

How to Work Exposure Assessment –Large Scale Birth Cohort and Exposomics–

Tomohiko Isobe, Miyuki Iwai-Shimada, Shoji F. Nakayama

National Institute for Environmental Studies,
Tsukuba, Japan



ICOED 2018

"New Dimensions of OEM in a Globalizing World"
(มิติใหม่อาชีวเวชศาสตร์และเวชศาสตร์สิ่งแวดล้อมในยุคโลกาภิวัตน์)



Department of Occupational Health



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The International Conference on Occupational and Environmental Diseases
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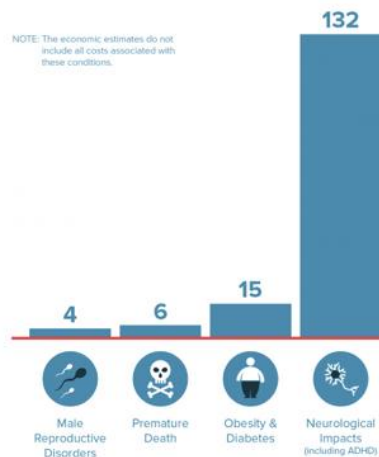
The cost of inaction

HEALTH EFFECTS FROM ENDOCRINE DISRUPTING CHEMICALS COST THE EU 157 BILLION EUROS EACH YEAR.

This is the tip of the iceberg: Costs may be as high as €270B.

€157B Cost by Health Effect

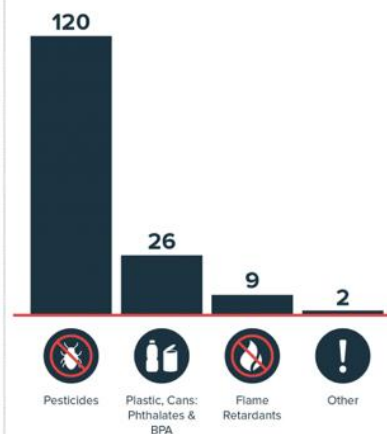
NOTE: The economic estimates do not include all costs associated with these conditions.



SOME EDC-RELATED HEALTH OUTCOMES NOT INCLUDED:

- Breast Cancer
- Prostate Cancer
- Immune Disorders
- Female Reproductive Disorders
- Liver Cancer
- Parkinson's Disease
- Osteoporosis
- Endometriosis
- Thyroid Disorders

€157B Cost by EDC Type



SOME EDCs NOT INCLUDED:

- Atrazine
- 2,4-D
- Styrene
- Triclosan
- Nonylphenol
- Polycyclic Aromatic Hydrocarbons
- Bisphenol S
- Cadmium
- Arsenic
- Ethylene glycol



Endocrine Disrupting Chemicals (EDCs) interfere with hormone action to cause adverse health effects in people.

“THE TIP OF THE ICEBERG”

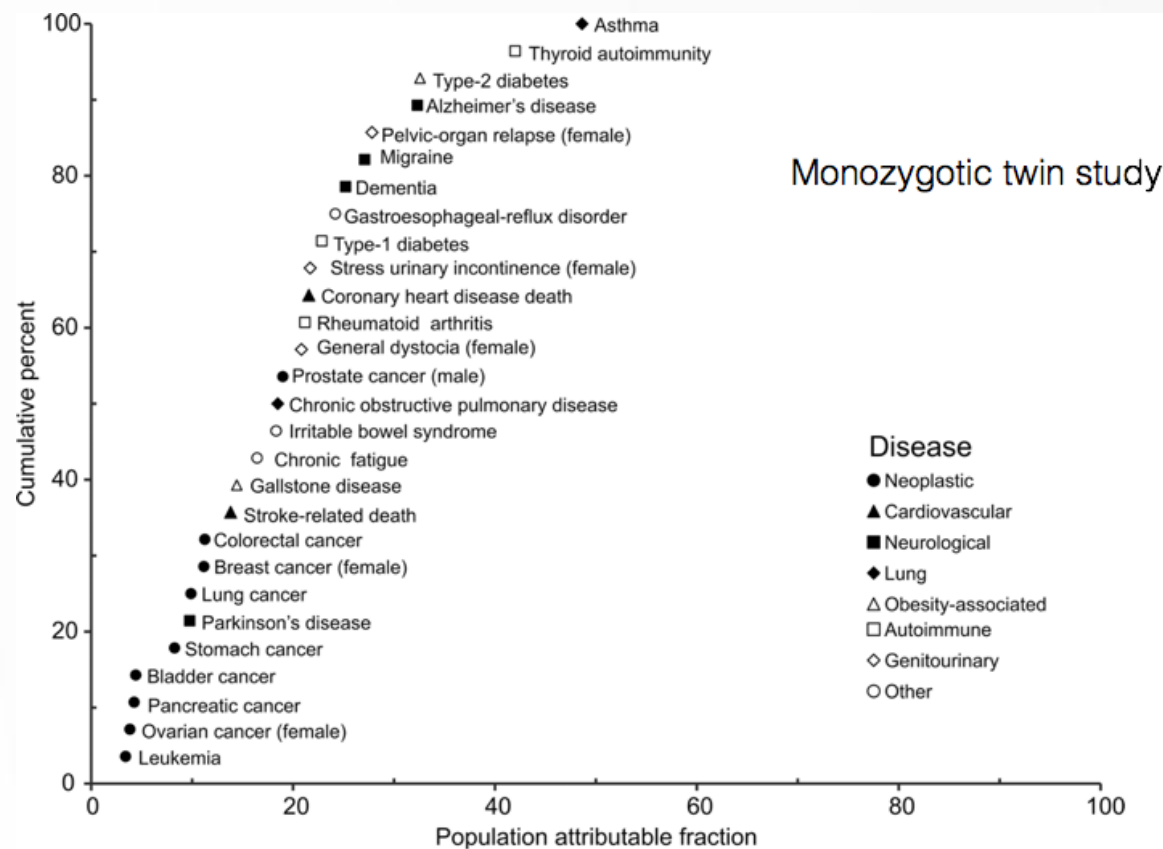
The data shown to the left are based on fewer than 5% of likely EDCs. Many EDC health conditions were not included in this study because key data are lacking. Other health outcomes will be the focus of future research.

See Trasande et al. The Journal of Clinical Endocrinology & Metabolism
<http://press.endocrine.org/edc>

<https://med.nyu.edu/pediatrics/research/environmentalpediatrics/policy-research/disease-burden-and-costs-due-endocrine-disrupting-chemicals>

Adopted: Trasande et al., J Clin Endocrinol Metab, 2015, 100(4):1245–1255

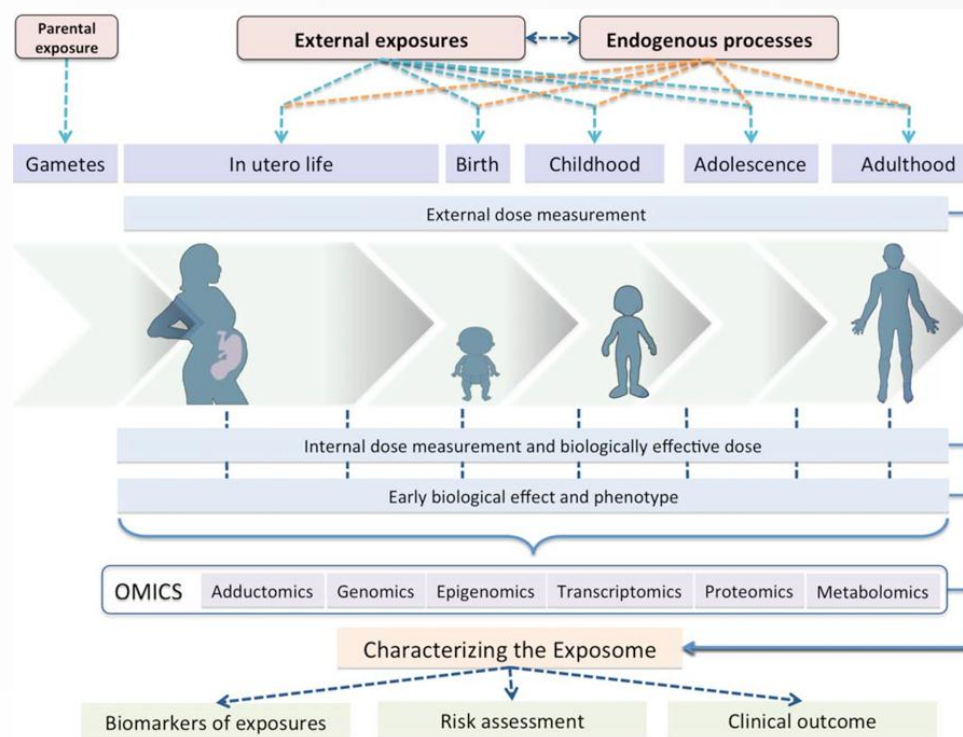
Genome isn't everything



Stephen M. Rappaport, PLoS One, 2016

Exposome: Life-course total exposure

- ✓ Exposome is composed of every exposure to which an individual is subjected from conception to death



Japan Environment and Children's Study (JECS)



The Japan Environment and Children's Study

For the future crew of the Earth

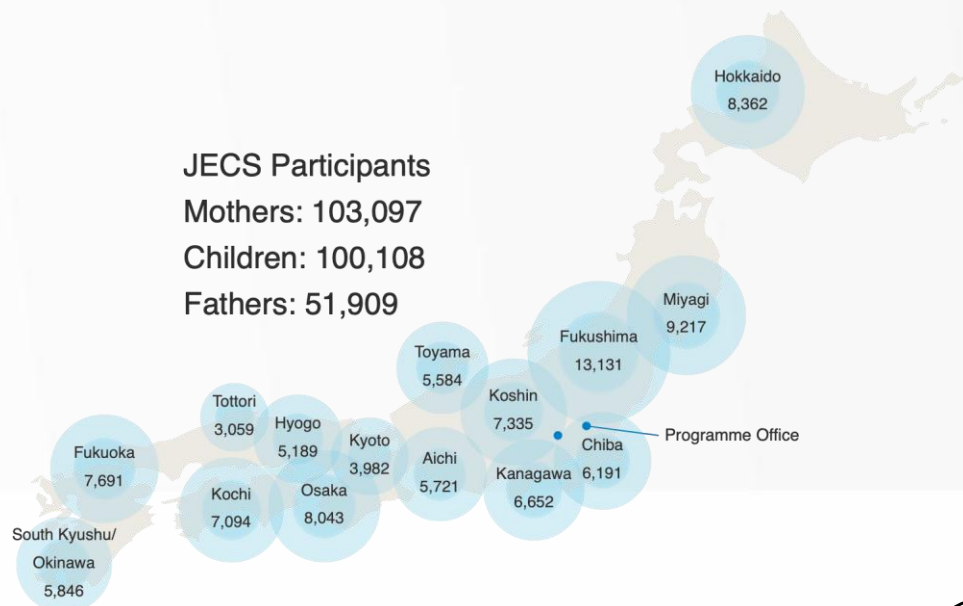
How can we keep the environment healthy and hand it over to the next generations? The Japan Environment and Children's Study (JECS) started in 2011 to answer such a question by investigating a wide range of environmental factors that could affect children's health and development.

JECS Participants

Mothers: 103,097

Children: 100,108

Fathers: 51,909



Goals and vision of JECS



- The ultimate goal of JECS is to identify environmental factors that affect children's health and development and help the government design better risk management strategies, i.e. **prevention** and **intervention**
- The government may use the information to help plan health policy and services
- The government may share the study information with other countries and international organizations such as the World Health Organization (WHO)

JECS study design



- **Main Study** = 100,000
 - ✓ Biological sample collection from mothers, children and fathers
 - ✓ Questionnaire administration during pregnancy, at birth, 1 month, 6 month, and every 6 month after that until children reach 13 yo
 - ✓ Medical record, resident registry and school record transcription
- **Sub-Cohort Study** = 5,000
 - ✓ Home visit—Indoor and outdoor air quality, particulate matter, house dust, noise, dwelling inspection... at 1.5 and 3 years
 - ✓ Psychological development test, physical examination, blood and urine collection at 2 and 4 years
- **Adjunct Studies** conducted with extramural funding
- **Pilot Study** to evaluate the feasibility, acceptability and cost of the proposed procedures and processes to be used in the Main Study



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Ministry of Health
Department of Disease Control



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Priority outcomes



Reproduction and pregnancy complication

Stillbirth, preterm delivery, low birth weight

Congenital anomalies

Cleft lip and palate, ventricular septal defect, hypospadias, cryptorchidism, Down syndrome

Neuropsychiatric and developmental disorders

Autism spectrum disorders, learning disability, ADHD

Allergy and immune system disorders

Asthma, atopic dermatitis, food allergy, Kawasaki disease

Metabolism and endocrine system dysfunction

Glucose metabolism disorder, obesity

Cancers for international co-operation

Leukaemia, solid cancers



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Exposures of interest



Chemicals from
environment/occupation

Metals, POPs, pesticides, organofluorine
compounds, aroma compounds, phthalate
metabolites, phenols, others

Physical environment

Noise, heat, ionising radiation, housing
condition, neighbourhood

Lifestyle

Stress, nutrition, daily rhythm, smoking
and alcohol, infections, medications

Socio-economic status

Education, house-hold income, social
bonding, community support

Genetics/-omics
(when new funding available)

Genomics, epigenetics, metabolomics,
aductomics



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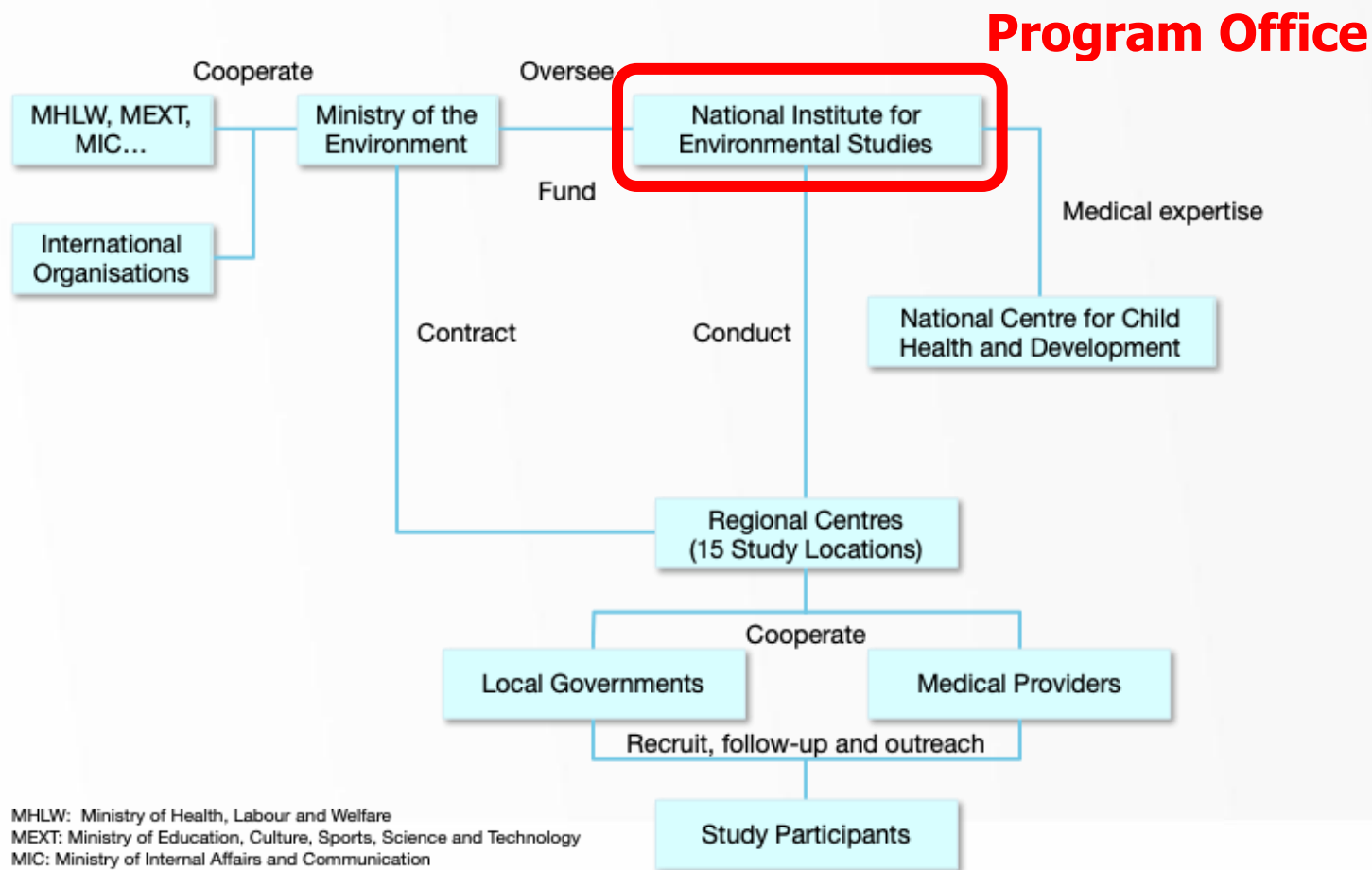
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Closer look at the target chemicals

Group	Target compounds
Metals	Lead, cadmium, total mercury, methyl mercury, arsenics and its compounds including, arsenobetaine, methylarsonic acid, dimethylarsinic acid, trimethylarsine oxide, etc.
Inorganic substances	Iodine, perchlorate, nitrate nitrogen, etc
Chlorinated POPs (Persistent organic pollutants)	Polychlorinated biphenyl (PCBs), hydroxylated polychlorinated biphenyl (OH-PCB), dioxins (PCDDs, PCDFs, Co-PCBs), pexachlorobenzene (HCB), pentachlorobennzene (PeCB), etc.
Pesticides (including pesticide-POPs)	Chlordanes, DDT and its metabolites (DDE, etc.), drin compounds for agriculture (dieldrin, etc.), heptachlor, hexachlorocyclohexane (HCH), mirex, chlordecone, toxaphene, organophosphorus pesticide metabolites (DMP, DEP, DMTP, DETP, etc.), fenitrothion metabolite (methylnitrophenol), acephate metabolite (methamidophos), pyrethroid metabolites (PBA, DCCA, etc.), dithiocarbamate fungicide metabolites (ethylene thiourea, etc.), neonicotinoid metabolites, pentachlorophenol (PCP), atrazine, dymron, glyphosate, flutolanil, iprodione, flusulfamide, etc.
Brominated POPs	Polybromodiphenylethers (PBDEs), polybromobiphenyls (PBBs), hexabromocyclododecan (HBCD), etc.
Organofluorine compounds	Perfluorooctanoic acid (PFOA), perfluorooctane sulfonate (PFOS), perfluorononanoic acid (PFNA), etc.
Aroma compounds	Nitromusks, cyclic musks, etc.
Phthalate metabolites	Mono (2-ethylhexyl) phthalates, etc.
Phenols	Bisphenol A, Nonyphenols, Parabens, etc.
Others	Triclosan, benzophenone, N, N-diethyl-meta-toluamide (DEET), polyaromatic hydrocarbons (PAHs) and their metabolites (1-hydroxypyrene, 3-hydroxyphenanthrene, etc.), cotinine, thiocyanate, dichlorobenzene, phytoestrogen, caffeine, pyridine, acrylamide, tributyl phosphate, tributoxyethyl phosphate, 8-hydroxydeoxyguanosine (8-OHdG), etc.

Kawamoto et al., BMC Public Health. 2014; 14: 25

Organization



<http://www.env.go.jp/chemi/ceh/en/index.html>

JECS current status: Overview

- **Recruitment completed in March 2014**
 - ✓ Mother: 103,097 (~80% consent rate)
 - ✓ Father: 51,909
 - ✓ Birth: 100,108
- **Questionnaire**
 - ✓ Through pregnancy to 6 years old (every 6 months)
- **Biological samples > 5,000,000 tubes**
 - ✓ Maternal blood, urine, breast milk, cord blood, hair, blood spots, paternal blood, ...
- **Sub-Cohort Study (n = 5,000) started in November 2014**
 - ✓ Home visit (1.5 and 3 y/o): VOCs, aldehyde, PM, house dust, dwelling observation
 - ✓ Developmental test, physician's exam, blood (2 and 4 y/o) and urine (4 y/o) collection



JECS current status: Biospecimen

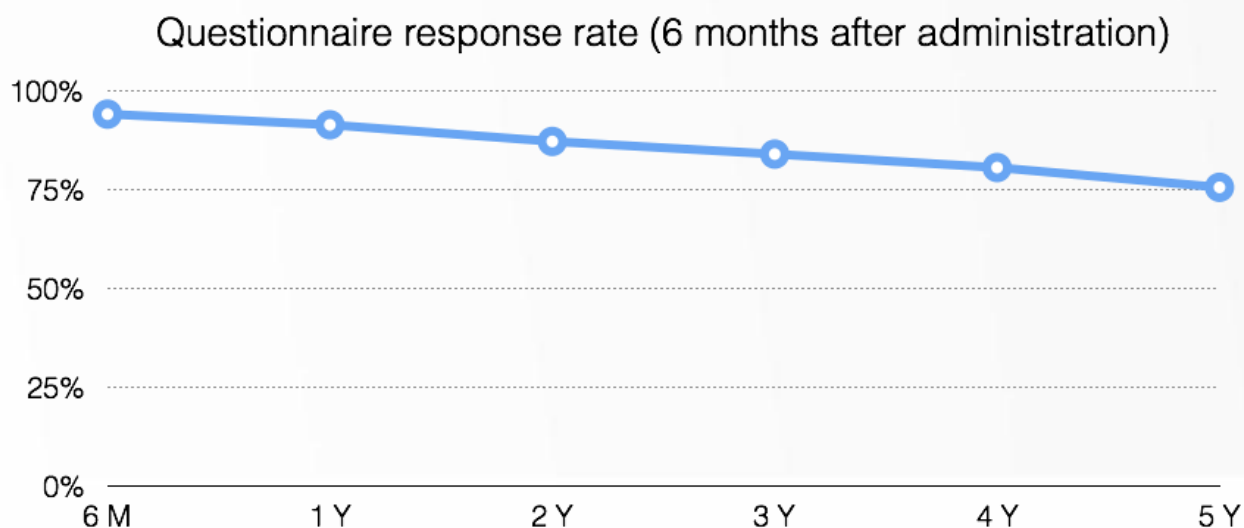
Sample type	Collected from		Number
Blood/urine	Mother	Early pregnancy	91,935
		Mid-late pregnancy	97,979
		At birth	98,818
	Father	Ad libitum	49,796
Cord blood		At birth	87,802
Blood spot	Child	1 month old	94,841
Brest milk	Mother	1 month	89,364
Hair	Mother	At birth	78,719
	Child	1 month old	94,990
Blood	Child	2 y/o	4,727
Blood/urine	Child	4 y/o	on going

JECS current status: Exposure

Sample type	Analyte	Number
Maternal blood (mid-late term)	Metallic elements (Hg, Pb, Cd, Mn, Se)	95,811
Cord blood	Metallic elements (Hg, Pb, Cd, Mn, Se)	3,897 (sub-cohort)
Maternal urine (early term)	Cotinine, 8-OHdG	96,490
Maternal blood (mid-late term)	Perfluoroalkyl substances	on-going (25,000)
Home visit (1.5 y)	VOCs Aldehydes NOx, SOx, O3 PM2.5	Indoor (outdoor) 5,006 (4,990) 5,005 (4,993) 5,006 (4,992) 5,006 (4,993)
Home visit (3 y)	VOCs Aldehydes NOx, SOx, O3 PM2.5	Indoor (outdoor) 4,712 (4,712) 4,712 (4,712) 4,712 (4,712) 4,712 (4,712)
House dust (1.5 y)	Mite allergen/endotoxin	5,009
Vacuum dust	Sieved	4,920

JECS current status: Retention

	Registered participants	Current number	Retention
Mothers	103,099	96,043	93.2%
Children	100,108	97,051	96.9%
Fathers	51,909	49,549	95.6%



Michikawa et al. Journal of Epidemiology (2017)

JECS current status: Profile

		JECS (%)	National Statistics (%)	
Maternal characteristics				
Age at delivery	20-29	36.6	38.5	Vital Statistics, 2011
	30-39	57.8	56.6	
Parity	0	40.9	<i>a</i>	
Infant characteristics				
Live births		98.1	98.0	Birth Statistics, 2010
Term birth ^b	(37–41 wks)	94.2	94.9	Birth Statistics, 2010
Sex ^c	Female	48.8	48.8	Vital Statistics, 2011
	Male	51.2	51.2	
Type of delivery	Cesarean	20.1	19.2	Surveys of Medical Institutions, 2011
Birth weight ^b (g)				
	< 2,500	8.1	8.3	Birth Statistics, 2010
	2,500 – 3,000	38.7	39.0	
	3,000 – 3,500	42.1	41.8	
	3,500 ≤	11.1	10.9	

a. In Vital Statistics, birth order has been reported. The proportion of first child among the number of the total births was 47.1% in 2011. b. Singleton births only. c. Excluding missing.

Michikawa et al. Journal of Epidemiology (2017)



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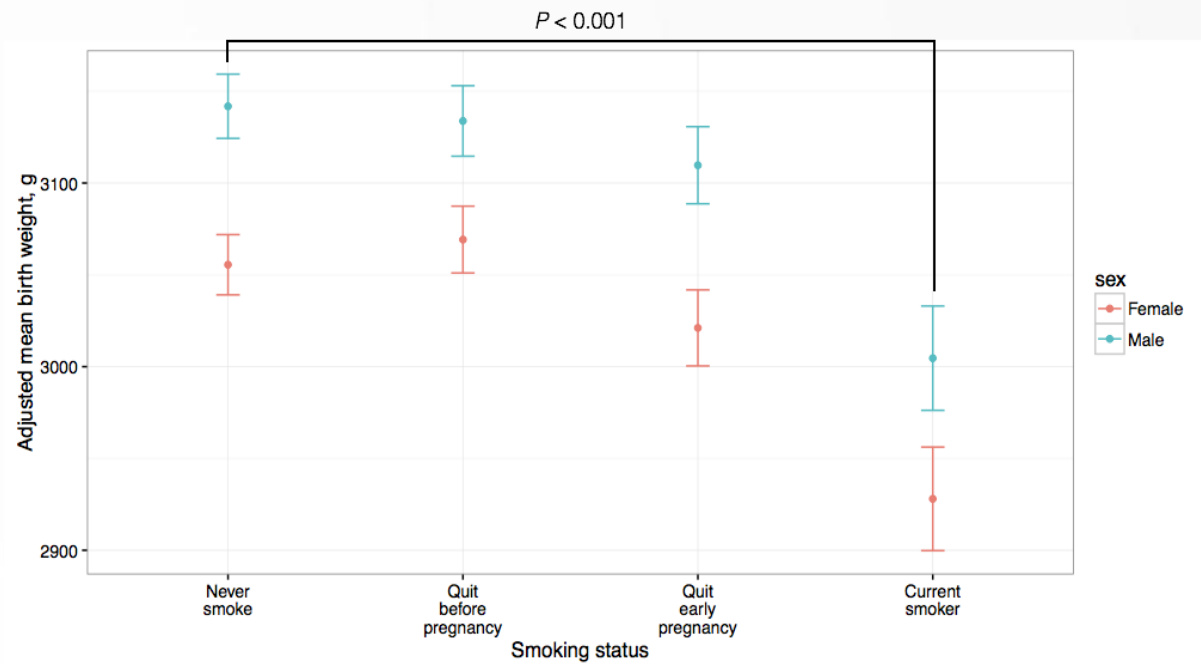


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JECS current status: Smoking and BW



Adjusted for partners' smoking status, annual household income, birth order of children, pregnancy-induced hypertension, diabetes mellitus/gestational diabetes mellitus, maternal weight before pregnancy, maternal weight gain during pregnancy, maternal age group at delivery, and gestational duration; calculated by least squares mean adjustment

P-value was calculated using Dunnett's test by least squares mean adjustment

Adjusted: Suzuki K et al (2016) J Epidemiology



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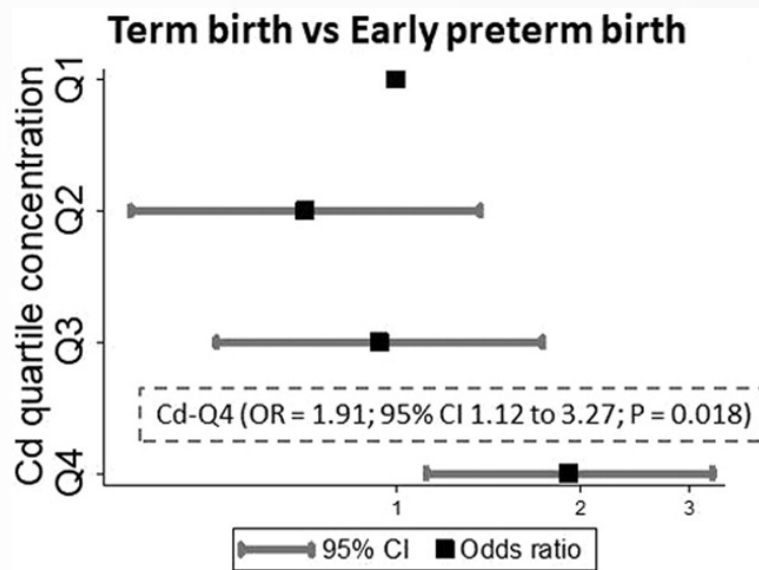
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JECS current status: Association between blood metal level and premature birth



- Association between Cd, Pb, Hg, Se and Mn in maternal blood and early and late preterm birth was examined
- Maternal Cd level could increase the risk of early preterm birth
- Other metals and late preterm birth didn't show significant trend

Tsuji M. et al. (2018) Environ Res



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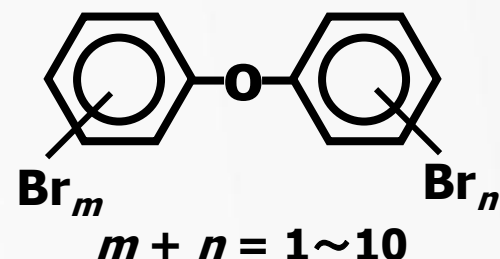
Human Biomonitoring in Asian Countries

– Human breast milk as a bioindicator –

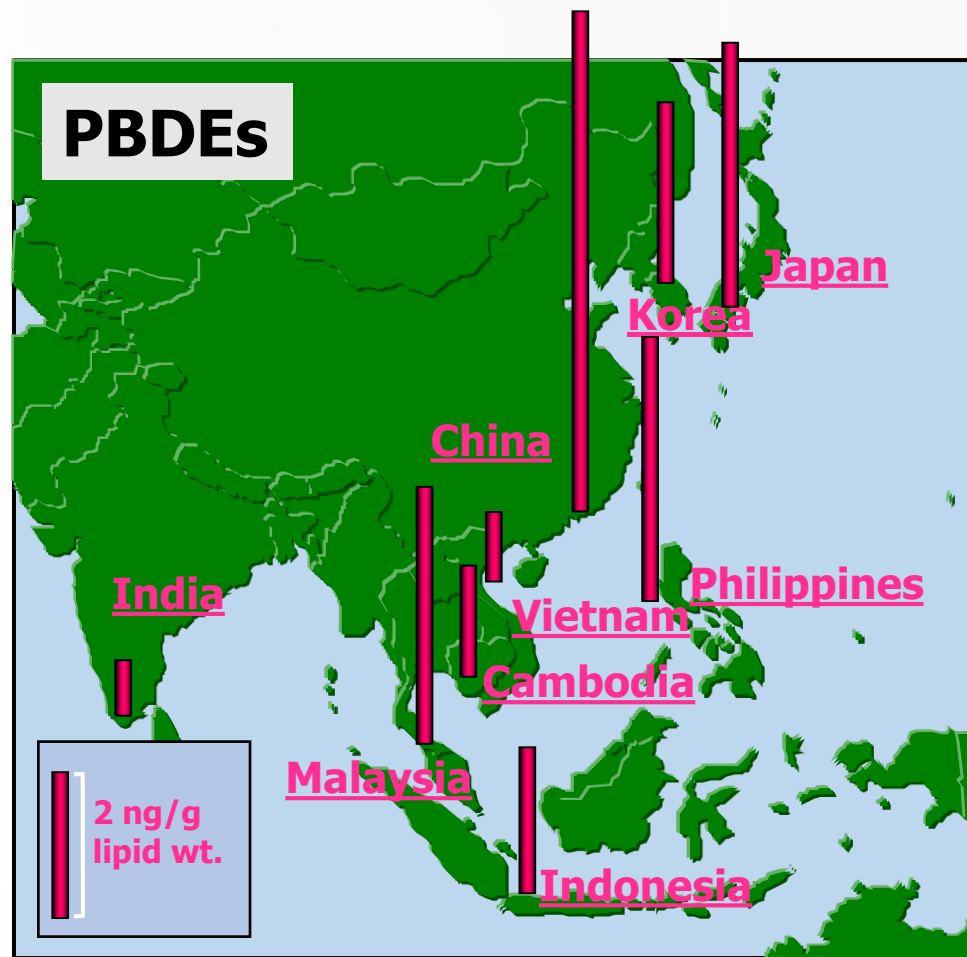


Polybrominated Diphenyl Ethers (PBDEs)

- ✓ Common additive flame retardants, used in industrial/household products
- ✓ Increasing environmental levels
- ✓ Similar structures and physico-chemical properties to PCBs and DDTs
- ✓ Persistent, bioaccumulative, toxic and high production volume substances
- ✓ Listed in Stockholm Convention
- ✓ Reported toxicity
 - *Alteration of thyroid homeostasis*
 - *Neurobehavioral effects*
 - *Hepatic EROD and PROD activities*



PBDEs in breast milk from several Asian countries

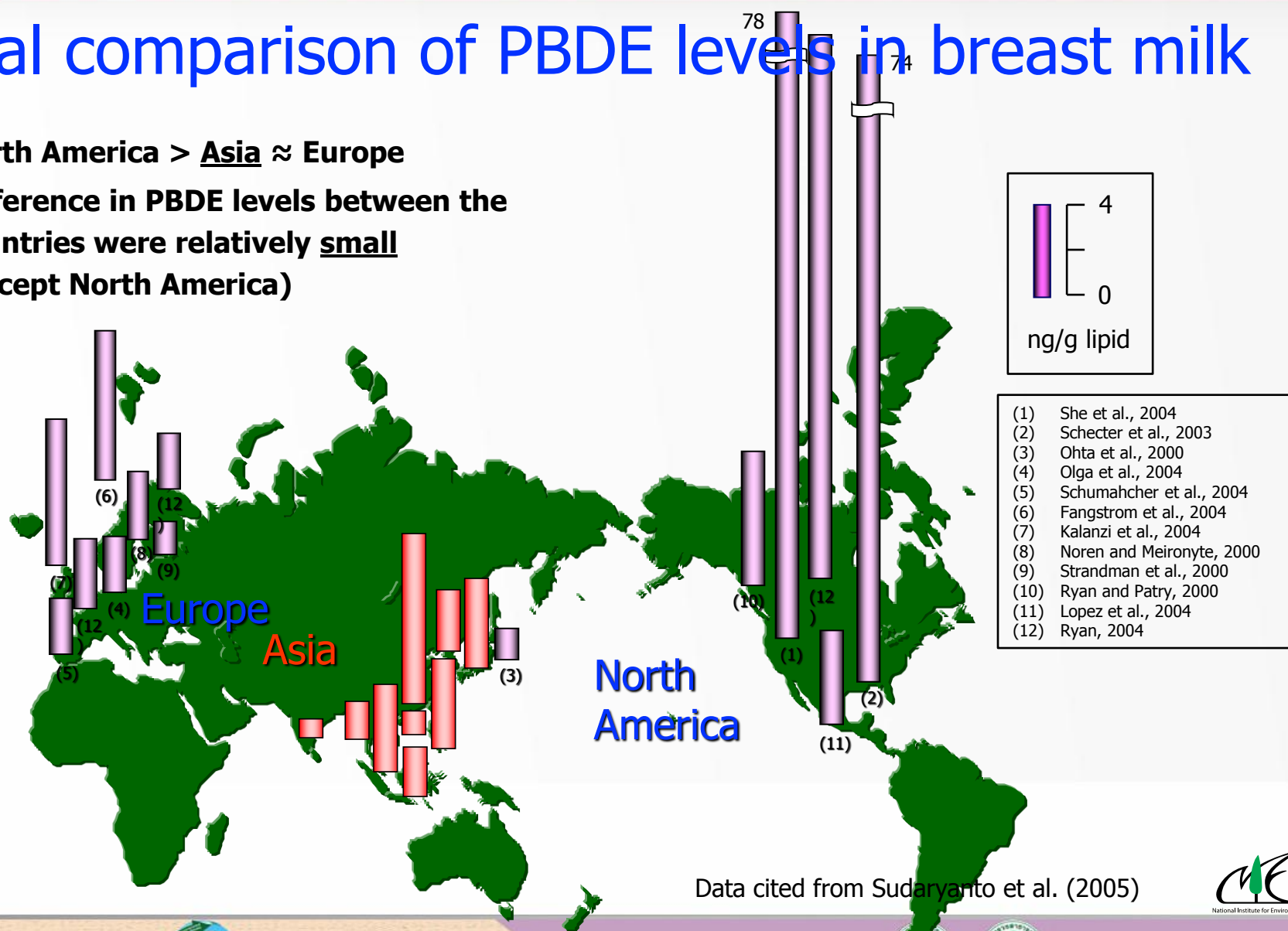


Data cited from Sudaryanto et al. (2005)

Global comparison of PBDE levels in breast milk

North America > Asia $\approx$ Europe

Difference in PBDE levels between the countries were relatively small (except North America)



Data cited from Sudaryanto et al. (2005)

Take home message: Future generation epidemiology

- Exposome: Life-course total exposure
 - ✓ Takes all covariates as exposure
- Personal exposure measurements
 - ✓ New exposure measurement tools to be developed including sensor technologies
- Multiple exposure effects
 - ✓ New statistical models are warranted
- International harmonization
 - ✓ Your collaborations are welcome



Acknowledgement



- Participating families
- Regional Centre staff
- Program Office staff
- International partners
- Funding source
- Taxpayers

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Authors declare no conflicts of interest associated with this presentation





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Department of Occupational and Environmental Medicine, Faculty of Medicine, Chulalongkorn University

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