

Exposome: Challenges and Opportunities in the study of NCDs

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Disclosures (Paul Elliott)

Dr Elliott ***receives funding*** from the UK Medical Research Council (MRC), National Institute for Health Research (NIHR), Public Health England (PHE), Department of Health, Home Office, Wellcome Trust, Academy of Medical Sciences, US National Institutes of Health (NIH), European Union. He ***chairs*** the Population & Systems Medicine Board at the MRC.

Of particular relevance to this presentation, he is *inter alia*

- Director of the *MRC – PHE Centre for Environment & Health*
- Principal Investigator (PI) of *UK MED–BIO* (Bioinformatics) funded by MRC
- Co-PI *MRC-NIHR National Phenome Centre* (Metabolomics)
- PI of the *Airwave study* funded by Home Office and NIHR
- Joint PI *INTERMAP Metabolomics Study* funded by NIH
- Co-PI *Metabolomics signatures of coronary artery disease (CAD) associated genotypes* funded by NIH

Outline

- Epidemiologic context
- Exposome
 - Metabolome
 - Nutriome
 - Genome (causal pathways)
- Cohorts
- Key takeaways

FEATURE

Grand challenges in chronic non-communicable diseases

The top 20 policy and research priorities for conditions such as diabetes, stroke and heart disease.

Abdallah S. Daar¹, Peter A. Singer¹, Deepa Leah Persad², Stig K. Præmming³, David R. Matthews⁴, Robert Beaglehole⁵, Alan Bernstein⁶, Leszek K. Borysiewicz⁷, Stephen Colagiuri⁸, Nirmal Ganguly⁹, Roger L. Glass⁹, Diane T. Finegood¹⁰, Jeffrey Koplan¹¹, Elizabeth G. Nabel¹², Jeffrey Sarna¹³, Nizal Sarrafzadegan¹⁴, Richard Smith¹⁵, Derek Yach¹⁶ and John Bouillon¹⁷

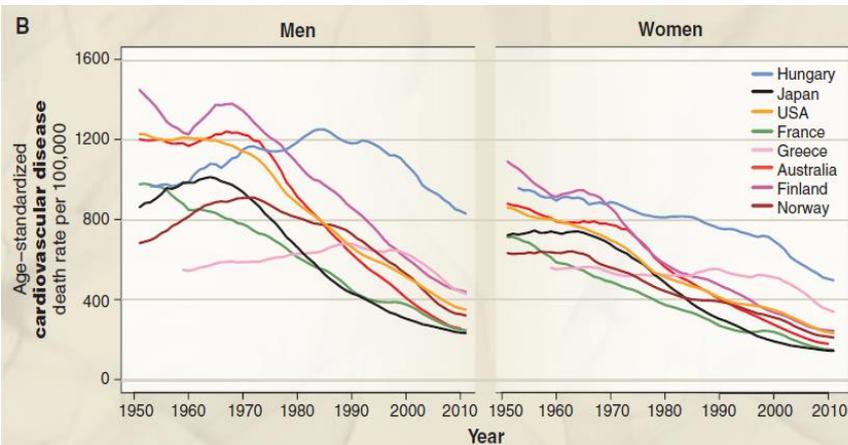
Chronic non-communicable diseases (CNCDs) are reaching epidemic proportions worldwide¹⁻³. These diseases — which include cardiovascular conditions (mainly heart disease and stroke), some cancers, chronic respiratory conditions and type 2 diabetes — affect people of all ages, nationalities and classes.

The conditions cause the greatest global share of death and disability, accounting for around 60% of all deaths worldwide. Some 80% of chronic-disease deaths occur in low- and middle-income countries. They account for 44% of premature deaths worldwide. The number of deaths from these diseases is double the number of deaths that result from

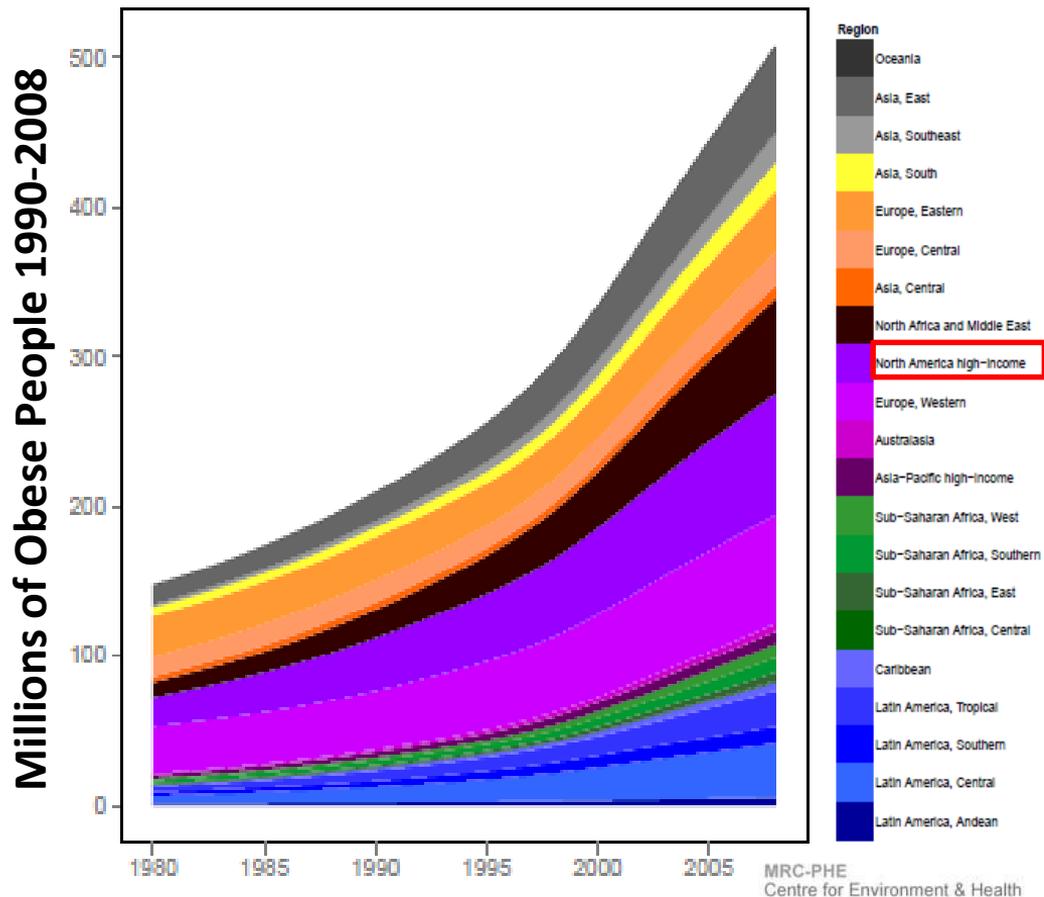


Poor diet and smoking are two factors that contribute to the millions of preventable deaths that occur each year.

with known behavioural and pharmaceutical meet the challenges, and brings new talent

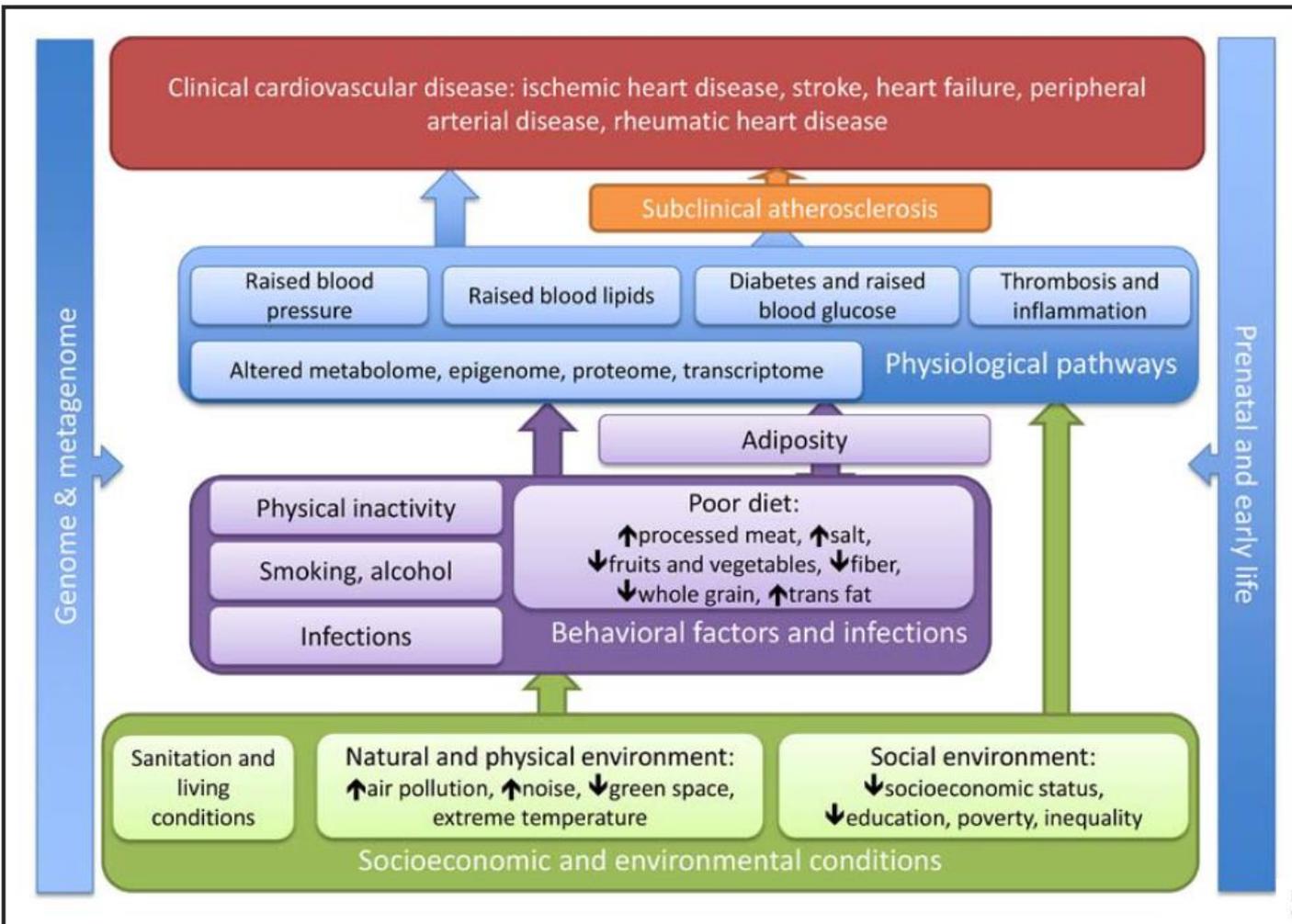


Epidemiological context



Ezzati M & Riboli E *New Engl J Med* 2013

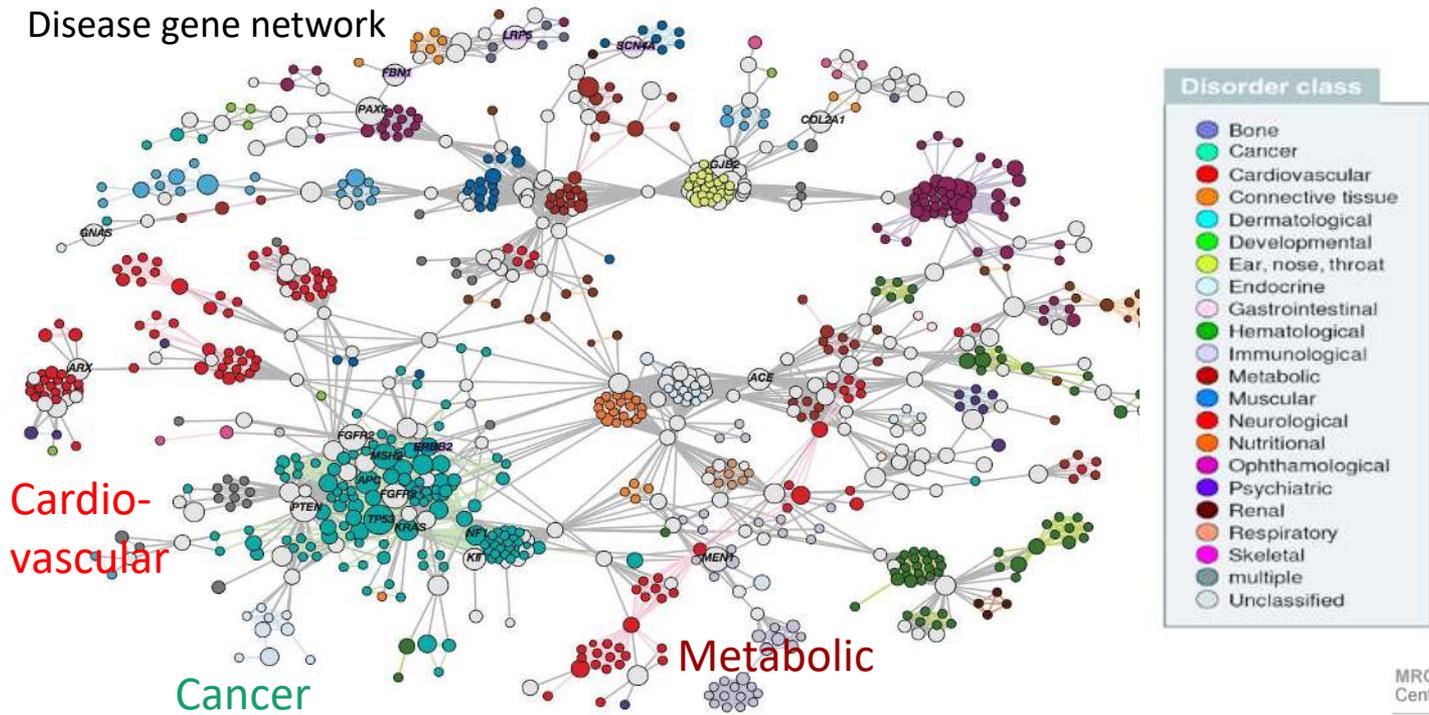
Upstream and proximal determinants of cardiovascular disease



PERSPECTIVE

Human disease classification in the postgenomic era: A complex systems approach to human pathobiology

Disease gene network



Most human diseases are connected at some genetic level

PERSPECTIVE

Human disease classification in the postgenomic era: A complex systems approach to human pathobiology

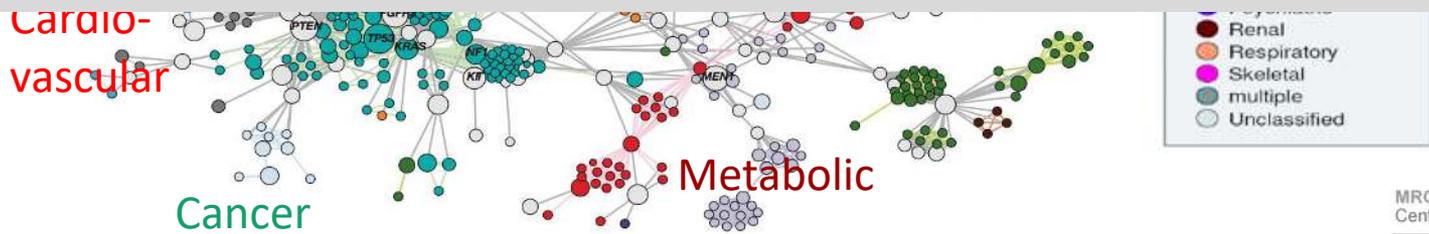
Disease gene network



Disorder class

**“Genetics loads the gun, but
Environment pulls the trigger”**

After Elliott Proctor Joslin MD, Br Med J 1991; 302: 1231



Most human diseases are connected at some genetic level

Challenge

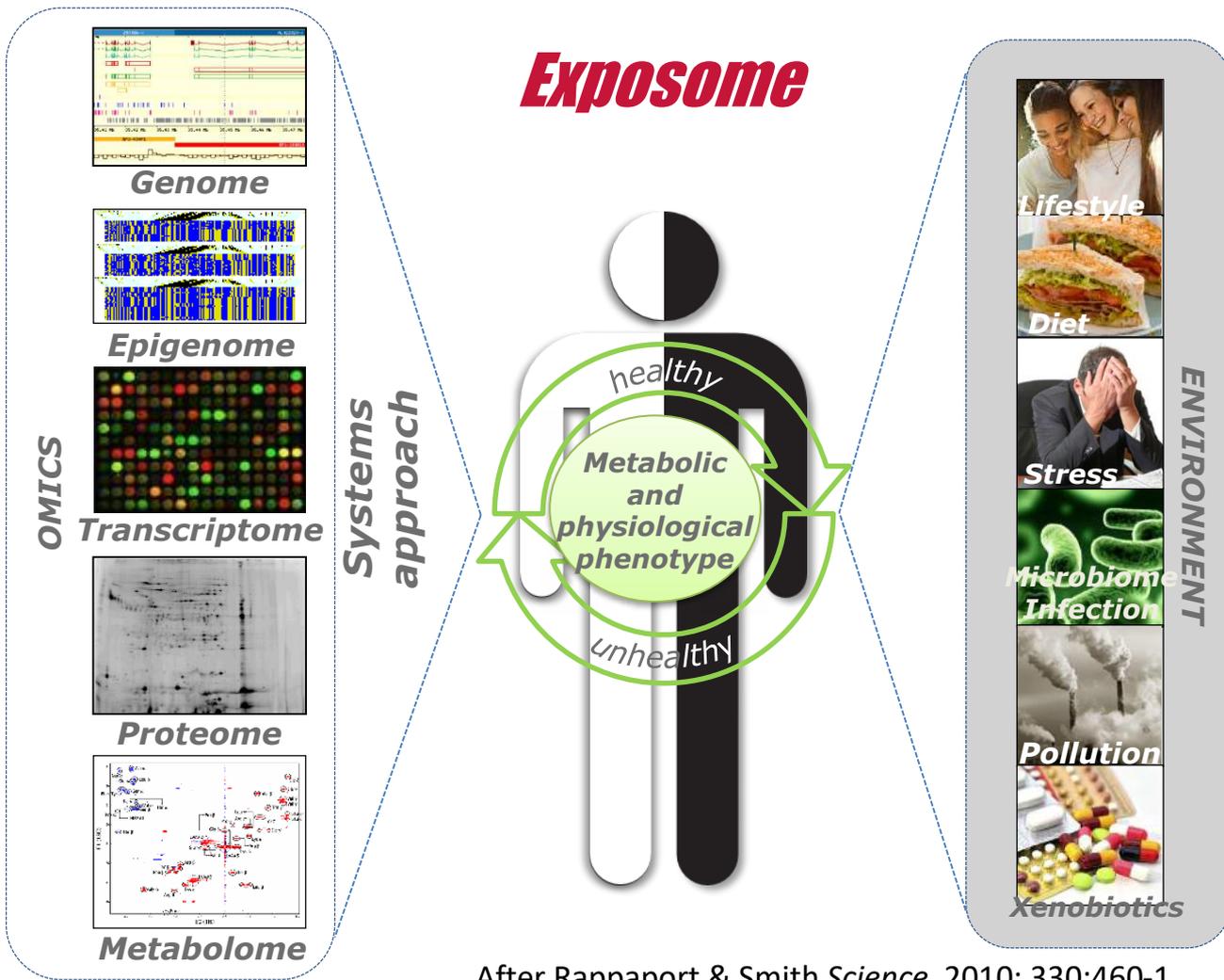
While *genetic data* are a (fixed) digital read-out...

Environmental/lifestyle *exposure data* vary over the lifecourse, are continuously distributed, with wide dynamic range...

...and *difficult to measure*

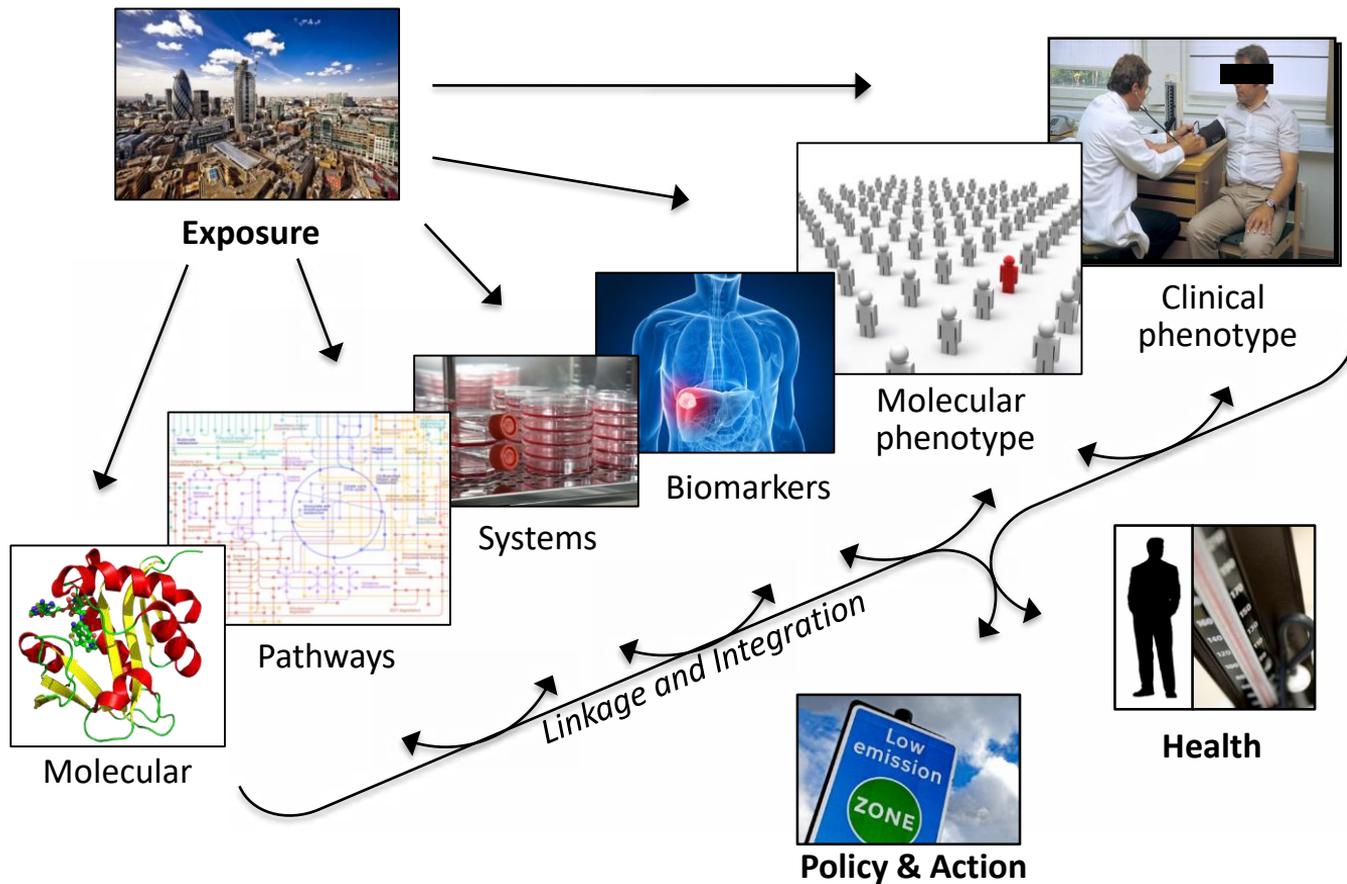
New approaches required to capture effects of environmental exposures on NCD risk!

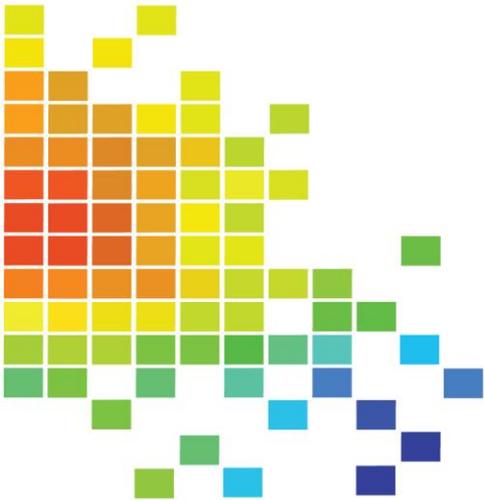
Exposome



After Rappaport & Smith Science 2010; 330:460-1

Concept

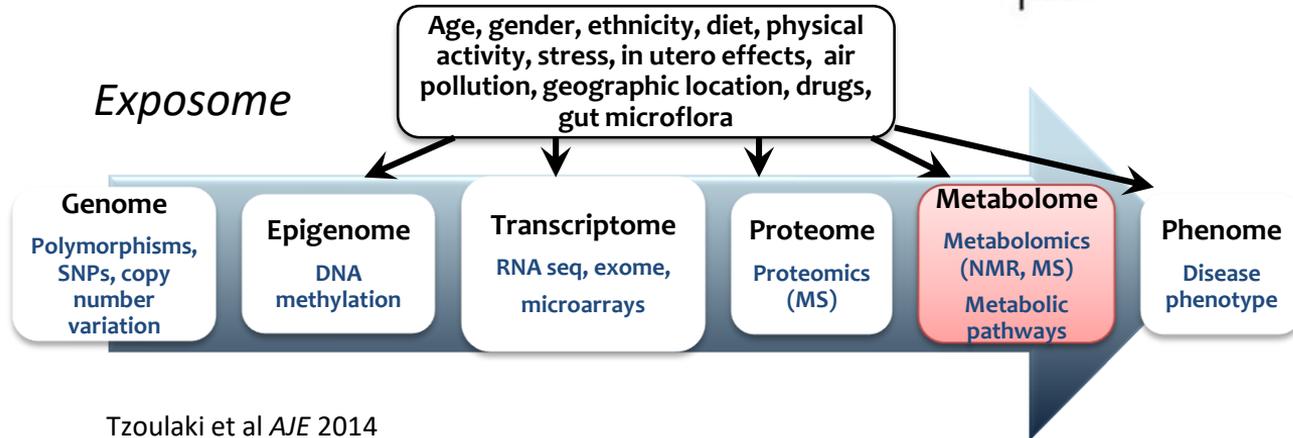
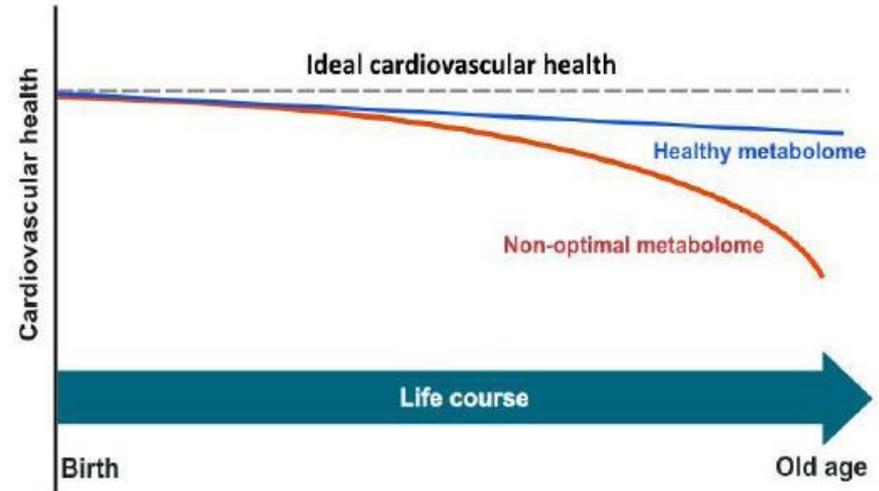




Metabolome...

Metabolomics

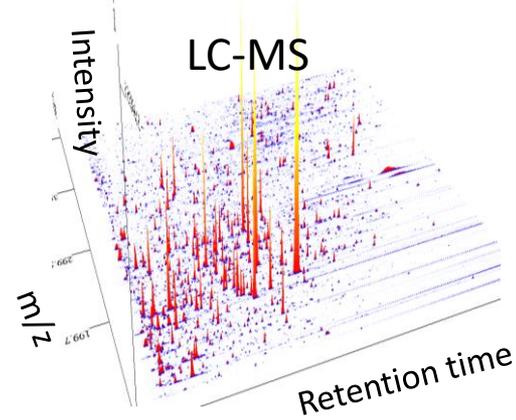
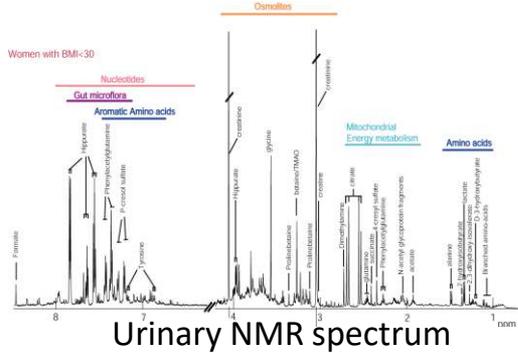
- Measurement of small molecules in biological samples (e.g. blood, urine)
- Metabolites represent downstream biochemical end products that are close to the phenotype
- Link between environmental stressors, intrinsic metabolism, genetic information, health and disease



Metabolic Profiling



NMR

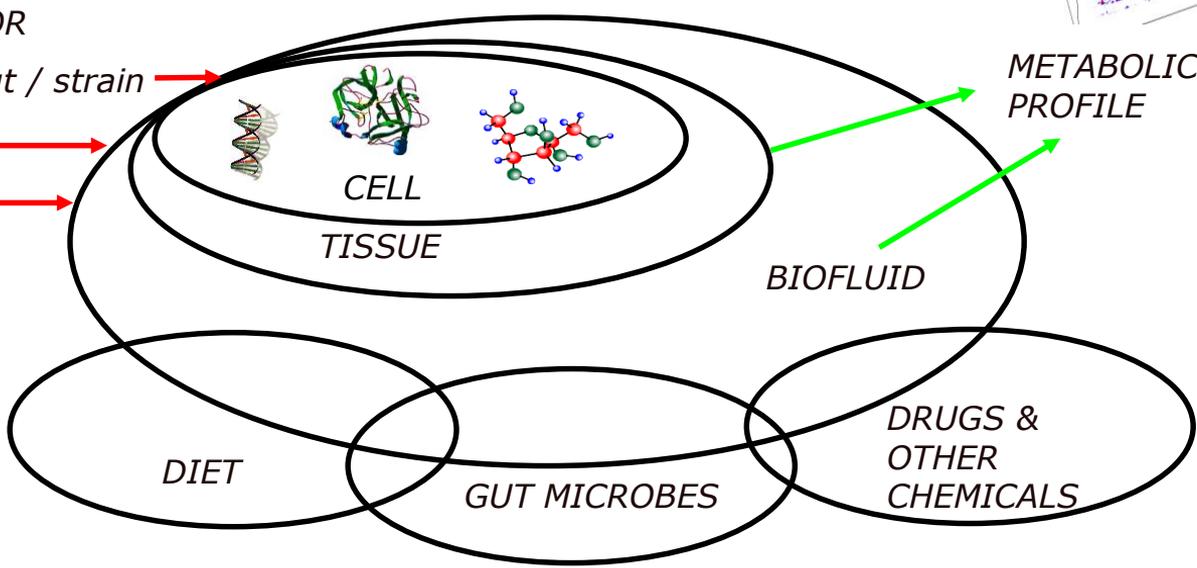


STRESSOR

Knock-out / strain

Disease

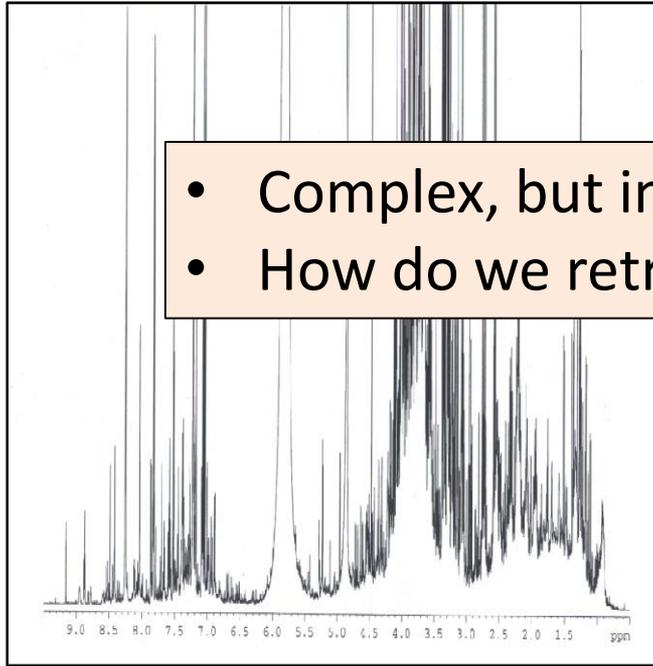
Toxicity



System ↔ Environment

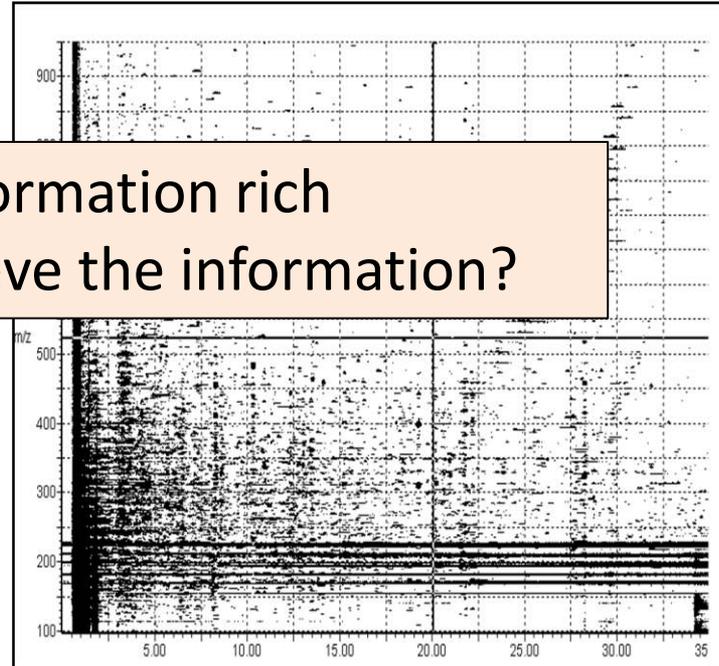
The Challenge of Metabolomic Data

NMR



~1000s signals, 100s metabolites

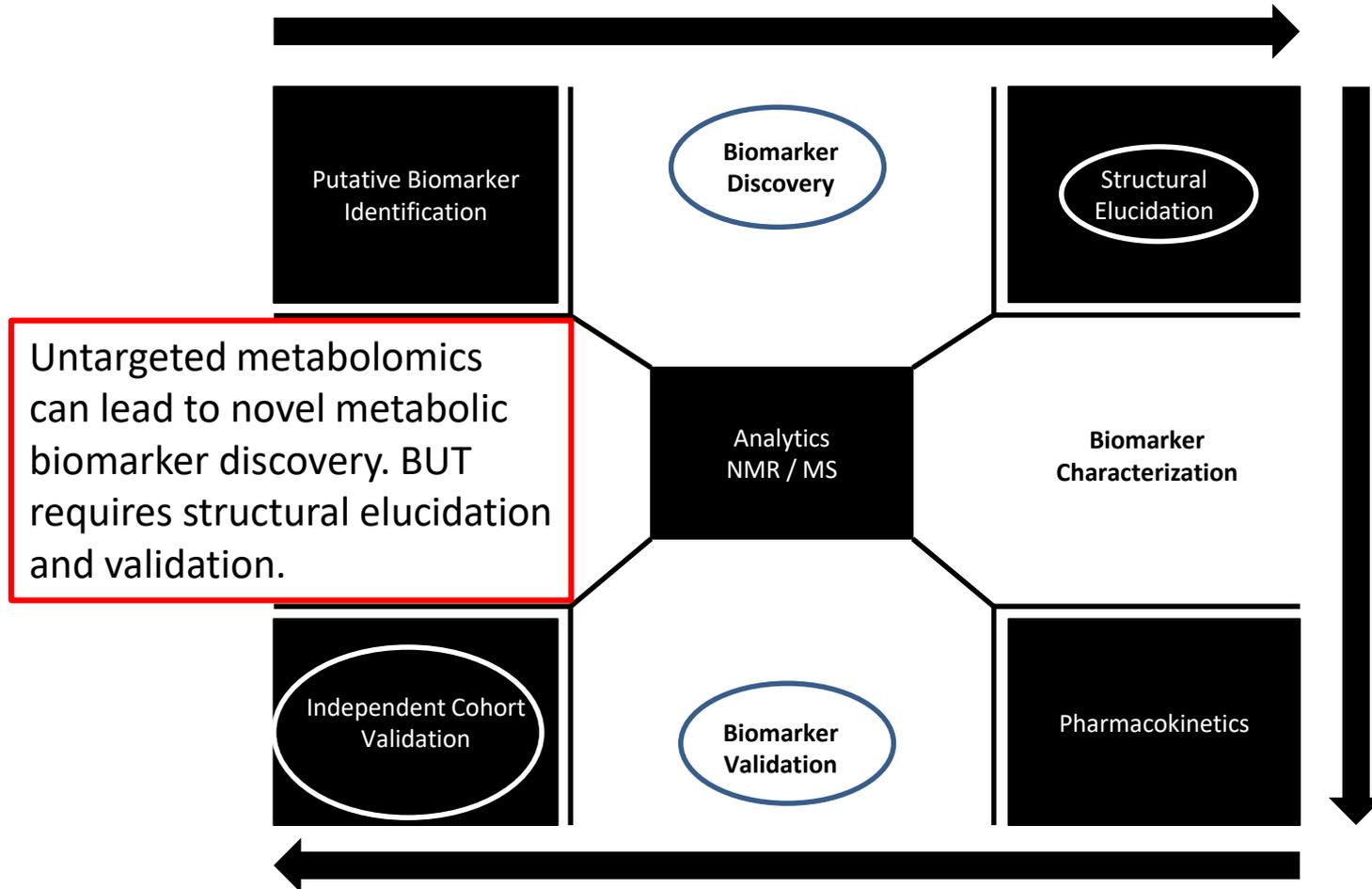
LC-MS



~10,000s signals, 1000s (?) metabolites

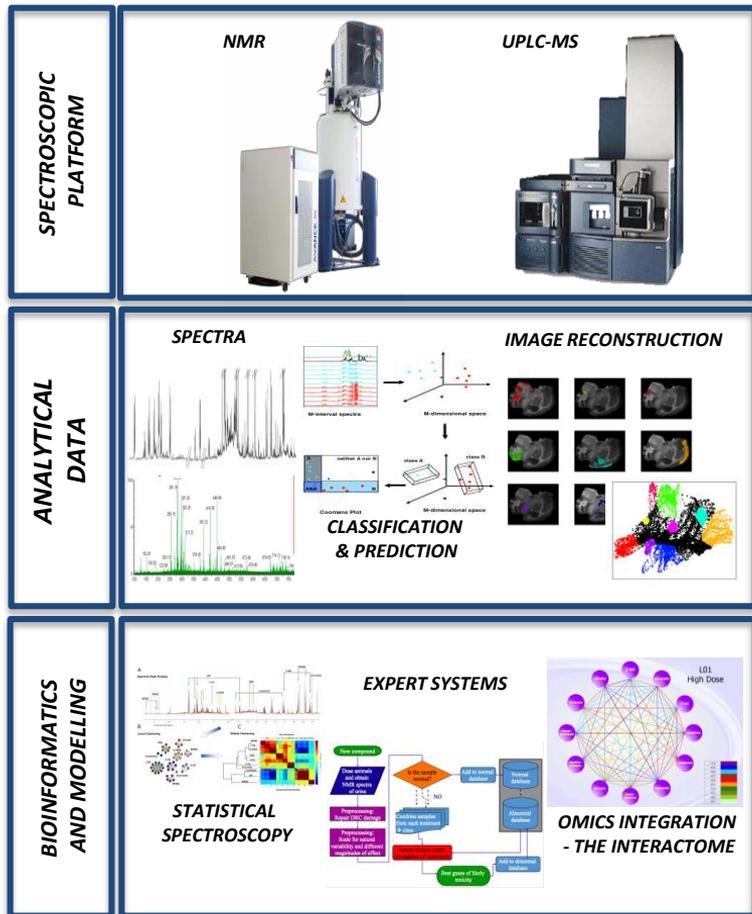
- Complex, but information rich
- How do we retrieve the information?

Measuring The Metabolome



Steps in the analysis

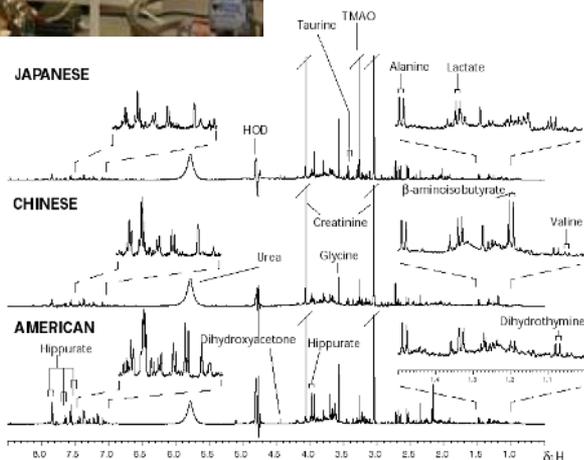
- *State-of-the-art (mass spectrometric and NMR spectroscopic) analyses for metabolic finger-printing of biofluids*
- *Combine metabolic profiling with clinical, lifestyle and other –omics datasets*
- *Bioinformatic and pathway analyses*
- *International phenome centres – common methods & standardization*



Metabolic phenotyping -¹H NMR analysis of 24-hr urine samples: INTERMAP Study (1996-9)



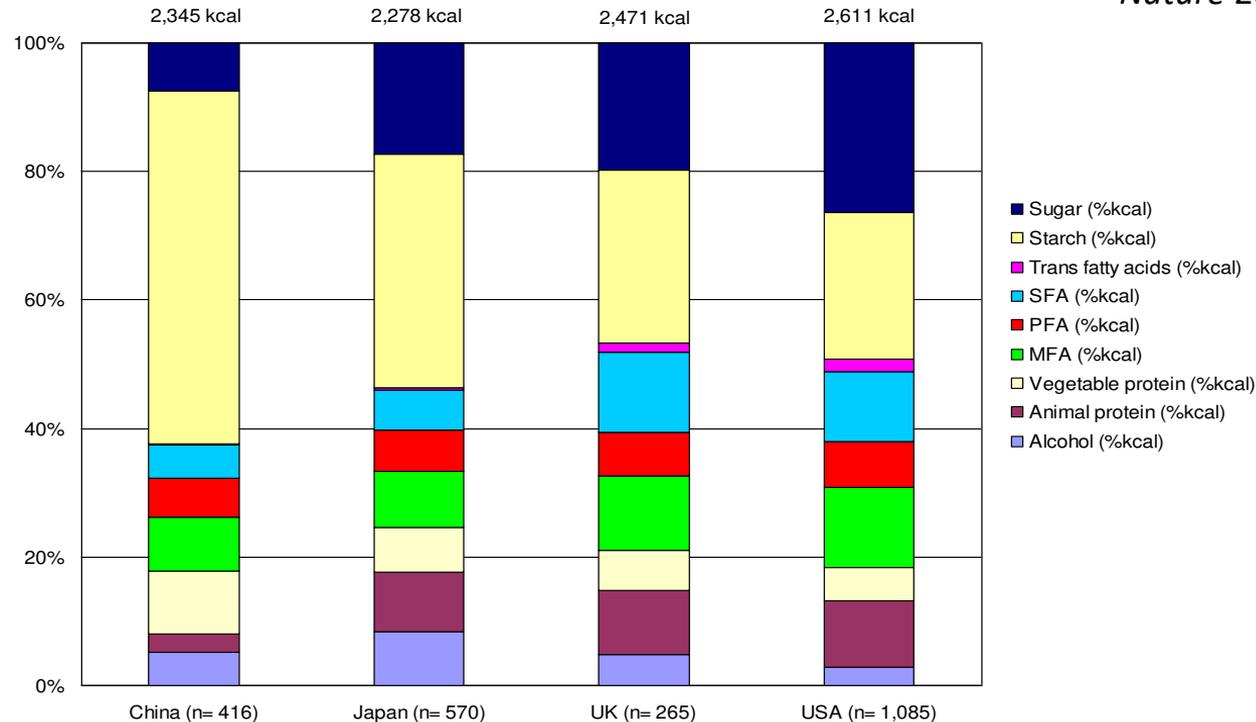
- 4,680 men & women ages 40-59
- 17 population samples, UK, USA, China, Japan
 - Eight BP measurements
 - Four 24-hr dietary recalls
 - Two 24-hr urine collections (3-6 weeks apart)



Human metabolic phenotype diversity and its association with diet and blood pressure

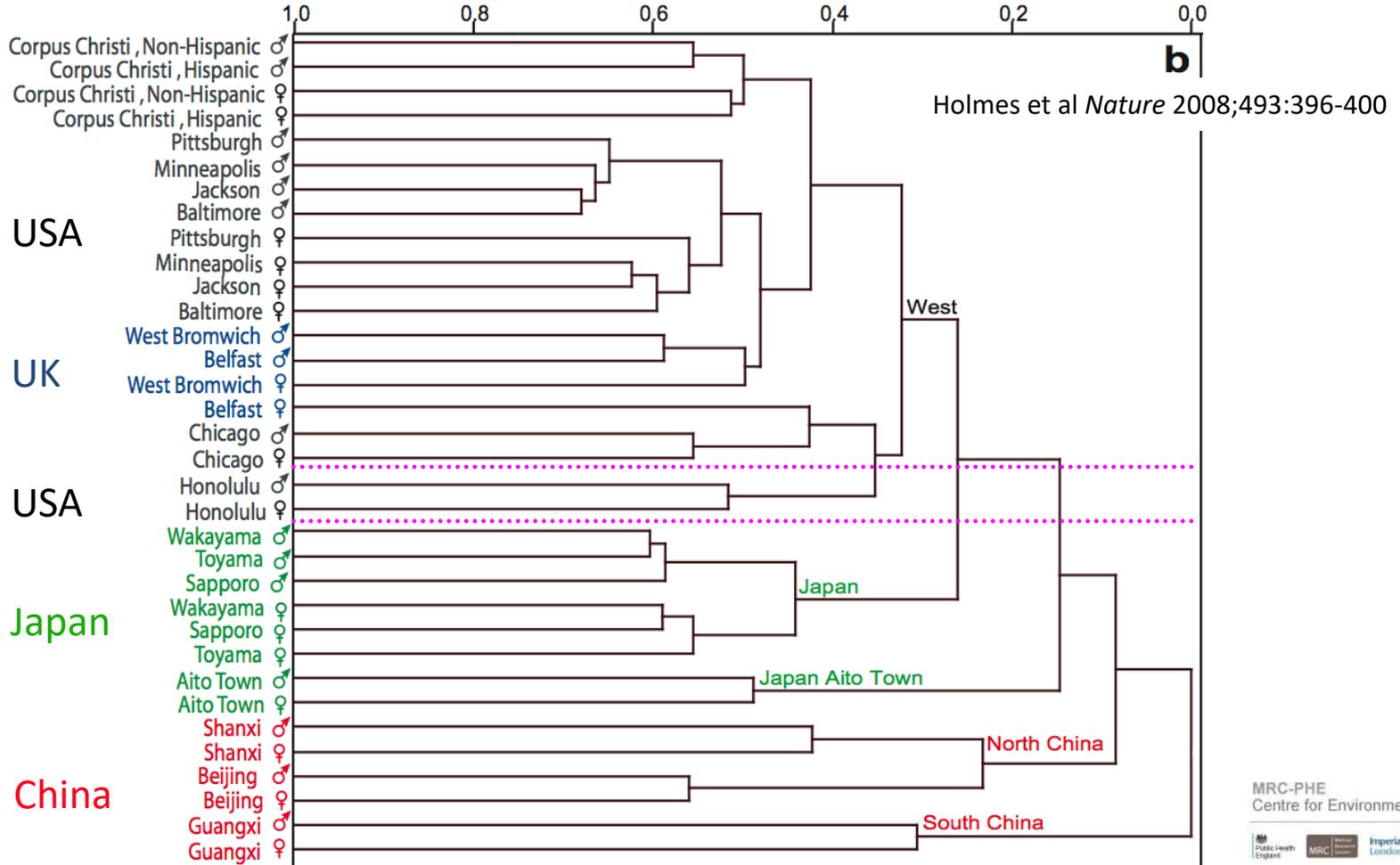
Elaine Holmes^{1*}, Ruey Leng Loo^{1,2*}, Jeremiah Stamler³, Magda Bictash^{1,2}, Ivan K. S. Yap^{1,2}, Queenie Chan², Tim Ebbels¹, Maria De Iorio², Ian J. Brown², Kirill A. Veselkov¹, Martha L. Daviglus³, Hugo Kesteloot⁴, Hirotugu Ueshima⁵, Liancheng Zhao⁶, Jeremy K. Nicholson¹ & Paul Elliott²

Nature 2008; 493:396-400

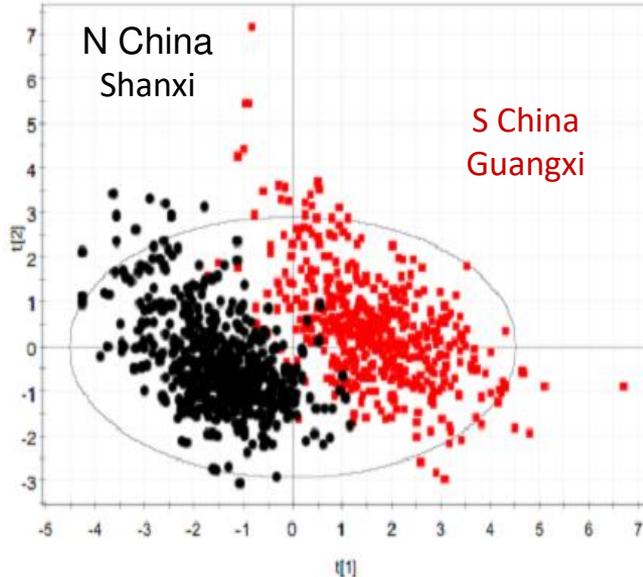


Population Metabolic Phenotype Mapping (INTERMAP)

China, Japan, UK, USA - 17 sub-populations, male/female, N = 4630 (24-h urine)



INTERMAP Study – Chinese samples



Trait	Mean (SD)	
	N China (N=523)	S China (N=244)
SBP mm Hg	123.8 (18.6)	115.4 (13.0)
Ur Na mmol/24h	271.4 (88.3)	139.2 (55.5)
Ur Na/K ratio	7.8 (2.4)	3.7 (1.5)
Ca mg/1000 kcal	136.5 (48.4)	175.0 (62.5)
Mg mg/1000 kcal	133.2 (38.7)	198.2 (27.2)

Yap et al. *J Proteome Res* 2010;9(12):6647-54

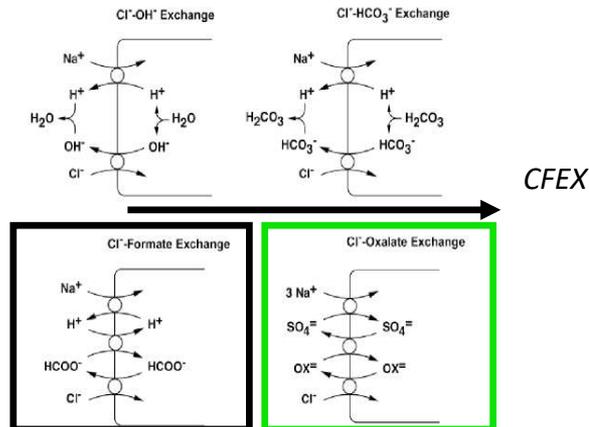
METABOLOME WIDE ASSOCIATION STUDIES: METABOLIC PHENOTYPE LINKAGE TO HUMAN BLOOD PRESSURE

Table 1: Estimated mean differences* in systolic and diastolic BP (Z-scores[†])

Urinary metabolite	A				B			
	Adjusted for BMI [†]				Adjusted for BMI [†]			
<i>Systolic blood pressure</i>								
Alanine	2.69	(6.06)	0.40	(0.92)	2.66	(5.54)	1.13	(2.43)
Formate	-1.19	(-2.62)	-1.42	(-3.29)	-1.94	(-3.92)	-1.04	(-2.20)
Hippurate	-2.10	(-4.85)	-1.63	(-3.95)	-1.72	(-3.70)	-0.82	(-1.83)
NMNA**	-0.09	(-0.21)	0.20	(0.49)	0.00	(0.00)	0.65	(1.53)

**N methyl-nicotinate

“Metabolome-Wide Association Studies”
for novel hypothesis generation...
e.g.....a possible new role for formate in
human BP regulation?



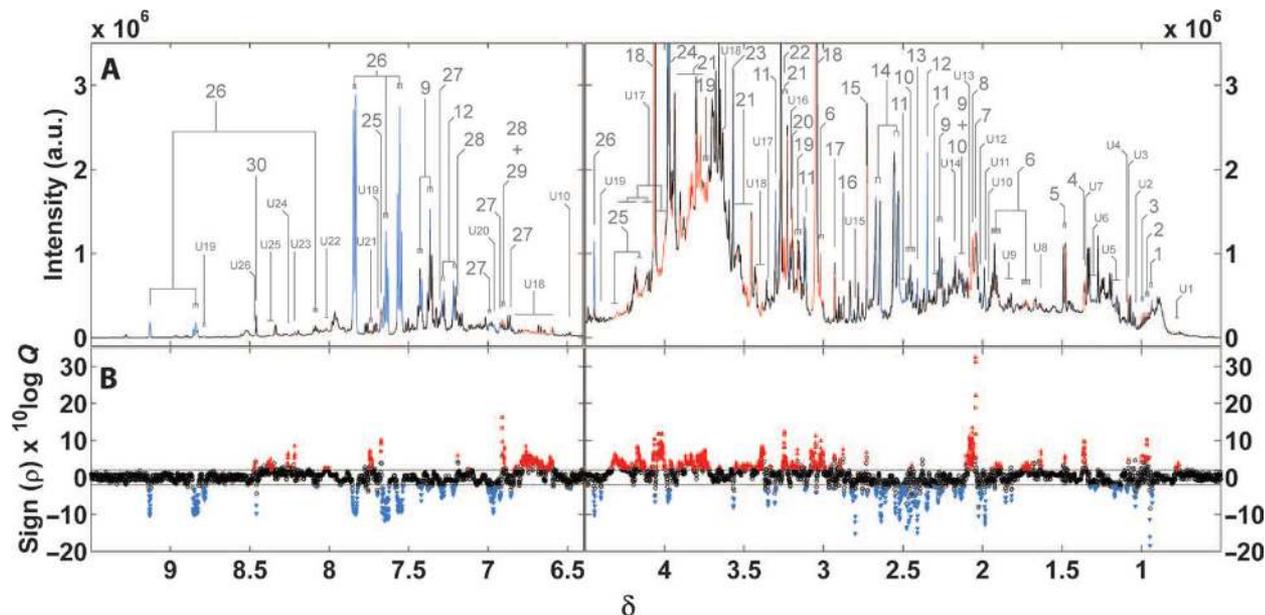
Holmes et al *Nature* 2008;493:396-400

METABOLOMICS

Urinary metabolic signatures of human adiposity

INTERMAP USA: N=1,880

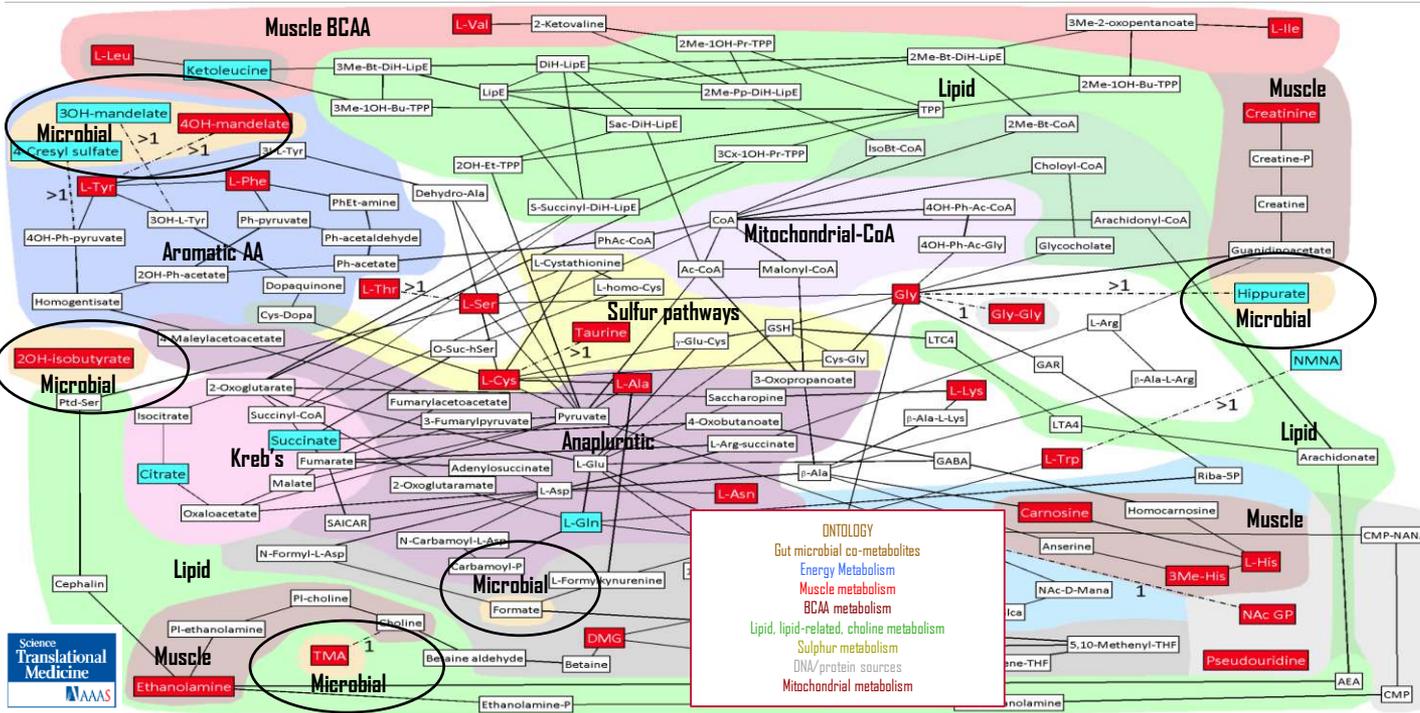
Paul Elliott,^{1,*†} Joram M. Pasma,^{1,2†} Queenie Chan,¹ Isabel Garcia-Perez,² Anisha Wijeyesekera,² Magda Bictash,² Timothy M. D. Ebbels,² Hirotsugu Ueshima,³ Liancheng Zhao,⁴ Linda van Horn,⁵ Martha Daviglius,^{5,6} Jeremiah Stamler,⁵ Elaine Holmes,² Jeremy K. Nicholson^{2*}

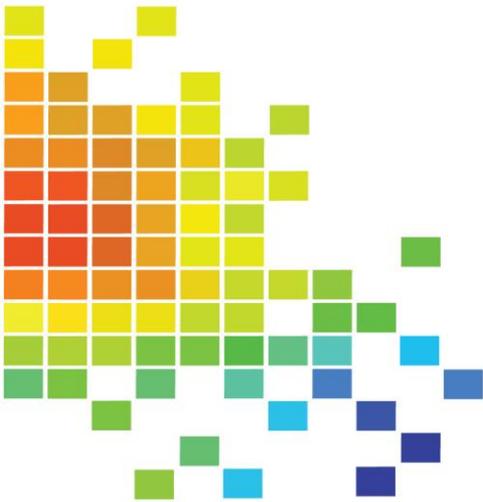


1: ketoleucine, 2: leucine, 3: valine, 4: 2-hydroxyisobutyrate, 5: alanine, 6: lysine, 7: N-acetyl signals from urinary glycoproteins, 8: N-acetyl neuraminic acid, 9: phenylacetylglutamine, 10: glutamine, 11: proline betaine, 12: 4-cresyl sulfate, 13: succinate, 14: citrate, 15: dimethylamine, 16: TMA, 17: dimethylglycine, 18: creatinine, 19: ethanolamine, 20: O-acetyl carnitine, 21: glucose, 22: 3-methylhistidine, 23: glycine, 24: hippurate, 25: pseudouridine, 26: NMNA, 27: 3-hydroxymandelate, 28: tyrosine, 29: 4-hydroxymandelate, 30: formate, U1 to U26 unidentified

"METABONETWORKS": VISUALIZATION SYSTEM FOR BMI BIOMARKERS

Minimally-structured symbiotic metabolic network connecting BMI biomarkers, n=1880 US citizens



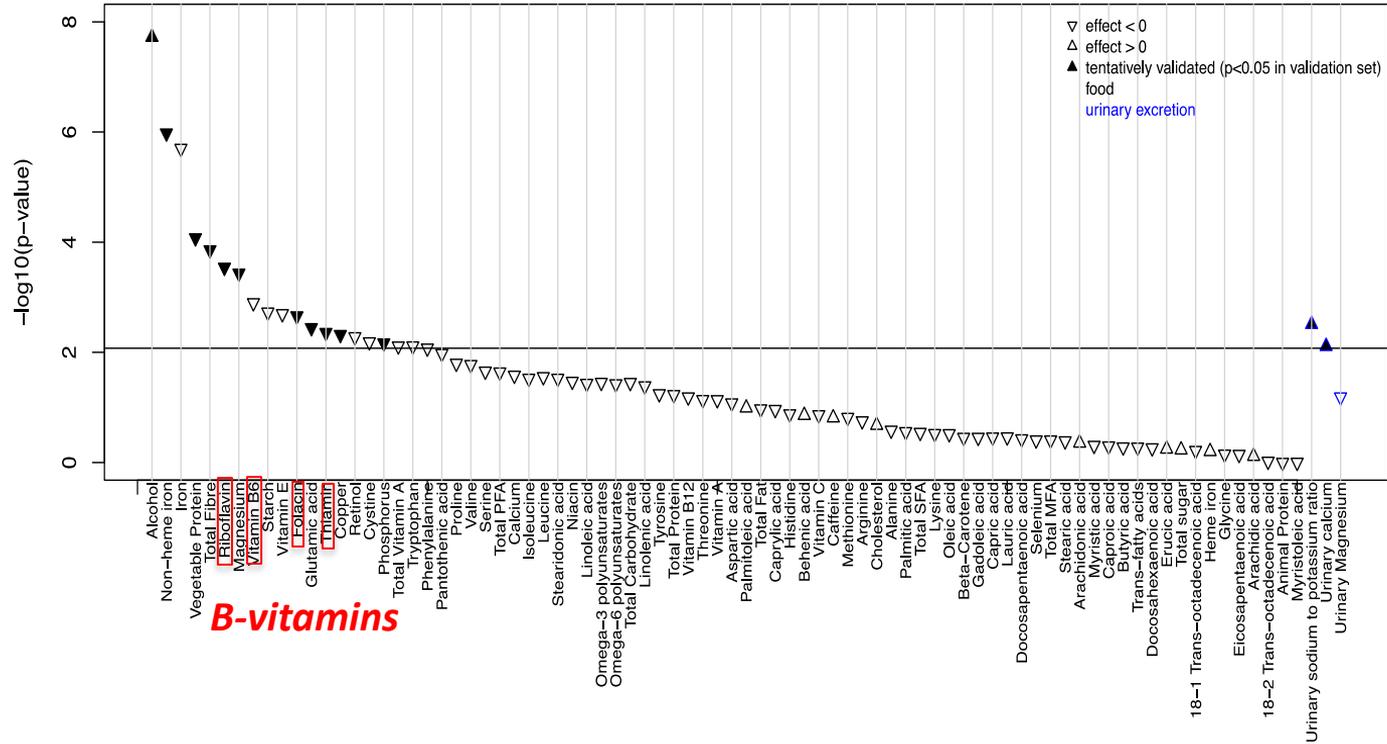


Nutriome...

A Nutrient-Wide Association Study on Blood Pressure

Ioanna Tzoulaki, PhD,* Chirag J. Patel, PhD,* Tomonori Okamura, MD, PhD; Queenie Chan, PhD;
 Ian J. Brown, PhD; Katsuyuki Miura, MD, PhD; Hirotsugu Ueshima, MD, PhD; Liancheng Zhao, MD;
 Linda Van Horn, PhD; Martha L. Daviglus, MD, PhD; Jeremiah Stamler, MD;
 Aul J. Butte, MD, PhD; John P.A. Ioannidis, MD, DSc; Paul Elliott, MB BS, PhD

INTERMAP Study



Tzoulaki et al. *Circulation* 2012;126:2456-2464

Metabolic profiling strategy for discovery of nutritional biomarkers: proline betaine as a marker of citrus consumption¹⁻³

Silke S Heinzmann, Ian J Brown, Queenie Chan, Magda Bictash, Marc-Emmanuel Dumas, Sunil Kochhar, Jeremiah Stamler, Elaine Holmes, Paul Elliott, and Jeremy K Nicholson

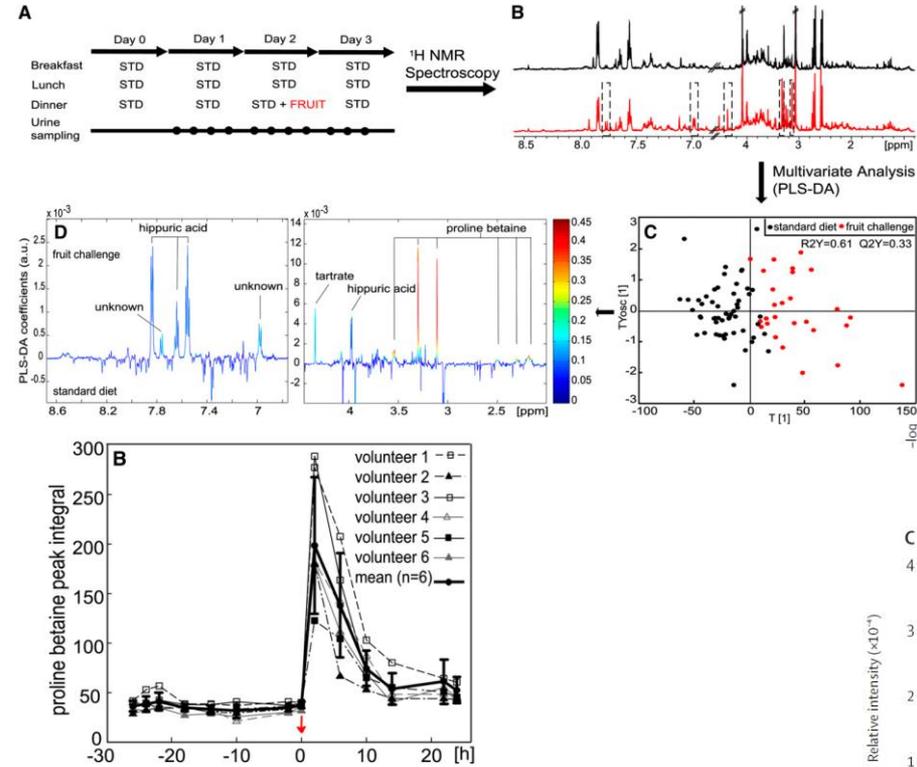


FIGURE 2. Urinary excretion kinetics of proline betaine after orange juice consumption ($n = 6$). **A:** Proline betaine singlet at δ 3.11 was integrated over the spectral region δ 3.106–3.116 as shown where the peak overlap is minimal. **B:** Mean and SD proline betaine integral (solid bold line) and the proline betaine integral for each of the 6 volunteers plotted over time. The red arrow indicates the time of orange juice consumption. ppm, parts per million.

Dietary metabolome

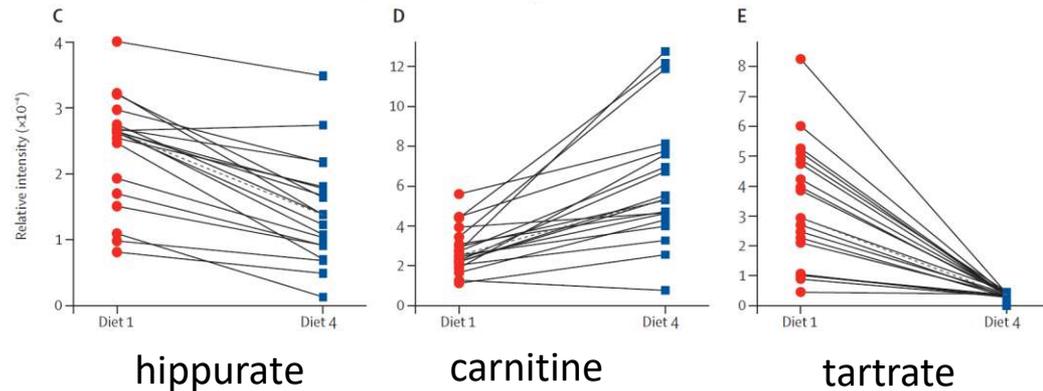
Objective assessment of dietary patterns by use of metabolic phenotyping: a randomised, controlled, crossover trial

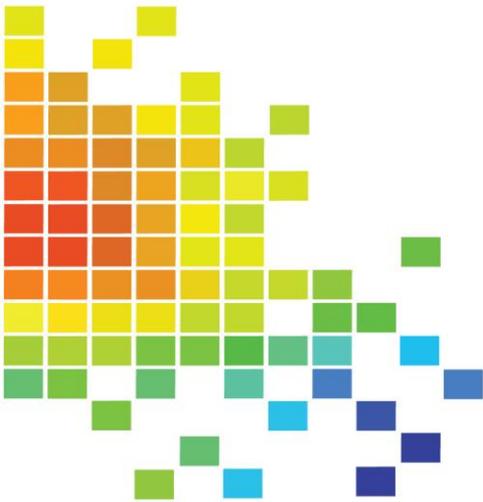
Isabel Garcia-Perez*, Joram M Posma*, Rachel Gibson, Edward S Chambers, Tue H Hansen, Henrik Vestergaard, Torben Hansen, Manfred Beckmann, Oluf Pedersen, Paul Elliott, Jeremiah Stamler, Jeremy K Nicholson, John Draper, John C Mathers, Elaine Holmes*, Gary Frost*

Lancet Diabetes Endocrinol 2017;
5: 184-95

Diet 1 higher (healthy)

Diet 4 higher (unhealthy)

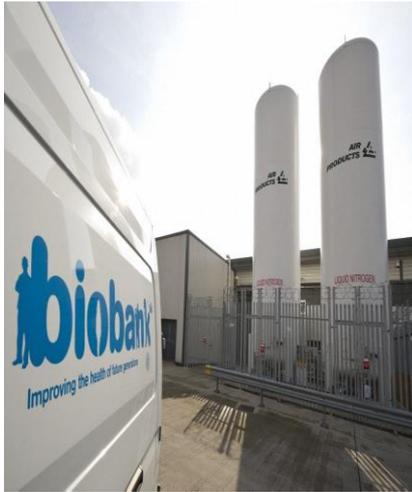




Cohorts...

Large cohort studies (examples)



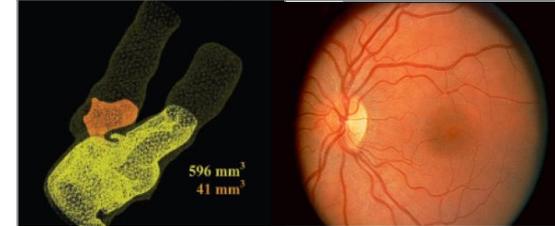


- Clinical & lifestyle data and stored samples on **500k** men & women ages 40-69
- GWAS, biochemistry for all **500k**
- Imaging visit (MRI, DXA, carotid, eye) for **100k**
- Prospective follow up over many years

Baseline samples

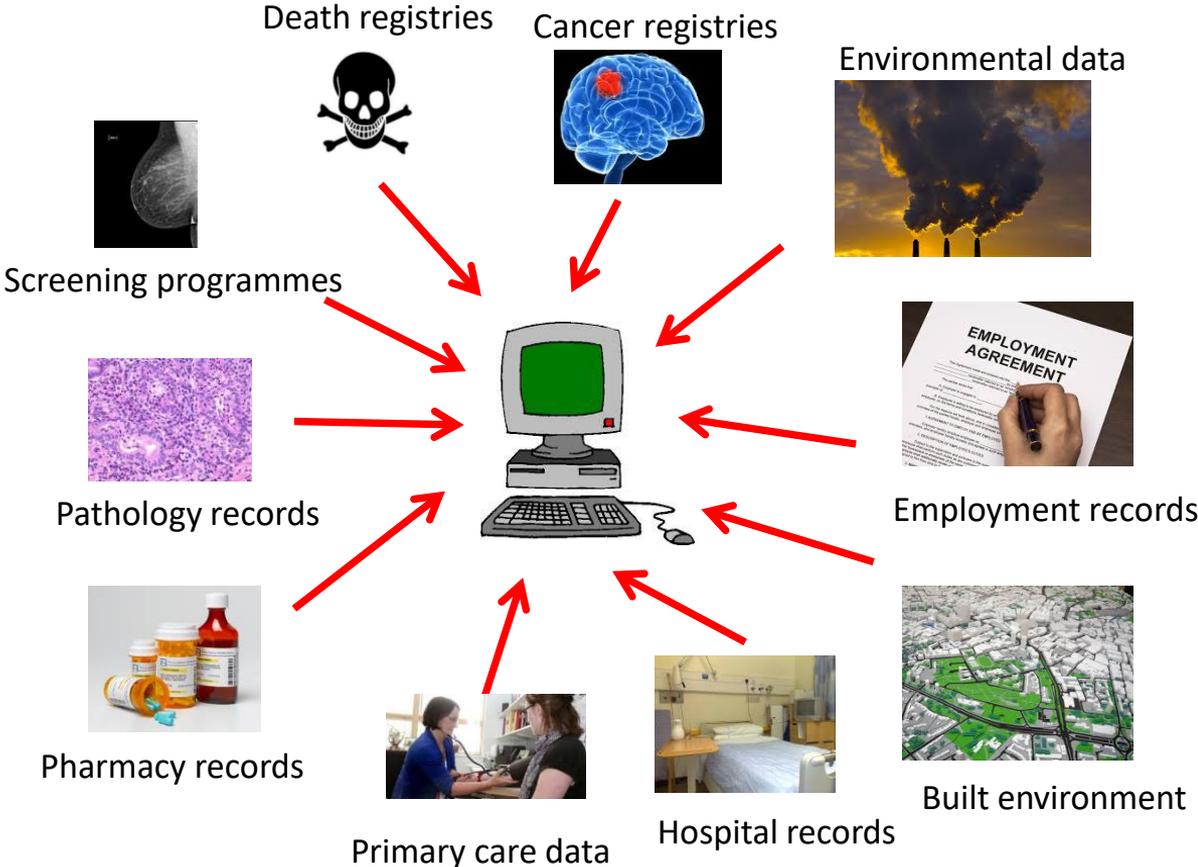
Vacutainer tube	Fractions	Number of aliquots	
		-80°C	Liquid N ₂
EDTA (9ml) × 2	Plasma	6	2
	Buffy coat	2	2
	Red cells	1	1
LH (PST)	Plasma	3	1
Clot activator (SST)	Serum	3	1
ACD	DMSO blood	–	2
EDTA (4ml)	Haematology (immediate)	–	–
Urine	Urine	4	2
Total Aliquots		19	11

PST, plasma separation tube; SST, serum separation tube; LH, lithium heparin. Plus Tempus tube (RNA) and saliva

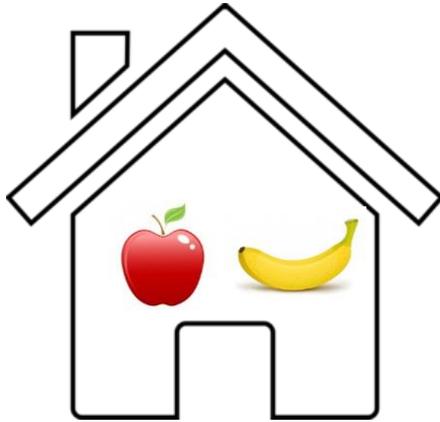


Elliott & Peakman *Int J Epidemiol* 2008; 37: 234-44
 Sudlow et al *PLoS Med* 2015; 12(3):e1001779

UK Biobank: Record linkage



The Systems Biology Lesson – Integration Takes Effort



*Bio-medical data
Biologists, Clinicians*

*Models
Numerical scientists*

Bridging skills: Understanding

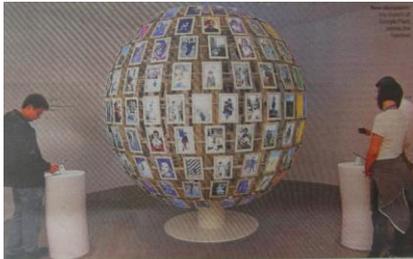
*Programming
Data types
Metadata
Methodologies
Software*



*Data integration
Models
Hypothesis testing*



*Interdisciplinary
Training and skillset building*



The fixation with integration



interpretation

Key Takeaways

- New approaches (*omics*) to capitalise on well-phenotyped cohorts and biobanks with long-term follow-up
- New insights on pathways and mechanisms linking environmental exposures to disease (*exposome*)
- Integrating, analysing and obtaining new knowledge from this wealth of information – computational challenge!
- ***Requires new ways of working and integrated inter-disciplinary approaches***

