

Androgen Bioassay for the Detection of Nonlabeled Androgenic Compounds in Nutritional Supplements

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Both athletes and the general population use nutritional supplements. Athletes often turn to supplements hoping that consuming the supplement will help them be more competitive and healthy, while the general population hopes to improve body image or vitality. While many supplements contain ingredients that may have useful properties, there are supplements that are contaminated with compounds that are banned for use in sport or have been deliberately adulterated to fortify a supplement with an ingredient that will produce the advertised effect. In the present study, we have used yeast cell and mammalian cell androgen bioassays to characterize the androgenic bioactivity of 112 sports supplements available from the Australian market, either over the counter or via the Internet. All 112 products did not declare an androgen on the label as an included ingredient. Our findings show that six out of 112 supplements had strong androgenic bioactivity in the yeast cell bioassay, indicating products spiked or contaminated with androgens. The mammalian cell bioassay confirmed the strong androgenic bioactivity of five out of six positive supplements. Supplement 6 was metabolized to weaker androgenic bioactivity in the mammalian cells. Further to this, Supplement 6 was positive in a yeast cell progesterin bioassay. Together, these findings highlight that nutritional supplements, taken without medical supervision, could expose or predispose users to the adverse consequences of androgen abuse. The findings reinforce the need to increase awareness of the dangers of nutritional supplements and highlight the challenges that clinicians face in the fast-growing market of nutritional supplements.

Keywords: sports doping, undeclared androgens, steroids, performance enhancement

Athletes of all ages, from amateurs to professional, use sport supplements. Reasons for supplement use include enhanced performance or recovery, muscle mass gain, or improved appearance (Kiertscher &

DiMarco, 2013). The use of supplements by athletes in some sports (e.g., bodybuilding) is reportedly 100%, with an average of 58% for other sports (Knapik et al., 2016). The prevalence varies with the type of sport, gender, and level of competition (Maughan et al., 2011). The prevalence of sport supplement use in adolescents (aged 14–18) was recently reported at 47.7% (Evans et al., 2012). Besides their use in competitive sports, these products are also commonly used by recreational gym users and amateur athletes (Goston & Correia, 2010).

Sport supplements are widely available through websites, supplement shops, and gyms. The global

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Table 1 Types of Sports Supplements Screened in this Study

Product Category	No. of products tested	No. of different companies
Protein Powders	25 (22.3%)	19
Stimulants/Nitric Oxide (preworkouts)	24 (21.4%)	21
Amino Acids	12 (10.7%)	12
Testosterone and Growth Hormone Boosters	18 (16.1%)	11
Fat Metabolizers	9 (8%)	9
Carbohydrates	2 (1.8%)	2
Creatine Formulations	6 (5.4%)	6
Vitamins and Herbal Extracts	16 (14.3%)	16

Note. No. of products tested denotes the number of products screened belonging to the respective product category. No. of different companies shows how many companies were represented by that respective product category.

2 mL water, 1.5 mL sodium carbonate (10% w/v), 2 mL water, and 2 mL water/methanol (1:1, v/v). The columns were air-dried and the sample was eluted with 4 mL acetonitrile. The eluate was concentrated by evaporation then resuspended in 50 μ L 100% ethanol.

Cell Culture

The yeast and human hepatocyte cell line (HuH7) cell-based androgen bioassays have previously been described (Akram et al., 2011). Briefly, yeast cells were cultured overnight at 30°C with shaking (300 rpm) in CSM-leu-ura (MP Biomedicals). After overnight culture, the yeast culture was subcultured in fresh medium and allowed to grow until early mid-log phase ($OD_{600} = 0.5-0.7$).

HuH7 cells were cultured in DMEM-L-glutamine containing high glucose (4500 mg/L) supplemented with 10% FCS and 5.5 μ g/mL puromycin dihydrochloride at 37°C under 5% CO_2 .

Yeast Cell-Based Androgen Bioassay

Early to mid-log phase cells were sub-cultured in 24-well plates (500 μ L/well) and androgen receptor (AR) expression was induced with 100 μ M $CuSO_4$. Cells were treated with steroids (5 μ L/well) over a concentration range (from 1×10^{-6} M to 1×10^{-10} M) to generate a sigmoidal dose-response curve to calculate the EC_{50} . For agonist assays, yeast cells were treated with sports supplement extracts (5 μ L/well) in duplicate. All steroids and extracts were diluted in ethanol with a final concentration of 1%. Yeast cells were incubated overnight at 30°C with shaking (300 rpm) before being lysed and assayed for β -galactosidase activity as previously described (McRobb et al., 2008).

HuH7 Cell-Based Androgen Bioassay

HuH7 cells were seeded in 96-well plates at a concentration of 1×10^5 cells/mL (200 μ L/well) and allowed to recover overnight in phenol red-free DMEM supplemented with 10% charcoal-stripped FCS, L-glutamine

and 5.5 μ g/mL puromycin dihydrochloride. Cells were treated with steroids for 24 hours (2 μ L/well) over a concentration range (from 1×10^{-6} M to 1×10^{-11} M) to generate a sigmoidal dose-response curve to calculate the EC_{50} . For sports supplement extracts, HuH7 cells were treated in duplicate with 2 μ L per well. Culture supernatant was transferred to white opaque 96-well plates and heat treated for 35 min at 65 °C to deactivate endogenous alkaline phosphatase before SEAP activity was measured using a commercially available assay (Clontech Laboratories, Mountain View, CA, USA).

Results

Validation of the Yeast Androgen Bioassay

Initially, we determined the sensitivity of our yeast and HuH7 androgen bioassays. Using DHT as our reference steroid, the most potent endogenous androgen, we showed that the yeast cell-based androgen bioassay could detect this steroid at concentration $\geq 3.9 \times 10^{-10}$ M. For the HuH7 androgen bioassay, the sensitivity was 8×10^{-11} M. Converting these concentrations into absolute amounts, this corresponds to 0.5 pg and 0.16 pg, respectively. These values are in keeping with our earlier validation publications (Akram et al., 2011; Cooper et al., 2017; Death et al., 2004, 2005)

With sensitivity limits established for the assays, we next determined our detection limit for androgens recovered from a sport supplement matrix. To this end, we spiked 1 g portion of a powdered form of a creatine supplement with T ranging in concentration from 500 ng T to 1 ng T. The spiked supplements then underwent SPE extraction and the extracted steroid subjected to the yeast cell-based androgen bioassay. Figure 1 shows that we could reliably detect a starting T amount of ≥ 20 ng (13.9×10^{-9} M). This sensitivity is in keeping with what has been previously described for yeast-based bioassays for the detection of androgens in matrices (Zierau et al., 2008).

To ensure that the bioassay did not produce false negative or positive results, we spiked a number of supplements with 20 ng T (Figure 2). This experiment relied on the host supplement being completely androgen

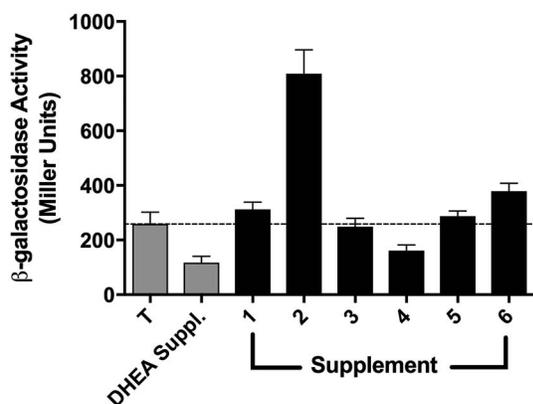


Figure 3 — Six supplements tested positive in the yeast androgen bioassay. Steroid extracts from sport supplements were tested for androgen receptor activation in the yeast androgen bioassay. Results are presented as mean \pm SEM ($n=3$). Testosterone and a DHEA-containing supplement were included as positive controls.

Three of the 112 supplements could not be assessed using the yeast androgen bioassay because of cytotoxic effects that stopped us being able to culture the yeast (data not shown). These supplements were from the fat metabolizer, testosterone booster, and preworkout supplement categories, respectively. Toxicity of supplements has also been reported previously (Peters et al., 2010).

Progestin Bioactivity

Although separate progesterone, androgen, and estrogen receptors exist, complete selectivity of action is not guaranteed because of the close structural similarities among the hormones. The progesterone receptor (PR) and the AR show significant homology and most progestins have significant cross-reactivity with the AR. For this reason, we next tested whether the six supplements found to be positive for androgenic activity also showed progestogenic activity. This could indicate that a progestin (e.g., a milk product) rather than an androgen was responsible for the positive result in the AR bioassay.

Using the yeast progestin bioassay, an EC_{50} of 3.8 nM for progesterone was measured in keeping with published findings (McRobb et al., 2008). Supplement 6 showed a progestin response suggesting that this supplement contains a steroid molecule that is both progestogenic and androgenic. Supplement 1 showed a weak progestogenic response. All other supplements did not activate the PR (Figure 4).

Prohormone Bioactivity

Sport supplements may contain prohormones that are not active as androgens until they undergo some form of metabolic processing. Such prohormones are usually weakly androgenic, if at all. Therefore, it would be

difficult to detect prohormones with the yeast cell androgen bioassay as these cells do not express the steroid metabolizing enzymes required for metabolic activation.

Mammalian cell lines do express steroid metabolizing enzymes so we next tested the 112 supplement extracts using a HuH7 cell androgen bioassay (Akram et al., 2011; Cooper et al., 2013). We determined that five of the 112 steroid extracts showed AR activation (Figure 5). Notably, all five that tested positive in the HuH7 bioassay also tested positive in the yeast cell bioassay. Supplement 6 that was positive in the yeast cell bioassay did not show an androgen response in the HuH7 bioassay.

Discussion

We report here that six of 112 supplements tested positive for androgen bioactivity, despite not declaring an androgen as a listed ingredient. Our findings are in agreement with previous studies that have also reported discrepancies between ingredients listed on the product label and the actual ingredients in the products (Geyer et al., 2000, 2004, 2008; Judkins & Prock, 2012; Judkins et al., 2010; Kamber et al., 2000; Maughan et al., 2011). Six of 112 represents 5.4% of products tested, a percentage that is lower than the 10–25% reported in other studies (Geyer et al., 2004) but on par with what was recently reported for 67 products screened by the LGC group on behalf of the Australian Sports Anti-Doping Authority (ASADA), with three of 67 products tested found to contain anabolic androgenic steroids (LGC, 2016). For all six supplements, the level of androgen bioactivity that was measured by us was above that measured for 20 ng T (>57 β -galactosidase units), the detection limit of the assay for extracted steroids. This concentration of androgen represents a real problem because it exposes an athlete to the risk of a positive doping violation, while for the young or female consumer it is a potential health risk (Geyer et al., 2008).

Sport supplements contaminated or adulterated with AR positive steroidal molecules are a major cause of concern because of the possible health risks to the unsuspecting consumer. The concealment of ingredient information may affect a consumer's decision to purchase a product, especially those that would opt for natural products that are supposedly free of androgens. Importantly, the supplements are consumed without expert clinical practitioner advice. Our findings would support the growing recognition of the need of independent laboratory screen testing of all sport supplements for contaminants and/or adulterants on a regular basis so as to reduce the health risks for unaware customers.

The analysis of supplements for undeclared androgens is especially important for elite athletes. Athletes are at risk of a positive doping test by consuming sport supplements (Parr et al., 2011; Striegel et al., 2005). For

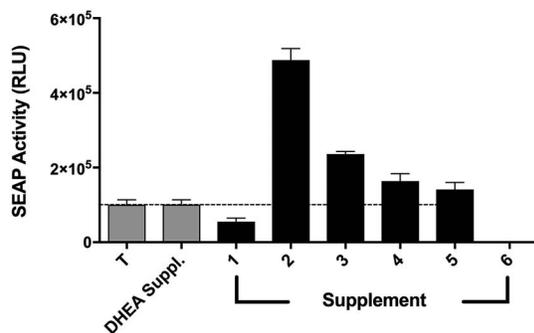


Figure 5 — Five supplements tested positive in the HuH7 cell androgen bioassay. The six steroid extracts that tested positive for androgen bioactivity in the yeast cell bioassay were tested for bioactivity in HuH7 cell bioassay. Results are presented as mean \pm SEM ($n=3$). Testosterone and a DHEA-containing supplement were included as positive controls.

also produced supplements that have declared androgens on the label. Alternatively, the positive results may be due to deliberate addition of androgenic molecules to products. Both pathways of positive detection have been previously reported for sports supplements (Judkins et al., 2010; Maughan et al., 2011). Our study has a detection limit of 20 ng T from extracted supplements. This suggests that the unknown steroid concentration is within this same range, although the concentration could be higher if they are weak androgens or lower if they are strong androgens. Regardless of actual amount, AR is activated and would mediate subsequent androgenic effects. Geyer et al. report that prohormones at similar concentrations occurred through cross-contamination during the manufacturing process (Geyer et al., 2008). Since 2002, it has also been documented that nutritional supplements have been purposely spiked with 1 mg/g of anabolic androgenic steroids (Geyer et al., 2008). Given our reported β -galactosidase levels, it is more likely our androgenic bioactivity is representative of contamination, rather than adulteration, of the supplements with androgens.

While not yet able to be integrated into routine testing laboratories because of their well-described limitations in their current forms, bioassays remain a useful screening tool for research applications (Cooper et al., 2013). In this study, tandem yeast and HuH7 cell bioassays were used. The yeast cell bioassay successfully identified six positive supplements, with the PR equivalent assay ruling out progestin cross-activation creating false positives, for five of the six supplements. The HuH7 cell assay showed that five of the six supplements were positive, even with exposure to steroid metabolizing enzymes indicating that the steroid molecules may well be potent androgens, as they show resistance to metabolism. For supplement 6, however, the HuH7 result suggests the androgenic/progestagenic molecule is readily metabolized. The relative metabolism of these extracts indicated by the HuH7 bioassay

may help guide chemists to the eventual identification of the androgenic molecule.

There are several limitations to the approach used in the current study. First, sports supplements are marketed in a variety of forms including powders, oils, tablets, and capsules. To test their bioactivity, a steroid extraction procedure was necessary to produce a form of the supplement amenable for use in the bioassays. Matrix effects prohibiting efficient extraction may have resulted in false negatives. The method used is well-described and used successfully for steroid extraction however whether it is 100% effective for all matrices is contentious (Parr et al., 2004). Regardless, the use of bioassays has identified six positive findings and so if the SPE method is limiting steroid extraction, our findings will be an underestimate of the prevalence of undeclared androgens in sports supplements sold on the Australian market. The other significant limitation is that the bioassay does not identify the androgen in the supplement. However, any significant androgen bioactivity represents a health risk for the unsuspecting consumer, or a career risk for the unaware athlete, and the bioassay screening quickly provides this information.

In summary of the 112 products tested, six were found to test positive for activating the androgen receptor in an androgen bioassay. This represented 5.4% (or approximately 1 in 20) of products tested. The positive supplements represented primarily the preworkout category, and hormone booster categories (5/6). Of the formulations tested, capsules gave the highest number of positive findings (5/6), with the other positive being a powder (1/6). The results of this study once again highlight that consuming sports supplements involves risk: (1) for the athlete, there is the potential for a reputation-damaging, positive doping test and (2) for all consumers, there is the risk of adverse health consequences from consuming exogenous androgens.

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References

- Akram, O.N., Bursill, C., Desai, R., Heather, A.K., Kazlauskas, R., Handelsman, D.J., & Lambert, G. (2011). Evaluation of androgenic activity of nutraceutical-derived steroids using mammalian and yeast in vitro androgen bioassays. *Analytical Chemistry*, 83(6), 2065–2074. PubMed doi:10.1021/ac102845y
- Ayotte, C., Levesque, J.F., Cle roux, M., Lajeunesse, A., Goudreault, D., & Fakirian, A. (2001). Sport nutritional supplements: Quality and doping controls. *Canadian Journal of Applied Physiology*, 26(Suppl.), S120–S129. doi:10.1139/h2001-047

- Cadwallader, A.B., & Murray, B. (2015). Performance-enhancing drugs I: Understanding the basics of testing for banned substances. *International Journal of Sport Nutrition and Exercise Metabolism*, 25(4), 396–404. PubMed doi:10.1123/ijnsnem.2014-0185
- Catlin, D.H., Leder, B.Z., Ahrens, B., Starcevic, B., Hatton, C.K., Green, G.A., & Finkelstein, J.S. (2000). Trace contamination of over-the-counter androstenedione and positive urine test results for a nandrolone metabolite. *JAMA*, 284(20), 2618–2621. PubMed doi:10.1001/jama.284.20.2618
- Cawley, A.T., Smart, C., Greer, C., Liu Lau, M., & Keledjian, J. (2016). Detection of the selective androgen receptor modulator andarine (S-4) in a routine equine blood doping control sample. *Drug Testing and Analysis*, 8(2), 257–261. PubMed doi:10.1002/dta.v8.2
- Cooper, E.R., McGrath, K.C., & Heather, A.K. (2013). In vitro androgen bioassays as a detection method for designer androgens. *Sensors (Basel)*, 13(2), 2148–2163. doi:10.3390/s130202148
- Cooper, E.R., McGrath, K.C., Li, X., Akram, O., Kasz, R., Kazlauskas, R., ... Heather, A.K. (2017). The use of tandem yeast and mammalian cell in vitro androgen bioassays to detect androgens in internet-sourced sport supplements. *Drug Testing and Analysis*, 9, 545–552. PubMed doi:10.1002/dta.2000
- Dascombe, D.J., Karunaratna, M., Cartoon, J., Fergie, B., & Goodman, C. (2010). Nutritional supplementation habits and perceptions of elite athletes within a state-based sporting institute. *Journal of Sports Science & Medicine*, 13, 274–280. doi:10.1016/j.jsams.2009.03.005
- Death, A.K., McGrath, K.C., & Handelsman, D.J. (2005). Valproate is an anti-androgen and anti-progestin. *Steroids*, 70(14), 946–953. PubMed doi:10.1016/j.steroids.2005.07.003
- Death, A.K., McGrath, K.C., Kazlauskas, R., & Handelsman, D.J. (2004). Tetrahydrogestrinone is a potent androgen and progestin. *Journal of Clinical Endocrinology and Metabolism*, 89(5), 2498–2500. PubMed doi:10.1210/jc.2004-0033
- Evans, M.W., Jr., Ndetan, H., Perko, M., Williams, R., & Walker, C. (2012). Dietary supplement use by children and adolescents in the United States to enhance sport performance: Results of the National Health Interview Survey. *The Journal of Primary Prevention*, 33(1), 3–12. PubMed doi:10.1007/s10935-012-0261-4
- FDA. (2015). *Tainted products marketed as dietary supplements_CDER*. Silver Spring, MD: U.S. Food and Drug Administration. Retrieved from www.accessdata.fda.gov
- Geyer, H., Mareck-Engelke, U., Reinhart, U., Thevis, M., & Schanzer, W. (2000). Positive doping cases with norandrosterone after application of contaminated nutritional supplements. *Deutsche Zeitschrift Fur Sportmedizin*, 51, 378.
- Geyer, H., Parr, M.K., Koehler, K., Mareck, U., Schanzer, W., & Thevis, M. (2008). Nutritional supplements cross-contaminated and faked with doping substances. *Journal of Mass Spectrometry*, 43(7), 892–902. PubMed doi:10.1002/jms.v43:7
- Geyer, H., Parr, M.K., Mareck, U., Reinhart, U., Schrader, Y., & Schanzer, W. (2004). Analysis of non-hormonal nutritional supplements for anabolic-androgenic steroids—results of an international study. *International Journal of Sports Medicine*, 25(2), 124–129. PubMed doi:10.1055/s-2004-819955
- Gilard, V., Balyssac, S., Tinaugus, A., Martins, N., Martino, R., & Malet-Martino, M. (2015). Detection, identification and quantification by ¹H NMR of adulterants in 150 herbal dietary supplements marketed for improving sexual performance. *Journal of Pharmaceutical and Biomedical Analysis*, 102, 476–493. PubMed doi:10.1016/j.jpba.2014.10.011
- Goston, J.L., & Correia, M.I. (2010). Intake of nutritional supplements among people exercising in gyms and influencing factors. *Nutrition*, 26(6), 604–611. PubMed doi:10.1016/j.nut.2009.06.021
- Judkins, C., & Prock, P. (2012). Supplements and inadvertent doping—how big is the risk to athletes. *Medicine and Sport Science*, 59, 143–152. PubMed doi:10.1159/000341970
- Judkins, C.M., Teale, P., & Hall, D.J. (2010). The role of banned substance residue analysis in the control of dietary supplement contamination. *Drug Testing and Analysis*, 2(9), 417–420. PubMed doi:10.1002/dta.v2:9
- Kamber, M., Baume, N., Saugy, M., & Rivier, L. (2000). Nutritional supplements as a source for positive doping cases? *International Journal of Sport Nutrition and Exercise Biochemistry*, 11, 258–262. doi:10.1123/ijnsnem.11.2.258
- Kiertscher, E.D., & DiMarco, N.M. (2013). Use and rationale for taking nutritional supplements among collegiate athletes at risk for nutrient deficiencies. *Performance Enhancement & Health*, 2, 24–29. doi:10.1016/j.peh.2013.04.002
- Knapik, J.J., Steelman, R.A., Hoedebecke, S.S., Austin, K.G., Farina, E.K., & Lieberman, H.R. (2016). Prevalence of dietary supplement use by athletes: Systematic review and meta-analysis. *Sports Med*, 46, 103–123. PubMed doi:10.1007/s40279-015-0387-7
- LGC. (2016). *Australian supplement survey © LGC 2016*, 1–8.
- Lun, V., Erdman, K.A., Fung, T.S., & Reimer, R.A. (2012). Dietary supplementation practices in Canadian high-performance athletes. *International Journal of Sport Nutrition and Exercise Metabolism*, 22(1), 31–37. PubMed doi:10.1123/ijnsnem.22.1.31
- Maughan, R.J., Greenhaff, P.L., & Hespel, P. (2011). Dietary supplements for athletes: Emerging trends and recurring themes. *Journal of Sports Sciences*, 29(Suppl. 1), S57–S66. doi:10.1080/02640414.2011.587446
- McRobb, L., Handelsman, D.J., Kazlauskas, R., Wilkinson, S., McLeod, M.D., & Heather, A.K. (2008). Structure-activity relationships of synthetic progestins in a yeast-based in vitro androgen bioassay. *The Journal of Steroid Biochemistry and Molecular Biology*, 110(1–2), 39–47. PubMed doi:10.1016/j.jsbmb.2007.10.008
- Nutrition Business Journal Global Supplement and Nutrition Industry Report 2014. (2014). *Nutrition Business Journal*. Retrieved from http://newhope360.com/site-files/newhope360.com/files/uploads/2014/Global_Report%20summary.pdf

- Outram, S., & Stewart, B. (2015). Doping through supplement use: A review of the available empirical data. *International Journal of Sport Nutrition and Exercise Metabolism*, 25(1), 54–59. [PubMed](#) doi:10.1123/ijsnem.2013-0174
- Parr, M.K., Geyer, H., Reinhart, U., & Schanzer, W. (2004). Analytical strategies for the detection of non-labelled anabolic androgenic steroids in nutritional supplements. *Food Additives & Contaminants*, 21(7), 632–640. [PubMed](#) doi:10.1080/02652030410001701602
- Parr, M.K., Opfermann, G., Geyer, H., Westphal, F., Sonnichsen, F.D., Zapp, J., . . . Schanzer, W. (2011). Seized designer supplement named “1-Androsterone”: Identification as 3 β -hydroxy-5 α -androst-1-en-17-one and its urinary elimination. *Steroids*, 76, 540–547.
- Peters, R.J., Rijk, J.C., Bovee, T.F., Nijrolder, A.W., Lommen, A., & Nielen, M.W. (2010). Identification of anabolic steroids and derivatives using bioassay-guided fractionation, UHPLC/TOFMS analysis and accurate mass database searching. *Analytica Chimica Acta*, 664(1), 77–88. [PubMed](#) doi:10.1016/j.aca.2010.01.065
- Pipe, A., & Ayotte, C. (2002). Nutritional supplements and doping. *Clinical Journal of Sport Medicine*, 12(4), 245–249. [PubMed](#) doi:10.1097/00042752-200207000-00008
- Rijk, J.C., Bovee, T.F., Wang, S., Van Poucke, C., Van Peteghem, C., & Nielen, M.W. (2009). Detection of anabolic steroids in dietary supplements: The added value of an androgen yeast bioassay in parallel with a liquid chromatography-tandem mass spectrometry screening method. *Analytica Chimica Acta*, 637(1–2), 305–314. doi:10.1016/j.aca.2008.09.014
- Striegel, H., Vollkommer, G., Horstmann, T., & Niess, A.M. (2005). Contaminated nutritional supplements—legal protection for elite athletes who tested positive: A case report from Germany. *Journal of Sports Sciences*, 23, 723–726. [PubMed](#)
- van der Merwe, P.J., & Grobbelaar, E. (2005). Unintentional doping through the use of contaminated nutritional supplements. *South African Medical Journal*, 95(7), 510–511. [PubMed](#)
- WADA. (2015). *2015 Anti-doping testing figures report*. Retrieved from www.wada-ama.org/sites/default/files/resources/files/2015_wada_anti-doping_testing_Figures_report_0.pdf
- Watson, P., Judkins, C., Houghton, E., Russell, C., & Maughan, R.J. (2009). Urinary nandrolone metabolite detection after ingestion of a nandrolone precursor. *Medicine & Science in Sports & Exercise*, 41(4), 766–772. [PubMed](#) doi:10.1249/MSS.0b013e31818edaeb
- Zierau, O., Lehmann, S., Vollmer, G., Schanzer, W., & Diel, P. (2008). Detection of anabolic steroid abuse using a yeast transactivation system. *Steroids*, 73(11), 1143–1147. [PubMed](#) doi:10.1016/j.steroids.2008.04.015