Endocrine Abstracts

May 2017 Volume 49
ISSN 1479-6848 (online)

19th European Congress of Endocrinology 2017

20–23 May 2017, Lisbon, Portugal

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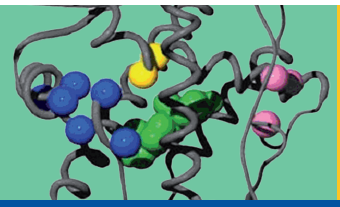
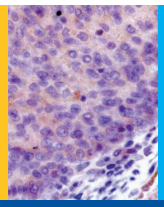
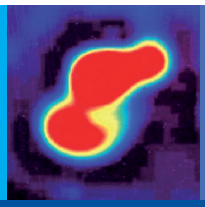

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Volume 49
May 2017

19th European Congress of Endocrinology 2017
20–23 May 2017

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D Jezova Slovakia
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A Karlsson Sweden
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M Korbonits UK
B Kos-Kudla Poland
N Krone UK
H Krude Germany
M Laan Germany
E Lalli France
J Laven The Netherlands
G Lavery UK
J Leger France
T Links The Netherlands
P Lips Netherlands
S Llahana UK
A Luger Austria
C Luiz Boguszewski Brazil
R M Luque Spain
M Luster Germany
D Macut Serbia
M Maggi Italy
J Magre France
M Mannelli Italy
F Mantero Italy
D Marks USA
G Mastorakos Greece
C McCabe UK
R Mitchell UK
J Mittag Germany
L Morin-Papunen Finland
N Morton UK
A Mukherjee UK
E Nagy Hungary
J Newell-Price UK
B Obermayer-Pietsch Austria
P Oliveira Portugal
U Pagotto Italy
J J Palvimo Finland
R Peeters The Netherlands
L Persani Italy
T Pieber Austria
V Pirags Latvia
N Pitteloud Switzerland
M Poutanen Finland
D Power Portugal
V Prevot France
S Radian UK
N Rahman Finland
B Rainey USA
E Rajpert-De Meyts Denmark
G Raverot France
M Reincke Germany
S Rice UK
M Robledo Spain
P Rodien France
H Romijn The Netherlands
C Ronchi Italy
R Ross UK
G P Rossi Italy
M Ruchala Poland
E Rutten Belgium
D Salvatore Italy
S Sanlioglu Turkey
P Saunders UK
S Schmid Germany
J Schopohl Germany
D Schulte Germany
M Sherlock Ireland
M Simoni Italy
J Smit The Netherlands
A Spada Italy
G Stalla Germany
C Stratakis USA
T Tankova Bulgaria
M Tena-Sempere Spain
M Terzolo Italy
M Theodoropoulou Germany
C Thompson Ireland
H Timmers The Netherlands
J Toppari Finland
M Toth Hungary
S Tsagarakis Greece
M Tzanela Greece
E Valassi Spain
E van den Akker Netherlands
A van der Klaauw UK
A J van der Lelij Netherlands
J van Eck The Netherlands
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CONTENTS

19th European Congress of Endocrinology 2017

PRIZE LECTURES AND BIOGRAPHICAL NOTES

The European Journal of Endocrinology Prize Lecture EJE1
The Geoffrey Harris Prize Lecture GH1
European Hormone Medal Lecture EHM1
Clinical Endocrinology Trust Lecture CET1
IPSEN1

PLENARY LECTURES

The fantastical world of hormones P1
The secret life of FGF21 . . . . . P2
Update on regulation of steroidogenesis by aberrant hormone receptors P3
The role of brain insulin resistance for the development of prediabetic phenotypes P4
Browning of adipose tissue and metabolic regulation P5
Thyroid oncology in the crossroads of precision and narrative medicine P6

SYMPOSIA

Clinical Updates in Hypoparathyroidism S1.1–S1.3
Evolving diagnostics in adrenal and neuroendocrine tumours S2.1–S2.3
From the pituitary to the periphery S3.1–S3.3
2nd Joint Global Symposium on Obesity – The Many Dimensions of the Childhood Obesity Problem S4.1–S4.3
Turn your face to the sunshine S5.1–S5.3
Treatment of hypothyroidism: what have we learned? S6.1–S6.3
Crosstalk between bone & other organ(ism)s S7.1–S7.3
Predictors of therapeutic response in functioning pituitary tumours S8.1–S8.3
Novel type 2 diabetes treatment: Beyond glycaemic control S9.1–S9.3
The Challenges of Male Fertility S10.1–S10.3
New Roles for Nuclear Receptors S11.1–S11.3
New development in Graves' Orbitopathy S12.1–S12.3
Challenging pituitary diseases S13.1–S13.3
Searching for the cause and approach in ectopic hormone syndromes S14.1–S14.3
Metabolic surgery mechanisms to clinical results (*Endorsed by the European Journal of Endocrinology*) S15.1–S15.3
Late-breaking: the PCSK9 revolution S16.1–S16.3
What endocrinologists should know about the genomics of endocrine tumors S17.1–S17.3
Hyperandrogenism: challenges in clinical management S18.1–S18.3
How to incorporate the new guidelines for thyroid cancer in my clinical practice S19.1–S19.3
Beta cell replacement and plasticity (*Endorsed by Endocrine Connections*) S20.1–S20.3
Environmental influences on endocrine systems S21.1–S21.3
Rare bone diseases (*Endorsed by the European Journal of Endocrinology*) S22.1–S22.3
Endo Oncology: prolactin, GH and metabolic hormones in oncology pathogenesis
(*Endorsed by Endocrine Connections*) S23.1–S23.3
Obesity: Pharmacological solutions S24.1–S24.3
HPA axis regulation during a woman's life: impact on metabolic outcomes S25.1–S25.3
Tissue specific defects in thyroid hormone action S26.1–S26.3
Vitamin D beyond bone (*Endorsed by Endocrine Connections*) S27.1–S27.3
Sleep, love and reproduction (*Endorsed by Endocrine Connections*) S28.1–S28.3
Novel predictors of diabetes S29.1–S29.3
Moving away from old-fashioned steroidogenesis: what are the clinical implications? S30.1–S30.3

Guided session 1 . . . . . GS1.1–GS1.6
Guided session 2 . . . . . GS2.1–GS2.6

NEW SCIENTIFIC APPROACHES NSA1–NSA6

DEBATES

Is there a role for medical therapy for non-functioning pituitary adenomas? D1.1–D1.2
Incidentally discovered nonfunctioning pancreatic NETs: Surgery or not?
(*Endorsed by the European Journal of Endocrinology*) D2.1–D2.2
Drug holiday in osteoporosis (*Endorsed by the European Journal of Endocrinology*) D3.1–D3.2
Is cardiovascular risk increased in women with PCOS? D4.1–D4.2
Should we still ablate all patients undergoing total thyroidectomy for thyroid cancer? D5.1–D5.2
Is it time for initial combination in type 2 diabetes? D6.1–D6.2

MEET THE EXPERT SESSIONS

. . . . . MTE1–MTE16
. . . . . MTNE1–MTNE2
. . . . . MTBS1–MTBS3

NURSE SESSIONS

. . . . . N1.1–N1.4
. . . . . N2.1–N2.4
. . . . . N3.1–N3.3

ORAL COMMUNICATIONS

Adrenal–Basic & Clinical OC1.1–OC1.5
Diabetes Prediction and Complications OC2.1–OC2.5
Receptors & Signalling OC3.1–OC3.5
Thyroid Disease 1 . . . . . OC4.1–OC4.5
Cardiovascular Endocrinology OC5.1–OC5.5
Diabetes therapy and complications OC6.1–OC6.5
Cardiovascular endocrinology OC7.1 OC7.5
Neuroendocrinology OC8.1–OC8.5
Thyroid Disease 2 . . . . . OC9.1–OC9.5
Bone & Calcium Homeostasis OC10.1–OC10.5
Obesity OC11.1–OC11.5
Pituitary Clinical OC12.1–OC12.5
Reproduction & Endocrine Disruption OC13.1–OC13.5
Thyroid Cancer OC14.1–OC14.5

Guided Posters

Adrenal 1 . . . . . GP1–GP10
Adrenal 2 . . . . . GP11–GP20
Adrenal 3 . . . . . GP21–GP32
Bone & Calcium Homeostasis 1 . . . . . GP33–GP42
Bone & Calcium Homeostasis 2 . . . . . GP43–GP51
Cardiovascular & Lipid Endocrinology GP52–GP61
Developmental & Protein Endocrinology GP62–GP70
Diabetes & complications 1 . . . . . GP71–GP82
Diabetes & complications 2 . . . . . GP83–GP92
Diabetes therapy & complications 1 . . . . . GP93–GP102
Diabetes therapy & complications 2 . . . . . GP103–GP112
Endocrine Nursing GP113–GP117
Endocrine Tumours GP118–GP130
Female Reproduction GP131–GP142
Male Reproduction and Endocrine Disruptors GP143–GP150
Neuroendocrinology & Growth Hormones GP151–GP160

Guided Posters

GP146

Psychological rather than organic and/or relational components are involved in sexual dysfunction in Young/Middle aged human immunodeficiency virus (HIV)-Infected Men

Maria Chiara Decaroli[1], Sara De Vincentis[1], Chiara Diazzi[1], Stefano Zona[2], Giovanni Guaraldi[2], Daniele Santi[1] & Vincenzo Rochira[1]
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Background
HIV-infection is associated to an increased prevalence of erectile dysfunction (ED). In HIV-infected men ED seems to be less related to serum Testosterone (T), depending from other factors.
Aim
To investigate the role of different components (organic, relational, psychological) of erectile function by using validate questionnaires in HIV-infected men with normal serum T.
Methodology
Prospective, cross-sectional, observational study on eugonadal HIV-infected male patients with ongoing Highly Active Antiretroviral Therapy (HAART) attending the Clinic of Infectious Diseases. The International Index of Erectile Function (IIEF)-15, IIEF-5 and Structured Interview for Erectile Dysfunction (SIEDY) were used to assess sexual function. Sexual desire was further evaluated through a direct question during the visit. LC-MS/MS was used to assess gonadal status.
Results
225 HIV-infected patients were enrolled (mean age 45.19 ± 5.36 years). SIEDY scores at appendix and scale 3 were significantly higher in patients with ED at IIEF-15 ($n=136$, 60.4%) compared with those without ED ($P<0.001$ and $P=0.015$, respectively). Conversely, scale 1 ($P=0.448$) and 2 ($P=0.503$) of SIEDY did not differ between patients with or without ED, suggesting a predominance of the psychological basis of ED in our cohort. The erectile function domain at IIEF-15 was directly correlated with IIEF-5 score (0.778, $P<0.001$). Similarly, the score at SIEDY appendix was significantly different among ED degrees at IIEF-15 ($P<0.001$). In particular, lower score was found in HIV-infected men without ED compared to those with mild, moderate and severe ED ($P<0.001$, $P=0.001$, and $P<0.001$, respectively), confirming the reliability of these tools. Sexual desire was impaired in 73 patients (31.33%) at interview with a good correlation with the specific item of IIEF-15 ($P<0.001$).
Conclusions
The psychological component impacts in a significant manner on ED in HIV-infection context. Despite the high prevalence of comorbidities in these patients, the organic component does not affect erectile function. All the three validated questionnaires seem to be trustworthy in the diagnosis of ED in this setting.

DOI: 10.1530/endoabs.49.GP146

GP147

Effects of physical exercise or metformin on testosterone deficiency and erectile dysfunction associated to metabolic syndrome

Linda Vignozzi[2,3], Sandra Filippi[1], Paolo Comeglio[2], Ilaria Cellai[2], Francesca Corcetto[2], Chiara Corno[2] & Mario Maggi[2,3]
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Metabolic Syndrome (MetS) is a cluster of clinical conditions, associated to an increased cardiovascular and metabolic risk, to hypogonadism and erectile dysfunction (ED). Lifestyle modification (including physical exercise, PhyEx) and metformin (MET) are well-known treatments for the condition. We established an animal model of MetS that recapitulates the human phenotype, including andrologic derangements.
The aim of this study was to investigate in experimental MetS the effect of PhyEx or MET on penile erection and on hormonal and metabolic parameters.
Control (RD) and MetS rabbits were treated with MET (the last 18 days) or exercise-trained to run on a treadmill for 12 weeks. Penile tissue was collected for *in vitro* contractility study or gene expression.
MET, but not PhyEx, induced a reduction in visceral adiposity, blood pressure, triglycerides, glucose level and tolerance. MET increased testosterone (T), whereas PhyEx completely restored it. Ach-induced relaxation, hampered in MetS rabbits, was significantly ameliorated by MET and completely normalized by PhyEx. HFD determined a net reduction of electrical field (EF)-vasorelaxation in CC. The relaxant response to sildenafil, abolished in HFD rabbit CC, was restored by PhyEx. PhyEx normalized sodium nitroprusside (SNP)-induced relaxation, that was enhanced in MetS rabbits. Genes related to NO signaling were up-regulated by PhyEx, but not by MET. Similar results were obtained for smooth muscle-related genes. PDE5 expression was decreased in MetS rabbits and completely restored by PhyEx. Accordingly, sildenafil-induced increase in SNP relaxation was completely normalized by PhyEx.
In conclusion, PhyEx more than metformin, completely restored T levels and responsiveness to Ach and sildenafil in experimental MetS, even though it was less effective than metformin in reducing metabolic abnormalities. The effect of exercise training is most probably related to an improved NO signaling, including PDE5. Hence, PhyEx can be considered a new strategy to treat hypogonadism and ED related to MetS.

DOI: 10.1530/endoabs.49.GP147

GP148

Impacts of a single ablative dose of radio iodine therapy for differentiated thyroid carcinoma on testicular function: results from the SAPIRA study

Nathalie Bourcigaux[1], Carole Rubino[2], Isabelle Berthaut[3], Bruno Donadille[2], Marie Elisabeth Toubert[4], Laurence Leenhardt[5], Catherine Corone[6], Isabelle Petrot-Keller[1], Sylvie Brailly-Tabard[7], Julie Beaufaron[10], Tabassome Simon[1], Jean-Pierre Siffroi[8], Florent De Vathaire[2], Martin Sclumberger[2], Philippe Bouchard[9] & Sophie Christin-Maitre[1]
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Background
Radioactive iodine therapy (RAI) is a classical therapeutic approach in patients with differentiated thyroid carcinoma (DCT). Few data are currently available on RAI's potential impacts on testicular function.
Design
A longitudinal prospective multi-center study (PHRC N°P040419) included male patients before a single radioiodine dose of 3.7 GBq of I^{131} (V0), at 3 months (V3) and 13 months (V13) post treatment.
Method and Patients
Hormonal assessments (FSH, LH, Testosterone, inhibin B) as well as sperm parameters (number, mobility and morphology), DNA fragmentation and sperm FISH analysis in order to detect chromosomal abnormalities were performed at V0, V3 and V13.
Results
Thirty six patients were included in the study. At V0, all patients had normal gonadal function. At V3, FSH median levels were significantly increased as compared to V0, respectively 9 UI/l ± 4.8 (*N*: 3–7 UI/l) versus 4 UI/l ± 3 ($P<0.0001$). Between V3 and V13, FSH levels decreased but remained higher than baseline levels. Inhibin B median levels decreased significantly at V3 ($P<0.0001$) and returned to V0 levels at V13. LH and T levels were not modified at V3 or V13.
Median sperm concentration significantly decreased at V3 as compared to V0 (20 vs 48 million/ml; $P<0.0001$) and returned to V0 levels at V13. In parallel, a statistically significant decrease in sperm morphology was observed at V3. Sperm mobility and DNA fragmentation were not modified after RAI. However sperm chromosomal abnormalities were increased at V3 ($P<0.0005$) and V13 ($P<0.01$), as compared to V0.
Conclusion
In this prospective study, RAI transiently altered FSH, inhibin B and sperm number. Furthermore, chromosomal abnormalities observed at V3 were found to persist 13 months after RAI. Therefore, our study illustrates that counseling about fertility could be interesting in male patients with DCT treated by a single dose of radioiodine.

DOI: 10.1530/endoabs.49.GP148

Author Index

Aancute, A EP213, EP260 & GP34
Aancutei, A EP809
Abacar, KY EP266 & EP440
Abbas, A EP280 & EP334
Abboud, D EP928
Abd elbaky, RS EP425
Abdalaziz, A EP395
Abdallah, NB EP87, EP147, EP482, EP832 EP1232 & EP1233
Abdallah, RB EP167 & GP113
Abdelkrim, S EP633
Abdelsalam, MM EP1363 & EP497
Abderrahmane, SA EP219, EP450 & EP633
Abdulkhaliq, A EP652
Abduvakhabova, M EP686, EP1106, EP1186 & EP1187
Abe, S EP1029
Abell, S EP1115
Aberer, F EP609
Abernethie, A EP802
Abeygunasekara, S EP575
Abid, D GP28
Abid, M GP113, EP66, EP77, EP135, EP167, EP189, EP335, EP667, EP770, EP1128, EP1349 & EP1361
Abizanda, EP EP862 & GP240
Abolaji, A EP1095
Aboshady, MM EP513
Abouleka, Y EP1310
Abraitiene, A EP990
Abreu, A EP984 & EP1005
Abreu, S GP98
Abrosimov, A EP1394
Abs, R EP884
Abuin, J EP755 & EP808
Abushady, MM EP497
Abusoglu, S EP1167 & EP419
Ach, K EP441 & EP1389
Acierno, J GP153
Acik, ME EP296
Acikgöz, SB EP1066
Acikgoz, A EP378
Ackermann, D EP820 & OC13.5
Acosta-Calero, C EP105, EP170, EP193, EP390, EP530, EP621 & EP757
Acu, B EP427
Adaş, M EP113
Adam, M EP692
Adamczewski, Z EP1325 & EP1435
Adamidou, F GP40, EP68, EP771, EP827, EP828, EP1303, EP1307, EP1417 & EP1471
Adamska, A EP1104 & EP466
Adaramoye, O EP1095
Adaway, J EP1169
Adebayo, O EP1095
Adesanoye, O EP1095
Adhikari, P EP692
Adomnicai, V EP1209 & EP792
Adorini, L EP377
Adrian, M EP148
Afşar, ZT EP538
Afanasyev, D GP86
Afentoulidi, A EP1202 & EP859
Afonso, A EP32, EP1323 & EP1446
Afonso, C EP887
Afshan, K EP1092, EP1225, EP205 & EP761
Afzal, N EP761
Agapito, A EP10, EP133, EP181, EP251, EP253, EP599, EP1000, EP1006, EP1049, EP1062 & EP1446
Agate, L EP1414
Agersø, H GP152
Aggarwal, R EP661
Aghajanova, Y EP893
Aghajanova, YM EP422
Aglony, M OC5.1
Agoulnik, A EP754
Agoulnik, I EP754 & OC7.5
Agrawal, S EP701
Agreda, J EP1030
Aguiar, A GP133
Aguiar-Oliveira, MH EP949 & GP178
Aguilar, C EP3
Aguilar-Diosdado, M EP714, EP715 & EP1278
Aguirre, N EP180
Ahbab, S EP86
Ahern, T EP1169
Ahlem, B EP762
Ahmadpour, F GP164
Ahmed, A EP552
Ahmed, AG EP1363
Ahmed, KS EP70 & EP339
Ahmed, M EP1150, EP1153 & EP487
Ahmed, S GP180
Ahmeti, A EP585
Ahmetov, I GP170
Ahn, C EP738 & EP1100
Ahn, CW EP452, EP531, GP54 & GP87
Ahn, HJ GP162
Ahn, SV EP236
Ai Thu, B GP142
Aichler, M OC1.1
Aida, BS EP762
Aires, I EP599
Aithal, G OC3.5
Ajabnoor, G EP652 & EP657
Ajdžanović, V EP359
Ajdinovic, B EP787
Ajdzanovic, V GP62, GP202 & EP779
Ajmi, S EP355
Akın, O EP673
Akaishi, J EP1385
Akalin, A EP12, EP244 & EP1033
Akarsu, E EP1003
Akbar, S EP1262
Akbiyik, F GP212
Akcan, E EP1033
Akdader-Oudahmane, S EP1234 & EP6
Akdeniz, CS EP296
Akdeniz, YS EP1099
Akdere, G EP418
Akgul, G EP344
Akin, S EP1097 & EP1368
Akkan, T EP1060, EP1343, EP1464 & EP186
Akkaya, L EP675
Akladious, C EP583
Akman, S EP673
Akram, M EP205, EP761, EP1092 & EP1225
Aksyonova, E EP670
Akturk, M EP1144
Akyıldız, AB EP266
Akyurek, F EP1167
Al Kadi, H EP292
Al-Attas, O GP77 & EP263
Al-Daghri, N GP46, GP77 & EP263
Al-Saleh, Y GP46 & EP263
Al-Sharefi, A EP89 & EP1230
Al-Trawneh, O EP489
Alaguney, ES EP427
Alaguney, S EP69, EP90 & EP264
Alam, M EP534
Alaminos, MEL EP920
Alapi, T EP742
Alarcón, E EP302
Alba, A EP99
Albani, A EP1056
Albert, C EP641
Albert, L EP165 & GP238
Albiger, N EP1042
Albu, A EP943, EP1137, EP1138 & EP1147
Albu, AI EP307 & EP947
Albu, D EP1138 & EP1147
Albuquerque, JL EP841, EP899 & EP975
Alcaide-Torres, J GP71
Alcantara-Aragon, V EP681
Aldea, R EP1364
AlDwairi, A GP88
Alefishat, E EP360
Alegria, S EP996
Alejandro, R OC6.2
Aleknaite, A EP990
Aleksic, M EP693
Alemany, PA GP179
Alevizaki, M EP1411 & GP230
Alevras, TM EP76
Alexander, B EP1248
Alexandra Ambarus Popovici, I EP813
Alexandra Gheorghiu, C EP1395
Alexandra Smarandoiu, G EP137

Rebollo-Román, Á EP159, EP500, EP776, EP819 & EP907
Recabarren, MP EP636 & GP132
Recabarren, S EP1120
Recabarren, SE EP636 & GP132
Recamonde-Mendoza, M OC2.1
Redondo, LR EP432, EP433 & EP705
Refardt, J EP889 & EP918
Rego, T EP1006, EP251 & EP725
Reichelt, AJ EP457
Reimondo, G EP26
Reincke, M EP52 & GP160
Reis, D EP897 & EP898
Reiter, E EP1123
Rejaibi, S EP1322
Rejeb, O EP1212, EP1322, EP1324, EP1328, EP207 & EP570
Rekik, N EP1128, EP1349, EP1361, EP189, EP335, EP66 & EP770
Rella, N EP1237, EP1251 & EP211
Remédio, F EP599
Remolar, M[a]ÁB GP48
Renard, C EP883
Rep, S EP1445
Repaci, A EP1381
Repetto, G OC5.1
Requena, M EP1030
Resende, E GP98
Resman, KG EP36
Restituto, P EP227
Reubi, JC GP185
Reyes, LM EP8
Rezgani, I EP502
Reznik, Y GP12
Rhayem, Y EP52
Rheinheimer, J EP648
Ribeiro, C EP1465, EP1475, EP82, EP98 & OC14.3
Ribeiro, I EP1049
Ribeiro, J EP791
Ribeiro, K EP723
Ribeiro, L EP706 & EP707
Ribeiro-Oliveira, A EP1011
Riccetti, L EP1123
Richell, G EP1342
Richter, S EP92, EP93 & GP25
Rickard, AJ GP2
Rickers, L EP682
Ricordi, C OC6.2
Riesco-Eizaguirre, G GP235
Rigla, M EP165 & GP238
Rikhsieva, N EP1106 & EP1257
Rio-Moreno, Md GP128
Rios, E EP140 & EP1449
Ristic, N EP779, GP202 & GP62
Riva, E EP196, EP197 & EP789
Riva, S GP77
Rivadeneira, F EP744
Rivera, A OC6.5
Rivera, NG EP569
Rivero-Muller, A GP118
Rizk-Rabin, M GP5 & GP13
Rizoulis, A EP861
Rizvi, A EP958, GP106 & GP108
Rizvi, SSR EP1092, EP1225, EP205 & EP761
Rizza, L GP16
Rizzo, C GP214, GP215 & GP216
Rizzo, M GP108
Rjeb, O EP1193, EP1201, EP1208 & EP340
Rkik, N EP135
Robalo, B EP310
Robenshtok, E EP1374
Roberts, R GP131
Robles-Cabeza, L EP1462
Rocío, P EP641
Roca-Rodríguez, MM GP71
Rocha, A GP2
Rocha, G EP1155, EP1211, EP1351, EP1356, EP145, EP174 & EP51
Rocha, J EP320
Roche, D EP295
Rochira, V EP1166, EP1383, GP146 & GP51
Rochtus, A GP45
Rodgers, R EP1190
Rodic, G EP191
Rodien, P GP143
Rodionova, T EP1266 & EP1316
Rodríguez, A EP1284 & GP210
Rodríguez, CN GP89
Rodríguez, FJ EP904
Rodríguez, JCR EP8
Rodríguez, PC EP725
Rodríguez-Martín, A EP714 & EP715
Rodríguez-Perálvarez, M EP698
Rodrigo-Cano, S EP681
Rodrigues, A EP79
Rodrigues, C GP133
Rodrigues, D EP45
Rodrigues, E EP1058, EP1206, EP140, EP305 & EP54
Rodrigues, F EP1459, EP1463 & EP174
Rodrigues, I EP1330, EP750, EP795, EP796 & EP829
Rodrigues, M GP94
Rodrigues, P EP1356, EP51, EP807 & EP871
Rodrigues, T EP704 & EP919
Rodriguez, EG EP1373
Rodriguez, JCR EP459
Rodriguez, P EP1001
Rodriguez, S OC1.2
Rodriguez-Manas, L MTE1
Rodriguez-Perez, A EP390
Rogatko, I EP890
Rogowski, MP GP172
Rojas, C EP938
Rojek-Trębicka, J EP48
Roldan, E EP1001
Romagnoli, P GP25
Roman, DL EP952
Roman, G EP560
Román, ÁR EP1392
Romanelli, F GP33
Romanowska-Prochnicka, K EP469
Romeo, EL EP1118
Romeo, PD GP175
Romero, J OC6.5
Romero, JC GP73
Romero, SG EP868
Ronchi, C EP932, GP5 & OC1.1
Ronchi, CL EP161, EP20, GP1, GP119, GP121 & GP22
Ronchi, SSC OC7.2
Roost, K EP104
Roque, C EP1088, EP1177, EP1207, EP1295, EP1311, EP1452 & EP414
Rosário, F GP242
Rosa Alhambra Expósito, M EP1392
Rosa, SL EP1451
Rosca, R EP1094, EP1176 & EP1180
Rosenberg, K EP13
Rosenwald, A GP119 & OC1.1
Rosetti, S EP688 & EP691
Ross, IL EP28
Ross, RJ GP61
Ross, RJM EP879
Rossi, G EP970
Rossi, L GP223
Rossiter, P EP295
Rost, S GP119
Rotariu, D EP1073
Rothman, JG GP47
Roussel, O EP9
Roussel, R EP1310
Rovite, V EP931
Roy, S EP343
Rozanska, A EP1441
Rozhinskaya, L EP1028, EP345, EP346, EP881 & GP157
Rubin, B GP5
Rubin, C EP735
Rubino, C GP148
Ruchała, M EP1074, EP1433, EP1450 & EP1474
Ruchala, M EP1252, EP1275, EP388 & GP220
Rucz, K EP1410
Rudaz, S EP782
Rudelle, H GP143
Rudovich, N EP1087
Ruel, I EP661
Ruffinelli, JC GP241
Ruggeri, RM EP1443 & GP208
Ruiz-Noa, Y EP437 & EP666
Rungby, J GP17
Runkle, I EP900
Ruohonen, S EP364 & OC4.2
Ruohonen, ST EP692
Ruokonen, A EP1110
Rurale, G EP1222
Rusalenko, M EP556
Russi, V EP825 & GP221
Russo, GI GP127