

Environmental Health and the HELIX Project

David Conti, PhD

Professor

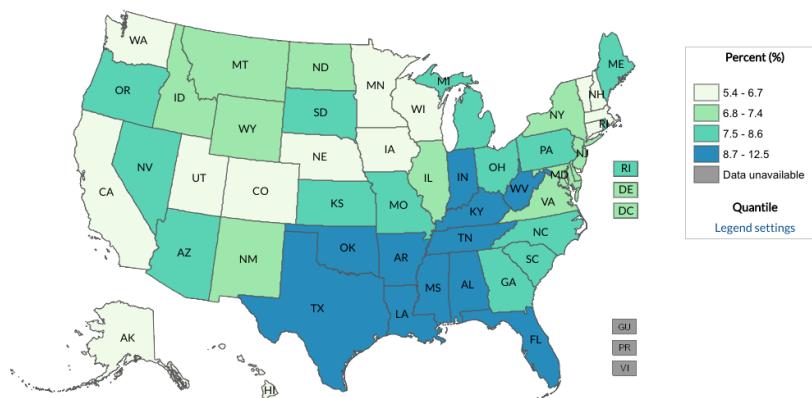
Division of Biostatistics

Prevalence of Chronic Cardiometabolic Diseases and Cancer among U.S. Adults

CDC BRFSS, 2018
US Cancer Registry, 2017

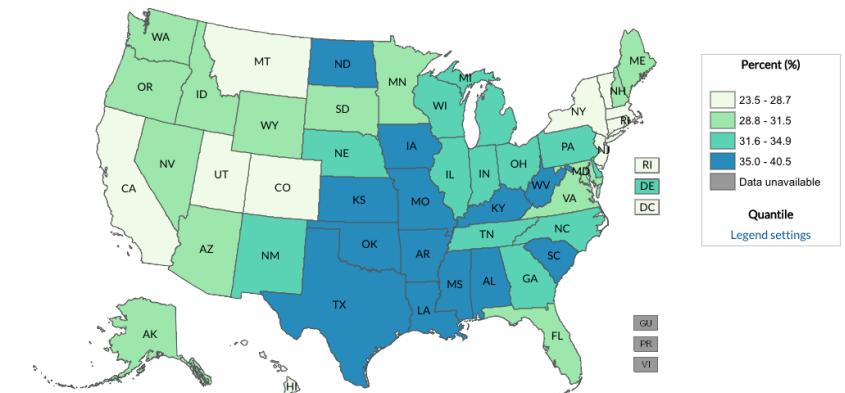
Cardiovascular Disease

2018
Prevalence of major cardiovascular disease among US adults (18+); BRFSS
View by: Overall
Data Type: Age-Standardized
Data Source: BRFSS



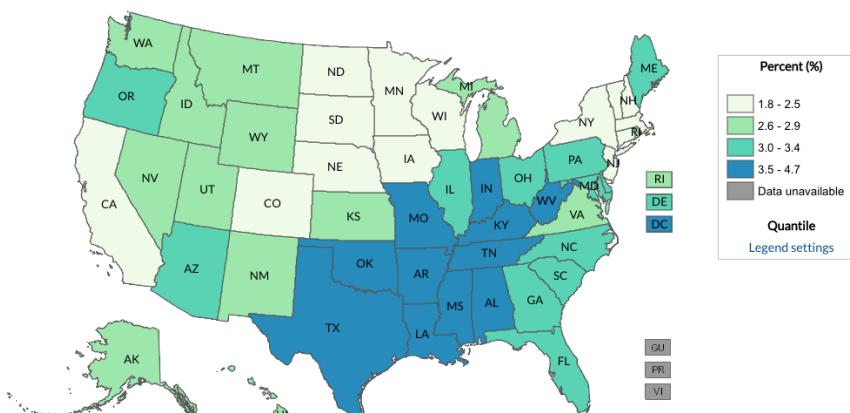
Obesity

2018
Prevalence of obesity among US adults (20+); BRFSS
View by: Overall
Data Type: Age-Standardized
Data Source: BRFSS



Stroke

2018
Prevalence of stroke among US adults (18+); BRFSS
View by: Overall
Data Type: Age-Standardized
Data Source: BRFSS

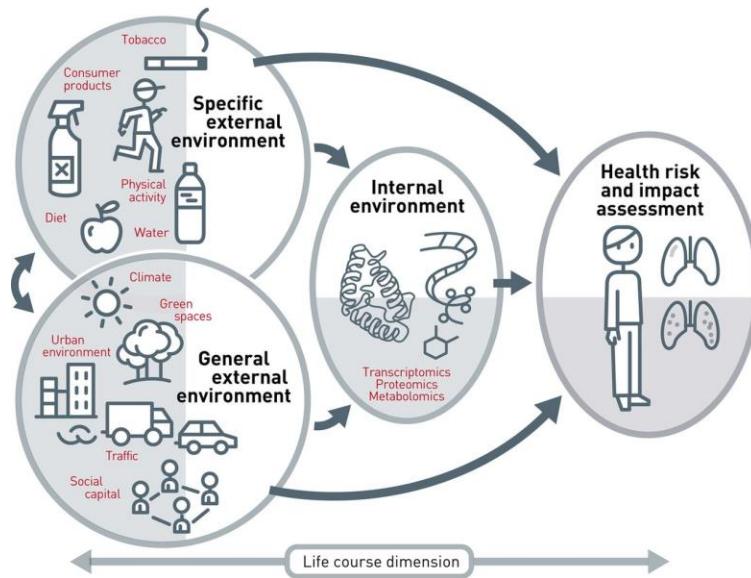




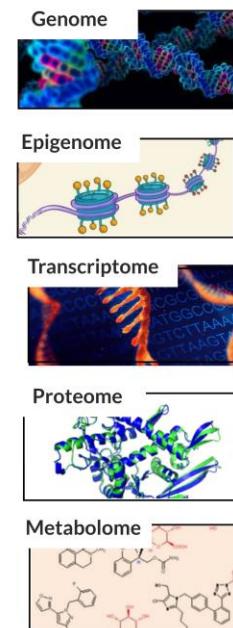
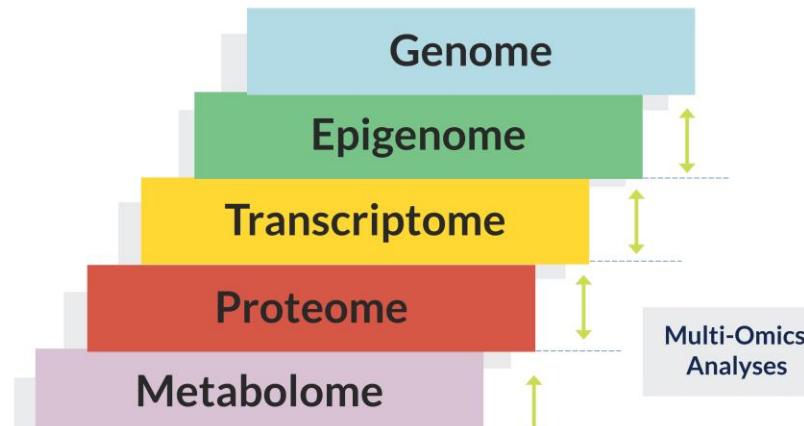
The background image is an aerial photograph of an industrial complex. It features several large buildings with white roofs, tall smokestacks emitting thick plumes of white smoke, and various industrial structures. The surrounding area includes roads, parking lots, and some greenery. A large red circle is overlaid on the center-left portion of the image, containing the title text.

THE EXPOSOME: A New Paradigm for Environmental Health

Features of the Exposome



OMICS BIOMARKERS



1. Holistic

- Complex system, multiple exposures

2. Life Course

- Temporal sequence

3. New tools-technologies

- Coverage and accuracy of exposures

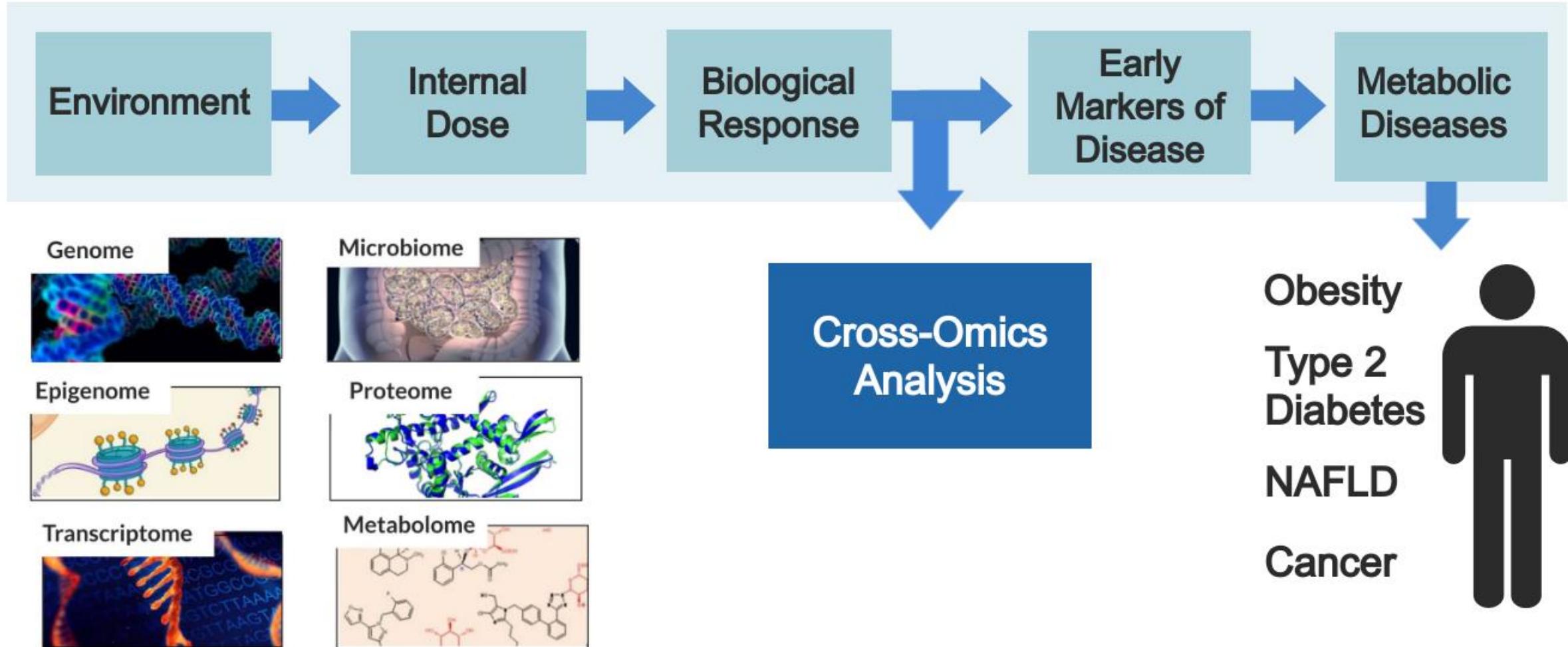
4. Cross-Omics analysis

- Omics, early biological responses

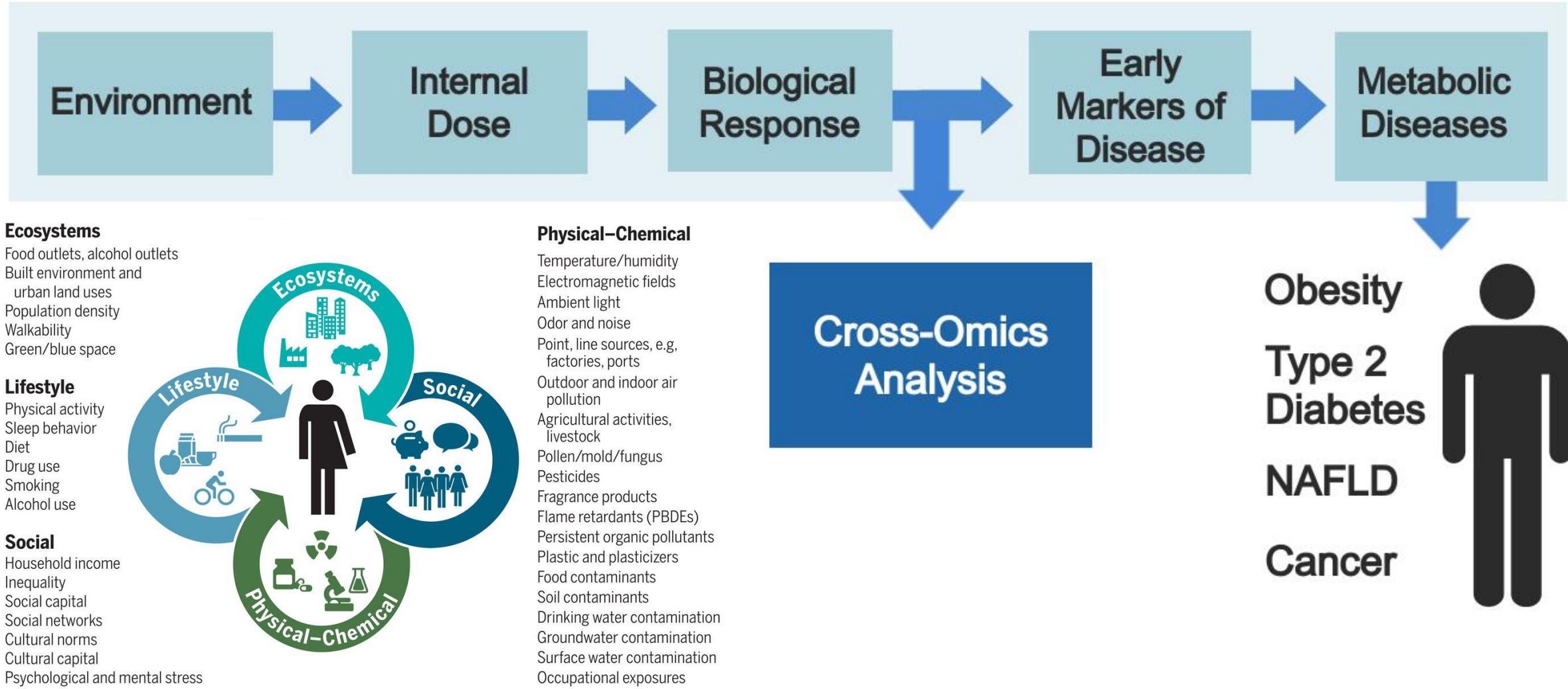
5. Untargeted discovery

- Unknown exposures

Environmental determinants of disease: from single exposure to **cross-omics** approaches



Environmental determinants of disease: from single exposure to cross-omics approaches



Exposome Moonshot

How Exposomics Promotes US Citizens' Health, Wellbeing, and Longevity

Key Benefits of Exposome Research:

Targeted Interventions

Exposomics helps develop tools to monitor, collect evidence and define actions to prevent, mitigate or eliminate risks.

Data Informed Legislation

Exposomics helps determine how health indicators like environmental exposures linked to access to care, and lifestyle inform health outcomes.

Improved Outcomes

Exposomics helps reduce adverse health outcomes by accounting for and integrating social-environmental determinants of health into diagnostics.

Environmental factors significantly influence human health and can account for up to **70% of disease risk**, while genetic factors account for a maximum of **30%**. Exposomics, a field within public health, contextualizes these factors and translates them into data-informed, targeted interventions.

Exposome Research Policy Targets:

Chronic Disease

A Human Exposome Project would highlight the interactions between genes and exposures - a connection critical for effective disease prevention and public health planning.

Food Quality

Exposomics can drive improvements in food production and safety as well as mitigating potential risk of contamination.

Urban Resilience

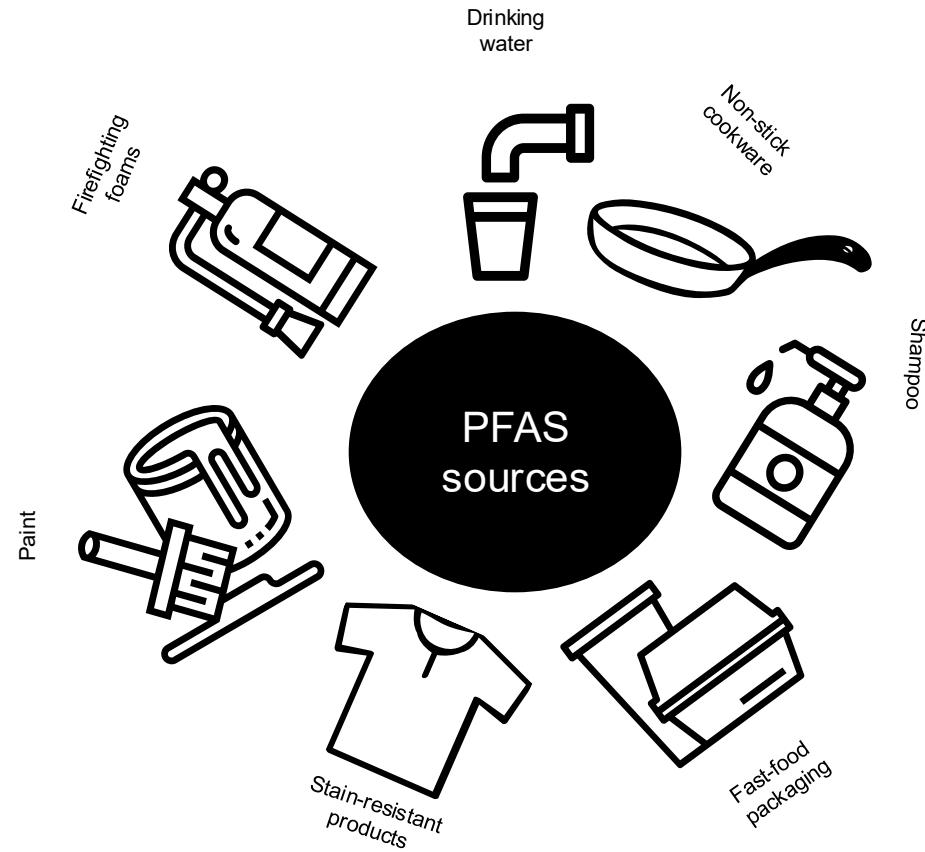
Exposomics fosters innovation in adaptive urban planning, public transportation design and environmentally sound building materials.

EXPOSOME MOONSHOT FORUM

May 12 - 15, 2025
555 Pennsylvania Ave,
Washington D.C. USA
An international gathering to initiate the Human Exposome Project by categorizing environmental determinants of disease, identifying new therapeutic targets and advancing the latest biotechnology.

EXAMPLE: PFAS

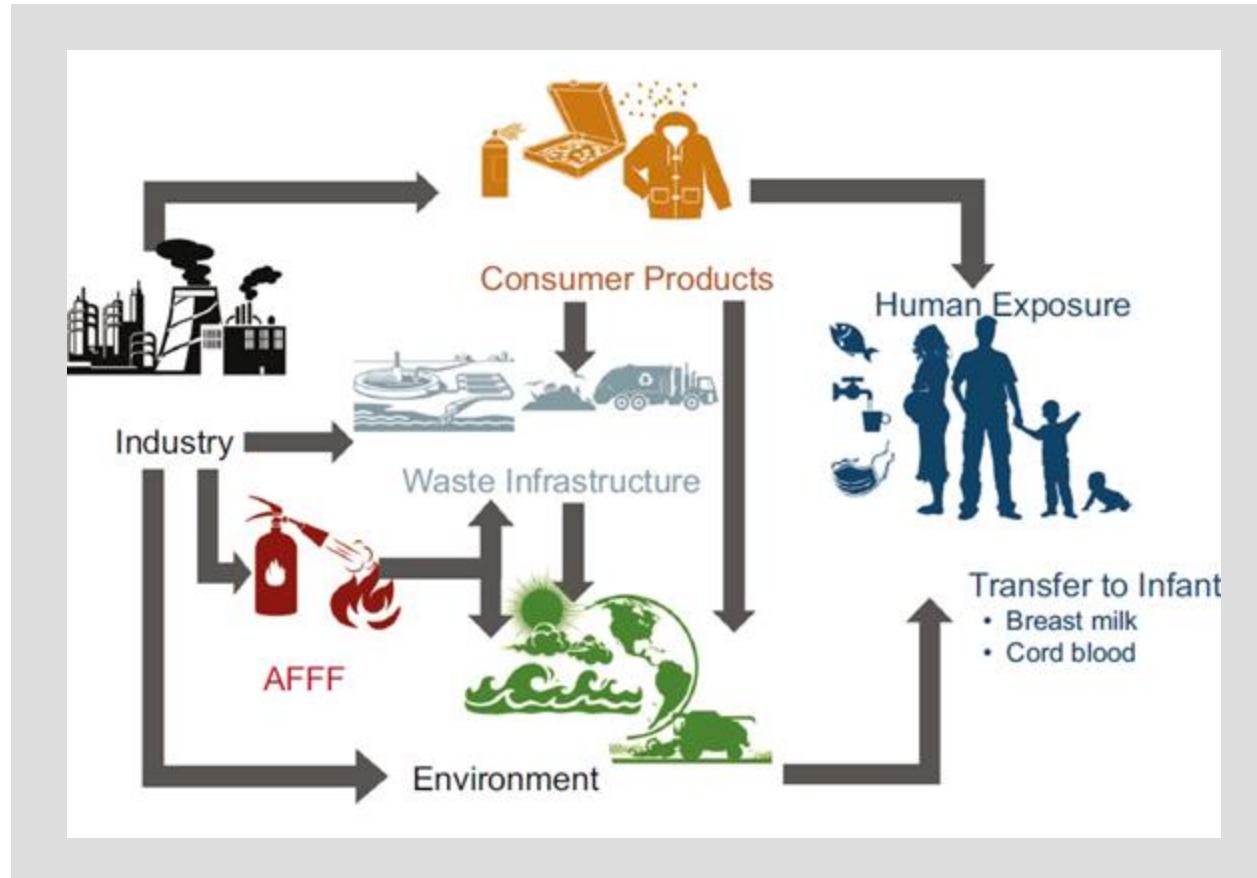
**Per- and polyfluoroalkyl substances (PFAS) –
The new *forever* chemicals**



What are PFAS?

- > 7,000 chemicals
- PFAS have been widely used in **industrial applications** and **consumer products**
- **Resistant to degradation**
- **Detected in blood of almost everyone in the U.S.**

How are we exposed?



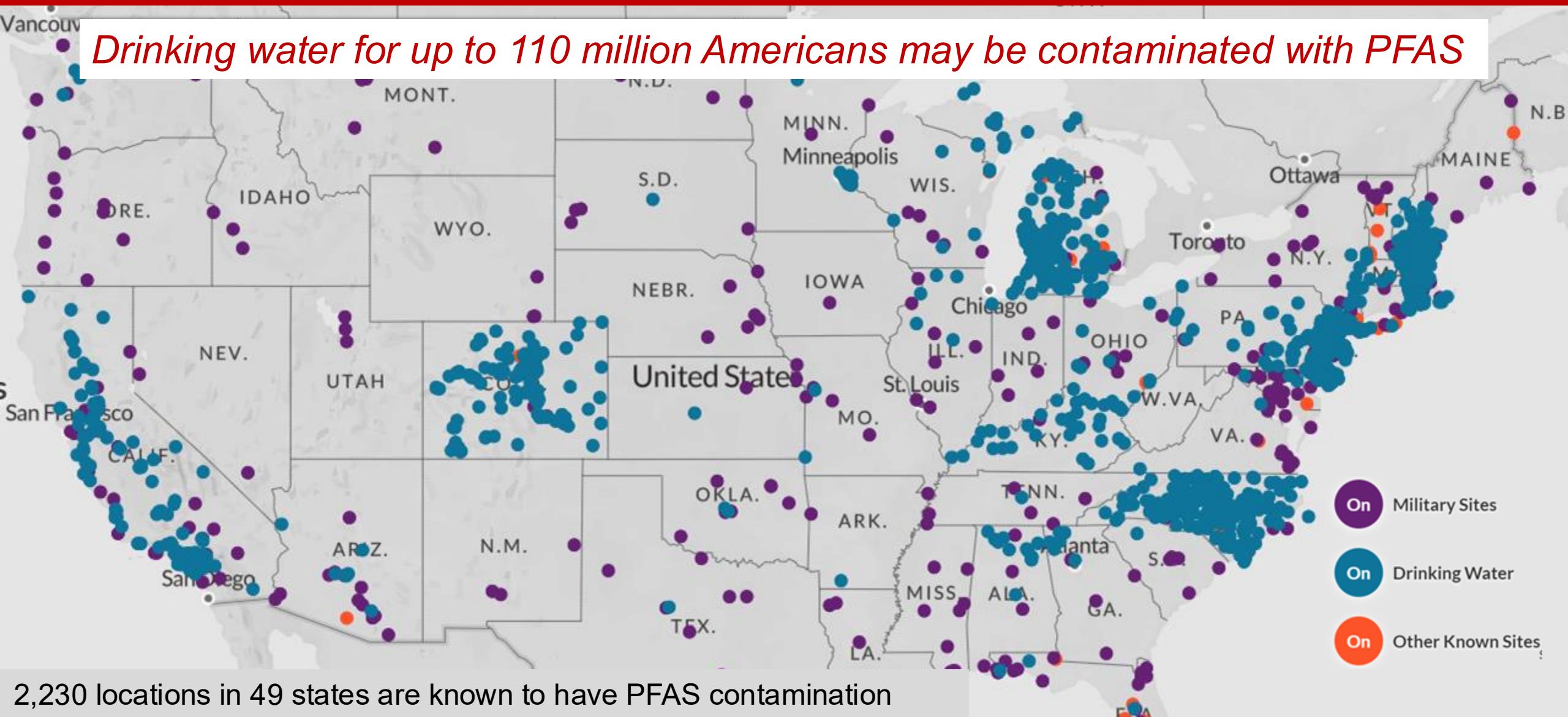
Dark Waters: The story dramatizes a case against the chemical manufacturing corporation DuPont after they contaminated a town with unregulated chemicals.



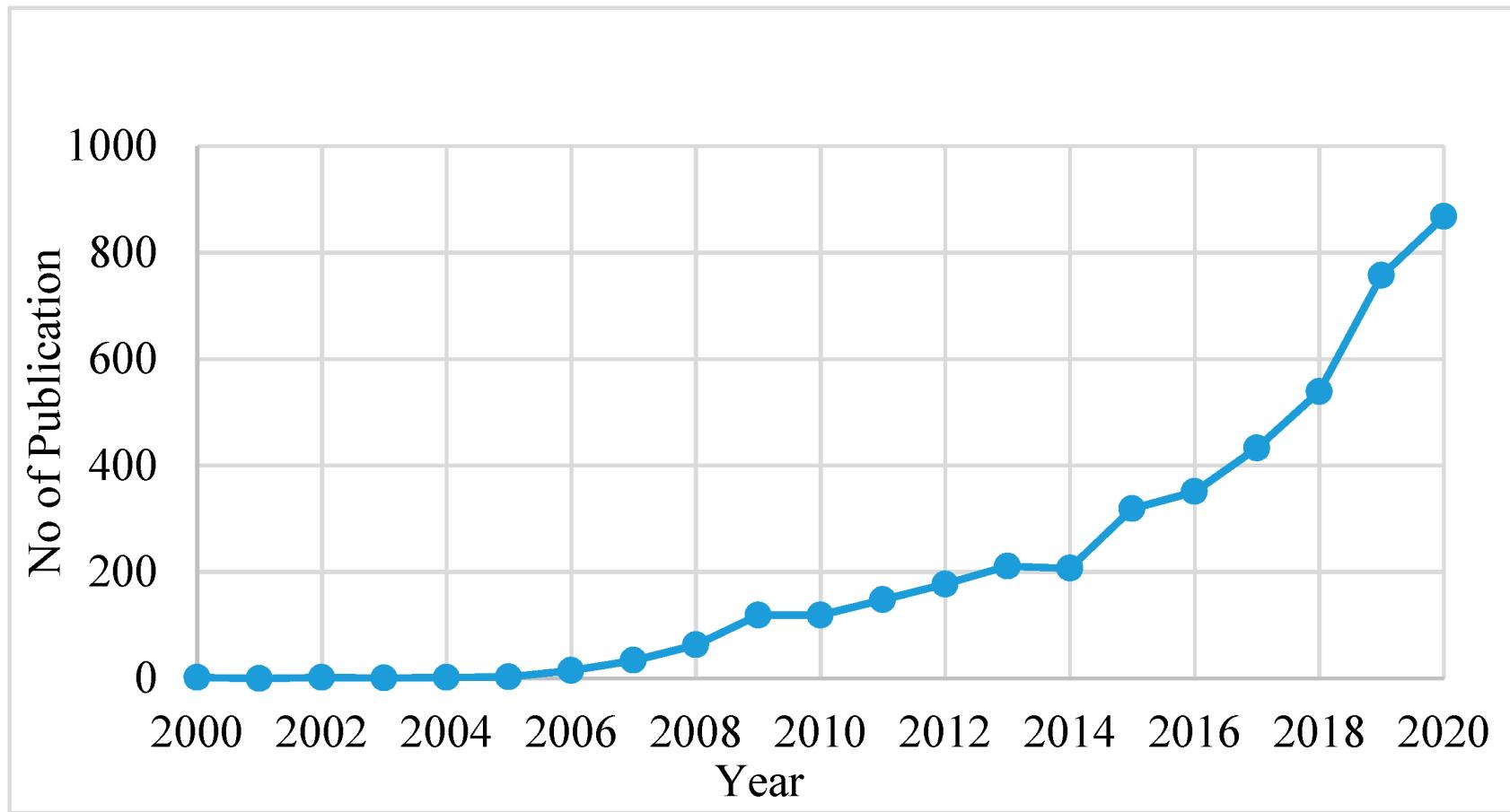
PFAS Water Contamination in the United States

July 8, 2022 (EWG)

Drinking water for up to 110 million Americans may be contaminated with PFAS



PFAS



Total number of documents published, concerning PFAS from 2000 to 2020 (data extracted from Scopus; October 2020).



Contents lists available at ScienceDirect

Environment International

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journal homepage: www.elsevier.com/locate/envint



Perfluoroalkyl substances, metabolomic profiling, and alterations in glucose homeostasis among overweight and obese Hispanic children: A proof-of-concept analysis



Tanya L. Alderete^{a,1}, Ran Jin^{b,1}, Douglas I. Walker^{c,1}, Damaskini Valvi^d, Zhanghua Chen^b, Dean P. Jones^e, Cheng Peng^b, Frank D. Gilliland^b, Kiro Berhane^b, David V. Conti^b, Michael I. Goran^f, Lida Chatzi^{b,*}

Perfluoroalkyl substances and severity of nonalcoholic fatty liver in Children: An untargeted metabolomics approach

Ran Jin^a, Rob McConnell^a, Cioffi Catherine^b, Shujing Xu^a, Douglas I. Walker^{c,d,1}, Nikos Stratakis^a, Dean P. Jones^c, Gary W. Miller^{d,2}, Cheng Peng^a, David V. Conti^a, Miriam B. Vos^{b,e,3}, Leda Chatzi^{a,*,3}



PFAS and Metabolic Diseases

HEPATOLOGY



ORIGINAL

Prenatal Exposure to Perfluoroalkyl Substances Associated with Increased Susceptibility to Liver Injury in Children

Nikos Stratakis, David V Conti, Ran Jin, Katerina Margetaki, Damaskini Valvi, Alexandros P. Siskos, Léa Maitre, Erika Garcia, Nerea Varo, Yinqi Zhao, Theano Roumeliotaki, Marina Vafeiadi, Jose Urquiza, Silvia Fernández-Barrés, Barbara Heude, Xavier Basagana, Maribel Casas, Serena Fossati, Regina Gražulevičienė, Sandra Andrušaitytė, Karan Uppal, Rosemary RC. McEachan, Eleni Papadopoulou, Oliver Robinson, Line Småstuen Haug, John Wright, Miriam B. Vos, Hector C. Keun, Martine Vrijheid, Kiro Berhane, Rob McConnell, Lidada Chatzi ✉ ... See fewer authors ▾

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Contents lists available at ScienceDirect

Environment International

journal homepage: www.elsevier.com/locate/envint



Dysregulated lipid and fatty acid metabolism link perfluoroalkyl substances exposure and impaired glucose metabolism in young adults

Zhanghua Chen^{a,*}, Tingyu Yang^a, Douglas I. Walker^b, Duncan C. Thomas^c, Chenyu Qiu^a, Leda Chatzi^a, Tanya L. Alderete^d, Jeniffer S. Kim^e, David V. Conti^c, Carrie V. Breton^a, Donghai Liang^f, Elizabeth R. Hauser^g, Dean P. Jones^h, Frank D. Gilliland^a



2020 Papers of the Year

[◀ Previous Article](#)[Next Article ▶](#)

From the nearly 3,500 publications by NIEHS researchers and grantees in 2020, the institute's leaders selected 27 for special recognition as *Papers of the Year*.

BY ROBIN ARNETTE

Research funded by grants

PFAS linked with liver injury in children

Exposure to per- and polyfluoroalkyl substances (PFAS) in the womb may increase liver injury risk in children, according to NIEHS-funded researchers. This study is the first to examine the impact of early life exposures to a PFAS mixture on child liver injury. PFAS, a large group of synthetic chemicals found in a variety of consumer products, have been linked to immune dysfunction, altered metabolism, brain development, and certain cancers.



- Evaluation of **PFAS mixture**
- Integration of **metabolomics**
- Prospective follow-up design

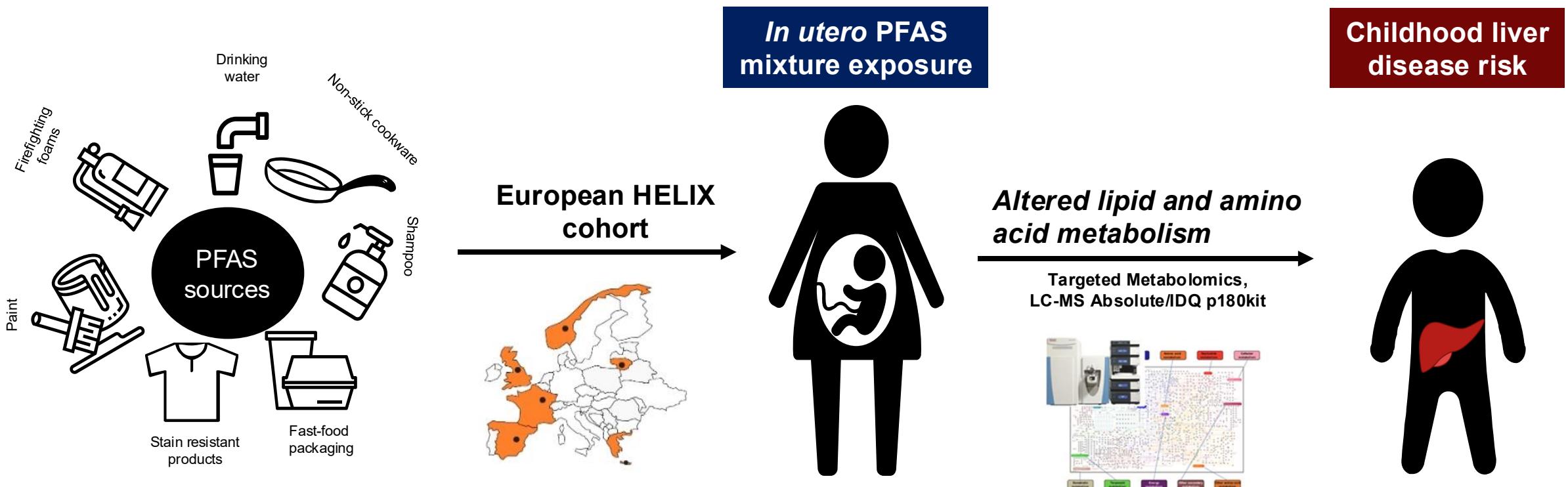


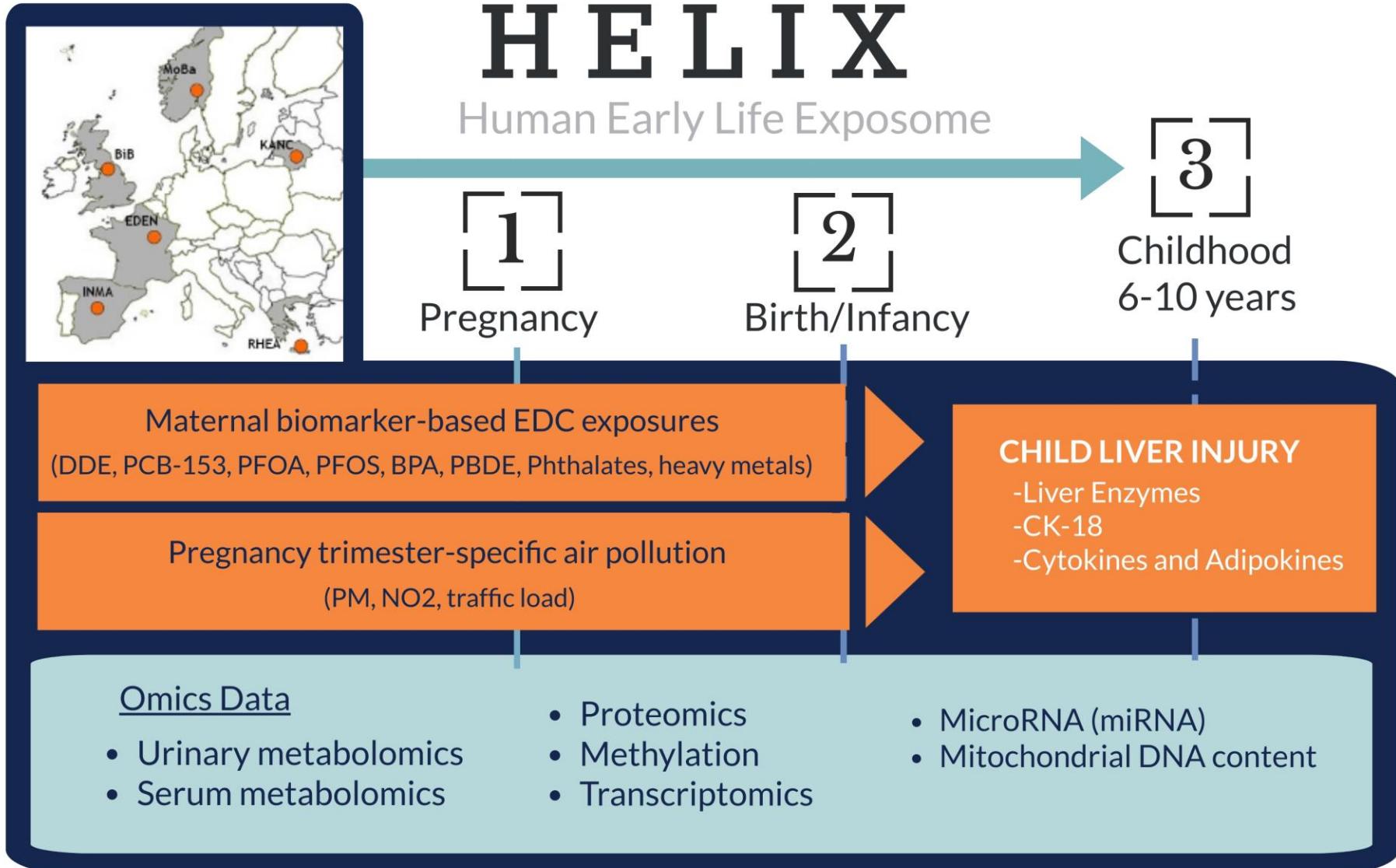
Stratakis et al, Hepatology 2020

Prenatal exposure to PFAS and Increased Susceptibility to Liver Injury in Children

Guided Hypotheses

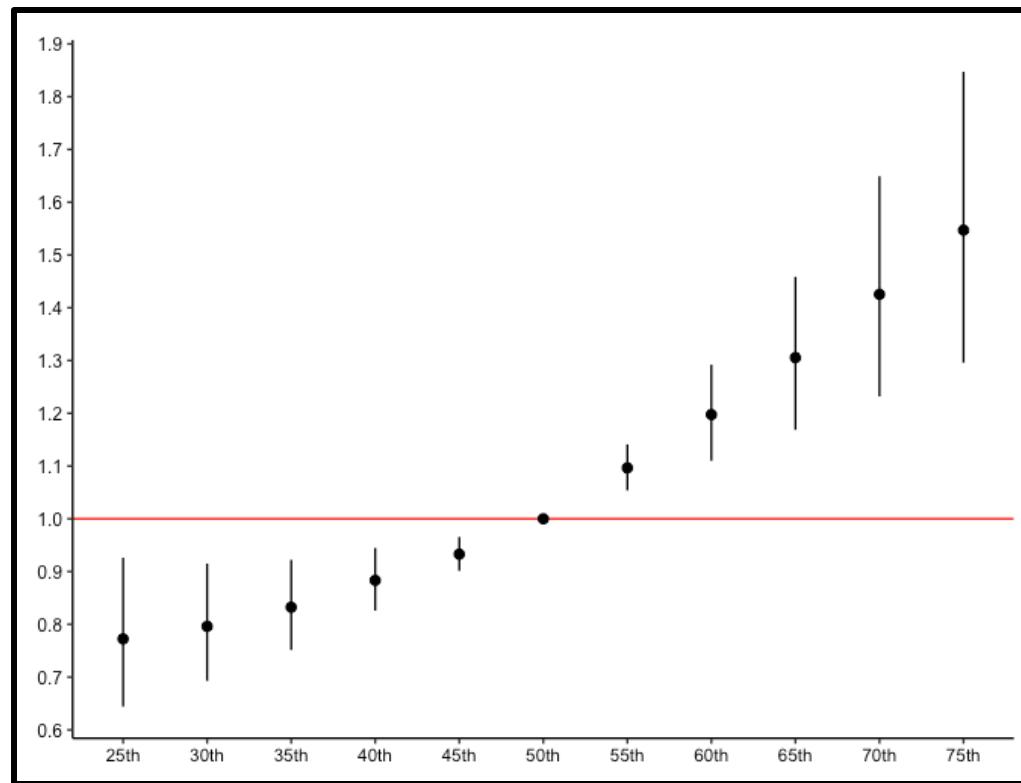
Prenatal exposure to **PFAS** (perfluoroalkyl and polyfluoroalkyl substances) and risk of non-alcoholic fatty liver disease (**NAFLD**) in childhood





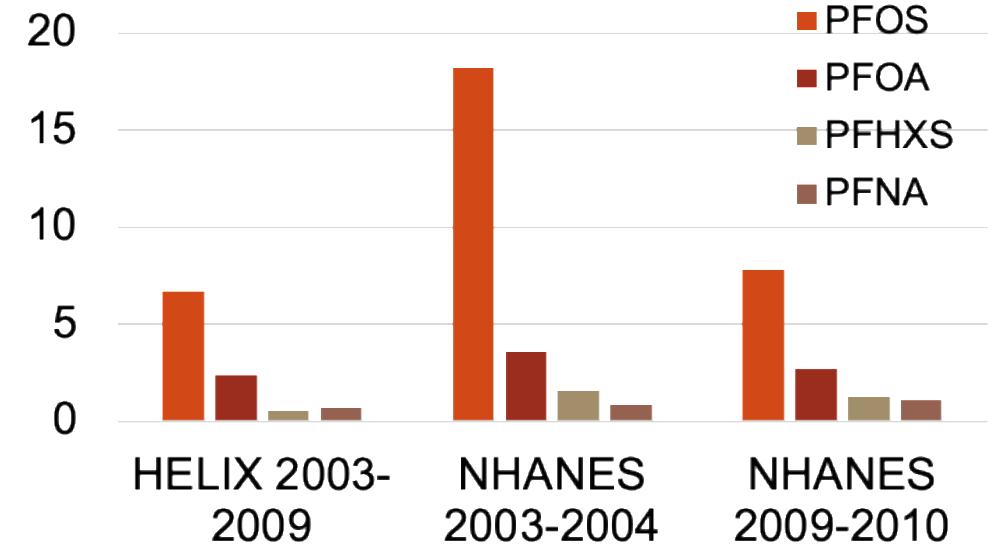
Effect of PFAS Mixture During Pregnancy on Child Liver Injury Risk: Mixture Models

Joint effect of prenatal PFAS mixture on risk of pediatric liver injury (OR, 95% CI)



Liver injury risk: Any liver enzyme serum concentrations >90th percentile

Median maternal PFAS concentration (ng/ml) in HELIX and female NHANES population



Participating Cohorts



Table 1 Characteristics of the cohorts contributing to the HELIX cohort

Cohort	Recruitment in original cohort	Exclusions made during recruitment	Years of birth	Region covered by HELIX	No. of births in HELIX entire cohort
BiB, UK ⁵	All pregnant women who attended the oral glucose tolerance test clinic at Bradford Royal Infirmary in weeks 26–28 of pregnancy.	Women who planned to move away from Bradford before birth were excluded.	2007–2010	Bradford	10 849
EDEN, France ⁶	Pregnant women who attended prenatal care at the University hospitals of Nancy and Poitiers recruited before 24 weeks of amenorrhoea.	Twin pregnancies, women with known diabetes before pregnancy, insufficient French language skills and intention to move away from the recruitment area were excluded.	2003–2006	Nancy and Poitiers, urban areas	1900
INMA, Spain ⁷	Pregnant women who attended a prenatal care centre in the study region during weeks 6–10 of pregnancy.	Women who resided or intended to deliver outside the study area, who were aged under 16 years, who had twin or multiple pregnancies, who had assisted reproduction or who had communication problems were excluded.	2003–2008	Gipuzkoa Sabadell Valencia	2063
KANC, Lithuania ⁸	Pregnant women who attended one of four prenatal care clinics affiliated to the hospitals of the Kaunas University of Medicine during first trimester of pregnancy.	Women who lived outside Kaunas municipality, had medical records of pregnancy induced hypertension and/or diabetes were excluded.	2007–2008	Kaunas	4107
MoBa, Norway ⁹	Recruitment at the first ultrasound (US) scan, ie, during the 17–18 weeks of gestation. All women who gave singleton births in the participating maternity units.	None	1999–2008	Oslo	11 095
RHEA, Greece ¹⁰	Pregnant women who attended US examination before 15 week of pregnancy with residence in and near Heraklion at Crete.	Women who were aged under 16 years or who had communication problems were excluded.	2007–2008	Heraklion	1458
Total					31 472

BiB, Born in Bradford; EDEN, Étude des Déterminants pré et postnatals du développement et de la santé de l'Enfant; INMA, INFancia y Medio Ambiente; KANC, Kaunas cohort; MoBa, Norwegian Mother and Child Cohort Study.

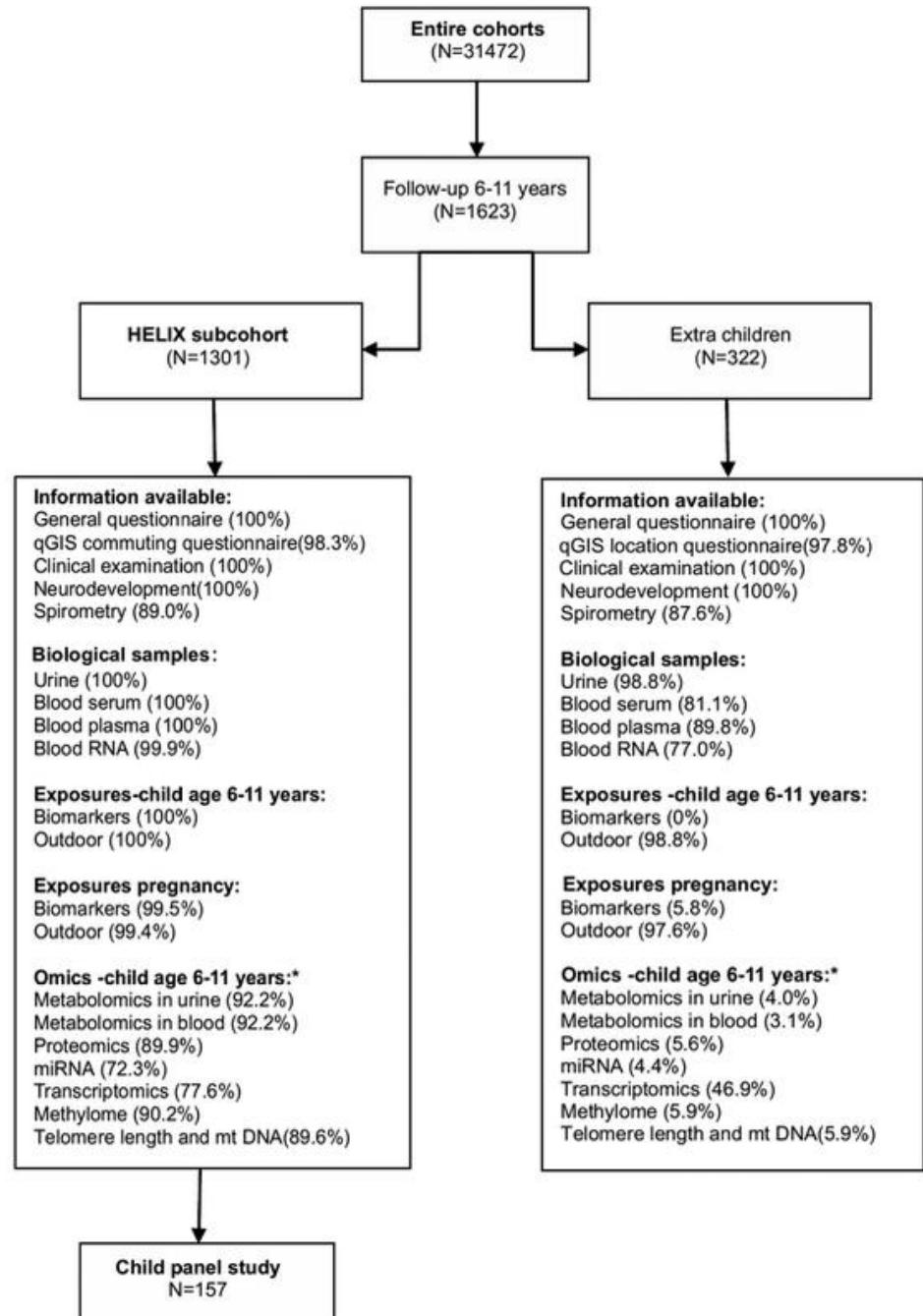


Figure 1 Flow chart describing design and available data. GIS, Geographic Intelligent Software; HELIX, Human Early Life Exposome; miRNA, microRNA; mtDNA, mitochondrial DNA. *Omics data available after quality control

Table 2 Health outcomes harmonised across the entire cohort between birth and 5 years of age

Health/development outcomes	Methods	BiB	EDEN	INMA	KANC	MoBa	RHEA	Total number of subjects in the harmonised dataset
Birth								
Birth weight	Measurements	√	√	√	√	√	√	31472
Gestational duration	Medical records/ultrasound	√	√	√	√	√	√	31472
0–5 years								
Repeated weight, height, BMI	Measurements and records	√	√	√	√	√	√	28305
Waist circumference	Measurements							
1–2 years		√	√	√			√	4598
4–5 years		√	√	√			√	4275
Skinfolds	Measurements							
1–2 years		√	√				√	3364
4–5 years		√	√				√	2774
Blood pressure (4–5 years)	Measurements	√	√	√			√	5182
Cognition	Psychologist-administered tests and parental questionnaires			√	√		√	3470
Motor skills, language	Psychologist-administered tests and parental questionnaires	√	√	√		√	√	10245
Behaviour	Questionnaires	√	√	√	√	√	√	12644
Asthma, wheeze	Questionnaires	√	√	√	√	√	√	12068
Lung function (4–5 years)	Spirometry	√	√	√			√	2719

BiB, Born in Bradford; BMI, body mass index; EDEN, Étude des Déterminants pré et postnatals du développement et de la santé de l'Enfant; INMA, INFancia y Medio Ambiente; KANC, Kaunas cohort; MoBa, Norwegian Mother and Child Cohort Study.

Table 3 Exposure estimates available in the HELIX entire cohort and subcohort

Exposure group	Description*	Pregnancy (and specific trimesters)*	Postnatal 0–5 years	Subcohort 6–11 years
Outdoor and urban exposure estimates available in the entire cohort and in the subcohort				
Atmospheric pollutants	NO ₂ , PM _{2.5} , PM ₁₀ , PM _{2.5} (absorbance ratio)	✓ *	✓	✓
Ultraviolet (UV)	Ambient UV radiation levels	✓	✓	✓
Surrounding natural space	Average normalised difference vegetation index within buffers of 100, 300 and 500 m Size of and distance to nearest major green or blue space (>5000 m ²) Presence of a major green or blue space in a distance of 300 m	✓	✓	✓
Meteorology	Land surface temperature average in a buffer of 50m Temperature from meteorological stations (mean, minimum and maximum) Humidity percentage from meteorological stations Atmospheric pressure data from the ESCAPE project	✓ *	✓	✓
Built environment	Population density: inhabitants per km ² Building density: built area in m ² per km ² within 100 and 300m buffers Street connectivity: number of road intersections per km ² within 100 and 300 m buffers Accessibility: metres of bus public transport lines and number of bus public transport stops per km ² within 100, 300 and 500 m buffers Facilities: facility richness index and facility density index in a 300m buffer Land use evenness index Walkability index in 300m buffer*	✓	✓	✓
Traffic	Total traffic load of major roads in a 100m buffer, total traffic load in a 100m buffer, traffic density on nearest road and inverse distance to nearest road	✓	✓	✓
Road traffic noise	Day and night time road noise levels	✓	✓	✓

Table 3 Exposure estimates available in the HELIX entire cohort and subcohort

Exposure group	Description*	Pregnancy (and specific trimesters)*	Postnatal 0–5 years	Subcohort 6–11 years
Contaminant exposure estimates available in the HELIX subcohort				
Organochlorine compounds	Blood concentrations of dichlorodiphenyldichloroethylene, dichlorodiphenyltrichloroethane, hexachlorobenzene and polychlorinated biphenyl—118, 68, 153, 170, 180. With and without lipid adjustment.	✓	-	✓
Brominated compounds	Blood concentrations of polybrominated diphenyl ether—47, 153. With and without lipid adjustment.	✓	-	✓
Perfluorinated alkylated substances	Blood concentrations of perfluorooctanoate, perfluorononanoate, perfluoroundecanoate, perfluorohexane sulfonate, perfluorooctane sulfonate	✓	-	✓
Metals and essential elements	Whole blood concentrations of arsenic, cadmium, cesium, cobalt, copper, lead, manganese, mercury, molybdenum, thallium, potassium, magnesium, sodium, selenium and zinc	✓	-	✓
Phthalate metabolites	Urine concentrations of monoethyl phthalate, mono-iso-butyl phthalate, mono-n-butyl phthalate, mono-benzyl phthalate, mono-2-ethylhexyl phthalate, mono-2-ethyl-5-hydroxyhexyl phthalate, mono-2-ethyl-5-oxohexyl phthalate, mono-2-ethyl 5-carboxypentyl phthalate, mono-4-methyl-7-hydroxyoctyl phthalate, mono-4-methyl-7-oxooctyl phthalate. With and without creatinine adjustment.	✓	-	✓

Table 3 Exposure estimates available in the HELIX entire cohort and subcohort

Exposure group	Description*	Pregnancy (and specific trimesters)*	Postnatal 0–5 years	Subcohort 6–11 years
Phenols	Urine concentrations of methyl paraben, ethyl paraben, bisphenol A, propyl paraben, N-butyl paraben, oxybenzone, triclosan. With and without creatinine adjustment.	√	–	√
Organophosphate pesticide metabolites	Urine concentrations of dimethyl phosphate, dimethyl thiophosphate, dimethyl dithiophosphate, diethyl phosphate, diethyl thiophosphate, diethyl dithiophosphate. With and without creatinine adjustment.	√	–	√
Tobacco smoking	Urine levels of cotinine. Questionnaire on active and passive smoking.	√	–	√
Water disinfection by-products	Total concentration of total trihalomethanes (THMs), chloroform and total brominated THMs estimated in tap water from water company concentration and distribution data.	√	–	–
Indoor air	Prediction models for indoor air concentrations of NO ₂ , PM _{2.5} , PM ₁₀ , benzene and toluene, ethylbenzene, xylene using panel study data from indoor air samplers.	–	–	√

Table 5 Measurements performed in the child and pregnancy panel studies

Measurement	No. of subjects in child panel study*	No. of subjects in pregnancy panel study*	Description	Measurement point/period
Geolocation and mobility	146	126	Smartphone GPS with ExpoApp application installed	7 days in each study period
Physical activity	145	148	Smartphone and Actigraph accelerometer	7 days in each study period
NO ₂	154	158	Passive samplers for NO ₂ installed in the home	7 days in each study period
BTEX	154	158	Passive samplers for BTEX installed in the home	7 days in each study period
PM _{2.5}	92	90	Active PM _{2.5} Cyclone pumps (BGI-400-4), carried by participants in backpack and installed in the home	Last 24 hours of each of the two study periods
Black carbon	89	66	MicroAthelometer (AE51) for continuous monitoring	Last 24 hours of each of the two study periods
UV	69	141	Electronic wrist band UV dosimeters ⁴⁷	7 days in each study period
Phthalates, phenols, organophosphate pesticides	152	–	Pool of bedtime and first morning urine	4 separate days in one study period
Phthalates, phenols, organophosphate pesticides, cotinine	152	154	Pool of daily urine samples (2 or 3 per day) during 1 week	One pool in each of the two study periods
Phthalates	–	44	All morning and bed time urines during 1 week	7 days in one study period
¹ H NMR metabolomics	22	–	All morning and bed time urines during 1 week	7 days in one study period
Lung function	62	–	Spirometry	Last day of period 1 and 2
Blood pressure	157	154	OMRON 705-CPII automated oscillometric device	Last day of period 1 and 2
Height and weight	157	145		Last day of period 1 and 2

*With data in both periods.

BTEX, benzene, toluene, ethylene and meta-xylene, para-xylene and ortho-xylene; ¹H NMR, proton nuclear magnetic resonance; NO₂, nitrogen dioxide; PM_{2.5}, mass concentration of particles <2.5 µm in aerodynamical diameter; UV, ultraviolet.

LAsBeST at USC: Final Poster Project Instructions

Expected Outcomes:

Analysis Objectives:

Poster Preparation Instructions:

HELIX Project Description:

Data Description and Codebook

Data Summary for Covariates,
Phenotypes, and Exposures

Analysis Objectives:

You should analyze the data with the following major steps in mind:

1. To provide descriptive statistics of the data through summary statistics (template already provided below)
2. To provide descriptive statistics of the data through visualization techniques
3. To fit linear (for continuous) and logistic (for binary) regression models to assess effects of risk factors on outcomes (i.e., FEV, asthma) on the entire data set and by sex
4. To summarize findings from the models using both tabular and graphical displays
5. To provide interpretation for the main findings of the final models
6. Prepare a poster summarizing your goals, methods, and main findings
7. Make a group poster presentation during the last day of the summer program

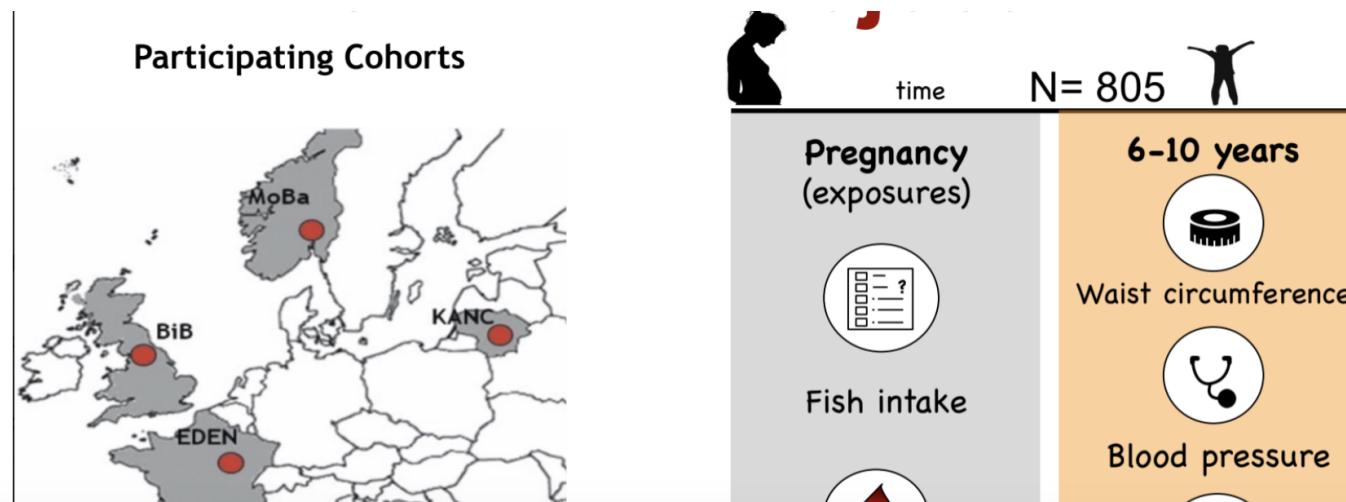
Poster Preparation Instructions:

Each group will produce one poster, on which all group members are expected to contribute. Your poster should include:

1. A descriptive title and a listing of all members of each group along with affiliations - in alphabetical order.
2. A summary of the overall setup, methods, data description, main findings, and conclusions from each group project.
3. Acknowledgements of funding sources, and individuals/groups that have helped with the conduct of the project and/or preparation of the poster.
4. A disclaimer as follows: "Note that the results on this poster are based on a dataset that includes only a non-representative sample from the actual study cohort. Hence, it is solely intended for instructional purposes and should not be used to draw definitive (and substantively meaningful) conclusions about actual study objectives."

Poster dimensions: Poster boards are portrait format (tall and narrow). Maximum poster dimensions are 66 cm wide x 100 cm tall (26 inches wide x 39 inches tall)

HELIX Project Description:



ACKNOWLEDGEMENTS

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- Lida Chatzi, PhD
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- Rohit Kohli, MD, PhD
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R21 ES028903;

5P30ES007048-23; 5P30DK048522-24,

USC Dean's Pilot Award

USC Center for Liver Disease Research Pilot Award

Emory University

- Douglas Walker, PhD
- Dean Jones, PhD

Columbia University

- Andrea Baccarelli, MD, PhD

NIEHS

- Sue Fenton, PhD

Mount Sinai

- Damaskini Valvi , MD, PhD

Harvard

- Philippe Grandjean, PhD
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