

9. Burns C, Rigsby P, Moore M, Rafferty B (2009) The first international standard for insulin-like growth factor-1 (IGF-1) for immunoassay: Preparation and calibration in an international collaborative study. *Growth Horm IGF Res* 19 (5):457–462.
10. Bidlingmaier M, Friedrich N, Emeny RT, Spranger J, Wolthers OT, Roswall J et al. (2014) Reference intervals for insulin-like growth factor-1 (IGF-1) From birth to senescence: results from a multicenter study using a new automated chemiluminescence IGF-1 immunoassay conforming to recent international recommendations. *J Clin Endocrinol Metab* 99(5):1712-1721.
11. Friedrich N, Wolthers OD, Arafat AM, Emeny RT, Spranger J, Roswall J et al. (2014) Age- and sex-specific reference intervals across life span for insulin-like growth factor binding protein 3 (IGFBP-3) and the IGF-I to IGFBP-3 ratio measured by new automated chemiluminescence assays. *J Clin Endocrinol Metab* 99(5): 1675–1686.
12. Cabrol S, Perin L, Colle M, Coutant R, Jésuran-Perelroizen M, Le Bouc Y et al. (2011) Evolution of IGF-1 in children born small for gestational age and with growth retardation, treated by growth hormone adapted to IGF-1 levels after 1 year. *Horm Res Paediatr* 76 (6):419–427.
13. Mandel SH, Moreland E, Rosenfeld RG, Gargosky SE (1997) The effect of GH Therapy on the immunoreactive forms and distribution of IGFBP-3, IGF-I, the acid-labile subunit, and growth rate in GH-deficient children. *Endocrine* 7(3):351-360.
14. Cohen P, Germak J, Rogol AD, Weng W, Kappelgaard AM, Rosenfeld RG, on behalf of the American Norditropin Study Group (2010) Variable degree of growth hormone (GH) and insulin-like growth factor (IGF-1) sensitivity in children with idiopathic short stature compared with GH-deficient patients: evidence from an IGF-1 based dosing study of short children. *J Clin Endocrinol Metab* 95(5): 2089–2098.
15. Ghigo E, Arvat E, Aimaretti G, Minuto F, Maccario M, Giordano G et al. (1999) Dose-response study of GH effects on circulating IGF-I and IGFBP-3 levels in healthy young men and women. *Am J Physiol* 276 (39): E1009-E1013.
16. Uchijima Y, Takenaka A, Takahashi S, Noguchi T (1995) Production of insulin-like growth factors and their binding proteins in primary cultures of rat liver parenchymal and nonparenchymal cells. *Biochem Biotechnol Biochem* 59 (8):1503-1515.
17. Van Bunderen C, Van Nieuwpoort C, Van Schoor N, Deeg D, Lips G, Drent M (2010) The association of serum insulin-like growth factor-I with mortality, cardiovascular disease, and cancer in the elderly: a population-based study. *J Clin Endocrinol Metab* 95 (10): 4616-4624.
18. Lombardi G, Di Somma C, Grasso LF, Savanelli MC, Colan A, Pivonello R (2012) The cardiovascular system in growth hormone excess and growth hormone deficiency. *Endocrinol. Invest* 35(11): 1021-1029.
19. Gola M, Bonadonna S, Doga M, Giustina A (2005) Clinical review: growth hormone and cardiovascular risk factors. *J Clin Endocrinol Metab* 90(3):1864-1870.
20. Carel JC, Ecosse E, Landier F, Meguellati-Bakkas D, Maguelidou F, Rey G, Coste J (2012) Long-term mortality after recombinant growth hormone treatment for isolated growth hormone deficiency or childhood short stature: preliminary report of the French AGHE Study. *J Clin Endocrinol Metab* 97(2): 416-425.
21. Swerdlow AJ, Higgins CD, Adlard P, Preece IA (2002) Risk of cancer in patients treated with human pituitary growth hormone in the US, 1957–85: a cohort study. *Lancet* 360 (9329): 273–277.
22. Hankinson SE, Willett WC, Colditz GA, Hunter DJ, Michaud DS, Deroo B et al. (1998) Circulating concentrations of insulin-like growth factor-I and risk of breast cancer. *Lancet* 351(9113):1393-1396.
23. Chokkalingam AP, Ponnusamy M, Filmer CM, Gao YT, Stanczyk FZ, Deng J et al. (2001) Insulin-like growth factors and prostate cancer: a population-based case-control study in China. *Cancer Epidemiol Biomarkers Prev* 10(5):421-427.
24. Chan JM, Stampfer MJ, Giovannucci E, Gann PH, Ma J, Wilkinson P et al (1988) Plasma insulin-like growth factor-I and prostate cancer risk: a prospective study. *Science* 279(5350):563-566.
25. Yu H, Spitz MR, Wang J, Gu J, Hong WK, Wu X (1999) Plasma levels of insulin-like growth factor-I and lung cancer risk: a case-control analysis. *J Natl Cancer Inst* 91(2):151-156.
26. Chan JM, Stampfer MJ, Ma J, Gann P, Gaziano JM, Pollak M, Giovannucci E (2002) Insulin-like growth factor-I (IGF-I) and IGF binding protein-3 as predictors of advanced-stage prostate cancer. *J Natl Cancer Inst* 94(14):1053-1106.
27. Yeap B, Chubb P, Ho K, Setoh J, MacCaul K, Norman P et al (2010) IGF1 and its binding proteins 3 and 1 are differentially associated with metabolic syndrome in older men. *Eur J Endocrinol* 162 (2):249-257.
28. Juul A, Scheike T, Davidsen M, Gyllenberg J, Jørgensen T (2002) Low serum insulin-like growth factor I is associated with increased risk of ischemic heart disease: a population-based case-control study. *Circulation* 106 (5):939-944.
29. Park P, Cohen P (2004) The role of insulin-like growth factor I monitoring in growth hormone-treated children. *Horm Res* 62 (suppl 1):59–65.
30. Ali O, Cohen P (2003) Insulin-like growth factors and their binding proteins in children born small for gestational age: implication for growth hormone therapy. *Horm Res* 60 (suppl 3):115–123.
31. Jørgensen JO, Flyvbjerg A, Lauritzen T, Alberti KG, Orskov H, Christiansen JS et al. (1988) Dose-response studies with biosynthetic human growth hormone in GH-deficient patients. *J Clin Endocrinol Metab* 67(1):36–40.

32. Grugni G, Sartorio A, Crinò A (2016) Growth hormone therapy for Prader–Willi syndrome: challenges and solutions. *Ther Clin Risk Manag* 12:873–881.
33. Diene G, Mimoun E, Feigerlova E, Caula S, Molinas C, Grandjean H, Tauber M; French Reference Centre for PWS (2010) Endocrine disorders in children with Prader-Willi syndrome--data from 142 children of the French database. *Horm Res Paediatr* 74(2):121-128.
34. Deal C, Tony M, Höybye C, Allen D, Tauber M, Christiansen JS, the 2011 Growth Hormone in Prader-Willi Syndrome Clinical Care Guidelines Workshop Participants (2013) Growth Hormone Research Society Workshop Summary: Consensus Guidelines for Recombinant Human Growth Hormone Therapy in Prader-Willi Syndrome. *J Clin Endocrinol Metab* 98 (6): E1072-E1087.
35. Bar C, Diene G, Molinas C, Bieth E, Casper C, Tauber M (2017) Early diagnosis and care is achieved but should be improved in infants with Prader-Willi syndrome. *Orphanet J Rare Dis* 12(1):118.
36. Bakker NE, Van Doorn J, Renes JS, Donker GH, Hokken-Koelega ACS (2015) IGF-1 levels, complex formation, and IGF bioactivity in growth hormone-treated children with Prader-Willi Syndrome. *J Clin Endocrinol Metab* 100(8): 3041–3049.
37. Swerdlow AJ, Cooke R, Beckers D, Borgstrom B, Butler G, Carel JC et al. (2017) Cancer risks in patients treated with growth hormone in childhood: the SAGHE European cohort study. *J Clin Endocrinol Metab* 102 (5):1661-1672.
38. Romer T, Saenger P, Peter F, Walczak M, Le Bouc Y, Khan-Boluki J et al. (2009) Seven years of safety and efficacy of the recombinant human growth hormone omnitrope in the treatment of growth hormone deficient children: results of a phase III study. *Horm Res* 72 (6):359–369.

Table 1a. Clinical and hormonal characteristics of the children

	SGA Group	GHD Group	PWS Group
Clinical data			
Number of children:	20	61	11
Age (years)	12.27 ± 3.50 (5.9 – 18.9)	12.02 ± 4.09 (1.4 – 18.9)	10.88 ± 5.23 (1.4 – 16.4)
Boys/girls	15/5	41/20	6/5
Weight (SDS)	-0.71 ± 2.52	0.83 ± 2.46	0.83 ± 2.46
Height (SDS)	-1.46 ± 0.87	-0.97 ± 1.16	-0.76 ± 1.53
BMI (SDS)	0.57 ± 2.44	0.58 ± 1.88	1.51 ± 1.86
Biological data			
IGF1/IGFBP3 ratio before rGH	0.14 ± 0.04	0.07 ± 0.01	0.12 ± 0.02
IGF1/IGFBP3 ratio after rGH	0.19 ± 0.07	0.20 ± 0.08	0.19 ± 0.09

Table 1b. Change in IGF1/IGFBP3 molar ratio in control children with age and pubertal stage

Samples, <i>n</i>	23	18	15	16	18
Puberty stage				P1	P2-P5
Age (years)	0 - 4	≥ 4 - 8	≥ 8 - 10	9 - 13	11 - 17
Mean IGF1/IGFBP3 molar ratio	0.10	0.12	0.14	0.16	0.27
Standard deviation	0.05	0.03	0.03	0.05	0.06
Range	0.03 – 0.24	0.08 – 0.18	0.10 – 0.21	0.10 – 0.20	0.19 – 0.39

Table 2. Clinical and metabolic characteristics of children on rGH with molar ratios higher or lower than the normal range

	Low Ratio (n=41)	Normal Ratio (n=33)	High Ratio (n=18)	ANOVA		Post hoc ANOVA P Values		
				F - Value	P Value	Low vs. Normal	Low vs. High	Normal vs. High
Ratio (Post rGH)	0.12 ± 0.02	0.24 ± 0.03	0.32 ± 0.02	467.56	<0.0001	<0.0001	<0.0001	<0.0001
Age (years)	9.92 ± 4.77	12.61 ± 2.85	14.19 ± 2.01	10.00	0.0001	0.0051	0.0004	0.0379
BMI (SDS)	0.41 ± 1.63	0.31 ± 1.01	0.18 ± 1.30	0.16	0.84	0.7661	0.6139	0.7267
Height (SDS)	-0.85 ± 1.10	-0.95 ± 1.41	-1.38 ± 0.99	1.19	0.30	0.7228	0.0933	0.2828
Dose of rGH (µg/kg/ day)	24.99 ± 9.46	28.33 ± 9.82	39.67 ± 17.20	8.82	0.0003	0.1989	0.0002	0.0153
Insulin (mIU/l)	5.47 ± 3.30	5.85 ± 3.15	9.77 ± 4.17	7.25	0.0017	0.7450	0.0011	0.0125
HbA1c (%)	5.33 ± 0.36	5.07 ± 0.28	5.40 ± 0.34	1.87	0.17	0.0976	0.7801	0.1334
Fasting glycemia (mmol/l)	4.72 ± 1.30	4.77 ± 0.25	4.80 ± 0.29	0.03	0.96	0.8974	0.8152	0.7744
Total cholesterol (mmol/l)	4.00 ± 0.64	4.18 ± 1.13	3.60 ± 0.59	1.57	0.22	0.6327	0.1188	0.1296
HDL-cholesterol (mmol/l)	1.63 ± 0.38	1.66 ± 0.56	1.46 ± 0.17	0.65	0.52	0.9131	0.2256	0.3279

LDL-cholesterol (mmol/l)	1.96 ± 0.49	2.06 ± 0.75	1.9 ± 0.47	0.19	0.82	0.6973	0.7734	0.5844
Triglycerides (mmol/l)	0.61 ± 0.29	0.73 ± 0.38	0.77 ± 0.30	0.92	0.40	0.3828	0.1715	0.7808

Uncorrected proof

Figure 1. Distribution of IGF1/IGFBP3 ratio in the three groups before (a) and after (b) rGH treatment. SGA: small for gestational age; GHD: growth hormone deficiency; PWS Prader Willi Syndrome. Rectangles represent values between +1 and -1 SDS and bars represent SDS values.

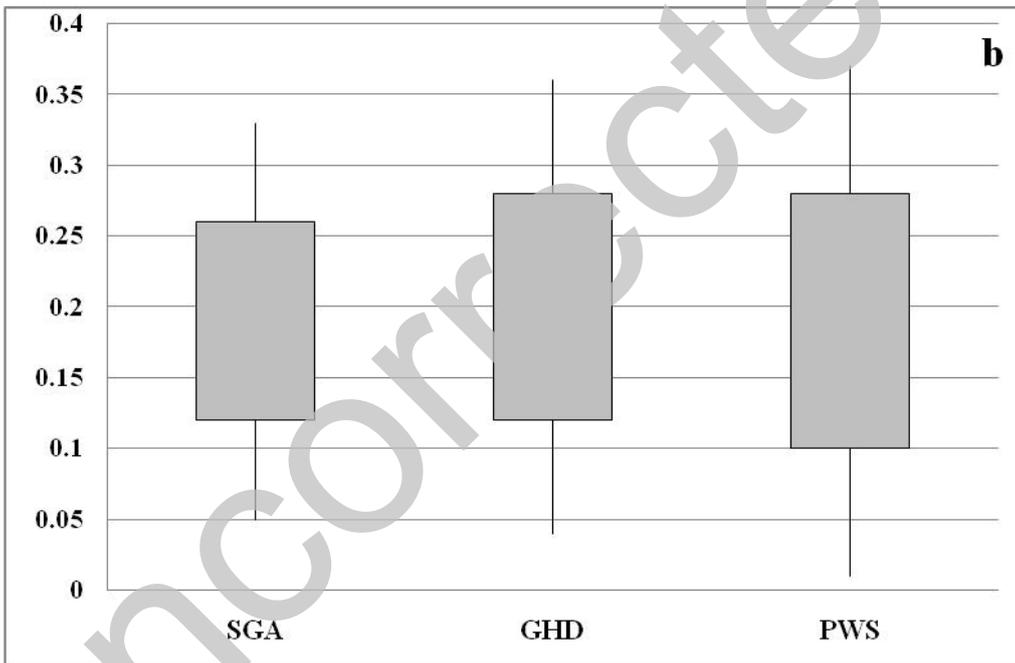
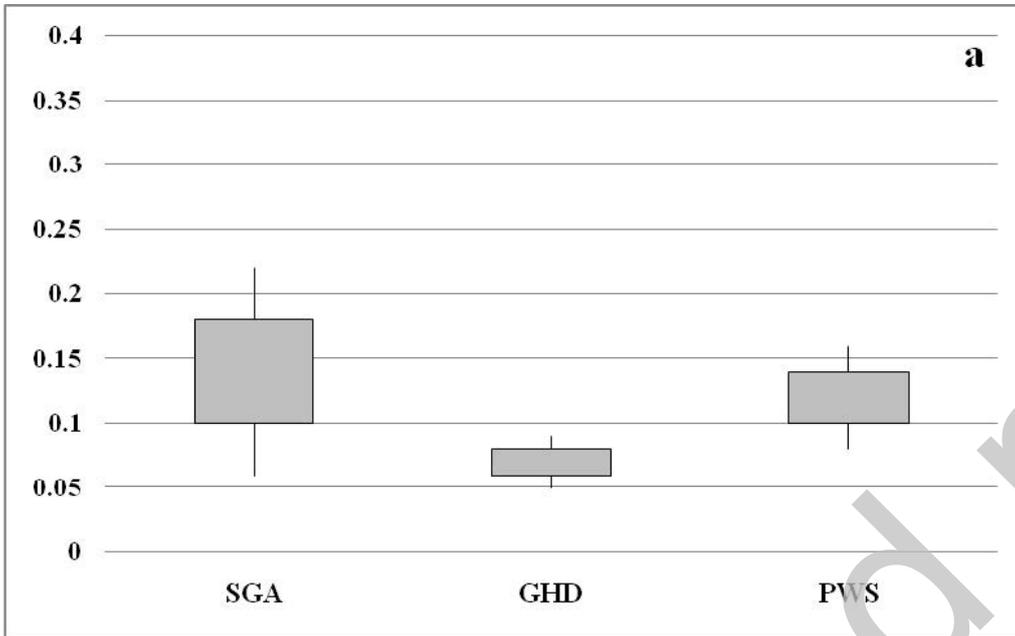


Figure 2. Distribution of IGF1 concentration (a) and IGF1/IGFBP3 molar ratio (b), in SGA children during GH treatment. The IGF 1 values have been distributed according to the SDS intervals established by Bidlingmaier et al (10). In the group SGA group, 2 children had IGF1 concentrations $> +2$ SDS, but IGF1/IGFBP3 molar ratios in the normal range (arrows).

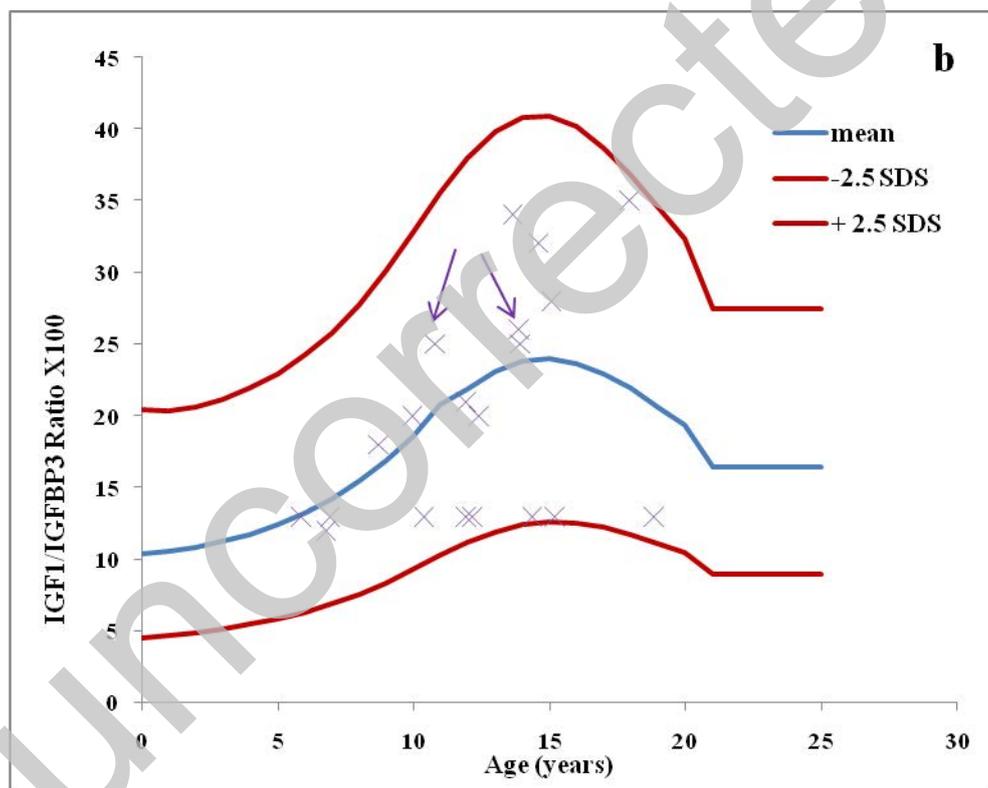
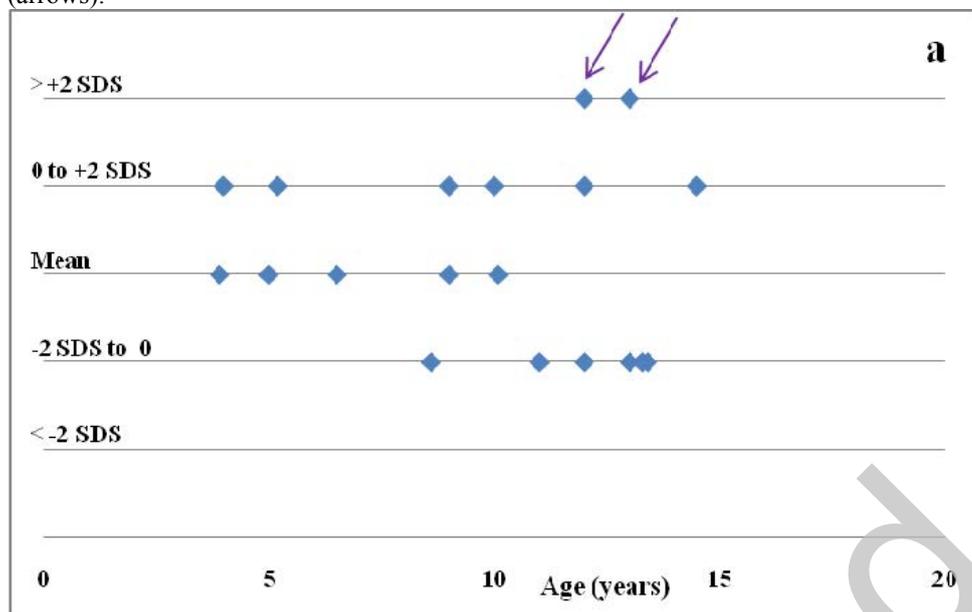


Figure 3. Distribution of IGF1 (a) and IGF1/IGFBP3 molar ratio (b), in children with GHD during GH treatment. In the group GHD group, 8 children had IGF1 concentrations $> +2$ SDS (circled cases), but IGF1/IGFBP3 molar ratios in the reference range. Conversely, one five-year-old child had an IGF1 concentrations in the reference range but a very high molar ratio due to a very low IGFBP3 concentration (< -2 SDS; arrow).

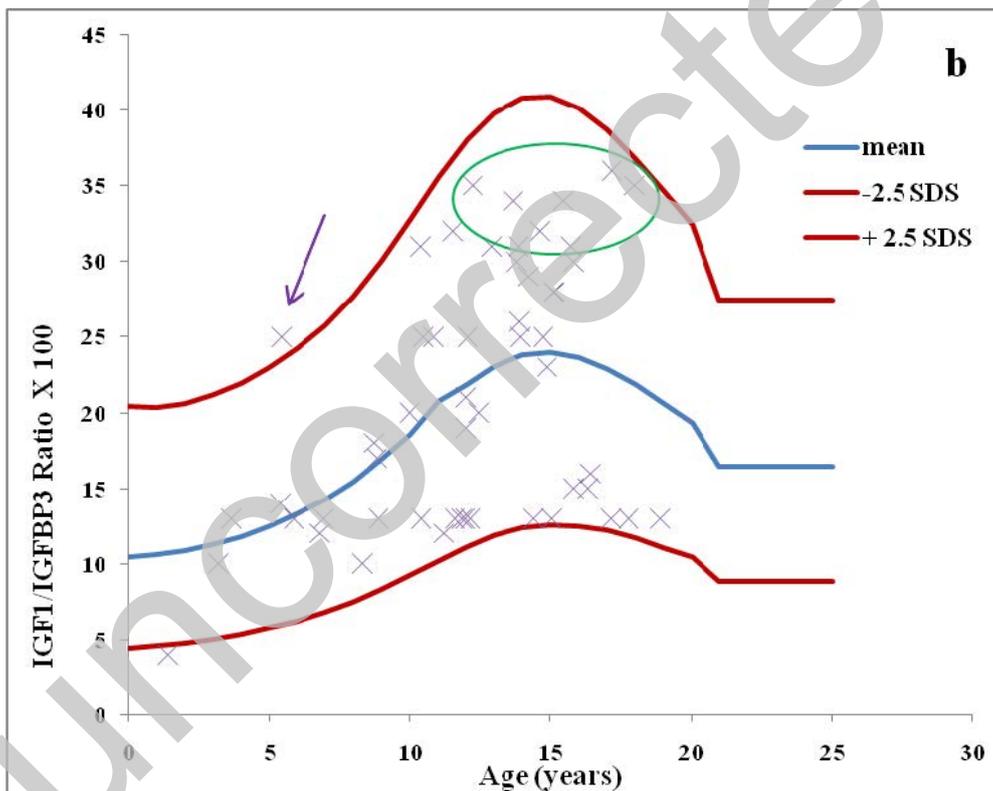
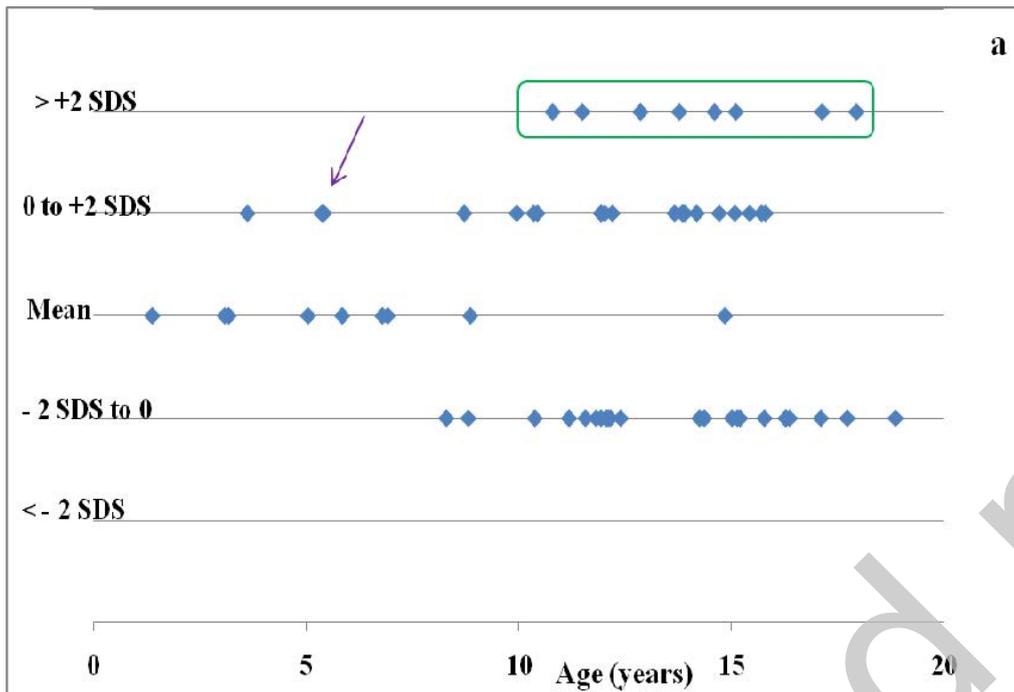


Figure 4. Distribution of IGF1 (a) and IGF1/IGFBP3 molar ratio (b), in children with PWS during GH treatment. In the PWS group, 3 children had discrepancies between serum IGF1 levels (expressed in SDS) and IGF1/IGFBP3 molar ratio. 1st case (arrow 1): 1.4-year-old child with PWS and an IGF1 concentration in the normal range (expressed in SDS) but a low molar ratio (due to very high IGFBP3 concentration > + 2SDS). 2nd case (arrow 2): 5.4-year-old child with PWS and an IGF1 concentration in the normal range (expressed in SDS) but a high IGF1/IGFBP3 molar ratio (due to low IGFBP3 concentration). 3rd case (arrow 3): 11.4-year-old child with a high IGF1 concentration (expressed in SDS) and an IGF1/IGFBP3 molar ratio in the reference range (IGFBP3 concentration towards the upper end of the reference range).

