CEP Group Meeting Update on paper 3 of my PhD

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Overview

- ▶ Aim: to research the short-term effects of childhood exposures to non-persistent EDCs on neurodevelopment in childhood, and how the metabolome might mediate these effects.
- ▶ **How**: by making use of the principles and criteria of triangulation.
- **Population**: the HELIX sub-cohort, consisting of N=1200 mother-child pairs.
- Exposures: non-persistent EDCs (phenols, phthalates, and organophosphate compounds), measured in childhood in a pool of two urine samples.
- ▶ Outcome: Attention Network Test, to provide a measure of the efficiency of three different functions of attention.
- Mediators: urine metabolites (focus on corticosteroids).

The Research Questions

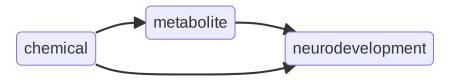


Figure 1: Simplified DAG.

Issues and limitations:

- ➤ The effect of exposure to these chemicals on neurodevelopment has been studied already, although there are clear issues with that study (e.g., wrong model, DAG not tailored to the exposures of interest).
- The effect of exposure to these chemicals on these **newly** measured metabolites could be identifiable, although they were measured in the same samples. This question poses some challenges since they were all measured in urine (inter-individual variability in urine dilution).
- ► The effect of these newly measured metabolites on neurodevelopment could be identifiable, since they were measure in the urine samples (which aliquot?) collected before the visit.

Triangulation

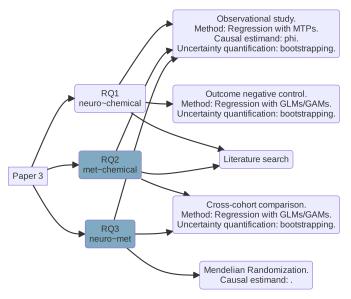


Figure 2: Diagram summarizing research questions and methods.

myphd R package

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myphd: An R package for a PhD in my group

oo: 1953/2017/mook 2017/2015

A easy to use package for common tasks in epidemiology and causal inference research projects.

Authors: Lorenzo Fabbri
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Figure 3: myphd

- ▶ URL manual: https://isglobal-cep.github.io/myphd/
- To install it: remotes::install_github("isglobal-cep/myphd").

```
myphd::describe_data(
myphd::create_formula(
                                                   myphd::preproc_data(
  dat,
                            dat,
                                                      dat,
                            id_var,
                                                      outcome = NULL.
  outcome.
                                                      dic_steps,
  exposure,
                            grouping_var
  covariates,
                                                      id var,
  method.
                                                      by_var
  add_inter_exposure,
  add_splines_exposure,
  df_splines,
  threshold_smooth,
  threshold k
```

Current setup

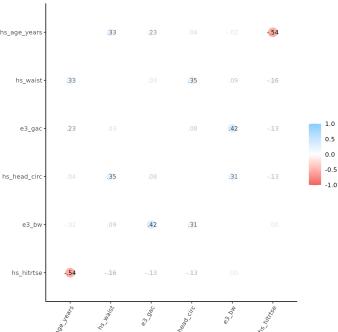
Variables:

Clinical outcome: Attention Network Test (hs_hitrtse, Hit Reaction Time Standard Error).

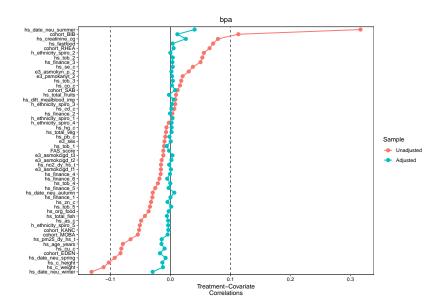
Methods:

- Weights estimation (chemical ~ covariates): energy balancing.
- ▶ Effect estimation (outcome ~ chemical + covariates): glm with natural splines for exposure.

Population description: correlations



Preliminary results: weights



Preliminary results: weighted G-computation

 Marginal effects of exposure to non-persistent EDCs on Cortisone: comparison Q3 - Q1.

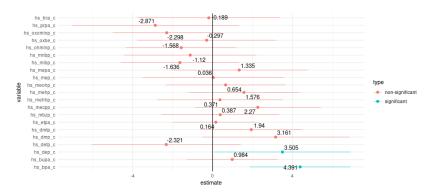
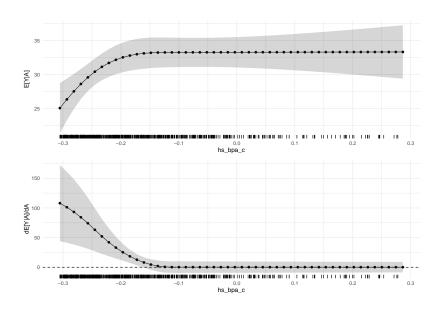


Figure 5: Effect estimates for EDCs and Cortisone.

Characteristic	Overall, N = 832	BIB, N = 130	EDEN, $N=134$	KANC, $N = 143$	MOBA, N = 122	RHEA, $N=128$	SAB , N = 175
BPA	-0.19 (-0.27, -0.06)	-0.13 (-0.26, 0.15)	-0.24 (-0.29, -0.17)	-0.20 (-0.27, -0.08)	-0.18 (-0.24, -0.08)	-0.18 (-0.25, -0.04)	-0.18 (-0.27, -0.04)
cortisone	23 (12, 39)	26 (14, 42)	28 (14, 42)	21 (12, 32)	23 (12, 39)	29 (19, 59)	16 (10, 27)

¹ Median (IQR)

Preliminary results: ADRF and AMEF



Next steps

Dealing with creatinine.

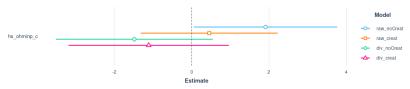


Figure 6: Comparison of effect estimation.

- Developing a more appropriate pipeline to deal with censored exposures and metabolites.
- Dealing with more appropriate modeling strategies?
 - Imtp will be the focus of my research stay (Mixtures done right) under the supervision of Prof. Jessica G. Young and Prof. Ivan Diaz (who formalized causal identification of interventions that depend on the natural value of treatment).