EAA ANDROLOGY TRAINING CENTER

Center report

2025

by Dr. Justine Defreyne, Prof. Dr. Guy T'Sjoen, Dr. Ahmed Mahmoud, Dr. Lloyd Tack, Dr. George Bou Kheir, Dr. Dominic Stoop, Dr. Kelly Tilleman and Dr. Hannes Syryn.

ANDROLOGY CENTER GHENT, BELGIUM

DEPTS OF ENDOCRINOLOGY, PEDIATRIC ENDOCRINOLOGY, REPRODUCTIVE MEDICINE AND UROLOGY

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1 PREFACE

By Prof. Dr. Guy T'Sjoen/Dr. Justine Defreyne/Dr. Ahmed Mahmoud

The Ghent University Hospital Center for Andrology is proud to present this report to the European Academy of Andrology. This report reflects years marked by strengthened interdisciplinary collaboration, expanding clinical expertise, and a shared commitment to excellence in men's health. Our center continues to thrive through the close partnership of the Departments of Endocrinology, Pediatric Endocrinology, Urology, the Center for Reproductive Medicine, the Center for Gender and Sexology and Clinical Genetics—each contributing essential perspectives that allow us to deliver truly integrated andrology care.

This collaborative framework has not only enhanced the quality of our clinical services but has also enriched our research environment and training culture. Conditions related to male reproductive health are inherently multifaceted, and the synergy among these departments enables us to approach patient care with the breadth and depth it requires, from childhood through adulthood. The contributions of our geneticists, in particular, have become increasingly important as molecular diagnostics grow ever more central to andrology.
The recent period has been one of growth and forward momentum. We are pleased to see an increased activity in the urology department, due to Dr. George Bou Kheir's efforts in the field of andrological care and surgery (including TESE and mTESE).
We also celebrate the achievements of Dr. Lorenzo Marinelli and Dr. Justine Defreyne, who have recently obtained their andrology accreditation—an important milestone and a testament to the center's strong training environment.

In the period 2022–2024, the following colleagues (clinical or research staff within endocrinology, pediatric endocrinology or related andrology-relevant fields at Ghent University / Ghent University Hospital) completed their doctoral work — strengthening the academic foundation of our center:

- -Lloyd Tack (2022, *"Long-term outcomes of hypospadias: Urological and psychosexual function and endocrine-reproductive capacity"*
- Thiberiu Banica (2022, *"Sex steroids in relation to bone metabolism and body composition in men."*
- Clara Leyns (2022, "*Acoustic and perceptual effects of articulation exercises in trans women"*)
- Sarah Collet (2024. *"Affirming endocrine care in the context of mental, physical and brain health in transgender adults."*)
- Meltem Kiyar (2023, *"The neurobiological and psychophysiological underpinnings of minority stress and their impact on mental health in transgender people. "*)
- Joy Van de Cauter (2024, *"Understanding gender dynamics in return to work of transgender and gender diverse people"*)
- Joeri Walravens *(*2025, *"Considerations in the assessment of steroid hormone exposure in clinical practice"*)
- Silvia Ciancia (2025, *"Navigating endocrine care in transgender adolescents : the challenge of sexual dimorphism")*

Looking ahead, Dr. Bou Kheir and Dr. Lloyd Tack (Pediatric Endocrinology) are preparing to sit for the EAA andrology examination in 2026, underscoring our ongoing commitment to developing accredited expertise across all interconnected disciplines.

We are pleased to soon add Dr. Lorenzo Marinelli to our team, whose expertise and enthusiasm will significantly strengthen our capacity for both patient care and innovation. His arrival aligns seamlessly

with the center’s vision for the future: expanding the andrological care provided in our center, increasing our academic impact, deepening multidisciplinary ties, and nurturing the next generation of andrology specialists.

As we look toward the coming years, our vision remains clear: to continue evolving as a European center for andrology through clinical excellence, pioneering research, and robust interdisciplinary cooperation. With a dynamic and expanding team, we are well-positioned to meet future challenges and to advance the understanding and care of male reproductive and hormonal health. Due to our expanding team, multidisciplinary clinics, preceded by multidisciplinary team meetings, are scheduled as of 2026.

In parallel with our local developments, the Ghent University Hospital Center for Andrology is committed to deepening its collaboration with the European Academy of Andrology (EAA) and the local andrology clinics in Belgium. Our accreditation as an EAA Training Center has created opportunities for professional exchange, shared educational initiatives, and joint research. We aim to increase our multicenter collaboration in Belgium, by organizing joint meetings. We also aim to intensify our participation in EAA courses/webinars, contribute actively to multicenter research projects, and support the harmonization of European standards in clinical andrology. The involvement of our recently accredited specialists and our upcoming candidates further strengthens this engagement, ensuring that Ghent University Hospital remains firmly embedded within the European network that defines and advances excellence in male reproductive health.

We extend our gratitude to all colleagues, trainees, collaborators, and patients who contribute to the vitality of our center. Their dedication makes this collective achievement possible.

2 HISTORY OF THE GHENT ANDROLOGY CENTER

The Ghent University Hospital Center for Andrology (Belgium) has a longstanding tradition of innovation and scientific contribution to the field of andrology. Its expertise encompasses reproductive medicine, the aging male, bone health, transgender care, variations/disorders of sex development (DSD), hormonology, and the impact of environmental factors on male reproductive health.

The Center has played a pivotal role in shaping clinical practice within andrology. Several diagnostic tests for male subfertility were developed at our institution, including the MAR test for the detection of antisperm antibodies, the Autosperm system for objective semen analysis, the FertilityScore kit, and Varicoscreen for thermographic detection of varicocele. The Vermeulen and Kaufman equation (1999) for the calculation of free testosterone—now one of the most widely used formulae internationally—was also developed at our center. Its advantages lie in its speed, accessibility, and low cost, requiring only total testosterone and SHBG measurements. This makes it particularly valuable for centers without access to liquid chromatography–mass spectrometry (LC-MS). In addition, Prof. Frank Comhaire and Dr. Ahmed Mahmoud contributed significantly to international clinical standards as co-editors of the *WHO Clinical Manual for the Diagnosis and Treatment of the Subfertile Male*.

The Center has benefited from the leadership of several influential figures in the field. Prof. Frank Comhaire, a pioneer in andrology and former director of the center, retired in 2005. In subsequent years, Prof. Jean-Marc Kaufman, then Head of the Department of Endocrinology and Supervisor of the Andrology Center, expanded the research focus toward the endocrinology of the aging male. Following Prof. Kaufman's partial retirement in 2014, Prof. Guy T'Sjoen—the former Head of the Department of Endocrinology and the current Director of the Center for Sexology and Gender—broadened the center's clinical and scientific scope to include reproductive andrology, pituitary disease, sexology, and transgender health, in addition to the center's established research domains.

The Department of Reproductive Medicine, part of the Women's Health Clinic at Ghent University Hospital, also plays a crucial role in our multidisciplinary andrology activities. Established by Prof. M. Dhont (Head of Department from 1991 to 2007), the department originated from the rapid clinical and scientific developments in assisted reproduction. Although in vitro fertilization (IVF) was first introduced at the Department of Obstetrics and Gynaecology in 1986, the evolution of reproductive technologies necessitated a dedicated unit. The department was among the first worldwide to adopt intracytoplasmic sperm injection (ICSI) in 1993, followed shortly thereafter by the implementation of testicular sperm extraction (TESE) for both obstructive and non-obstructive azoospermia. From its early beginnings with only a few dozen treatment cycles annually, the department has grown into a major national and international center, performing 2,812 treatment cycles in 2023. Its expertise in oocyte activation, preimplantation genetic testing (PGT), and other novel techniques has garnered global recognition.

The Department of Urology has extensive expertise in the surgical management of male subfertility, erectile dysfunction, and variations/disorders of the genitalia and prostate. Frequently performed procedures include TESE (for both OA and NOA), micro-TESE, electro-ejaculation, and Ferticare, as well as microsurgical correction of varicocele following unsuccessful radiological embolization.
The IVF laboratory at Ghent University Hospital, led by **Prof. Dr. Dominic Stoop**, works in close collaboration with the Departments of Reproductive Medicine and Urology. Beyond the laboratory phase for assisted reproduction treatments, they provide cryopreservation of semen samples for ongoing treatment or fertility preservation for patients undergoing gonadotoxic treatments. This requires close collaboration with oncology and endocrinology specialists.

Additional components of care offered at the Ghent University Hospital Center for Andrology include pediatric endocrinology, genetics, pathology, and oncology.

Our center received European Academy of Andrology (EAA) certification in 2002, 2016, and 2022. In recent years, we have developed a multidisciplinary platform of specialists dedicated to andrological care, enabling close collaboration and deliberation among team members.

Public Outreach and Publications As part of our public outreach efforts, several books have been published by members of our team:

- **Prof. Guy T'Sjoen:** *Onder de gordel* (2018) on andrology, *Transgenderzorg* (2019), *Hormonen onder controle* (2020), and *Het Seksboek* (2019).
- **Prof. Petra De Sutter:** *Zwanger worden* (2018) and *De maakbare baby* (2017) on assisted reproductive technologies.
- **Prof. Piet Hoebeke:** *Gender in de blender* (2020), *De penis* (2020; translated as *Members Club*), *De staat van de prostaat* (2021), and *M/V/X* (2025).
- Numerous members of UZ Gent also contributed to *Gezond en wel, met dank aan de wetenschap – UZ Gent*, a general healthcare volume including chapters on fertility and sexuality.

3 ORGANIZATION OF THE CENTER

3.1 Current director

1. **Prof. Dr. Guy T'Sjoen**

2014 – present

3.2 Previous directors

1. **Prof. Dr. Frank H. Comhaire**
   1974 – 2005

2. **Prof. Dr. Jean-Marc Kaufman**
   2005 – 2014

3.3 Type of center: University hospital

3.4 Director

G. T'Sjoen, academician, EAA certified clin. andrologist

3.5 Clinical responsible

- Dr. A. Mahmoud, Andrologist, (coordinator) , EAA certified clinical andrologist & academician
- Dr. J. Defreyne, endocrinologist, EAA certified clin. andrologist

3.6 Present staff

1 Endocrinology department

- Prof. Dr. Guy T'Sjoen, Endocrinologist-andrologist (director), EAA clinical andrologist & academician
- Dr. Ahmed Mahmoud, Andrologist, (coordinator) , EAA clinical andrologist & academician
- Dr. Lorenzo Marinelli, Endocrinologist-andrologist, EAA clinical andrologist
- Dr. Justine Defreyne, Endocrinologist-andrologist, EAA clinical andrologist
- Prof. Dr. Emeritus Jean-Marc kaufman, Endocrinologist
- Prof. Dr. Bruno Lapauw, Endocrinologist
- Dr. Charlotte Verroken, Endocrinologist
- Dr. Imke Matthys, Endocrinologist
- Dr. Joke Marlier, Endocrinologist
- Prof. Dr. Stefan Goemaere; Rheumatologist, osteoporosis
- Dr. Hans-Georg Zmierczak; Rheumatologist, osteoporosis
  Dr. Arsène-Hélène Batens, Obesity specialist
- Prof. Dr. Els Elaut, Psychologist-Sexologist
- Dr. Joz Motmans, Center for sexology and gender

2 Urology department

- Dr. George Bou Kheir, Urologist
- Prof. Dr. Piet Hoebeke, Urologist
- Prof. Dr. Karel Everaert, Urologist
- Prof. Dr. Erik Van Laecke, Urologist
- Prof. Dr. Nicolaas Lumen, Urologist
- Prof. Dr. Anne-Françoise Spinoit, Urologist
- Dr. Mieke Waterschoot, Urologist

3 Center for Reproductive Medicine

- Prof. Dr. Dominic Stoop, gynaecologist, head of department
- Dr. Frauke Vanden Meerschaut, gynaecologist
- Dr. Arzoo Bahramand, gynaecologist
- Dr. Chloë De Roo, gynaecologist
- Dr. Lien Dhaenens, gynaecologist
- Dr. Nathalie Peters, gynaecologist
- Dr. An-Sofie Rottiers, gynaecologist
- Dr. Florence Vandierendonck, gynaecologist

4 IVF laboratory

- Prof. Dr. Kelly Tilleman, Director IVF lab, andrology lab

5 Pediatric endocrinology

- Prof. Dr. Martine Cools, Pediatric Endocrinologist
- Dr. Lloyd Tack, Pediatric Endocrinologist

6 Department of clinical genetics

- Dr. Hannes Syryn, clinical geneticist

4 EDUCATIONAL ACTIVITIES

4.1 Training programme

The Ghent University Hospital Center for Andrology provides training in andrology for clinicians interested in becoming a board-certified andrologist. Candidates can rotate through different services (urology, endocrinology, gynaecology, fertility laboratory and genetics department) in order to gain experience as well-rounded andrologists.
Several physicians have been trained in our center and are currently EAA certified andrologists: Dr. Jeroen Desmet, Dr. Yuran Van Wonterghem, Dr. Justine Defreyne and Dr. Lorenzo Marinelli.
Other candidates have received training in andrology recently but chose to leave the department before taking the exam (Dr. Gertjan Vereecke, and Dr. Loes Moernaut).

4.2 Meetings, workshops & courses

Prof. Dr. Guy T'Sjoen is a Fellow of the European Board of Sexual Medicine (ESSM), Treasurer of the Belgian Endocrine Society, and a founder of the European Professional Association for Transgender Health (EPATH). He is also one of the local organizers of the biennial EPATH Summer School.

The Ghent University Hospital Center for Andrology is a founding member of the **Belgian Expert Group for Semen Analysis**, which provides ESHRE-standard training in semen analysis every one to two years under the supervision of the Belgian Institute of Public Health (including contributions from **Dr. Ahmed Mahmoud and Prof. Dr. Kelly Tilleman**).

In 2022–2025, **Dr. Ahmed Mahmoud** participated in a two-day andrology training course at the Department of Urology, University of Casablanca, Morocco, in collaboration with **Prof. Dr. Rashid Aboutaieb**. In 2025, this course was officially upgraded to a Diploma in Andrology.

Dr. Justine Defreyne is a member of the EPATH Board and an organizer for both the EPATH Conference and the upcoming biennial EPATH Summer School. She also serves on the ESSM Scientific Subcommittee on Transgender Health.

Furthermore, several members of the Ghent University Hospital Center for Andrology served as co-authors for the most recent **World Professional Association for Transgender Health (WPATH) Standards of Care, Edition 8 (SOC 8)**.

5 CURRENT RESEARCH PROJECTS

5.1 Projects of the Department of Endocrinology

1. **Title: Better estimates of hormonal exposure to improve diagnosis and treatment in endocrine diseases (BEED-ED)**

Duration: 01 October 2021 → 30 September 2025
Funding: Research Foundation - Flanders (FWO)
Principal investigator: Prof. Dr. Bruno Lapauw
Description: With BEED-ED, we will improve the clinical applicability of free steroid hormone concentrations in patients with specific conditions by using state-of-the-art methodology. Specifically, we will establish reference ranges in healthy subjects and investigate the reliability of free hormone estimates in individuals with alterations in binding protein (BP) production and/or binding affinity. Based on these findings, we will improve current formulas and, if needed, develop condition-specific calculators to better estimate free hormone levels. We will evaluate the impact of frequently used BP assays on calculated free steroid hormone results and survey the use of free hormone calculators and access to direct measurements in Flanders and Europe. Ultimately, the project will result in the development of clinical sample workflows based on screening of free steroid hormone levels by calculation and if needed sample referral to reference laboratories for direct measurements.

2. **Title: The European Network for the Investigation of Gender Incongruence (ENIGI)**

Duration: 2010 – ongoing
Funding: no external funding
Principal investigator: Prof. Dr. Guy T'Sjoen
Description: ENIGI is a collaborative multicenter prospective cohort study on gender incongruence which started in 2010 and is being conducted by several transgender clinics in Europe. The clinics that have been involved in the initiative include the Center of Expertise on Gender Dysphoria (CEGD) at the VU University Medical Center (VUMC) in Amsterdam, the Netherlands, the Center for Sexology and Gender at Ghent University Hospital in Ghent, Belgium, the University Medical Center Hamburg-Eppendorf in Hamburg, Germany, the Syddansk Universitet hospital in Odense, Denmark, the University Hospital of the University of Florence in Florence, Italy and the Institute of Endocrinology and Metabolism at the Tel Aviv Sourasky Medical Center in Tel Aviv, Israel. The clinics in the ENIGI initiative developed a common study and treatment protocol and maintain a shared database. The study includes an endocrine part to evaluate the effects of transgender hormone therapy in transfeminine and transmasculine people. Prof. Dr. Guy T'Sjoen is PI for the ENIGI study and is a founding member.

5.2 Projects of the Center for Sexology and Gender

1. **Title: type III in transgender men**
   Duration: 1/10/2023-1/10/2027
   Funding: Bijzonder Onderzoeks Fonds (BOF, government funding)
   Principal investigator: Prof. Dr. Evelien D'Haeseleer
   Description: Masculinization of the voice in transgender men is typically achieved through gender affirming hormone therapy with testosterone. However, 20% of them experience insufficient pitch decrease after 1 year testosterone use. A surgical technique to lower the pitch

of the voice is the Isshiki thyroplasty type III (TP III). However, prospective studies investigating voice outcome of this surgery are completely lacking. Furthermore, the relation between the frequency parameters of the voice and the anatomical changes in the larynx is not fully understood. The purpose of this study is to measure the short- and long-term voice outcome and outcome predictors of TP III in transgender men using a prospective non-randomized controlled trial and a multidimensional voice assessment protocol. Secondly, a laryngeal magnetic resonance imaging protocol will be developed to measure pre- and postoperative anatomical factors and compare them with the acoustic changes.

2. **Title: Development of virtual reality technology as a tool to reduce speaking anxiety among transgender women**
   Duration: 1/10/2023-ongoing
   Funding: no external funding
   Principal investigator: Prof. Dr. Evelien D'Haeseleer
   Description: Many transgender women experience social anxiety, which is related to gender discrimination. Misgendering can bring feelings of shame or threaten someone's safety. As a result, some transgender women develop a fear of using their voice in public and start to isolate themselves from society. Finding a solution to alleviate those fears is necessary. Due to the fact that hormone therapy cannot alter their voice after puberty, many transgender women receive help from a speech-language pathologist (SLP) to develop a more feminine voice and communication. Research shows that gender-affirming voice training can change various voice and speech parameters such as pitch and resonance but this change does not take place in a spontaneous speaking situation. Studies have shown that virtual reality (VR) can help to reduce public speaking anxiety. The use of VR has never been investigated in transgender women and therefore offers a lot of potential for this target group. In a first pilot study in this project, an exploration is performed to investigate the effectiveness of VR speaking situations in generalizing elevated pitch to spontaneous speech and reducing speaking anxiety in transgender women in a randomized controlled trial, comparing VR therapy with traditional therapy.

3. **Title: PhD - Tine Papeleu - Effectiveness of intonation training in transgender and gender diverse individuals**
   Duration: 10/2021-10/2026
   Funding: Fonds voor Wetenschappelijk Onderzoek (FWO, government funding)
   Principal investigator: Prof. Dr Evelien D'Haeseleer
   Description: One of the greatest hurdles for transgender and gender diverse (TGD) people is that their voice, speech and communication are not congruent with their gender identity. According to the systematic review of Leung et al. (2018) intonation is a prosodic component that contributes to gender perception. However, it is not clear to what extent frequency changes in intonation patterns improve gender congruence in speech. Although intonation is commonly addressed in speech training, the relation between gender perception and intonation remains unclear and empirical evidence of intonation training is lacking. In the first part of the project the relation between acoustic intonation parameters and gender perception was investigated using a listening experiment. The second aim was to investigate the short- and the longer-term effect of intensive intonation training on vocal characteristics, listener perceptions and self-reported outcome measures in TGD individuals aiming to achieve a more feminine or masculine sounding voice using a randomized sham-controlled trial and qualitative studies including semi-structured interviews. In addition, voice-related wishes and needs of TGD people in Belgium were

investigated and their experiences with access to gender-affirming voice and communication training using a questionnaire.

4. **Title: Test&Tell study**
   Duration: 12/2021 – 06/2023
   Funding: red cross Flanders, Institute for the equality of women and men, institute for tropical medicine, Gilead Sciences
   Principal Investigator: Prof. Dr. Guy T'Sjoen
   Description: HIV prevalence and sexual risk have been estimated to be very high for transgender people. However, the limited sampling and data collection methods used in current research on transgender people potentially led to overrepresentation and overgeneralization of people at risk for HIV. Current HIV prevalence estimates in transgender populations are largely derived from studies mainly focusing on transgender women engaging in sex work. Moreover, studies focusing on non-binary people, who identify with a broad range of identities beyond the traditional male and female gender identities, are scarce. The Test & Tell study aims to estimate the HIV prevalence rate in the Flemish and Brussels (Belgium) transgender population, including transgender women, transgender men and non-binary people, and to identify the associated risk factors.In this community-based cross-sectional study, self-identified transgender and non-binary (TGNB) people will be recruited through a two-stage time-location sampling approach. First, community settings in which TGNB people gather will be mapped to develop an accurate sampling frame. Second, a multistage sampling design is applied involving a stratification based on setting type (healthcare facilities vs outreach events), a selection of clusters by systematic sampling and a simple random selection of TGNB people within each cluster. Participants will complete an electronic self-reported survey to measure sociological, sexual and drug-using behaviors (risk factors) and oral fluid aliquots will be collected and tested for HIV antibodies. Logistic regression models will be used to evaluate risk factors independently associated with HIV infection. The presented study is registered at ClinicalTrials.gov (NCT04930614).

5. **Title: RIZIV/ENIGI study**
   Duration: 06/2023 – ongoing
   Funding: no external funding
   Principal investigator: Prof. Dr. Els Elaut, Prof. Dr. Joz Motmans
   Description: Gender affirming care has been provided in the Ghent University Hospital since 1986. The number of people presenting for gender affirming care has gradually increased since 2010. This study aims to investigate the specific needs and desire for gender affirming care of the current transgender population applying for care at Ghent University Hospital. The study includes every transgender individual applying for care, aged 12 years and older. The first survey is sent immediately after being enrolled on the waiting list. Subsequent surveys are completed during the intake with the psychologist and 12, 24, 36 and 48 months after the first contact with the psychologist. One part of the study focuses on suicidal ideation, suicide attempts, suicide-related mortality. To assess possible prognostic factors, minority stress, social support, mental wellbeing, interpersonal connection. A second subdomain focuses on non-traditional treatment trajectories and non-binary gender identities, with it's main aim to map the evolution of gender awareness and identifying one's gender identity prospectively. A third subdomain investigates the sexual wellbeing of transgender and gender diverse people and the effects of transition related care on sexual pleasure. One final aim is to map the number of people applying for gender affirming care: what kind of care is desired? What is the prevalence of detransitioning?

How do people rate the care they received? The findings of the study are also used to report to the National Institute for Health and Disability (RIZIV).

6. **Title: Transilience**
   Duration: 02/2024 – 12/2024
   Funding: Government funding, European Union Funding
   Principal investigator:
   Description: Transgender adolescents often encounter bullying at school and gender related violence in society as well as at home. It is often not possible for them to express their gender identity amongst important people in their lives, such as their parents. This can have a negative impact on their mental wellbeing and resilience. Transilience aims to improve the resilience in transgender adolescents and young adults (aged 16 – 25 years old). Resilience can be beneficial in coping with internalized transphobia, sharing experiences of violence with others, expressing their gender identity at home and at school, finding social support and experiencing ways of coping with gender dysphoria. Transilience is a cooperation between 'VIVES' and 'The Ghent University Center for Sexology and Gender'. Participants of the study are asked to participate in five modules during five months. The modules focus on psychological, social, physical aspects in an educational setting, using digital storytelling. Each module comprises different workshops. Each workshop is coached by a professional with experience in transgender care.

7. **Title: Leven als transgender en/of gender non-binair persoon in België**
   Duration: 01/2024 – 06/2024
   Funding: instituut voor de gelijkheid van vrouwen en mannen
   Principal investigator: Joz Motmans
   Description: This report is the result of a major study conducted by the Institute for the equality of women and men into the experiences of transgender people, the situations they encounter and the discriminations they face. In this major study the well-being and social functioning of transgender people will also be investigated in detail. An online questionnaire was sent out to transgender and non binary people living in Belgium. This study uses a quantitative research method and was carried out by an interdisciplinary research team. The interdisciplinary research team was assisted by a steering committee, which included representatives from LGBT civil societies. The results of the study have been analyzed and will be published soon.

8. **Title: PhD – Yaël Sertons – Elucidating the role of sex steroid exposure in autoimmunity**
   Duration: 11/2025-10/2029 (ongoing)
   Funding: Fonds voor Wetenschappelijk Onderzoek (FWO, government funding)
   Principal investigator: Prof. Dr. Bruno Lapauw
   Description: Sex is a major source of biological variation, and sex-related disparities are especially apparent in auto-immune diseases. The mechanisms that underlie these differences are still poorly understood. This project aims to gain insight into the effects of sex steroid exposure on the risk of developing autoimmunity by elucidating the changes in components of the immune system. The effects of sex steroid exposure on both the composition and presence of chemo- and cytokines as well as immune cells will be investigated. Additionally, we will examine the influence of sex steroids on the presence of autoimmune antibodies over a longer period in one cohort. We will conduct this research using state-of-the-art methodology in three different clinical research models. The three models consist of transgender persons receiving gender affirming hormonal treatment, men with prostate cancer receiving androgen deprivation therapy, women with breast cancer receiving aromatase-inhibitors, and respective control subjects. By using cohorts who are each exposed to different changes in sex steroids levels, we will be able to gain a more profound understanding of the influence of sex steroid exposure on

autoimmunity. The results of this research project will contribute to the improvement of persolanized care in autoimmune diseases.

5.3 Projects of the Urology department

Title: Priapus trial: A phase IV prospective interventional trial evaluating the benefits and harms of low-intensity extracorporeal electrohydraulic shockwave therapy in the treatment of vasculogenic erectile dysfunction
Duration:2024 - ongoing
Funding: Alma Duo, BloomMedical
Principal investigator: Prof. Dr. Nicolaas Lumen
Description: According to international consensus, erectile dysfunction (ED) is defined as the inability to achieve or maintain an erection satisfactory for sexual intercourse. ED is very prevalent and affects about 20% of men older than 40 years with an increased risk with further aging and co-morbidities. ED has several etiologies and the etiology is often multifactorial. A vasculogenic cause is present as only or one of the etologies in about 70% of cases. Several treatments are available for ED: phosphodiesterase-5 inhibitors, intracavernosal injections with vasoactive agents, vacuum devices and erectile prosthesis. These treatments are merely symptomatic and will not treat the vasculogenic origin of the disease.
Low-intensity extracorporeal shockwave therapy (LI-ESWT) has been evaluated in basic research and animal models. It induces shear stress and microtraumata to the endothelium finally leading to neoangiogenesis and remodeling of corporal tissue.
In the treatment of vasculogenic ED, several randomized controlled trials have been conducted to evaluate the benefit of LI-ESWT. These trials have been subject to systematic reviews and meta-analyses. They concluded that LI-ESWT is beneficial in the short term (3 months). However, long-term results are lacking and these trials also lack a standardized reporting of side-effects.
The aim of this study is the evaluate the effect of LI-ESWT in the long-term (1 year) and the report side-effects related to the treatment in a standardized fashion.

5.4 Projects of the center for reproductive medicine

Title: Management of genetic mutations in (sperm) donor conception. Current practice, stakeholder experiences, ethical analysis and good practice recommendation
Duration: 2023- 2027
Funding: Fonds voor Wetenschappelijk Onderzoek (FWO, government funding)
Principal investigator: H. Mertens
Description: Although basic genetic screening is an integral part of the sperm donor screening process in assisted reproduction, sometimes (suspected) harmful mutations are discovered after the donation, either in the donor or in donor-conceived persons. It is important that a system is in place that facilitates the reporting and registration of (suspected) conditions, can trace at-risk persons, enables communication when necessary and blocks donor sperm samples either conditionally, or completely. Although such systems are in place in Belgium, there is currently no transparency about current practices, no knowledge about the experiences of different stakeholders confronted with this unexpected genetic information and no thorough normative framework outlining the rights and responsibilities of the different parties involved. Also, there are no good practice guidelines for clinics and sperm banks confronted with these problems. This research project is a necessary and much overdue first step in filling these knowledge gaps through empirical research and ethical reflection,

which will contribute to a normative framework guiding clinics and sperm banks in managing (presumed) harmful mutations in sperm donors.

5.5 Projects of the pediatric endocrinology department

1. **Title: Biomarkers for testicular function and surgical outcome of hypospadias through histological foreskin analysis: AI study.**
   Duration: 2016 - ongoing
   Funding: no external funding
   Principal investigator: M. Cools/ L. Tack
   Description: A total of 654 foreskin samples were processed in the tissue scanner and will be used to develop an SSL model predicting outcomes and histological differences between hypospadias and controls.
   Additional component: Prenatal determinants in the development of hypospadias: a multicentric study through an international hypospadias consortium assessing exposure to endocrine disruptors, microplastics, and placental function.

5.6 Projects of the clinical genetics department

1. **Title: Solve-DSD: Solving missing heritability in Differences of Sex Development using second and third generation whole genome sequencing**
   Duration: 2022- ongoing
   Funding: BESPEED (Belgian Society for pediatric endocrinology and diabetology)
   Principal investigator: Prof. Dr. Martine Cools, Prof. Dr. Elfride De Baere
   Description: Differences of sex development (DSD) represent a group of rare conditions with an estimated incidence of 1 in 4,500 births. Despite the implementation of whole exome sequencing (WES), a molecular diagnosis is still missing in over 65% of DSD cases. Our main goal is to solve the missing heritability in DSD using second- and third-generation whole genome sequencing (WGS). First, we will assess WES data beyond the DSD panel, and perform WES-based copy number variant assessment in unsolved DSD patients from different centers in Belgium and Luxembourg that previously underwent targeted WES in a clinical context, as well as in a consanguineous Iranian cohort with unsolved DSD.
   Second, we aim to identify missing pathogenic variants through second-generation WGS.
   Third, we will search for cryptic structural variants using third-generation WGS.
   Our multidisciplinary and cutting-edge approach, combined with a strong track record in DSD and a (trans)national collaborative network, provides a unique opportunity to address unmet needs, accelerate genetic diagnosis, and improve understanding of underlying mechanisms. Our findings will be translated into guidelines for state-of-the-art genetic testing in DSD. We also expect to valorize these results by implementing them in clinical care and closing the diagnostic gap, allowing accurate, patient-oriented management and paving the way for precision medicine in DSD.

Clinical ACTIVITY

The Andrology center has consultation facilities at the out-patient section of the Endocrinology department and the Pediatric Endocrinology department as well as dedicated consultation possibilities within the Center for Reproductive Medicine and the department of Urology. Laboratory facilities include objective analysis of spermatozoa (CASA), biochemical and biological investigations, functional assays and an outstanding IVF/ICSI embryological laboratory performing around 3000 IVF/ICSI cycles per year. Many facilities are

available in collaborating departments including: diagnostic and interventional radiology, gynecology, sexology, assisted reproductive technology (ART), urological and plastic surgery, genetic investigations and counseling, metabolic bone disease work-up, extensive laboratory expertise in hormonology, enzymology, protein chemistry, lipid biochemistry, immunohistochemistry, bacteriology, genetics, etc. The Andrology center thus functions as an integrated multidisciplinary platform where the patient is seen and treated by the most appropriate physician(s) and collaborators.

This permits our Andrology center to treat many diverse andrological pathologies including male infertility, erectile and sexual dysfunction, pituitary tumors, hypogonadism, Klinefelter syndrome, male hypersexuality, and gender dysphoria.

Highly qualified and certified personell (EAA, EAU, ESHRE, ESSM etc) provide good clinical services including diagnosis and management, genetic and psychological counseling
State of the art equipment and certified laboratories and facilities are available for imaging techniques, laboratory tests, surgical and radiological treatment, tissue cryopreservation and assisted reproductive techniques including assisted hatching and artificial oocyte activation.

Our andrology laboratory performs about a thousand semen analyses per year and performs screening and sperm-freezing for “candidate” sperm donors and infertility patients.

Our vision for the future is to strengthen the collaboration between the partners of the andrological center, with the goal of organizing a multidisciplinary andrological clinic in one location. In addition, we will strengthen the ties with other andrological centers in Belgium, such as Brussels and Leuven. An example of research collaboration is the PhD thesis of Joeri Walraevens and the joined organization of the next EPATH summer school in Ghent.

5.7 Clinical activity

Information:
Name and address of center: Ghent University Hospital, C. Heymanslaan 10, 9000 Ghent, Belgium
Type of center: University Hospital

Director: Guy T’Sjoen, Academician, EAA certified clin. Andrologist
Clinical responsible: A. Mahmoud, EAA certified clin. Andrologist
Present staff: see heading 3.6 ‘present staff’

Outpatients: Consultations per year in the last 3 years
Sidenote: this is the first year that we also included psychology consultations at the Center for Sexology and Gender

	2022	2023	2024
New patients	1276	1124	1004
Follow-up patients	11586	10745	8947

Type of patients in the last years (%)	2022	2023	2024
Infertility	494 (4.26%)	443 (4.12%)	530 (5.92%)

Male sexual dysfunction	523 (4.51%)	514 (4.78%)	597 (6.67%)
Oncofertility	205 (1.77%)	197 (1.83%)	234 (2.62%)
Hypogonadotropic Hypogonadism	389 (3.36%)	345 (3.21%)	458 (5.12%)
DSD/congenital central hypogonadism	598 (5.16%)	651 (6.06%)	692 (7.73%)
Klinefelter	51 (0.44%)	48 (0.45%)	53 (0.59%)
Gynaecomastia	31 (0.27%)	35 (0.33%)	41 (0.46%)
Varicocele	62 (0.54%)	74 (0.69%)	43 (0.48%)
Cryptorchidism	214 (1.85%)	205 (1.91%)	231 (2.58%)
Male sex accessory gland infections	4 (0.03%)	5 (0.05%)	3 (0.03%)
Testicular tumours	38 (0.33%)	42 (0.39%)	43 (0.48%)
Disorders of gender identity	8,977 (77.48%)	8,186 (76.18%)	6,022 (67.31%)
Other	NA	NA	NA

B. Ultrasound (testis, penile, prostate) *

	2022	2023	2024
Total	1043	1076	1126
Controls	NA	NA	NA

** performed at the Department of Radiology*

C. Andrological surgery procedures

	2022	2023	2024
Testicular biopsies (TESE)	49	60	49
Varicocele ligation	43	41	47
Prostate biopsies	32	29	35
BPH	192	162	158
Prostate cancer	129	166	197
Vasectomy	34	32	14
Vaso-vasostomy	2	4	7
Other	114	138	129

Other: gender affirming surgery (phalloplasty, metoidoplasty)

5. A. Andrology laboratory activity

	2022	2023	2024
Semen analyses	960	1538	1320
Sperm antibodies	947	1450	1290
Seminal markers			

5. B. Andrology laboratory activity

Sperm banking donors Yes [x] No [ ]

Sperm banking cancer patients Yes [x] No [ ]

If yes:			
	2022	2023	2024
Number of samples	365	365	392

5. C. Histopathologial evaluation of biopsies Yes [x] No [ ]

5. D. Reproductive Hormones Assays Yes [x] No [ ]

If yes please specify type of assays and number of samples in the last year:
Reproductive Hormones Assays
(FSH, LH, testosterone, SHBG, prolactin)

Immuno-assays are performed on Roche Cobas, unless specified as LC-MS/MS, all analyses were performed using immuno-assays. Testosterone and oestradiol levels in the low range are performed on LC-MS/MS.
AMH: 2315 analyses
Oestrone LC-MS/MS:1414 analyses
Oestradiol: 23.000 analyses
Oestradiol LC-MS/MS: 1166 analyses
FSH: 25.593 analyses
LHRH test: 24 analyses
LH: 25.917 analyses
Progesterone: 23.907 analyses
Testosterone: 3397 analyses
Testosterone LC-MS/MS: 2961 analyses

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5. E. Y chromosome microdeletions according to EAA/EMQN guidelines Yes [x] No [ ]

If yes number of tests in the past year 252

Participation to the EAA quality control scheme? Yes [x] No [ ]

If no, specify if available in another lab of the same hospital Yes [ ] No [ ]

Blood karyotyping Yes [x] No [ ]

If no, specify if available in another lab of the same hospital Yes [ ] No [ ]

Other genetic tests (please specify): DSD panel, CAVD, SMN1, Prader-Willi syndrome, Kallman syndrome, etc.

FISH sperm: yes
Pre-implantation genetic diagnosis: yes
Amniotic fluid karyotyping: yes

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

IVF Unit Yes [x] No [ ]
If yes please specify: Children, Endocrinology, IVF, Urology, Genetics, Pathology

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Urology Clinic Yes [x] No [ ]

Endocrine Clinic Yes [x] No [ ]

Genetics Lab/Unit Yes [x] No [ ]

Paediatric Unit Yes [x] No [ ]

Central Hospital Laboratory Yes [x] No [ ]

Private Centres Yes [ ] No [x]

If yes please specify:

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7. Clinical teaching activity
Duration of training (years): 2

	Number
A: Trainees in the last five years	5
B: Trainees who passed EAA-ESAU\exam for Clinical Andrologist in the last 5 yrs	3
C: Trainees working in the centre preparing to pass the EAA-ESAU examination	2
D: PhD Students	15
E: Medical Students	49
F: Other students (MSc)	6

8. Formal Andrology teaching program Yes [x] No [ ]

If yes: specify duration (years/months): Years [2y] Months [ ]

	Hours of formal teaching per year	**Professional training (weeks/months)**
Medical Students	5	1 month
PhD Students	5	6 months
Post Graduate students	5	6 months
Trainees	40	24 months
Other degrees (please specify)		

6 RESEARCH ACTIVITY (MAXIMUM 1 PAGE)

Please shortly describe the main research topics of the center and list the most relevant papers in peer review journals (with IF) related to these activities.
The full list of publications (years 2019 - 2024) are presented at the end of this report.

One of our main research topics is the effect of androgens and other hormones on male health, including bone health, across different ages, from adolescence to older age, including the aging male. Another major area of research is the medical and psychological well-being of persons with gender dysphoria and transgender persons, as well as persons with variations in sex and/or genital development. Many interventional studies have been performed or are still ongoing regarding therapies for diabetes, Cushing's disease, and hypothyroidism. Other research topics include sexual dysfunction, the etiology and treatment of male infertility and fertilization failure, stem cell research, fertility preservation, doping in sports, and prostate cancer.

i. Lloyd J. W. Tack, Anne-Françoise Spinoit, Piet Hoebeke, Stefan Riedl, Alexander Springer, Ursula Tonnhofer, Manuela Hiess, Julia Weninger, Ahmed Mahmoud, Kelly Tilleman, Erik Van Laecke, Anders Juul, Jakob Albrethsen, Elfride De Baere, Hannah Verdin, and Martine Cools. Endocrine outcome and seminal parameters in young adult men born with hypospadias. EBioMedicine 2022 Jul;81:104119. doi: 10.1016/j.ebiom.2022.104119. IF: 9.7
ii. Saskia van der Straaten, Hannes Syryn, Arianne Dessens, Lloyd J.W. Tack and Martine Cools. Role of the paediatrician in the initial management of a newborn with hypospadias or Differences of Sex Development. Eur J Pediatr. 2025 Apr 22;184(5):307. doi: 10.1007/s00431-025-06140-6. IF: 3.3
iii. Syryn, H., Van De Vijver, K., & Cools, M. (2023). Ovotesticular difference of sex development: genetic background, histological features, and clinical management. Hormone research in paediatrics, 96(2), 180-189. IF: 2.3
iv. Banica, Thiberiu, Charlotte Verroken, Tim Reyns, Ahmed Mahmoud, Guy T'Sjoen, Tom Fiers, Jean Kaufman, and Bruno Lapauw. 2021. "Early Decline of Androgen Levels in Healthy Adult Men : An Effect of Aging per Se? A Prospective Cohort Study." JOURNAL OF CLINICAL ENDOCRINOLOGY & METABOLISM 106 (4): 1074–1083. IF: 5.1
v. Zitzmann, Michael, Lise Aksglaede, Giovanni Corona, Andrea M. Isidori, Anders Juul, Guy T'Sjoen, Sabine Kliesch, Kathleen D'Hauwers, Jorma Toppari, Jolanta Slowikowska-Hilczer, Frank Tuettelmann, and Alberto Ferlin. 2021. "European Academy of Andrology Guidelines on Klinefelter Syndrome : Endorsing Organization : European Society of Endocrinology." ANDROLOGY 9 (1): 145–167. IF: 3.8
vi. Vereecke, Gertjan, Justine Defreyne, Dorien Van Saen, Sarah Collet, Jo Van Dorpe, Guy T'Sjoen, and Ellen Goossens. 2021. "Characterisation of Testicular Function and Spermatogenesis in Transgender Women." HUMAN REPRODUCTION 36 (1): 5–15. IF: 4.9.
vii. Morrison, S. D., Claes, K., Morris, M. P., Monstrey, S., Hoebeke, P., & Buncamper, M. (2023). Principles and outcomes of gender-affirming vaginoplasty. Nature Reviews Urology, 20(5), 308-322. IF: 13.5
viii. Verroken, C., Collet, S., Lapauw, B., & T'Sjoen, G. (2022). Osteoporosis and bone health in transgender individuals. Calcified Tissue International, 110(5), 615-623.IF: 3.33

7 RESEARCH FUNDING (ONLY ENDOCRINOLOGY DEPARTMENT)

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

Main Sources
Regional and community funding: Special Research Fund (BOF)
Research Foundation - Flanders (FWO)
Flanders innovation and interperneurship (VLAIO)
European society of sexual medicine (ESSM)
Pharmaceutical industry
Gifts

These numbers are based on incomplete data

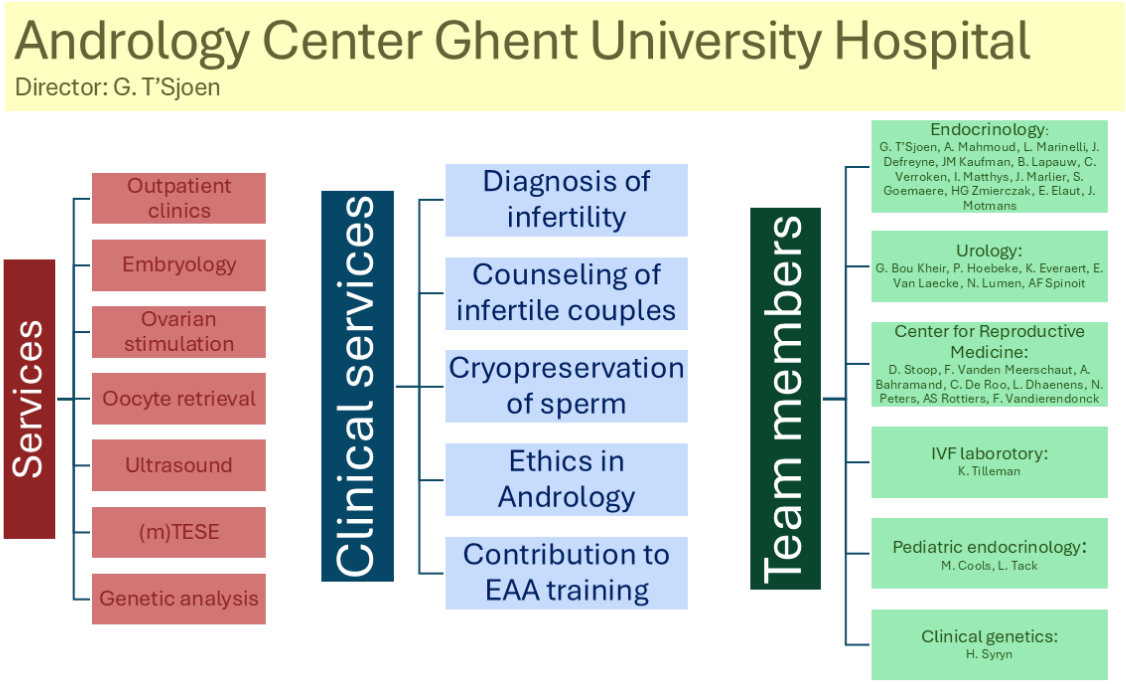
Year	2022
Total amount	€62.317,5
Funding source(s)	Various
Year	2023
Total amount	€42.159,61
Funding source(s)	Various
Year	2024
Total amount	€162.680,25
Funding source(s)	Various

Examples
Fund for diabetes research 2021-ongoing
This project aims at investigating , among others, special forms of diabetes, adolescent transition, muscle and bone health in diabetes
Funding: a gift
Total amount: 8.864,7 Euro
Promotor: Bruno Lapauw
Better estimates of hormonal exposure to improve diagnosis and treatment in endocrine diseases (BEED-ED) 2021-2025
Funding: Research Foundation - Flanders (FWO)
Total amount: 139.542,66 Euro
Promotor: Bruno Lapauw

8 MAIN FUNDING

1. Regional and community funding: Special Research Fund (BOF)
2. Research Foundation - Flanders (FWO)
3. European society of sexual medicine (ESSM)
4. Pharmaceutical industry
5. Flemish Government, Team Equal Opportunities
6. European Commission

9 ORGANIZATION CHARTS



Clinical services
For historical reasons, the intake of andrological patients occurs at endocrinology, gynecology and urology.
A central intake and a single phone number via endocrinology and a standardized approach have been developed and implemented.

Highly qualified and certified personell (EAA, EAU, ESHRE, ESSM etc) provide good clinical services including diagnosis and management, genetic and psychological counseling, surgery.
State of the art equipment and certified laboratories are available for imaging techniques, laboratory tests, surgical and radiological treatment, tissue cryopreservation and assisted reproductive techniques including assisted hatching and artificial oocyte activation.
Members of our staff are active in ethics commissions at local, national (including parliament) and international levels. The andrology lab has been integrated in the IVF lab

Contribution to EAA training program
In 2018, a 2 day EAA andrology course and an EAA exam have been jointly organized by the Belgian EAA centers of Brussels, Ghent and Leuven. The course took place in Leuven
Three specialists has been trained and two planned.
Our staff, facilities, and varied pathologies among our patients provide excellent training opportunities in all fields of andrology including infertility, sexual dysfunction, and diagnostic, therapeutic, endocrine, urological, gynecological, genetic, psychological and ethical aspects of andrology

Examples of training activities
Permanent training in sexology at Ghent University started in 2012
The 5th International DSD symposium, DSD including a training course, Ghent, 2015
Biennial conference of the European Professional Association for Transgender Health: Transgender Health Care in Europe, Ghent, Belgium, 2015, 2nd Belgrade 2017, 3rd Rome 2019. EPATH symposium at each ESSM conference.
Semen analysis courses, Scientific institute of Public Health, Brussels, Belgium (1 course per year)
EPATH summer school, Ghent, Belgium (Biannually)

Members of our staff are active in ethics commissions at local, national (including parliament and governement) and international levels.

10 CENTER PHOTOS

Please, include at least one high resolution photo

11 PUBLISHED SCIENTIFIC PAPERS

Published papers during the last 5 years, with impact factor:

1. D'hoore, L., & T'Sjoen, G. (2022). Gender-affirming hormone therapy: an updated literature review with an eye on the future. Journal of internal medicine, 291(5), 574-592.
   IF: 11.1

2. Verroken, C., Collet, S., Lapauw, B., & T'Sjoen, G. (2022). Osteoporosis and bone health in transgender individuals. Calcified Tissue International, 110(5), 615-623.
   IF: 3.33

3. Cocchetti, C., Romani, A., Collet, S., Greenman, Y., Schreiner, T., Wiepjes, C., ... & Fisher, A. D. (2022). The ENIGI (European network for the investigation of gender incongruence) study: overview of acquired endocrine knowledge and future perspectives. Journal of clinical medicine, 11(7), 1784.
   IF: 2.9

4. Klaver, M., van Velzen, D., de Blok, C., Nota, N., Wiepjes, C., Defreyne, J., ... & de Mutsert, R. (2022). Change in visceral fat and total body fat and the effect on cardiometabolic risk factors during transgender hormone therapy. The Journal of Clinical Endocrinology & Metabolism, 107(1), e153-e164. IF: 5.1

5. Kennis, M., Duecker, F., T'Sjoen, G., Sack, A. T., & Dewitte, M. (2022). Gender affirming medical treatment desire and treatment motives in binary and non-binary transgender individuals. The journal of sexual medicine, 19(7), 1173-1184. IF: 3.3

6. Schutte, M. H., Kleemann, R., Nota, N. M., Wiepjes, C. M., Snabel, J. M., T'Sjoen, G., ... & Den Heijer, M. (2022). The effect of transdermal gender-affirming hormone therapy on markers of inflammation and hemostasis. PLoS One, 17(3), e0261312. IF: 2.6

7. van Eeghen, S. A., Wiepjes, C. M., T'Sjoen, G., Nokoff, N. J., den Heijer, M., Bjornstad, P., & van Raalte, D. H. (2023). Cystatin C–based eGFR changes during gender-affirming hormone therapy in

transgender individuals. Clinical Journal of the American Society of Nephrology, 18(12), 1545-1554. IF: 7.1

8. Özer, M., Toulabi, S. P., Fisher, A. D., t'Sjoen, G., Buncamper, M. E., Monstrey, S., ... & Motmans, J. (2022). ESSM position statement “sexual wellbeing after gender affirming surgery”. Sexual medicine, 10(1), 100471-100471.

9. Kennis, M., Duecker, F., T’Sjoen, G., Sack, A. T., & Dewitte, M. (2022). Sexual self-concept discrepancies mediate the relation between gender dysphoria sexual esteem and sexual attitudes in binary transgender individuals. The Journal of Sex Research, 59(4), 524-536. IF: 2.7

10. Leyns, C., Alighieri, C., De Wilde, J., Van Lierde, K., T’Sjoen, G., & D’haeseleer, E. (2022, November). Experiences of transgender women with speech feminization training: A qualitative study. In Healthcare (Vol. 10, No. 11, p. 2295). MDPI. IF: 2.7

11. Leyns, C., Meerschman, I., T’Sjoen, G., & D’haeseleer, E. (2024). Short-term effects of a speech feminization program for transgender women: listener perceptions, self-perception and satisfaction of the voice. International Journal of Transgender Health, 25(4), 719-737. IF: 14.8

12. Kennis, M., Duecker, F., T’Sjoen, G., Sack, A. T., & Dewitte, M. (2022). Mental and sexual well-being in non-binary and genderqueer individuals. International journal of transgender health, 23(4), 442-457. IF: 14.8

13. Defreyne, J., Vander Stichele, C., Iwamoto, S. J., & T'Sjoen, G. (2023). Gender-affirming hormonal therapy for transgender and gender-diverse people—A narrative review. Best Practice & Research Clinical Obstetrics & Gynaecology, 86, 102296. IF: 4.1

14. Leyns, C., Adriaansen, A., Daelman, J., Bostyn, L., Meerschman, I., T’Sjoen, G., & D’haeseleer, E. (2024). Long-term acoustic effects of gender-affirming voice training in transgender women. Journal of Voice. IF 2.4

15. Collet, S., Kiyar, M., Martens, K., Vangeneugden, J., Simpson, V. G., Guillamon, A., ... & T’Sjoen, G. (2023). Gender minority stress in transgender people: a major role for social network. The Journal of Sexual Medicine, 20(6), 905-917. IF: 3.3

16. Glintborg, D., Møller, J. J. K., Rubin, K. H., Lidegaard, Ø., T’Sjoen, G., Larsen, M. L. J. Ø., ... & Andersen, M. S. (2023). Gender-affirming treatment and mental health diagnoses in Danish transgender persons: a nationwide register-based cohort study. European journal of endocrinology, 189(3), 336-345. IF: 5.2

17. Tebbens, M., Heijboer, A. C., T’Sjoen, G., Bisschop, P. H., & den Heijer, M. (2022). The role of estrone in feminizing hormone treatment. The Journal of Clinical Endocrinology & Metabolism, 107(2), e458-e466. IF: 5.1

18. Morssinkhof, M. W., Wiepjes, C. M., Bosman, B. W., Kinds, J., Fisher, A. D., Greenman, Y., ... & Broekman, B. F. (2023). Sex hormones, insomnia, and sleep quality: subjective sleep in the first year of hormone use in transgender persons. Sleep Medicine, 107, 316-326. IF: 3.4

19. Tienforti, D., Marinelli, L., Vervalcke, J., Spagnolo, L., Antolini, F., Bichiri, A., ... & Barbonetti, A. (2024). Short-term changes in bone metabolism among transgender men starting gender-affirming

hormone therapy: a systematic review and meta-analysis. Calcified tissue international, 115(5), 624-635. IF: 3.33

20. Collet, S., Gieles, N. C., Wiepjes, C. M., Heijboer, A. C., Reyns, T., Fiers, T., ... & t'Sjoen, G. (2023). Changes in serum testosterone and adrenal androgen levels in transgender women with and without gonadectomy. The Journal of Clinical Endocrinology & Metabolism, 108(2), 331-338. IF: 5.1

21. Righi, B., Ali, S. R., Bryce, J., Tomlinson, J. W., Bonfig, W., Baronio, F., ... & Ahmed, S. F. (2023). Long-term cardiometabolic morbidity in young adults with classic 21-hydroxylase deficiency congenital adrenal hyperplasia. Endocrine, 80(3), 630-638. IF: 2.9

22. Mehuys, E., Lapauw, B., T'Sjoen, G., Christiaens, T., De Sutter, A., Steurbaut, S., ... & Boussery, K. (2023). Investigating levothyroxine use and its association with thyroid health in patients with hypothyroidism: A community pharmacy study. Thyroid, 33(8), 918-926. IF: 6.7

23. Bernhard Haid, Lloyd J W Tack, Anne-Françoise Spinoit, Chiara Weigl, Lukas Steinkellner, Christa Gernhold, Beatriz Banuelos, Simone Sforza, Fardod O'Kelly, Josef Oswald. Being born small for gestational age (SGA) might be associated with a higher reoperation rate in proximal hypospadias. J Pediatr Urol. 2022 Oct;18(5):609.e1-609.e11. doi: 10.1016/j.jpurol.2022.08.014.

24. Papeleu, T., Leyns, C., Alighieri, C., Vermeeren, A., Motmans, J., T'Sjoen, G., & D'haeseleer, E. (2024). Voice and communication in transmasculine individuals one year under testosterone therapy: A qualitative study. Journal of Voice. IF: 2.4

25. Leyns, C., Daelman, J., Adriaansen, A., Tomassen, P., Morsomme, D., T'Sjoen, G., & D'haeseleer, E. (2023). Short-term acoustic effects of speech therapy in transgender women: a randomized controlled trial. American Journal of Speech-Language Pathology, 32(1), 145-168. IF: 2.5

26. Plusquin, M., Wang, C., Cosemans, C., Roels, H. A., Vangeneugden, M., Lapauw, B., ... & Nawrot, T. S. (2023). The association between newborn cord blood steroids and ambient prenatal exposure

to air pollution: findings from the ENVIR ON AGE birth cohort. Environmental Health, 22(1), 63. IF: 6.1

27. Morssinkhof, M. W., Wiepjes, C. M., van den Heuvel, O. A., Kreukels, B. P., van der Tuuk, K., T'Sjoen, G., ... & Broekman, B. F. (2024). Changes in depression symptom profile with gender-affirming hormone use in transgender persons. Journal of Affective Disorders, 348, 323-332. IF: 4.9

28. Staels, W., De Schepper, J., Becker, M., Lysy, P., Klink, D., Logghe, K., ... & Velkeniers, B. (2024). Policy for transitioning childhood-onset growth hormone deficiency from pediatric to adult endocrine care in Belgium. Frontiers in endocrinology, 15, 1459998. IF: 4.6

29. Kerrebrouck, M., Vantilborgh, A., Collet, S., & T'Sjoen, G. (2022). Thrombophilia and hormonal therapy in transgender persons: A literature review and case series. International Journal of Transgender Health, 23(4), 377-391. IF: 14.8

30. T'Sjoen, G.., & Motmans, J. (2022). Integrating transgender care into mainstream medicine—an essay by Guy T'Sjoen and Joz Motmans. bmj, 379. IF: 43

31. Collet, S., Bhaduri, S., Kiyar, M., Van Den Eynde, T., Guillamon, A., T'Sjoen, G., & Mueller, S. C. (2023). Testosterone administration affects 1H-MRS metabolite spectra in transgender men. Psychoneuroendocrinology, 156, 106337. IF: 3.6

32. Iwamoto, S. J., Rothman, M. S., T'Sjoen, G., & Defreyne, J. (2024). Approach to the patient: hormonal therapy in transgender adults with complex medical histories. The Journal of Clinical Endocrinology & Metabolism, 109(2), 592-602. IF: 5.1

33. Glintborg, D., Rubin, K. H., Petersen, T. G., Lidegaard, Ø., T'Sjoen, G., Hilden, M., & Andersen, M. S. (2022). Cardiovascular risk in Danish transgender persons: a matched historical cohort study. European Journal of Endocrinology, 187(3), 463-477. IF: 5.2

34. Glintborg, D., Møller, J. J. K., Rubin, K. H., Lidegaard, Ø., T'Sjoen, G., Larsen, M. L. J. Ø., ... & Andersen, M. S. (2024). Gender-affirming treatment and employment rate in 3812 Danish transgender persons and 38 120 controls. The Journal of Clinical Endocrinology & Metabolism, 109(12), 3076-3086. IF: 5.1

35. Leyns, C., Corthals, P., Cosyns, M., Papeleu, T., Van Borsel, J., Morsomme, D., ... & D'haeseleer, E. (2024). Acoustic and perceptual effects of articulation exercises in transgender women. Journal of Voice, 38(1), 246-e15. IF: 2.4

36. Cocchetti, C., Castellini, G., Maggi, M., Romani, A., Vignozzi, L., Greenman, Y., ... & Fisher, A. D. (2023). Effects of hormonal treatment on dermatological outcome in transgender people: a multicentric prospective study (ENIGI). Journal of Endocrinological Investigation, 46(4), 779-786.

37. Kiyar, M., Kubre, M. A., Collet, S., Van Den Eynde, T., T'Sjoen, G., Guillamon, A., & Mueller, S. C. (2022). Gender-affirming hormonal treatment changes neural processing of emotions in trans men: an fMRI study. Psychoneuroendocrinology, 146, 105928. IF: 3.6

38. Lloyd J. W. Tack, Anne-Françoise Spinoit, Piet Hoebeke, Stefan Riedl, Alexander Springer, Ursula Tonnhofer, Manuela Hiess, Julia Weninger, Ahmed Mahmoud, Kelly Tilleman, Erik Van Laecke, Anders Juul, Jakob Albrethsen, Elfride De Baere, Hannah Verdin, and Martine Cools. Endocrine

outcome and seminal parameters in young adult men born with hypospadias. EBioMedicine 2022 Jul;81:104119. doi: 10.1016/j.ebiom.2022.104119. IF: 9.7

39. Kennis, M., Duecker, F., Elaut, E., T'Sjoen, G., Loeys, T., Sack, A. T., & Dewitte, M. (2023). Daily sexual behavior, sexual esteem, and body image in transgender and cisgender individuals. The Journal of Sex Research, 60(6), 859-867. IF: 2.7

40. Prinssen, P., Jongen, P. J., Heerings, M., Wyverkens, E., T'Sjoen, G., Deschepper, E., & Dewitte, M. (2023). Sexual motivation in persons with multiple sclerosis: A controlled cross-sectional study. Degenerative Neurological and Neuromuscular Disease, 33-44. IF: 1.556

41. Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G. (2024). Gender dysphoria/gender incongruence guideline resources. Endocrine Society. https://www. endocrine. org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence.

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