide creatinine-adjusted phthalate concentrations which were log10 transformed to achieve normality. This represents an appropriate exposure measurement methodology and it represents an etiologically relevant time period. The authors detail that there is a possibility for exposure misclassification due to the use of a single spot urine sample, but this concern is minimal.
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), BMI z-score, overweight, obesity, waist circumference, sum of skinfolds, weight to height ratio, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	5041285			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Child anthropometry measures were conducted at 4 and 6 years of age. These measurements were performed by specially trained research assistants who followed "standard operating procedures." Measurements included weight, height, waist circumference, and skinfold thickness. These measurements were used to calculate BMI, which was also used to determine BMI z-scores for participants based off of internally generated growth reference charts. The skinfold measurements were used to calculate an indicator of subcutaneous fat. Cardiometabolic risk factors were measured, such as systolic and diastolic blood pressure (BP) using an automatic oscillometric device. Five measurements were taken and averaged, which were used to determine BP z-scores. Serum lipids (total cholesterol, HDL-C) as well as leptin, adiponectin, and C-reactive protein were measured by standard enzymatic methods via non-fasting blood samples. The potential impact of non-fasting blood samples is unknown but is unlikely to be differential by exposure. While the specific tools used to take anthropometry measurements were not specified, there is confidence that the outcome definition was specific, and there are no major concerns of outcome misclassification.	
	Metric 3B: Selective Reporting	Medium	The results reported within the main study and the supplemental materials align with the analysis described in the method section of this paper. There are no concerns noted of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	A priori considerations were used to determine potential covariates. Considered variables included maternal pre-pregnancy BMI, maternal age at birth, parity, maternal educational level, smoking during pregnancy, gestational weight gain, ethnic origin, residence, delivery type, delivery hospital, marital status, working during pregnancy, breastfeeding, gestational length, sex, age at outcome assessment, time watching television at 4 and 6 years, and child's BMI at 4 and 6 years (in models for cardiometabolic measures). Potential covariates were included in the model if they were associated with exposure and any outcomes at a p-value of less than 0.2 or if they modified the coefficient by more than 10%. The study does not specify how these covariates were measured, but more details are provided in the cohort profile (Chatzi et al., 2017 HEROID: 11306018). The authors note that a potential limitation is residual confounding from unmeasured factors such as parental income or social class. However, these are not expected to drastically impact the results due to other socioeconomic indicators such as educational attainment. Correlations coefficients between specific metabolites are discussed, both within each time point and for specific metabolites between prenatal and child measures.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), BMI z-score, overweight, obesity, waist circumference, sum of skinfolds, weight to height ratio, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	5041285			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Generalized additive models (GAMs) were used to examine the shape of relationships between phthalate metabolites and relevant outcomes. The linearity assumption was considered to have been met if the difference in normalized deviance between the GAM model and the linear model was $>0.10$ . Generalized estimating equations were also used with a Gaussian or Poisson family specification to analyze associations between metabolites and continuous and binary outcomes. Finally, linear regression analyses were performed to examine metabolite concentrations and associations with serum leptin, adiponectin, and CRP levels which were natural log transformed. The authors reported the LOD and methods for imputing values below the LOD, and also reported log transformation for creatinine-adjusted metabolite concentrations. Beta values are reported along with their associated 95% confidence intervals, and p-values for interaction are reported. One potential concern is that it is unclear how missing values were handled; these are not discussed in the manuscript at all, although the number of participants is reported for each analysis thus it can be assumed that participants with missing values were dropped out of the analytic sample.
	Metric 5B:	Sensitivity	Medium	The sample size (n=260 mothers; n=500 children) is likely sufficient to detect an effect. The range of exposure levels reported by the authors provide variability to evaluate the hypotheses outlined, and the population was exposed to levels anticipated to have an impact on response. The timing of exposure ascertainment was appropriate, and no other concerns were raised regarding study sensitivity. All of the metabolites examined, except for MEOHP, were detected in over 90% of samples. MEOHP levels were greater than the LOD in 72% of prenatal urine samples, and in 100% of samples from children.
Additional Comments:	This prospective cohort study included pregnant mothers and their children and an appropriate exposure and outcome assessment methodology. No major limitations were noted for this study, although this was an exploratory analysis so the authors did not control for multiple comparisons. The authors noted that there was an association between 10-fold increase in sum of DEHP metabolites and change in waist circumference for boys compared to girls. MnBP and MBzP were associated with lower diastolic blood pressure z-scores.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Nakiwala, D., Peyre, H., Heude, B., Bernard, J. Y., Béranger, R., Slama, R., Philippat, C. (2018). In-utero exposure to phenols and phthalates and the intelligence quotient of boys at 5 years. Environmental Health 17(1):11.
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral- , Full-Scale iQ, Verbal IQ, Performance IQ, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-ethylhexyl phthalate (MEHP)]
<b>HERO ID:</b>	4728401

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	In this cohort study mother-son pairs were selected from the French EDEN (Etude des Determinants pre et post natus du developement et de la sante de l'Enfant) cohort which examined the relationship between DINP metabolite (Monocarboxy-isoctyl phthalate), DIDP metabolite (Monocarboxy-isononyl phthalate), DBP metabolites (Mono-n-butyl phthalate (MBP); Mono(3-carboxypropyl) phthalate (MCPP)), DIBP metabolite (Mono-isobutyl phthalate (MiBP)), DEHP metabolites (Mono(2-ethyl-5-carboxypentyl) phthalate (MECPP); Mono(2-ethyl-5-hydroxyhexyl) phthalates (MEHHP); Mono(2-ethyl-5-hydroxyhexyl) phthalate (MEOHP); Mono(2-ethylhexyl phthalate) (MEHP), and BBP metabolite (Monobenzyl phthalate (MBzP)) and Verbal and performance IQs of boys at 5-6 years old. Pregnant women (before the end of the 28th gestational week) were recruited from February 2003 through January 2006 from the obstetric departments of Nancy and Poitiers university hospitals in France. A subset of participants (n=452) of male participants (n=998 originally recruited) were randomly chosen from the EDEN cohort for follow-up. IQ assessments were conducted on 452 boys at 5 years. Inclusion criteria for biomarker assessments was being a boy, having at least one urine sample available during pregnancy, and having data on growth during the pre and postnatal period (up to 3 years). Compared to mother-son pairs from EDEN not included in this analysis, pairs in this study were more likely to be from Poitiers, from households that earned >1500 euros/month, and less likely to smoke during pregnancy; all of these were considered as covariates.

Domain 2: Exposure Characterization

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<b>Study Citation:</b>	Nakiwala, D., Peyre, H., Heude, B., Bernard, J. Y., Béranger, R., Slama, R., Philippat, C. (2018). In-utero exposure to phenols and phthalates and the intelligence quotient of boys at 5 years. Environmental Health 17(1):11.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral - , Full-Scale iQ, Verbal IQ, Performance IQ, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-ethylhexyl phthalate (MEHP)]			
<b>HERO ID:</b>	4728401			
Domain	Metric		Rating	Comments
	Metric 2A:	Exposure Measurement	Medium	Maternal urine samples were taken during pregnancy between 22 and 29 gestational weeks and phthalates were extracted using solid phase extraction-high performance liquid chromatography-tandem mass spectrometry. Sample transportation and storage are not described. Concentrations were standardized for collection conditions such as hour of sampling, gestational age at collects, duration of storage at room temperature before freezing, day of sampling, year of biomarker assessments and creatinine levels. For concentrations below the LOD the instrumental reading values were used. All samples were collected under similar conditions and were used in all of the analyses. LOD values were 0.5 ug/L for MEHP, 0.3 ug/L for MbzP, and 0.2 ug/L for MBP, MiBP, MECPP, MEHHP, MEOHP, MCPP, MCOP, and MCNP. The percentage of values below the LOD were 0% for MBP, MiBP, MECPP, MEHHP, MEOHP, MBzP, MCOP, and MCPP and 1% for MCNP and 3% for MEHP. This study used one single urine measurement to assess exposure, which could lead to exposure misclassification due to the short half-life of phthalate metabolites in the human body. The exposure window was developmental, while outcomes were only measured at 5 years of age - it is unclear whether this is appropriate consideration of temporality, as phthalate metabolites may exhibit adverse neurological effects when exposure is post-natal; it is unclear whether maternal exposure to phthalates is representative of a child's exposure. However, there is no explicit evidence of bias or that the chosen exposure window is not related to the outcome.
Domain 3: Outcome Assessment				
	Metric 3A:	Outcome Ascertainment	High	Full-scale IQ, Performance IQ, and Verbal IQ were assessed at an average of 5.7 years of age using the French version of the Wechsler Preschool and Primary Scale of Intelligence-Third Edition (WPPSI-III). The scale was calibrated in a sample of 999 children representative of French children between ages 2.5 and 7.25 years. The IQ assessments were conducted by trained psychologists using 7 core subtests (information, vocabulary, word reasoning, block design, matrix reasoning, picture concepts, and coding) to compute verbal and performance IQ scores. There are no concerns for bias in the outcome assessment.
	Metric 3B:	Selective Reporting	Medium	Analyses described in the methods were reported in the results.
Domain 4: Potential Confounding / Variability Control				
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<b>Study Citation:</b>	Nakiwala, D., Peyre, H., Heude, B., Bernard, J. Y., Béranger, R., Slama, R., Philippat, C. (2018). In-utero exposure to phenols and phthalates and the intelligence quotient of boys at 5 years. Environmental Health 17(1):11.			
<b>Health Outcome(s) Assessed:</b>	Neurological/Behavioral - , Full-Scale IQ, Verbal IQ, Performance IQ, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-ethylhexyl phthalate (MEHP)]			
<b>HERO ID:</b>	4728401			
Domain	Metric		Rating	Comments
	Metric 4A:	Potential Confounding	Medium	Considered confounders included center of recruitment, parity, maternal age, maternal BMI, parental education level, breastfeeding duration, monthly household income, smoking during pregnancy, maternal psychological difficulty during pregnancy, child cognitive stimulation, and child age at assessment. Confounders were identified a priori via literature review. Child cognitive stimulation was assessed using the Home Observation for the Measurement of the Environment Scale questionnaire (HOME) at 5 years. Maternal psychological difficulties score during pregnancy was calculated as combined scores from the Center for Epidemiologic Studies Depression Scale Revised (CESD) and the State-Trait Anxiety Inventory (STAI). The study does not state where other covariate information came from, but it was likely pulled from questionnaires or interviews administered by research staff.
Domain 5: Analysis	Metric 5A:	Analysis	High	Structural Equation Models (SEMs) were used to study the associations between the urinary biomarker concentrations and Verbal or Performance IQ scores. Authors reported standardized association estimates as change in SD of IQ scores associated with a 1-SD increase in the ln-transformed biomarker concentrations. P-values were presented along with corrections for multiple testing using the false discovery method. Additional analyses were run stratified by center due to exposure levels and IQ scores differing across recruitment centers. In addition to the SEM, linear regression models were run using the manual IQ scores. Sensitivity analyses were also performed that used full-scale IQ. Statistical methods are well-reported and take into account model assumptions.
	Metric 5B:	Sensitivity	Medium	Sample size is large (n=452 boys) and exposure range is adequate (MCOP median = 4.0 ug/L [5th 1.1, 95th 19]) (MCNP median = 1.3 ug/L [5th 0.4, 95th 9.7]) (MBP median = 44.6 ug/L [5th 11.6, 95th 444]) (MiBP median = 38.8 ug/L [5th 11.8, 95th 168]) (MECPP median = 39.2 ug/L [5th 12.5, 95th 176]) (MEHHP median = 29 ug/L [5th 6.9, 95th 106]) (MEOHP median = 23.3 ug/L [5th 5.8, 95th 87]) (MEHP median = 7.6 ug/L [5th 1.5, 95th 37]) (MBzP median = 18.9 ug/L [5th 4.7, 95th 114]) (MCPHP median = 2.0ug/L [5th 0.8, 95th 9.4]). It is unclear if a single spot urine adequately represents the intensity, duration and potential peak exposures responsible for the initiation of the outcome of interest.
Additional Comments:	This cohort study assessed the relationship between full-scale IQ, verbal IQ, and performance IQ in 5-year-old boys and DINP, DIDP, DBP, BBP, DEHP, and DIBP metabolite concentrations. Generally, there are minimal concerns for bias - concerns exist for exposure assessment due to the use of a single spot urine sample during pregnancy to explain neurological outcomes at 5 years of age. However, other aspects of the study are well described and there is no direct evidence that the exposure assessment is biased. No statistically significant results were reported for any relevant phthalates.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Zhu, Y., Wan, Y., Zhang, B., Zhou, A., Huo, W., Wu, C., Liu, H., Jiang, Y., Chen, Z., Jiang, M., Peng, Y., Xu, S., Xia, W., Li, Y. (2018). Relationship between maternal phthalate exposure and offspring size at birth. Science of the Total Environment 612:1072-1078.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth weight z-score, ponderal index, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]		
<b>HERO ID:</b>	4728491		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this analysis included women from the Health Baby Cohort (HBC), which was a longitudinal birth cohort from Wuhan City, China. Inclusion criteria included being a pregnant woman from Wuhan City without plans to move away, having had a singleton live birth in the Women and Children's Hospital of Wuhan, and had no communication problems. This analysis included a subset of women with phthalate metabolite measurements in urine samples obtained prior to delivery. Urine samples were randomly selected from participants who were recruited from January 2015-October 2014. Of 1007 women included in the subset, five were excluded due to having infants with birth defects, leaving a final sample size of 1002. While more details on inclusion and exclusion criteria for the initial cohort may be beneficial, there is an adequate description of the recruitment process and there are no concerns of selection bias present.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Spot maternal urine samples of n=1002 mother-infant pairs were utilized for determination of phthalate exposure. These samples were collected within three days prior to delivery, and solid phase extraction coupled with ultra-performance liquid chromatography-tandem mass spectrometry was utilized to determine phthalate metabolite concentrations. This represents an appropriate method for determining phthalate metabolite concentrations in urine. The authors also report the limit of detection for phthalate metabolites and they are: 0.2 ng/mL for MECPP, MEHHP, and MEOHP. The LOD for MEHP and MBP are 0.5 ng/mL. The percentage of each metabolite detected above the LOD is also reported within the study. For metabolite concentrations below the LOD, the values were replaced with the LOD value divided by the square root of 2. Quality assurance and control procedures, including refrigeration storage of samples prior to analysis, were detailed within the main text and supplemental materials. It is important to note that MEHP, a metabolite of DEHP, was not used in analysis because the authors detail that previous studies have indicated that urinary levels of this metabolite are more likely to be contaminated than oxidative metabolites. While the authors note that the time of urine collection may not be in a period of fetal development where they are sensitive to chemical exposure, these levels may not fluctuate significantly over time, limiting concerns of exposure misclassification.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Zhu, Y., Wan, Y., Zhang, B., Zhou, A., Huo, W., Wu, C., Liu, H., Jiang, Y., Chen, Z., Jiang, M., Peng, Y., Xu, S., Xia, W., Li, Y. (2018). Relationship between maternal phthalate exposure and offspring size at birth. Science of the Total Environment 612:1072-1078.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth weight z-score, ponderal index, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]			
<b>HERO ID:</b>	4728491			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	High	Relevant outcomes were measured by experienced obstetric nurses using standardized procedures. Birth weight, in grams, was recorded using an electronic scale accurate to 10g. Birth length was measured using a stadiometer in centimeters, and the tool is accurate to 1 mm. Birth weight Z-scores were calculated according to the INTERGROWTH-21st Newborn Birth Weight Standards and Z Scores. Ponderal index was assigned as a ratio of birth weight in kilograms to length in meters cubed (kg/m3). While validation was not discussed within the study, there are minimal concerns of outcome misclassification due to the standardized procedures utilized.	
	Metric 3B: Selective Reporting	Medium	The results reported by the authors align with the analyses described in the methods section of this study, and there are no concerns of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	Interviews were conducted with the mothers within three days before or after delivery, and trained research nurses collected information on age, weight and height before pregnancy, SES, and lifestyle factors. Information on parity, pregnancy complications, pre-existing conditions, and infant characteristics were obtained through medical records. Gestational age was determined based on the last menstrual period or ultrasound measurement. Multivariate models were used to determine confounders to included in final analyses. They were included in the final model if they were previously reported to be associated with birth outcomes or phthalate measures, or if they changed main effects by >10%. The final model included maternal age at enrollment, gestational age, parity, pre-pregnancy BMI, maternal education, and passive smoking status as covariates. Overall, the authors considered an appropriate range of covariates and utilized appropriate techniques for determining covariates to include. However, the authors did note that one limitation of this study was that they did not measure other endocrine disrupting chemicals, which may have bolstered their analysis.	
Domain 5: Analysis				
	Metric 5A: Analysis	High	Generalized additive models were used to assess the linear relationships between exposures and outcomes. The authors then used linear regression models to examine potential associations between maternal phthalate concentrations and birth outcomes. Ln-creatinine adjusted concentrations (to account for urinary dilution) were used as continuous variables in the models. Statistical significance was considered at a p-value < 0.05, and authors reported effect estimates and their associated 95% confidence intervals. The metabolites and sum of DEHP metabolites were right-skewed, so the authors performed a natural log transformation. Sensitivity analyses included multi-pollutant models with the sum of DEHP and the sum of low molecular weight phthalates, as well as those run with urinary creatinine added to the models. Reported multivariate results were stratified by offspring gender. No major deficiencies were noted for this analysis, contributing to the high rating.	

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<b>Study Citation:</b>	Zhu, Y., Wan, Y., Zhang, B., Zhou, A., Huo, W., Wu, C., Liu, H., Jiang, Y., Chen, Z., Jiang, M., Peng, Y., Xu, S., Xia, W., Li, Y. (2018). Relationship between maternal phthalate exposure and offspring size at birth. Science of the Total Environment 612:1072-1078.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Birth weight, birth length, birth weight z-score, ponderal index, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sum of DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)]
<b>HERO ID:</b>	4728491

Domain	Metric	Rating	Comments
	Metric 5B: Sensitivity	Medium	The range of exposure levels provided variability to examine their hypothesis, and the population was likely sensitive to the development of the outcomes of interest. The timing of exposure assessment may not provide an idea of exposure throughout the pregnancy but provides an adequate snapshot for analysis. No major concerns are noted for sensitivity.

**Additional Comments:** This cohort study examined associations between maternal urinary phthalate metabolite concentrations and birth outcomes. Overall, the authors utilized appropriate methods for exposure and outcome ascertainment, but the assessment of phthalates in the days prior to delivery may not reflect concentrations experienced throughout the pregnancy. The authors also did not measure concentrations of other endocrine disrupting chemicals which could be included as covariates, which may have bolstered their analyses. The authors reported that the ln-transformed DEHP metabolite levels were significantly associated with increased birth weight and birth weight z-scores.

## Overall Quality Determination

## Medium

<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.		
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: sum of four DEHP metabolites: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)		
<b>HERO ID:</b>	7978414		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants in this longitudinal study are a sub-sample of the Swedish birth cohort, BAMSE (Swedish abbreviation for Children, Allergy, Milieu, Stockholm, Epidemiology) which enrolled 4,089 participants born in Stockholm in 1994-1996. Follow-up occurred at 2 months, and at 1, 4, 8, 12, 16, and 24 years of age. This analysis includes a sub-sample of 100 participants selected for a time trend analysis of preschool phthalates exposure. Eligible BAMSE participants had questionnaires at baseline, 4 and 16 years, and urine samples at age 4y (n=720); selection for urine sampling at age 4 was based on allergy prevalence (n=933, 684 with symptoms). The sub-sample of 50 girls and 50 boys was selected to have an equal number of each sex with/without symptoms. The sample was similar to the parent cohort in terms of parental occupation, breastfeeding duration, and maternal smoking in pregnancy. Attrition was modest (n=100 at 4 and 16y, n=91 at 8y, n=71 at 24y). There was no evidence of biased selection (i.e., associated with both phthalates and obesity). The authors stated there was no significant difference in phthalate concentrations for participants with vs without allergy symptoms (data not shown). The authors did not discuss whether there was an association between allergy prevalence and obesity measures within the sub-sample, as observed in some childhood studies.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	DEHP metabolites mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), and mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) were measured in a single urine sample collected at age 4 years. Obesity outcome measures were collected at repeated time points following the age 4y exam, as well as during the same visit. The molar sum of the four metabolites was used as a measure of DEHP; this measure was converted back to ng/ml multiplying by the average molar mass of each metabolite. Liquid chromatography tandem mass spectrometry (LC-MS/MS) was used to analyze the samples. The laboratory conducting analyses participates in a European QA/QC and is certified as qualified for analysis of these phthalate metabolites. The authors stated that 100% of samples were above detection limits. Specific gravity was used to correct for urine dilution. The authors acknowledged that due to high within-person variability and short half-lives, use of a single spot urine sample collected at random times of day may to some extent misclassify habitual phthalate exposure. However, there was no evidence of differential misclassification.
Domain 3: Outcome Assessment			
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<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: sum of four DEHP metabolites: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	7978414

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	Medium	Obesity based on BMI was assessed using repeated measures over time; at age 24 y additional measures were obtained. Height and weight measures were obtained at ages 4, 8, 16, and 24. The International Obesity Task Force (childhood) and WHO standards (age 24y) were used to classify participants as overweight and obese. Height was measured to the nearest 0.1 cm, and weight to the nearest 0.1 kg. At age 24y, waist circumference was measured (nearest 0.1cm) and body fat percentages (total and trunk fat) were estimated using bioelectrical impedance analysis (BIA, Tanita MC-708 MA P). The use of multiple, longitudinal BMI measures, and of more direct measures of body fat amounts and distribution at age 24y, are an important strength. However, BIA based estimates of body fat are not a gold standard; estimates are based on prediction equations that may have substantial error.
	Metric 3B: Selective Reporting	Medium	The authors presented all analyses reported in the methods and results sections adequately.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Covariates were identified based on previous literature. Models exploring the association between phthalate metabolite levels at age 4 years with repeated measures of BMI category outcomes of overweight/obesity versus thin/normal were adjusted for gender, baseline parental socioeconomic status (SES) based on parental education and occupation, maternal smoking during pregnancy, exclusive breastfeeding duration, total energy intake at 8 years, participation in organized physical activity at 8, 16 and 24 years, puberty stage at 16 years, smoking at 16 and 24 years and urinary cotinine. Associations between urinary phthalate concentrations and BMI, WC, body fat % and trunk fat % at age 24 years were adjusted for gender, parental socioeconomic status, maternal smoking during pregnancy, duration of exclusive breastfeeding, physical activity and smoking at age 24 years and urinary cotinine. Information on potential confounders came from questionnaires completed by both parents and participants. Models did not adjust for allergy, which may be a downstream effect of obesity. The authors noted residual confounding by dietary factors at age 4 (the time of exposure assessment) as a limitation. Other potential sources of residual confounding include changes in SES over time and measures of diet quality at age 8y beyond energy intake (measured with error in food frequency questionnaires). Co-exposure confounding by other phthalates was not evaluated, however, the authors analyzed both individual DiNP metabolites and their sum.

Domain 5: Analysis

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<b>Study Citation:</b>	Zettergren, A., Andersson, N., Larsson, K., Kull, I., Melen, E., Georgelis, A., Berglund, M., Lindh, C., Bergstrom, A. (2021). Exposure to environmental phthalates during preschool age and obesity from childhood to young adulthood. Environmental Research 192:10249-10249.
<b>Health Outcome(s) Assessed:</b>	Nutritional/Metabolic- Obesity: overweight/obesity, body mass index (BMI), waist circumference (WC), body fat %, and trunk fat %, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: sum of four DEHP metabolites: Mono-(2-ethylhexyl) phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP)
<b>HERO ID:</b>	7978414

Domain	Metric	Rating	Comments
	Metric 5A: Analysis	Medium	Descriptive data on participant characteristics, outcome measures, and phthalates exposures were presented. Analysis methods were appropriate. Phthalate metabolite measures were log-transformed for analyses. Associations between phthalates exposures at age 4y and repeated measures of overweight/obesity status were analyzed using generalized estimating equations with a logit link. Exposure by age interaction terms were used to estimate age-specific associations. Associations between phthalates and measures of BMI, waist circumference, body fat percentage and trunk fat percentage at age 24 years were estimated using multiple linear regression. Effect estimates were reported as odds ratios or beta coefficients with 95% confidence intervals. Stratified analyses (e.g., by gender) were not discussed. The authors did not mention conducting sensitivity analyses to assess the robustness of findings. However, robustness was observed in terms of consistent associations for associations at multiple ages and multiple outcome measures.
	Metric 5B: Sensitivity	Medium	There was substantial variability in both individual DEHP metabolites and their sum (DEHP mean $\pm$ sd = 331 $\pm$ 228 ng/mL). The prevalence of overweight was adequate for analysis: 20% at age 4y and 23.9% at age 24y. Statistical power was increased by the availability of repeated measures for some outcomes. However, the relatively small sample size (n=71 to 100) means that power was likely limited for stratified analyses.

**Additional Comments:** This longitudinal cohort study analyzed associations between phthalates exposure at age 4 and obesity measures through age 24y in a subset of 100 participants in the Swedish BAMSE cohort. Cohort members were born in 1994-1996. DEHP metabolites mono(2-ethylhexyl) phthalate (MEHP), mono(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP), mono(2-ethyl-5-oxohexyl) phthalate (MEOHP), mono(2-ethyl-5-carboxypentyl) phthalate (MECPP) were measured in urine samples at 4 years of age. Overweight status was measured at ages 4, 8, 12, 16, and 24 years. In addition, waist circumference, and BIA based body fat percentage and trunk fat percentage were analyzed at age 24y. The study found significant associations between increases in  $\Sigma$ DEHP metabolites at age 4y and obesity measures obtained at ages 24. The cross-sectional association between DEHP metabolites and obesity at all ages, were null. The long follow-up and multiple obesity measures are strengths of this study. However, sample size was small. An additional potential limitation is residual confounding, in particular by dietary factors, which were not assessed at age 4y.

## Overall Quality Determination

**Medium**



<b>Study Citation:</b>	Stroustrup, A., Bragg, J. B., Andra, S. S., Curtin, P. C., Spear, E. A., Sison, D. B., Just, A. C., Arora, M., Gennings, C. (2018). Neonatal intensive care unit phthalate exposure and preterm infant neurobehavioral performance. PLoS ONE 13(3):e0193835.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- NICU Network Neurobehavioral Scale (NNNS) components including habituation, attention, handling, non-optimal reflexes, regulation, excitability, quality of movement, stress/abstinence, arousal, lethargy, hypertonicity, hypotonicity, asymmetric reflexes, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sun DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Monocyclohexyl phthalate (MCHP)]		
<b>HERO ID:</b>	4728711		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	Participants for this analysis included very low birth weight infants (VLBW) who had a birth weight < 1500 grams between 2011 and 2013. They were recruited upon admission to the Mount Sinai Hospital NICU to participate in phase one of the NICU-HEALTH (Hospital Exposures and Long-Term Health) study, as part of the ECHO (Environmental Influences on Child Health Outcomes) program. Birth weight was used instead of gestational age because gestational age may be inaccurate without complete early prenatal care documented. Exclusion criteria included being an out-born infant (transferred to the hospital after birth) and those with congenital anomalies or genetic syndromes. 81 premature infants were initially enrolled, but analysis was performed for the 64 who survived, who had at least one urine sample available, and had the NICU Network Neurobehavioral Scale (NNNS) performed prior to discharge. Demographic characteristics were not significantly different between the original 81 participants and the final 64. Participant selection methods were appropriate, and the authors provided details on participation rates throughout the process. Inclusion and exclusion criteria were clearly outlined. No major concerns were noted for participant selection.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Trained staff collected urine samples from infants between the week of birth and 34 weeks postmenstrual age (PMA). Initial specimens were collected during the first week of life, and then collected on a weekly basis throughout the NICU stay. To obtain the urine, cotton balls were placed in the infant's diaper and collected three hours later. If the cotton ball was contaminated with stool, staff attempted to obtain additional, clean urine samples. A refractometer was used to measure the urine specific gravity. Storage conditions and contamination checks are detailed. Concentrations of phthalate metabolites were determined utilizing a method developed by the Centers for Disease Control and Prevention. Enzyme digested urine was subjected to solid phase extraction with a reversed phase polymeric sorbent, with extracts analyzed using a Shimadzu Nexera XT UHPLC coupled with a triple quadrupole mass spectrometer. QC methods are described. The methods outlined are appropriate for exposure classification, and the authors also reported that five metabolites were measured below LOD in 85% of samples and were excluded. LODs and the number of samples measured > LOD are reported. The availability of multiple urine samples is a strength since it increases certainty in the average phthalate exposure across time; however, it is unclear how many samples were available for each individual, or the average number of samples per individual. No major concerns are noted for exposure classification, contributing to an adequate rating.
Domain 3: Outcome Assessment			

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<b>Study Citation:</b>	Stroustrup, A., Bragg, J. B., Andra, S. S., Curtin, P. C., Spear, E. A., Sison, D. B., Just, A. C., Arora, M., Gennings, C. (2018). Neonatal intensive care unit phthalate exposure and preterm infant neurobehavioral performance. PLoS ONE 13(3):e0193835.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- NICU Network Neurobehavioral Scale (NNNS) components including habituation, attention, handling, non-optimal reflexes, regulation, excitability, quality of movement, stress/abstinence, arousal, lethargy, hypertonicity, hypotonicity, asymmetric reflexes, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sun DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Monocyclohexyl phthalate (MCHP)]			
<b>HERO ID:</b>	4728711			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	The NICU Network Neurobehavioral Scale (NNNS) is a standardized exam of infant neurobehavior, motor function, and stress response. A certified examiner administered the test before NICU discharge at 33-37 weeks PMA. There are 13 summary scores included in the exam, and authors highlight that this is an established method for early detection of attention and motor deficits in preterm and toxin-exposed populations. The authors did note that there was some variation in the timing of evaluation with this tool, but no major concerns were noted. Normative data for preterm performance on the NNNS was not available, so reference preterm infants were drawn from the Maternal Lifestyle Study, which assessed NNNS scores in relation to prenatal drug exposure. The present cohort was less excitable and showed less arousal than the Maternal Lifestyle Study cohort, potentially due to the present cohort being younger or due to exposures unique to the Maternal Lifestyle Study. Overall, the outcome ascertainment methodologies were appropriate for the purposes of this study.	
	Metric 3B: Selective Reporting	Medium	There were no major concerns of selective reporting noted in this study. The results reported by the authors aligned with the primary and secondary analysis discussed in the method section of the study.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	High	The authors developed a directed acyclic graph (DAG) to identify potential confounding variables based on demographic, socioeconomic and clinical aspects after review of the literature. Confounders included in the models were: infant gender, gestational age at birth, status as small for gestational age, severity of illness at birth, and NICU-based medical morbidity. The authors detail that the Clinical Risk Index for Babies (CRIB II) would be used as a proxy for severity of illness at birth. However, after review of the DAG, the authors decided to use largest base deficit measured in the first 12 hours of life rather than the CRIB II scores to reduce the risk of over-specification, as some parts of the CRIB II score included measures of gestational age, birth weight, and appropriateness of birth weight. Potential complications of prematurity included necrotizing enterocolitis, culture-proven sepsis, stage II-IV retinopathy of prematurity, grade II-IV intraventricular hemorrhage, or bronchopulmonary dysplasia. If one of the participating infants experienced one of these conditions, they were considered to have a significant NICU-based morbidity event. Overall, there are no major concerns noted for potential confounding.	
Domain 5: Analysis				
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<b>Study Citation:</b>	Stroustrup, A., Bragg, J. B., Andra, S. S., Curtin, P. C., Spear, E. A., Sison, D. B., Just, A. C., Arora, M., Gennings, C. (2018). Neonatal intensive care unit phthalate exposure and preterm infant neurobehavioral performance. PLoS ONE 13(3):e0193835.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- NICU Network Neurobehavioral Scale (NNNS) components including habituation, attention, handling, non-optimal reflexes, regulation, excitability, quality of movement, stress/abstinence, arousal, lethargy, hypertonicity, hypotonicity, asymmetric reflexes, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Metabolite: Sun DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP); Mono-(2-ethyl-5-carboxypentyl)phthalate (MECPP); Monocyclohexyl phthalate (MCHP)]			
<b>HERO ID:</b>	4728711			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	All of the measured biomarkers were adjusted for urinary dilution with urine specific gravity. Exposure was characterized as the geometric mean per participant of biomarker levels from all specimens collected. A linear regression analysis was conducted to examine the relationship between the sum of DEHP metabolites and the NNNS summary scales. The Holm-Bonferroni method was implemented to address multiple comparisons. This analysis was only performed for DEHP metabolites. DEHP metabolites and all others were also examined using weighted quantile sum (WQS) regressions to explore the relationships of phthalate mixtures with each subscale of the NNNS. These regressions were adjusted for the same covariates as the multiple linear regression models, and included all metabolites measured above the LOD in >85% of samples. Results of these analyses provided the predominant index metabolites. Details regarding model assumptions or potential data transformations are not discussed. All analyses were conducted using an appropriate classification of the outcome variable, and quantitative results are reported with confidence limits and associated p-values.
	Metric 5B:	Sensitivity	Medium	No major concerns were noted pertaining to sensitivity. While the sample size was relatively small (n=64), the range of exposure levels was may provide adequate variability to have an impact on the outcome. Timing of exposure and outcome classification was appropriate. However, it is noted that this sample size of VLBW infants may not be representative of the entire NICU population.
<b>Additional Comments:</b>	This cohort study assessed the association between urinary phthalate metabolites and neurodevelopmental measures among infants with VLBW who were in the NICU of the Mount Sinai Hospital. No major limitations were noted, and the authors utilized appropriate exposure and outcome classification tools. The authors reported that there was improved performance on the attention and regulation scales of the NNNS in relation to sum of DEHP metabolites.			

**Overall Quality Determination****Medium**

<b>Study Citation:</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]		
<b>HERO ID:</b>	4829228		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study examined the association between urinary phthalate exposures during pregnancy and anogenital distance and second to fourth finger (2D:4D) digit ratios in infants from mothers enrolled in the Maternal-Infant Research on Environmental Chemicals (MIREC) study. Women were recruited during their first trimester of pregnancy from prenatal clinics in 10 cities across Canada. Women were eligible if they were 18 years of age or older, could consent and communicate in English or French, planned to deliver at a local hospital, and agreed to provide cord blood samples for the study. Women were excluded if they had "known fetal chromosomal or major malformations in their current pregnancy, a history of chronic medical conditions, including renal disease with altered renal function, epilepsy, any collagen disease such as lupus erythematosus and scleroderma, active and chronic liver disease (hepatitis), heart disease, serious pulmonary disease, cancer, hematologic disorder (patients with anemia or thrombophilia were included), threatened spontaneous abortion (women with previous bleeding in first trimester could be included if the site documented a viable fetus at the time of recruitment) and illicit drug use." The present analysis consisted of a follow-up study (MIREC-ID) of infants at birth and at 6 months which recruited mothers and single infants without any major congenital birth defects or neurological disorders in 6 of the 10 cities. Only 6 cities were chosen due to funding concerns and delays in ethics approval; it is unknown whether there were significant differences between the 6 cities included and the 4 cities excluded. 396 mother-infant pairs were assessed at birth from 5 of the 6 cities and 421 mother-infant pairs were assessed at approximately 6 months of age from the 6 cities. 317 mother-infant pairs provided data for birth and 6-month assessments. Participation rates of MIREC and MIREC-ID studies provided in supplementary material. Overall, there are no explicit concerns for selection bias.
Domain 2: Exposure Characterization			
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<b>Study Citation:</b>	Arbuckle, T. E., Agarwal, A., Macpherson, S. H., Fraser, W. D., Sathyanarayana, S., Ramsay, T., Dodds, L., Muckle, G., Fisher, M., Foster, W., Walker, M., Monnier, P. (2018). Prenatal exposure to phthalates and phenols and infant endocrine-sensitive outcomes: The MIREC study. Environment International 120:572-583.			
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer			
<b>Chemical:</b>	Diethylhexyl Phthalate- Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]			
<b>HERO ID:</b>	4829228			
Domain	Metric	Rating	Comments	
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolites (MBzP, MnBP, MCHP, MEHP, MEHHP, MEOHP, MiNP, and MCPP) were measured in spot urine samples collected during first trimester of pregnancy. Storage information, contamination checks, and QA procedures are detailed. Liquid chromatography-mass spectrometry/mass spectrometry (LC-MS/MS) was used to analyze phthalate metabolites in maternal urine. Limits of detection (ug/L) are reported for each phthalate metabolite (MzBP = 0.20, MnBP = 0.20, MCHP = 0.20, MEHP = 0.20, MEHHP = 0.40, MEOHP = 0.20, MiNP = 0.40, MCPP = 0.20). Specific gravity was measured in urine samples that were thawed using a refractometer. The data and time of collection and the number of minutes since last urination were noted. Authors provide information about LOD, percent of values below the LOD, and note that all values below the LOD were replaced with 1/2 LOD. For MCHP and MiNP, over 90% of samples were below the LOD and were thus excluded from further analysis. A possible limitation of the exposure assessment is lack of repeated urinary phthalate measurements throughout pregnancy due to the short half-life of phthalates in the human body.	
Domain 3: Outcome Assessment				
Metric 3A:	Outcome Ascertainment	High	Anogenital distance measurements were taken soon after infant birth (on average 3.5 days). Distance (mm) from the center of the anus to the posterior convergence of the fourchette (anofourchette or AFD) or the clitoris (anoclititoris distance of ACD) was measured in female infants. Female infants were placed in dorsal decubitus position. Distance (mm) between the base of the scrotum (junction of the smooth perineal skin and the rugated skin of the scrotum) and the mid-anus (anoscrotal distance or ASD) and between the centers of the anus to the superior base of the penis (anopenile distance or APD) were measured in male infants. Authors used metric dial Vernier calipers with rounded corners showing increments of 0.1 mm. Calipers were properly calibrated and set to 0 before each measurement Mean of the 2 closest measures was recorded. The ratio of the lengths of the second and fourth finger digits (2D:4D digit ratio) was also determined. At 6-month assessment of infant, length (cm) of second and fourth finger of left and right hand were measured. Transparent plastic ruler with millimeter increments was used for measurements and bottom of ruler was aligned with basal crease of each finger. Measurements were taken twice for each finger length for left and right hands. Mean finger length for left and right hands was used. For all outcome measurements, study personnel took two measurements and if a greater than 2 mm difference between 2 measures was found, then a third measurement was performed. Methods for outcome assessment were well-documented and are not likely to result in outcome misclassification.	
Metric 3B:	Selective Reporting	Medium	Results from expected analyses are reported.	
Domain 4: Potential Confounding / Variability Control				

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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Anoclititoris distance (ACD), anofourchette distance (AFD), anopenile distance (APD), anoscrotal distance (ASD), second to fourth finger (2D:4D) digit ratio, Non-cancer			
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<b>HERO ID:</b>	4829228			
Domain	Metric	Rating	Comments	
	Metric 4A: Potential Confounding	Medium	Potential confounders were identified from demographic and anthropometric measurement variables and from urine collection metrics from previous analyses of predictors or maternal urinary phthalate concentrations (Arbuckle, 2014, 2345941; Arbuckle, 2015, 3983419). Considered confounders included: age, race, country of birth, pre-pregnancy body mass index, education, annual household income, active exposure to tobacco smoke and passive smoke exposure, season, time of urine collection, time since last void, recruitment center, gestational age at birth, infant age, infant weight and length at examination, and weight for length z score calculated based on standards from World Health Organization (World Health Organization, 2011, <a href="https://www.who.int/toolkits/child-growth-standards/software">https://www.who.int/toolkits/child-growth-standards/software</a> ). Information on co-variables was collected via questionnaires or direct measurement for infant weight/height. Co-exposures included triclosan and bisphenol A, but these were only evaluated as separate independent variables and not incorporated as covariates in statistical analyses. Correlation coefficients between exposures are not presented. However, there is no direct evidence of residual confounding.	
Domain 5: Analysis	Metric 5A: Analysis	High	Multiple linear regression was used to determine the relationship between phthalate concentrations, which were specific gravity adjusted, and the AGD and the 2D:4D digit ratios. Phthalate metabolites MCHP and MiNP were excluded from the analyses due to their high percentages of samples below the LOD. Phthalate concentrations were natural log transformed since the data was skewed. Authors note that transformations resulted in normally and evenly distributed residuals. Outcome variables were anofourchette in females and anoscrotal distance in males, which were short distances, and anoclititoris in females and anopenile distances in males, which were long distances. The 2D:4D digit ratio in both left and right hands was also another outcome variable. All results were stratified by gender. Levene's test examined the homogeneity of variance across the sites. Confounders from the change in estimate procedure were included and the same confounders were used in all of phthalate models. Effect estimates are presented with 95% confidence intervals. Adjusted models were assessed for collinearity by using the variance inflation factors (VIFs) for each variable.	
	Metric 5B: Sensitivity	Medium	This study seemed to have adequate sensitivity to determine the association between urinary phthalate metabolite levels during pregnancy and anogenital distance and 2D:4D digit ratio in male and female infants. The sample size was adequate (n=396 mother-infant pairs). Exposure distributions (MnBP, MBzP, MEHHP, MCP, MEOHP, and MEHP) seem sufficient to detect an association.	

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HERO ID:	4829228		
Domain	Metric	Rating	Comments
Additional Comments:	This prospective birth cohort study examines the association between urinary phthalate metabolite levels during pregnancy and anogenital distance and 2D:4D digit ratio in male and female infants. Authors used appropriate methods for participant selection, exposure assessment, outcome ascertainment, confounding and analytical techniques. A possible limitation of the exposure assessment is lack of repeated urinary phthalate measurements throughout pregnancy.		
Overall Quality Determination		Medium	

<b>Study Citation:</b>	Geller, R. J., Brotman, R. M., O'Brien, K. M., Fine, D. M., Zota, A. R. (2018). Phthalate Exposure and Odds of Bacterial Vaginosis Among U.S. Reproductive-Aged Women, NHANES 2001-2004. Reproductive Toxicology 82(Elsevier):9-Jan.
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Bacterial vaginosis, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]
<b>HERO ID:</b>	4829224

Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	High	This cross-sectional study utilized data from the National Health and Nutrition Examination Survey (NHANES) conducted by the Centers for Disease Control and Prevention which surveys the US population. Survey cycles 2001-2002 and 2003-2004 were utilized. Due to the general purpose of NHANES, recruitment was not based on participant knowledge of the exposure and outcomes of interest for this study. There was a minimal concern for selection bias based on the description of the population-based random sample selection of NHANES. Inclusion criteria included having bacterial vaginosis measurements. Data was available for 2,814 of 3,465 women of eligible age and n=8 women were excluded due to having Nugent scores for bacterial vaginosis not classified as positive, negative, or intermediate. A third of the NHANES participants aged 6 and above were selected for phthalate metabolite analysis, and n=940 of them were women with Nugent data. Further exclusions were made for participants with missing BMI data (n=11) or missing past six-month vaginal douching (n=79) for a final sample of n=854. Demographic characteristics such as maternal race, socioeconomic status, and douching history differed between those with the outcome and those without the outcome, but these factors were controlled for in statistical analysis. Survey weights were incorporated into analyses. Overall, there is minimal risk for selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	Medium	Phthalate metabolite levels were measured from spot urine samples. Sample storage and quality control measures were detailed. Samples were quantified using high performance liquid chromatography -isotope dilution-tandem mass spectrometry. Urinary creatinine was measured and utilized to account for dilution. Information on the LOD is not provided in the text of the paper but is available on the publicly available NHANES website. Valid exposure assessment methods were used representing the etiologically relevant time point of interest; however, a single spot urine sample was used to estimate phthalate exposure. Phthalates and their metabolites have short half-lives which raises the potential for exposure misclassification when relying on single spot urine samples which are unable to capture temporal variation in phthalate exposure levels. Concern is raised for reverse causality as phthalates are potentially present in vaginal douches which may be used in response to outcome symptoms; however there is no evidence to suggest that douching was used in this sample of women in response to outcome symptoms.
Domain 3: Outcome Assessment			
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<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Bacterial vaginosis, Non-cancer
<b>Chemical:</b>	Diethylhexyl Phthalate- Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]
<b>HERO ID:</b>	4829224

Domain	Metric	Rating	Comments
	Metric 3A: Outcome Ascertainment	High	Bacterial vaginosis outcomes were determined by Nugent Gram Stain which is used as a 'gold-standard' method for diagnosis of the outcome. All procedures were conducted according to NHANES protocols. Participants self-collected vaginal swabs in a private bathroom after receiving oral and written instructions. Swabs were applied to pH paper and rolled onto a grass slide by NHANES personnel for gram-stain testing via Nugent's criteria. Outcomes were categorized as negative (score of 0-3), intermediate (4-6), or positive (7-10). The method has been validated in clinical settings and represents minimal concern with respect to misclassification.
	Metric 3B: Selective Reporting	Medium	The authors described their primary and secondary analyses in the methods section and results were reported for all primary analyses. Some secondary analyses were briefly mentioned in the results as not meaningfully influencing the null results presented by other models however the data are not presented.
Domain 4: Potential Confounding / Variability Control			
	Metric 4A: Potential Confounding	Medium	Considered covariates included age, race/ethnicity, educational attainment, body mass index, number of lifetime sex partners, frequency of vaginal douching, and urinary creatinine. All covariates were analyzed using NHANES-approved methodology with computer-assisted personal interviewing. Strategy for identification of key confounders included a review of the literature and statistical analysis of the dataset. Vaginal douching was also analyzed in mediation analysis. Urinary creatinine was accounted for in several ways: using metabolite levels unadjusted, using metabolite levels standardized by urinary creatinine, and by adjusting for urinary creatinine as a covariate. Descriptive statistics are presented for potential confounders in regard to the outcome of interest. Not all key confounders or risk factors identified in the literature are considered, notably there is no discussion of analyses considering the potential impact of number of sexual partners on the exposure-outcome relationship.
Domain 5: Analysis			
	Metric 5A: Analysis	High	The association between phthalate metabolites and bacterial vaginosis was assessed using multinomial and logistic regression. The risk of intermediate and Nugent-score bacterial vaginosis was compared to those with no bacterial vaginosis by phthalate quartiles. Effect estimates are presented with 95% confidence intervals. Descriptive data about the exposure and outcome are provided, where missingness is noted where applicable or addressed by the study design through exclusion of participants with missing outcome information. Sensitivity analyses address the robustness of study findings including consideration of different methods for creatinine-adjustment, assessment of using a continuous exposure, assessment of using a binary outcome, and assessment of whether adjustment for phthalate metabolites attenuated the association between vaginal douching and bacterial vaginosis

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<b>HERO ID:</b>	4829224			
Domain	Metric		Rating	Comments
	Metric 5B:	Sensitivity	Medium	The study population was sensitive to the development of the outcomes of interest in regard to age and sex. Sample size is adequate for a cross-sectional study evaluating the outcome given the prevalence (n=854). Specific exposure ranges are not provided for the study but quartiles were generated and information on exposure ranges is available on the NHANES website.
Additional Comments:	This cross-sectional study of reproductive aged women in the US examined the association between phthalate metabolites and bacterial vaginosis. Despite temporality concerns inherent to cross-sectional studies, there is minimal concern for bias with noted strengths in participant selection, outcome assessment, and analysis. In particular the use of multiple ways of characterizing urinary creatinine and the mediation analysis for vaginal douching presents a robust analysis. The authors reported non-significant associations between phthalate metabolites and bacterial vaginosis when adjusting for creatinine.			
<b>Overall Quality Determination</b>			<b>High</b>	

<b>Study Citation:</b>	Vafeiadi, M., Myridakis, A., Roumeliotaki, T., Margetaki, K., Chalkiadaki, G., Dermitzaki, E., Venihaki, M., Sarri, K., Vassilaki, M., Leventakou, V., Stephanou, E. G., Kogevinas, M., Chatzi, L. (2018). Association of Early Life Exposure to Phthalates With Obesity and Cardiometabolic Traits in Childhood: Sex Specific Associations. <i>Frontiers in Public Health</i> 6(NOV):327.		
<b>Health Outcome(s) Assessed:</b>	Reproductive/Developmental- Body mass index (BMI), BMI z-score, overweight, obesity, waist circumference, sum of skinfolds, weight to height ratio, Non-cancer		
<b>Chemical:</b>	Diethylhexyl Phthalate- Mixture: Sum DEHP metabolites [Mono-ethylhexyl phthalate (MEHP); Mono-(2-ethyl-5-oxohexyl)phthalate (MEOHP); Mono-(2-ethyl-5-hydroxyhexyl)phthalate (MEHHP)]		
<b>HERO ID:</b>	5041285		
Domain	Metric	Rating	Comments
Domain 1: Study Participation			
Metric 1A:	Participant Selection	Medium	This prospective cohort study is part of the Rhea study and includes pregnant women and their children from Heraklion, Crete, Greece. Women were eligible for inclusion if they became pregnant within one year of February 2007, were over the age of 16 and had a good understanding of the Greek language. Women were contacted at the first ultrasound examination (mean 12 weeks' gestation) and were followed over the course of the pregnancy (6th month of pregnancy, at birth, 9 months of age, 4 years of age, and 6 years of age). 1,363 singleton live births were included in the Rhea study, but phthalate concentrations were only measured in urine samples from 260 mothers in the first trimester, and in 500 children at 4 years of age. 500 children also had at least one BMI measure between ages 4 and 6. It is not specified why exposure or outcome data were not available for all participants. In some analyses, children who were born preterm or at low birth weight were excluded. Specific details about recruitment numbers are not specified in the main text but are available in the referenced cohort profile (Chatzi et al., 2017 HERO ID: 11306018). In general, the description of their selection bias was sufficient to reduce concerns of selection bias.
Domain 2: Exposure Characterization			
Metric 2A:	Exposure Measurement	High	Spot urine samples were collected from 260 mothers during the first trimester of pregnancy, and child spot urine samples were collected for 500 participants at 4 years of age. Samples were analyzed at the Environmental Chemical Processes Laboratory (ECPL) in the Department of Chemistry of the University of Crete. Phthalate metabolite concentrations were measured using a liquid chromatography-tandem mass spectrometry system consisting of a reversed phase HPLC chromatograph coupled to a mass spectrometer (Myridakis et al., 2015; HERO ID 2823289). Two quality control and two blank samples were run with every 46 urine samples, and all samples were measured in duplicates. The molar sum of DEHP metabolites was determined by their molecular weight and summing across. Storage information is specified. The LOD ranged from 0.01 to 2.5 ng/mL, and samples below the LOD were imputed as the LOD divided by the square root of 2. Creatinine concentrations were also determined to provide creatinine-adjusted phthalate concentrations which were log10 transformed to achieve normality. This represents an appropriate exposure measurement methodology and it represents an etiologically relevant time period. The authors detail that there is a possibility for exposure misclassification due to the use of a single spot urine sample, but this concern is minimal.
Domain 3: Outcome Assessment			
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<b>HERO ID:</b>	5041285			
Domain	Metric	Rating	Comments	
	Metric 3A: Outcome Ascertainment	Medium	Child anthropometry measures were conducted at 4 and 6 years of age. These measurements were performed by specially trained research assistants who followed "standard operating procedures." Measurements included weight, height, waist circumference, and skinfold thickness. These measurements were used to calculate BMI, which was also used to determine BMI z-scores for participants based off of internally generated growth reference charts. The skinfold measurements were used to calculate an indicator of subcutaneous fat. Cardiometabolic risk factors were measured, such as systolic and diastolic blood pressure (BP) using an automatic oscillometric device. Five measurements were taken and averaged, which were used to determine BP z-scores. Serum lipids (total cholesterol, HDL-C) as well as leptin, adiponectin, and C-reactive protein were measured by standard enzymatic methods via non-fasting blood samples. The potential impact of non-fasting blood samples is unknown but is unlikely to be differential by exposure. While the specific tools used to take anthropometry measurements were not specified, there is confidence that the outcome definition was specific, and there are no major concerns of outcome misclassification.	
	Metric 3B: Selective Reporting	Medium	The results reported within the main study and the supplemental materials align with the analysis described in the method section of this paper. There are no concerns noted of selective reporting.	
Domain 4: Potential Confounding / Variability Control				
	Metric 4A: Potential Confounding	Medium	A priori considerations were used to determine potential covariates. Considered variables included maternal pre-pregnancy BMI, maternal age at birth, parity, maternal educational level, smoking during pregnancy, gestational weight gain, ethnic origin, residence, delivery type, delivery hospital, marital status, working during pregnancy, breastfeeding, gestational length, sex, age at outcome assessment, time watching television at 4 and 6 years, and child's BMI at 4 and 6 years (in models for cardiometabolic measures). Potential covariates were included in the model if they were associated with exposure and any outcomes at a p-value of less than 0.2 or if they modified the coefficient by more than 10%. The study does not specify how these covariates were measured, but more details are provided in the cohort profile (Chatzi et al., 2017 HEROID: 11306018). The authors note that a potential limitation is residual confounding from unmeasured factors such as parental income or social class. However, these are not expected to drastically impact the results due to other socioeconomic indicators such as educational attainment. Correlations coefficients between specific metabolites are discussed, both within each time point and for specific metabolites between prenatal and child measures.	
Domain 5: Analysis				
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<b>HERO ID:</b>	5041285			
Domain	Metric		Rating	Comments
	Metric 5A:	Analysis	Medium	Generalized additive models (GAMs) were used to examine the shape of relationships between phthalate metabolites and relevant outcomes. The linearity assumption was considered to have been met if the difference in normalized deviance between the GAM model and the linear model was >0.10. Generalized estimating equations were also used with a Gaussian or Poisson family specification to analyze associations between metabolites and continuous and binary outcomes. Finally, linear regression analyses were performed to examine metabolite concentrations and associations with serum leptin, adiponectin, and CRP levels which were natural log transformed. The authors reported the LOD and methods for imputing values below the LOD, and also reported log transformation for creatinine-adjusted metabolite concentrations. Beta values are reported along with their associated 95% confidence intervals, and p-values for interaction are reported. One potential concern is that it is unclear how missing values were handled; these are not discussed in the manuscript at all, although the number of participants is reported for each analysis thus it can be assumed that participants with missing values were dropped out of the analytic sample.
	Metric 5B:	Sensitivity	Medium	The sample size (n=260 mothers; n=500 children) is likely sufficient to detect an effect. The range of exposure levels reported by the authors provide variability to evaluate the hypotheses outlined, and the population was exposed to levels anticipated to have an impact on response. The timing of exposure ascertainment was appropriate, and no other concerns were raised regarding study sensitivity. All of the metabolites examined, except for MEOHP, were detected in over 90% of samples. MEOHP levels were greater than the LOD in 72% of prenatal urine samples, and in 100% of samples from children.
<b>Additional Comments:</b>	This prospective cohort study included pregnant mothers and their children and an appropriate exposure and outcome assessment methodology. No major limitations were noted for this study, although this was an exploratory analysis so the authors did not control for multiple comparisons. The authors noted that there was an association between 10-fold increase in sum of DEHP metabolites and change in waist circumference for boys compared to girls. MnBP and MBzP were associated with lower diastolic blood pressure z-scores.			

**Overall Quality Determination****Medium**