

A composite image featuring a blue microscope on the left and several hands of different skin tones stacked together on the right, symbolizing science and community.

Endocrine Disrupting Chemicals and Women's Health Symposium

A Virtual Symposium

July 18–19, 2023

9am–4pm ET

OASH

Office on
Women's Health



Welcome

Dorothy Fink, M.D.
Deputy Assistant Secretary for Women's Health
Director, Office on Women's Health
Department of Health and Human Services

Introduction To EDCs and Their Impacts On Women

Andrea Gore, Ph.D.

Moderated by Keiva Nelson

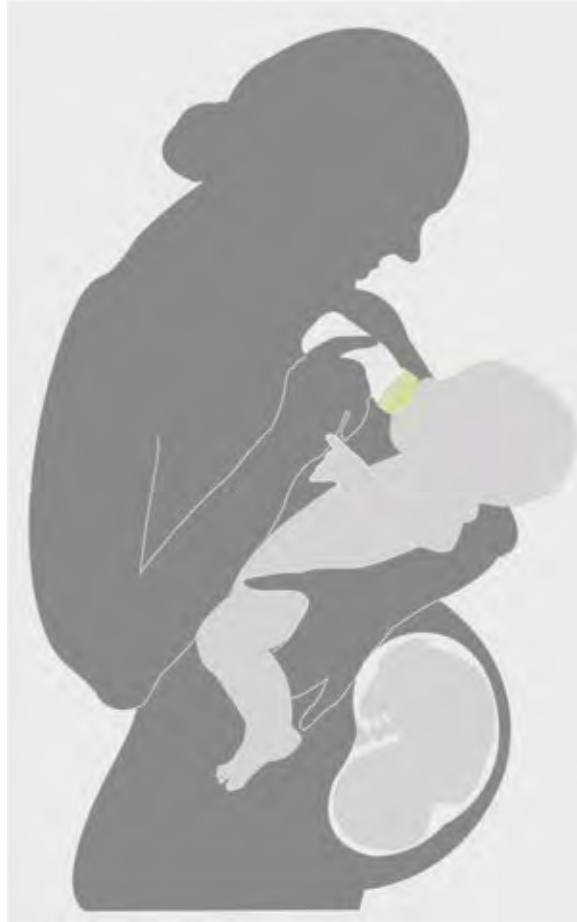
Introduction To EDCs and Their Impacts On Women

Andrea Gore, Ph.D.

Professor and Vacek Chair in Pharmacology

University of Texas at Austin

Introduction to EDCs and Their Impacts on Women



Andrea C. Gore, Ph.D.

Professor and Vacek Chair in Pharmacology, College of Pharmacy

The University of Texas at Austin

Andrea.gore@Austin.utexas.edu

Of the hundreds of thousands of manufactured chemicals, about 1000 have been shown to be endocrine-disrupting chemicals (EDCs)

Endocrinology 153: 4097 (2012)

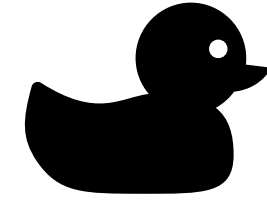
POSITION STATEMENT

Endocrine-Disrupting Chemicals and Public Health Protection: A Statement of Principles from The Endocrine Society

R. Thomas Zoeller, T. R. Brown, L. L. Doan, A. C. Gore, N. E. Skakkebaek, A. M. Soto, T. J. Woodruff, and F. S. Vom Saal

“An exogenous chemical, or mixture of chemicals, that interferes with any aspect of hormone action”

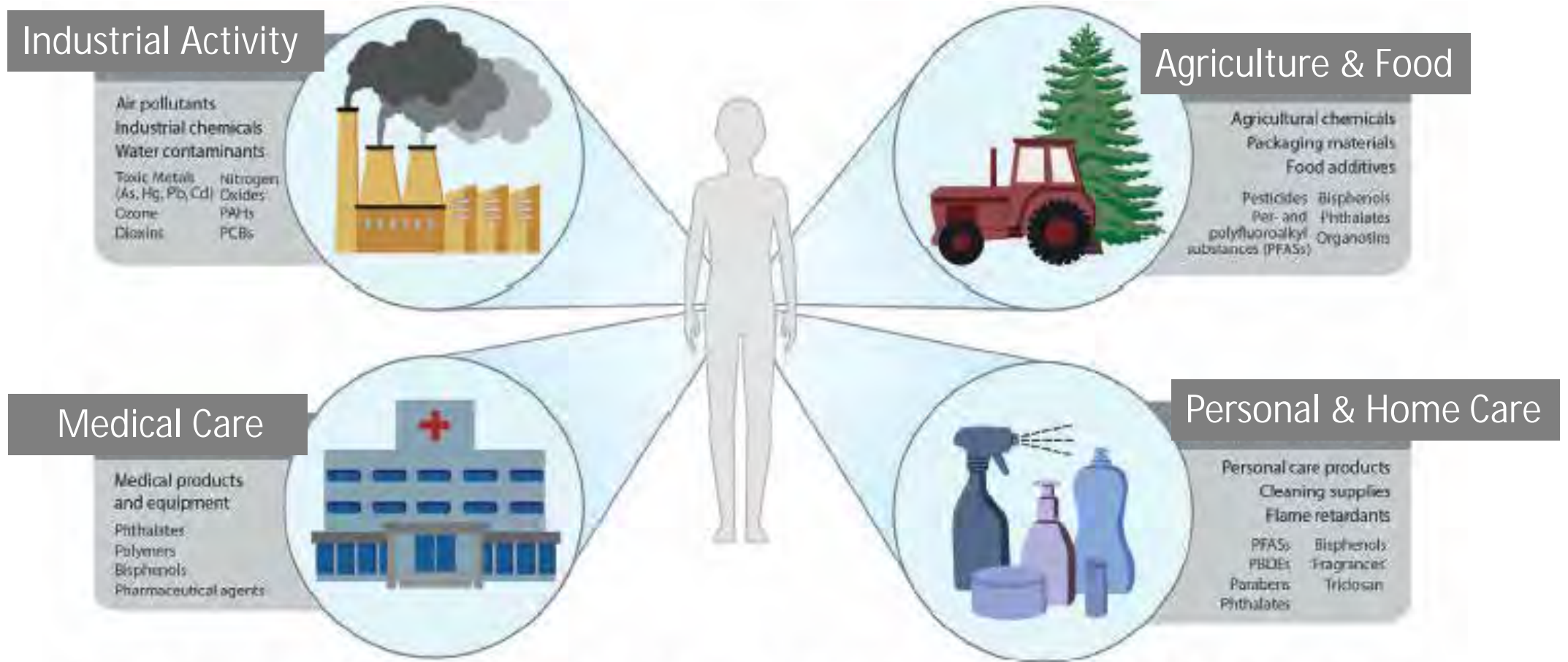
Categories of EDCs



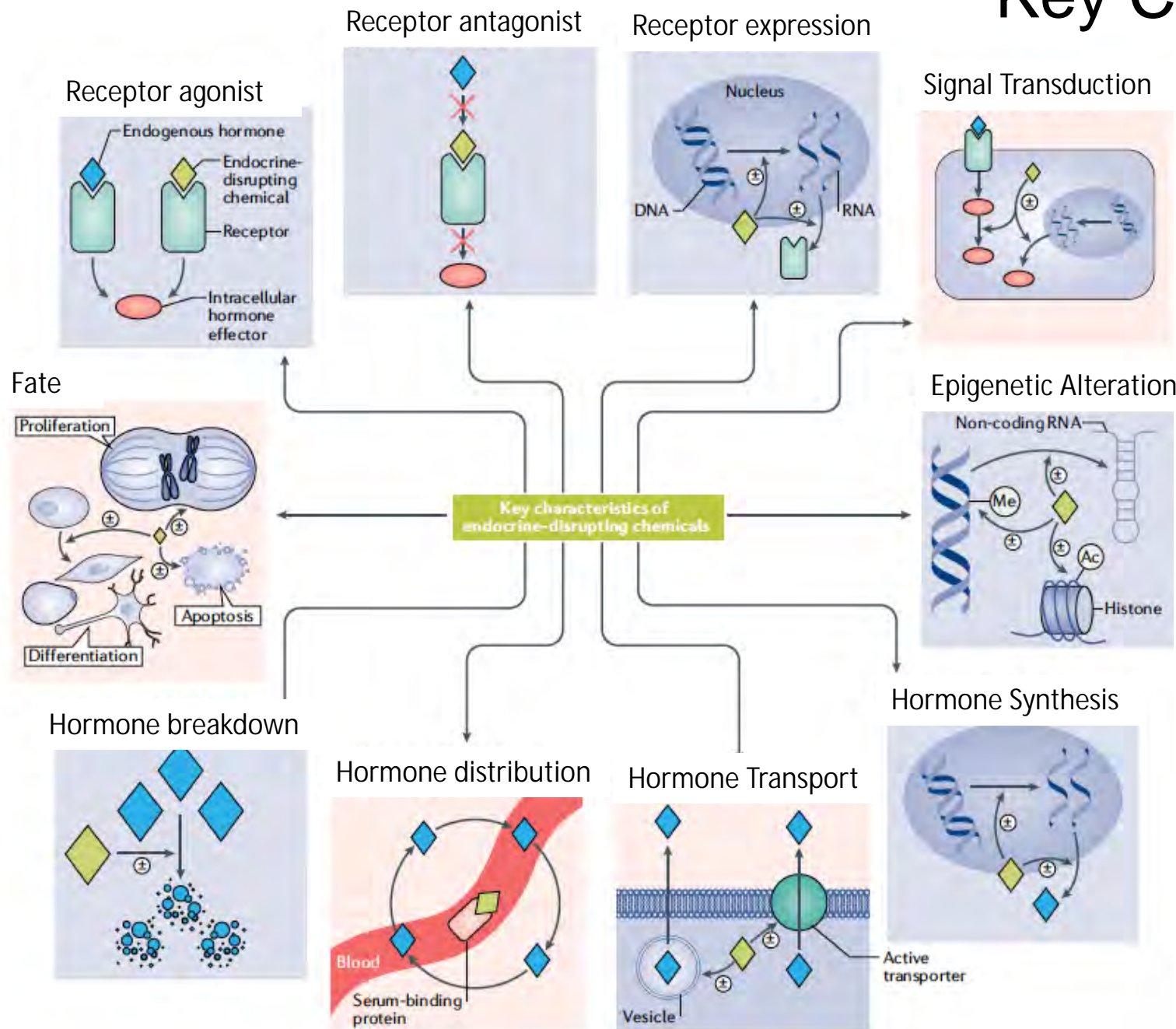
Category/Use	Example EDCs
Pesticides	DDT, chlorpyrifos, atrazine, 2,4-D, glyphosate
Children's products	Lead, phthalates, cadmium
Food contact materials	BPA, phthalates, phenol
Electronics and Building materials	Brominated flame retardants, PCBs
Personal care products, medical tubing	Phthalates
Antibacterials	Triclosan
Textiles, clothing	Perfluorochemicals



Human exposures to EDCs



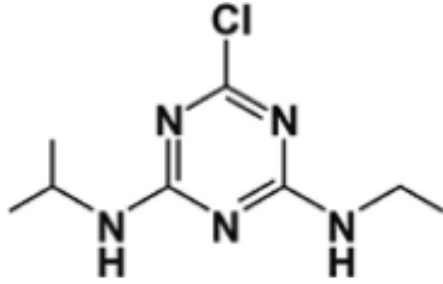
Key Characteristics of EDCs



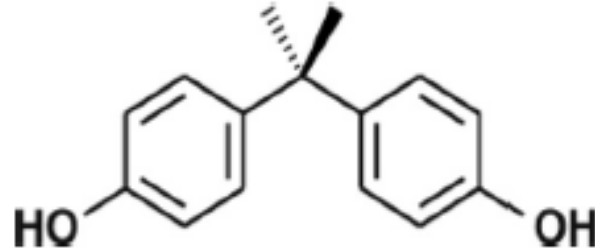
La Merrill et al. 2020, Nat. Rev. Endocrinol. 16: 45

EDC Examples & Structures

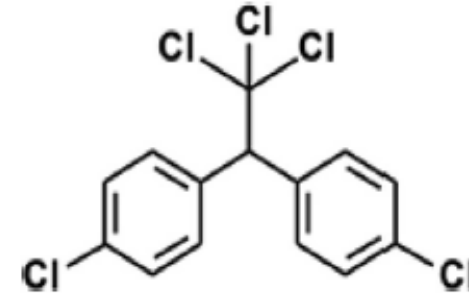
Atrazine (herbicide)



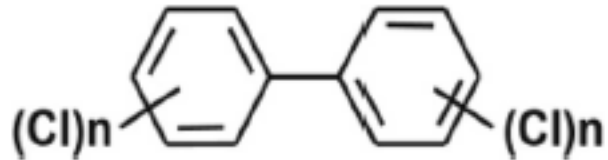
Bisphenol A (plastics)



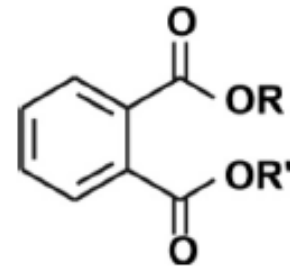
DDT (pesticide)



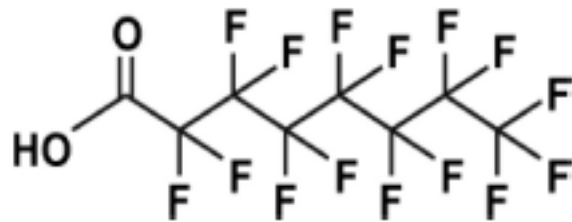
PCBs (industry)



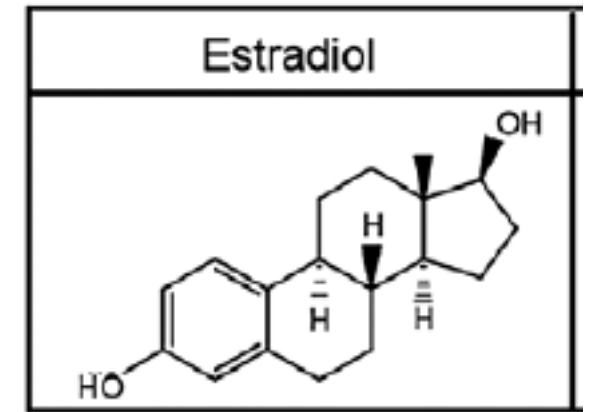
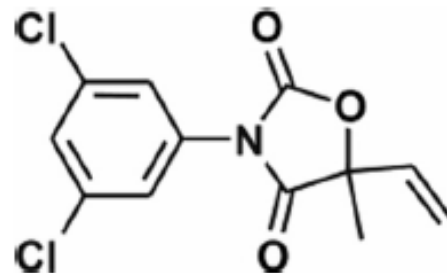
Phthalates (plastics, cosmetics)



PFOA (surfactant)



Vinclozolin (fungicide)



Evidence that EDCs Affect Human Health

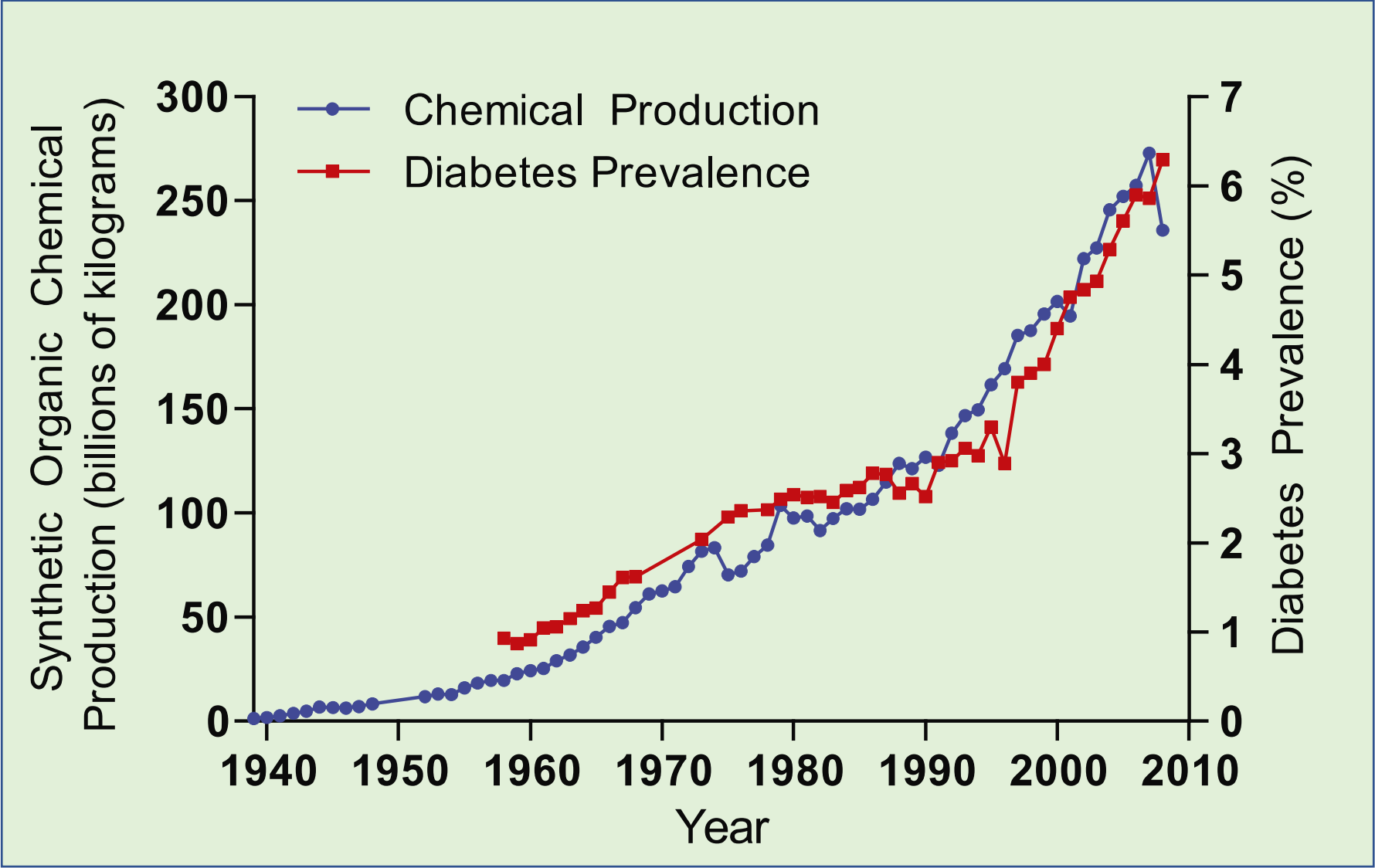
Disasters and Industrial Accidents:

- Seveso, Italy – dioxins
- Japan, Taiwan – industrial chemicals (PCBs)

Epidemiology:

- Agent Orange exposure and prostate cancer
- Twin studies showing that environmental factors play the principle role in hormone-sensitive cancers
- Correlations between increased chemical synthesis and chronic diseases

Correlations between chemical production and diabetes



EDCs and Human Health

Biomonitoring:

- NHANES database (US CDC) shows EDCs detectable in human fluids (urine, blood, breast milk, umbilical cord blood)
- Individual studies overwhelmingly detect chemicals in all humans



EDCs and Human Health

It is not possible to prove cause and effect in humans in the case of EDC exposures and chronic, complex diseases.

This is where experimental animal studies have been invaluable and irreplaceable.

The convergence of human observational and epidemiological data, together with lab animal studies, have led to the strong conclusion that EDCs are environmental factors increasing risk of endocrine and neurological disorders.



Moving EDCs into the Mainstream: Endocrine Society Scientific Statements (2009, 2015)

Endocrine-Disrupting Chemicals

EDC-2: The Endocrine Society's Second Scientific Statement on Endocrine-Disrupting Chemicals

A. C. Gore, V. A. Chappell, S. E. Fenton, J. A. Flaws, A. Nadal, G. S. Prins, J. Toppari,
and R. T. Zoeller

2015

An Endocrine Society Scientific Statement

Evanthia Diamanti-Kandarakis, Jean-Pierre Bourguignon,
Linda C. Giudice, Russ Hauser, Gail S. Prins, Ana M. Soto,
R. Thomas Zoeller, and Andrea C. Gore

2009



Endocrine Society Scientific Statements (2009, 2015)

- Obesity, diabetes, and cardiovascular disease
- Female reproductive health
- Male reproductive health
- Hormone sensitive cancers in females
- Prostate gland
- Thyroid gland
- Neurodevelopment and neuroendocrine systems



Endocrine Society Scientific Statements (2009, 2015)

- Obesity, diabetes, and cardiovascular disease
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Female Reproductive Health

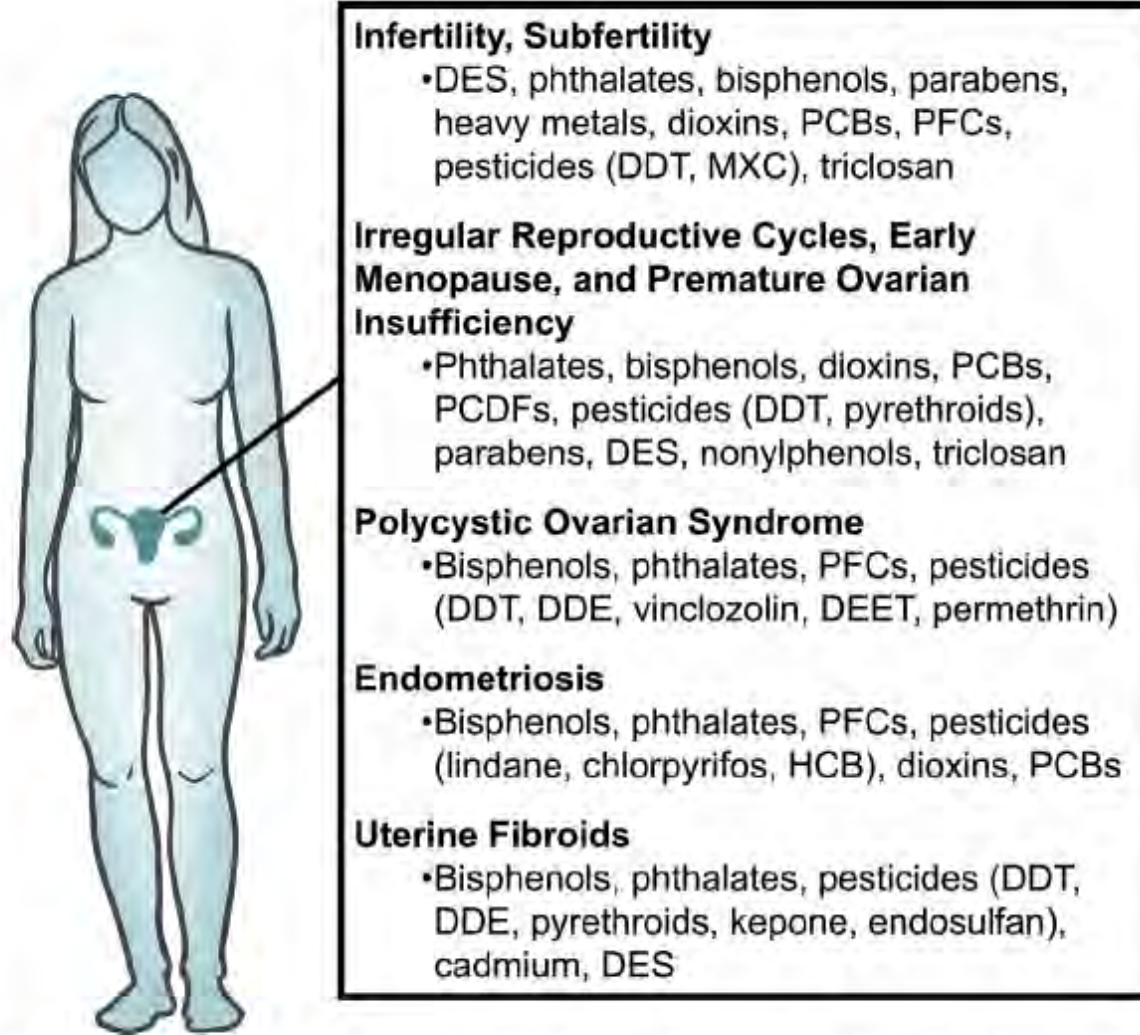


Fig. 1 A summary of EDCs associated with female reproductive disorders.

EDCs: Special Considerations for Women

- EDCs have a disparate impact dependent on race and ethnicity, socioeconomic status, and other factors.
 - Women have more body fat than men and can accumulate lipophilic substances such as EDCs.
 - Women tend to use more personal care products (e.g. cosmetics, hair products).
 - Women have unique physiological demands during pregnancy.
 - Environmental exposure of a pregnant women can potentially affect the developing fetus.
- Ø Effects of EDCs can differ profoundly between females and males.

Personal Care Product Exposure Tied to Girls' Early Puberty

— Associations weren't seen among boys using parabens, phthalates

by [Kristen Monaco](#), Staff Writer, MedPage Today December 28, 2019

THESE CHEMICALS DISRUPT THE SEXUAL DEVELOPMENT OF CHILDREN — AND THEY'RE EVERYWHERE

Chemicals in cosmetics, soaps tied to early puberty in girls

By Lisa Rapaport, Reuters Health

5 MIN READ

Use Patterns of Leave-on Personal Care Products among Swiss-German Children, Adolescents, and Adults

Eva Manová¹, Natalie von Goetz^{1,*}, Carmen Keller², Michael Siegrist² and Konrad Hungerbühler¹

Int J Environ Res
& Publ Health
2013

Maternal Concentrations of Polyfluoroalkyl Compounds during Pregnancy and Fetal and Postnatal Growth in British Girls

Mildred Maisonet,^{1,2} Metrecia L. Terrell,¹ Michael A. McGeehin,² Krista Yorita Christensen,¹ Adrienne Holmes,² Antonia M. Calafat,² and Michele Marcus^{1,2,3}

The Exposure of Fetuses and Children to Endocrine Disrupting Chemicals: A European Society for Paediatric Endocrinology (ESPE) and Pediatric Endocrine Society (PES) Call to Action Statement

Niels E. Skakkebaek, Jorma Toppari, Olle Söder, Catherine M. Gordon, Sara Divall, and Martin Draznin

JCEM
2011

Environmental Exposures During Pregnancy and the Developing Fetus

DOHaD: Developmental Origins of Health and Disease

- The timing of exposure to EDCs is everything – fetus, infant, child, puberty
- The manifestation of disease may not occur for years or decades

Critical periods

- Particular vulnerability during life stages when there is rapid developmental change and hormone sensitivity.

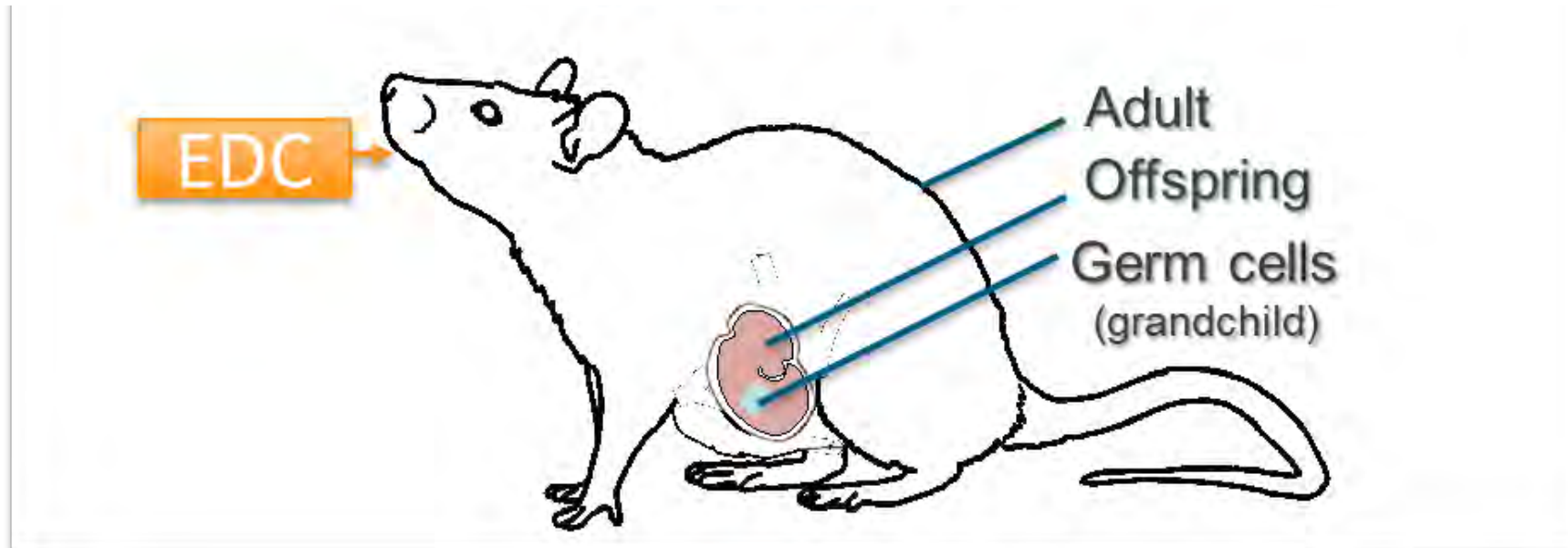


DES (Diethylstilbestrol) as the poster child for DOHaD in humans

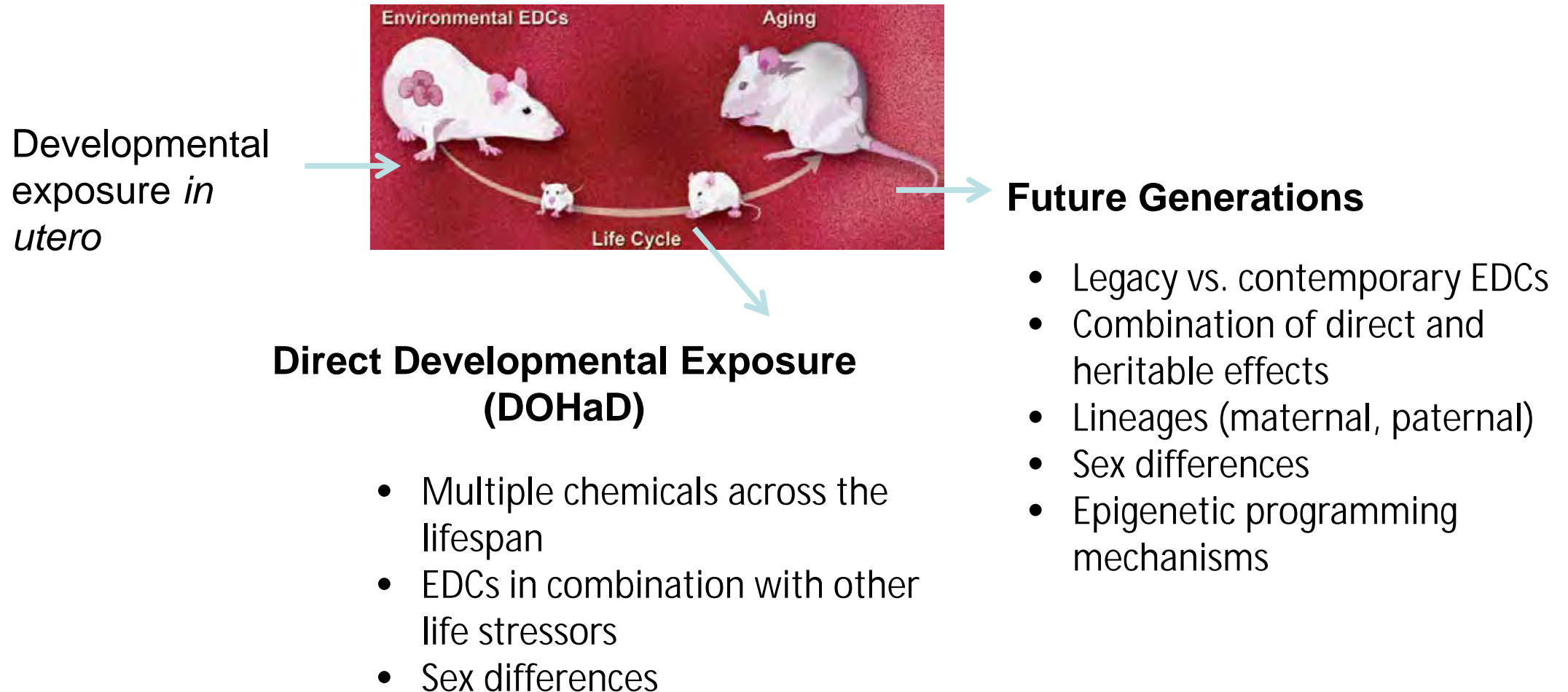
- Pharmaceutical estrogens can cross the placenta
- The fetus is sensitive to these substances
- Developmental 'programming' happens in a sex- and timing-specific manner



The Rodent DOHaD Model: Proving cause and effect

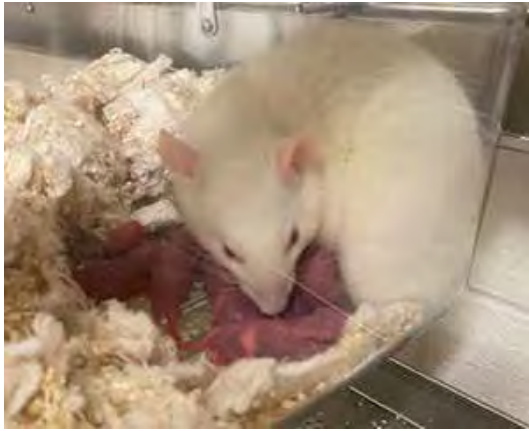


Modeling EDC effects using real-world scenarios



Overview of EDC effects in our DOHaD model

Neonates



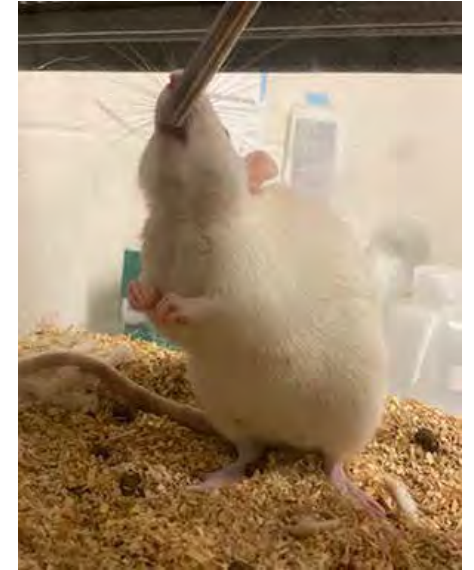
- Body weight
- Anogenital distance
- Hypothalamic gene expression
- Hypothalamic protein expression
- Sex differences

Adolescents

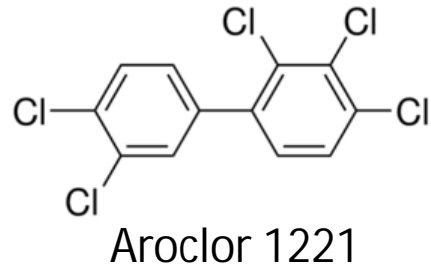


- Body weight
- Timing of puberty
- Hypothalamic gene expression
- Hypothalamic protein expression
- Social behaviors
- Sex differences

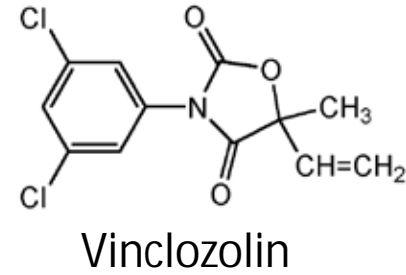
Adults & Aging



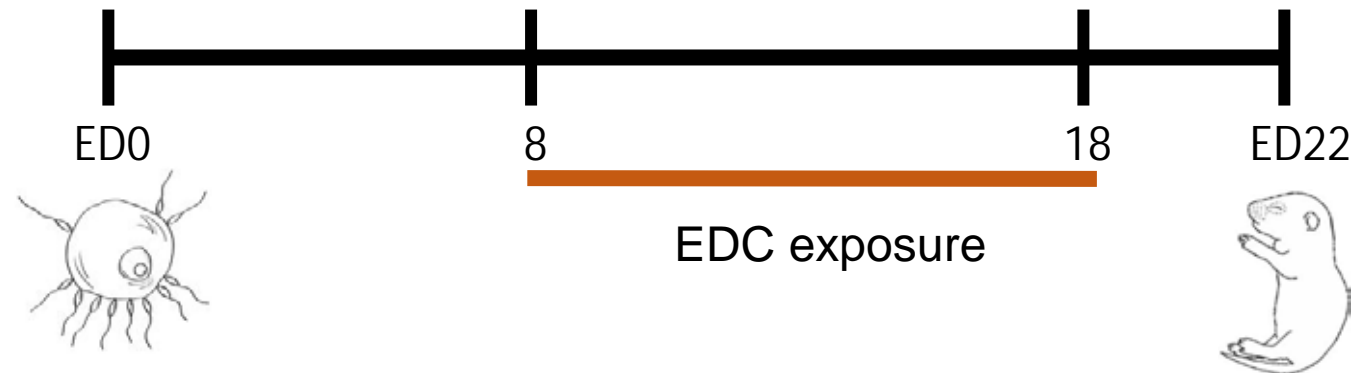
- Body weight
- Hypothalamic gene expression
- Hypothalamic protein expression
- Social behaviors
- Sexual behaviors
- Mate choice
- Reproductive aging
- Epigenetic marks (DNA methylation, microRNAs)
- Sex differences



- polychlorinated biphenyl (PCB)
- weakly estrogenic
- used as industrial lubricant
- dielectric fluid in transformers, capacitors
- banned 1979
- contaminated soil/water

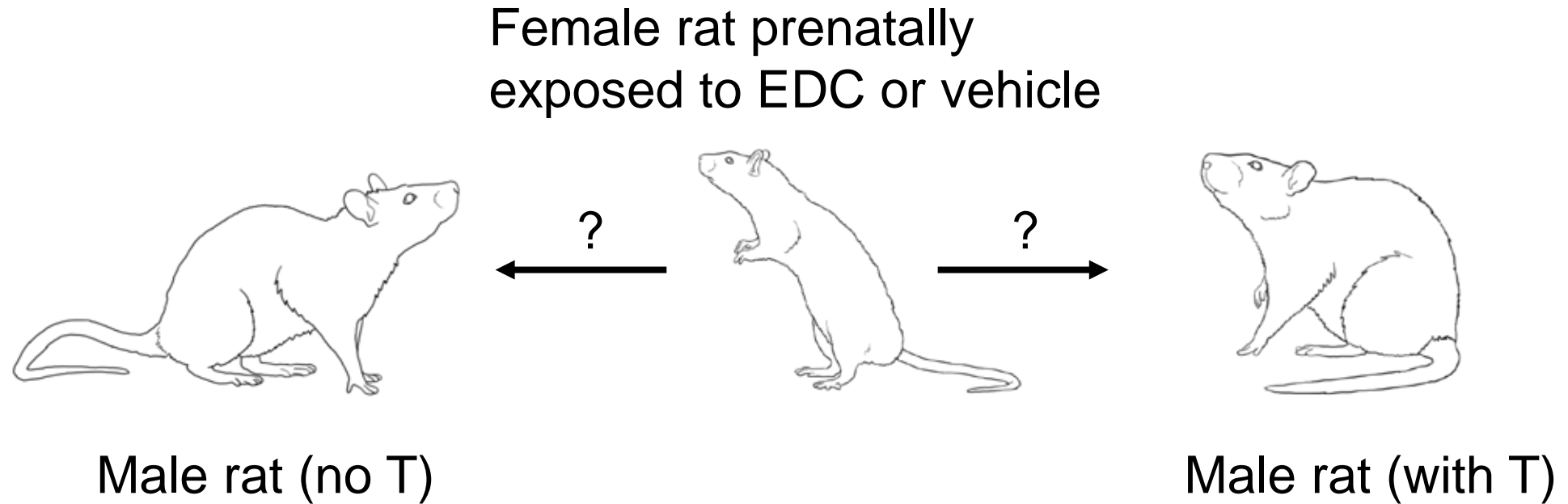


- dicarboximide fungicide
- anti-androgenic
- used on vineyards, sod, fruits and vegetables
- banned EU, AUS (but not U.S.)
- contaminated food/drink

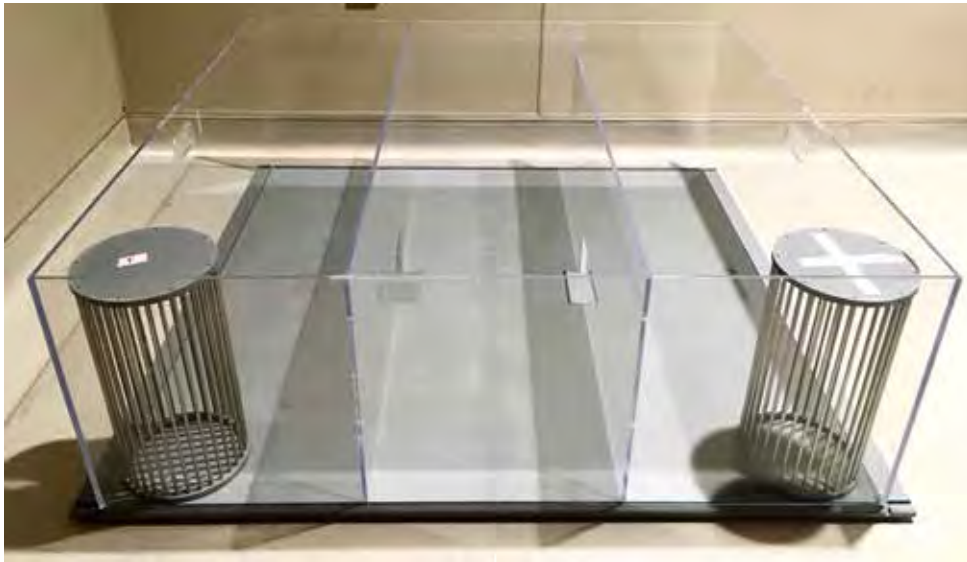


Prenatal EDCs: Effects on mate preference

A fundamental question is whether EDCs impair reproductive success.

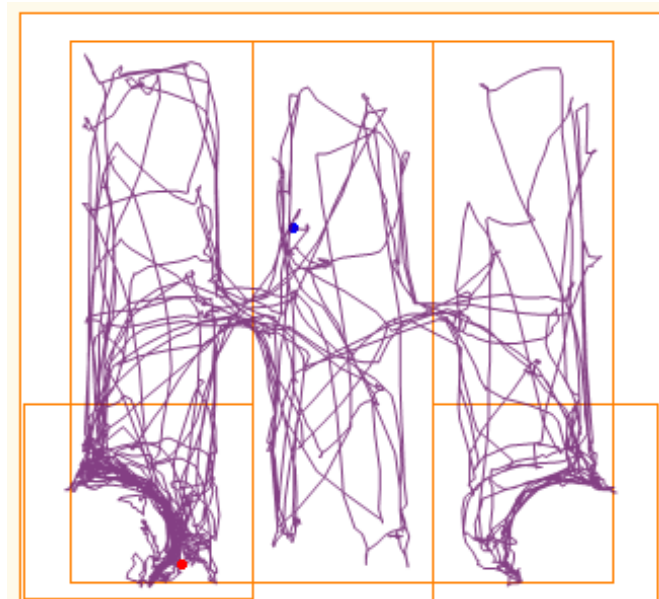
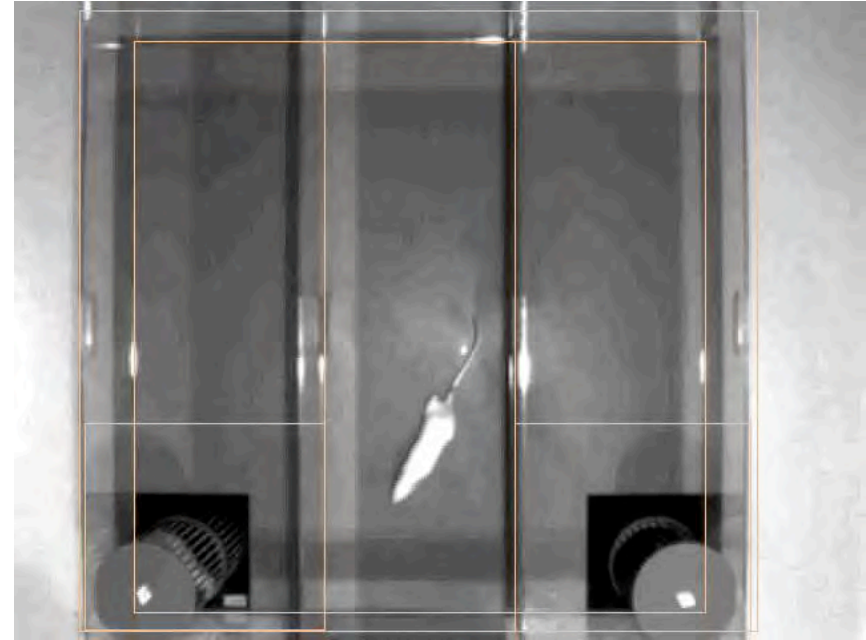


Mate preference test

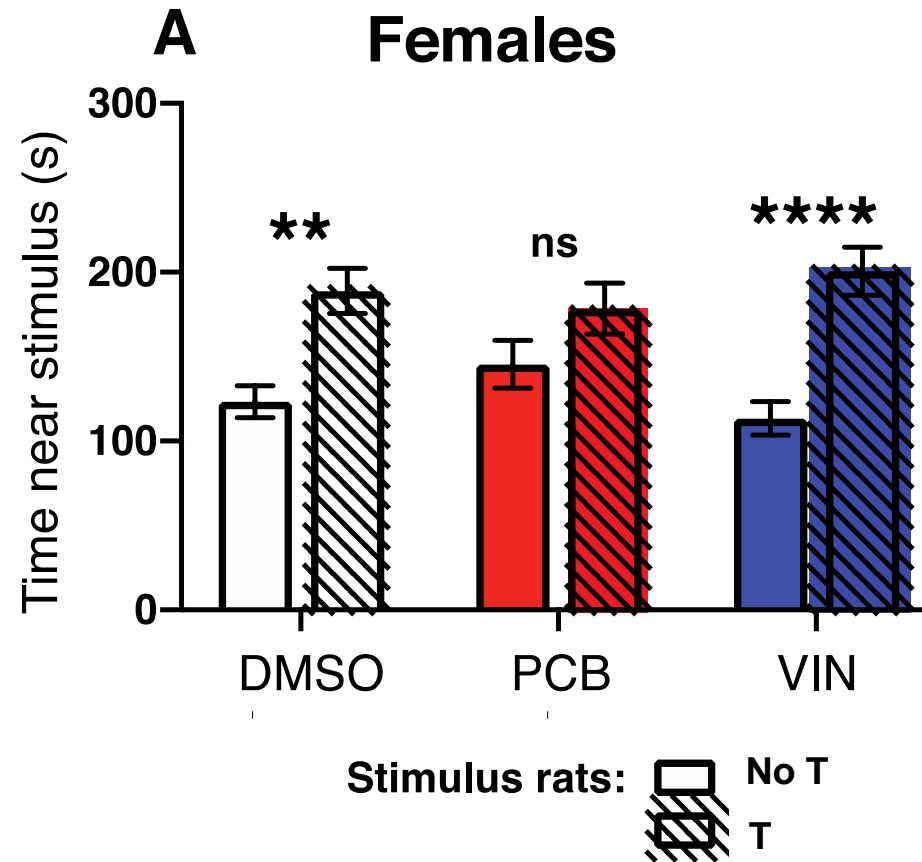
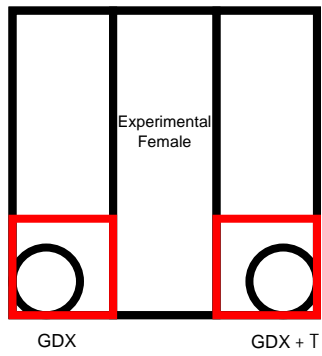


Male 1
(T)

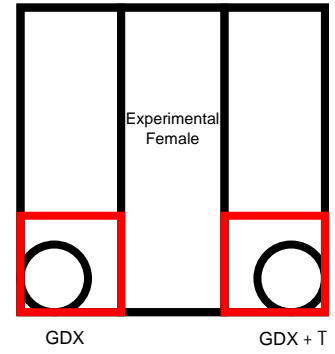
Male 2
(no T)



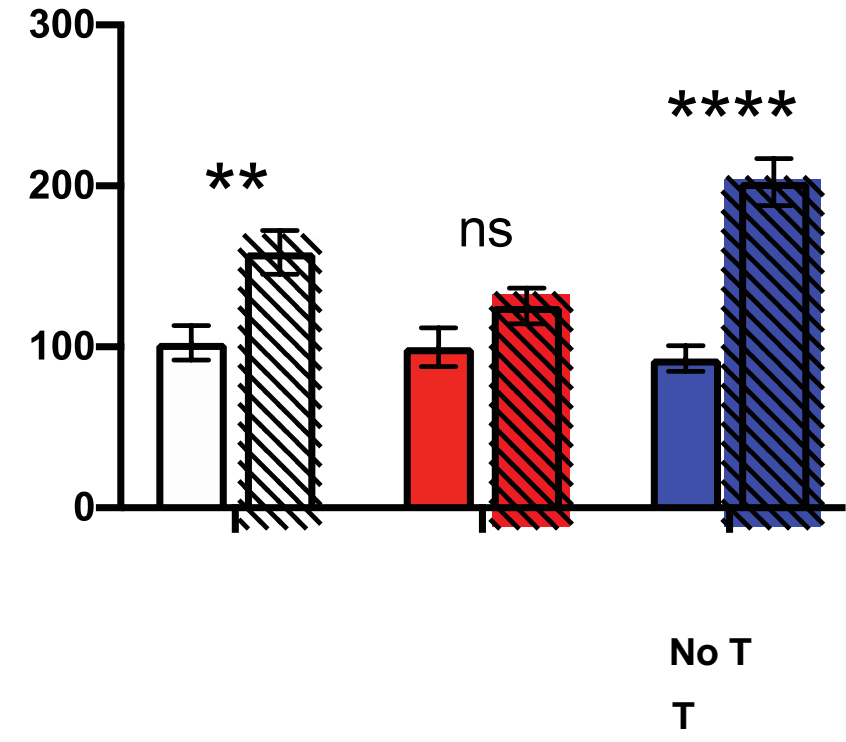
EDC treatment disrupts female mate preference



Deficits in odor preference explain disrupted mate preference



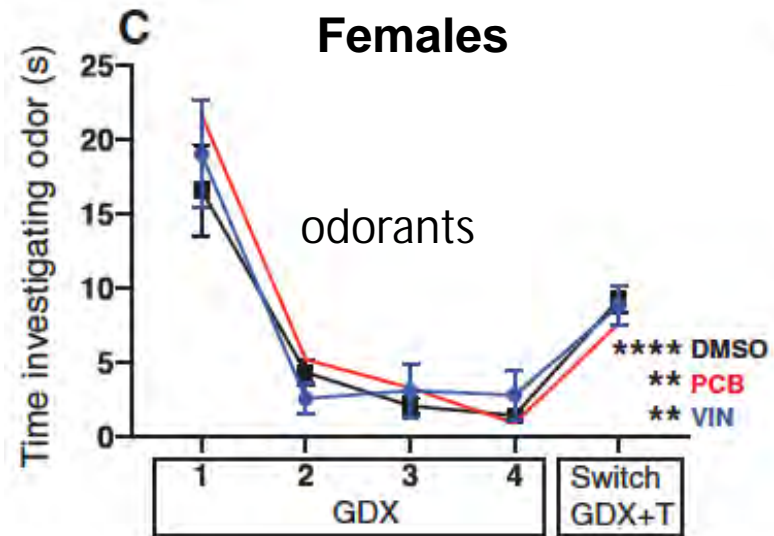
Urine-soaked filter paper



Does prenatal exposure to EDCs impair olfactory discrimination in adulthood?

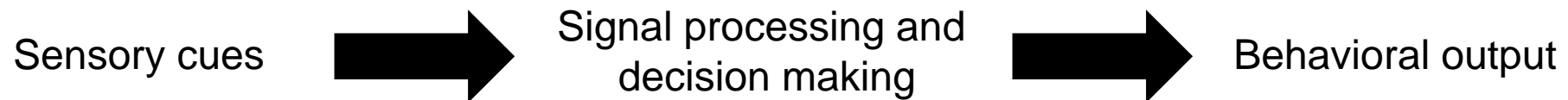


Habituation-Dishabituation

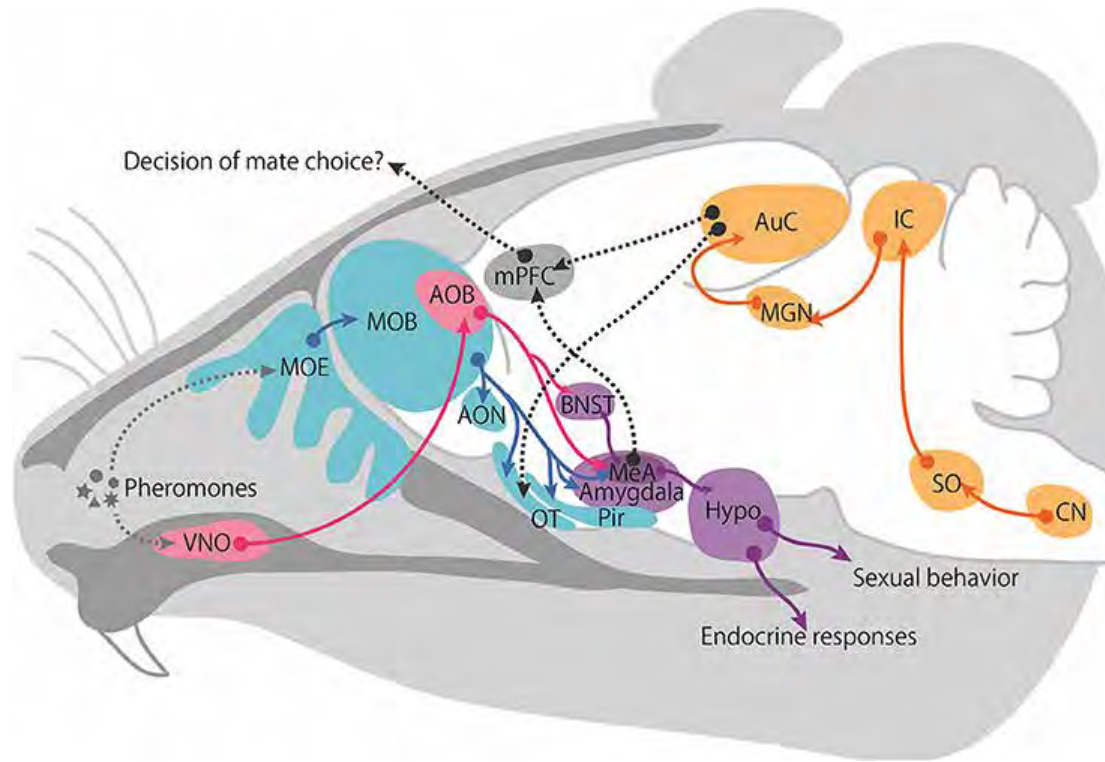


Summary (1)

Prenatal exposure to EDCs disrupts mate preference and odor preference behavior in adulthood, but not by means of impaired olfactory discrimination.



The effects of prenatal EDCs on olfactory processing



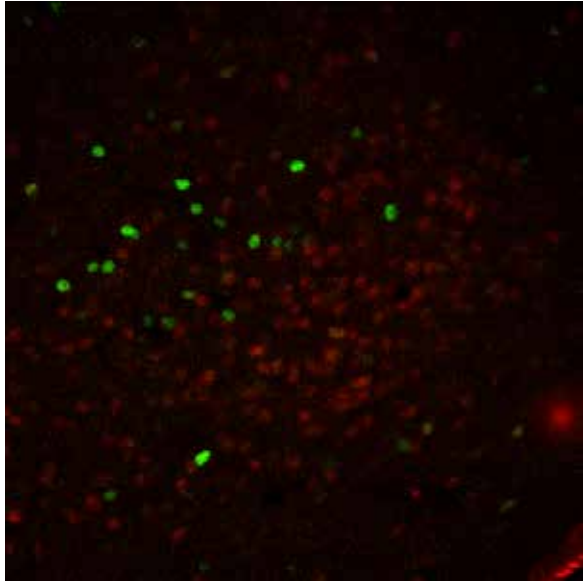
Hypothalamus: Ventromedial nucleus (VMNvl) and Preoptic area (POA)

Piriform cortex (anterior, posterior)

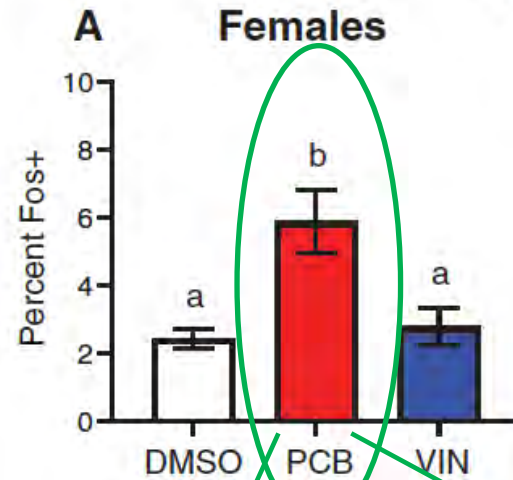
Medial amygdala (posterodorsal, posteroventral)

Fos immunoreactivity as a marker of neuronal activation 1 hr after the odor preference test

The VMNvl is the only region affected by EDCs, and only in females



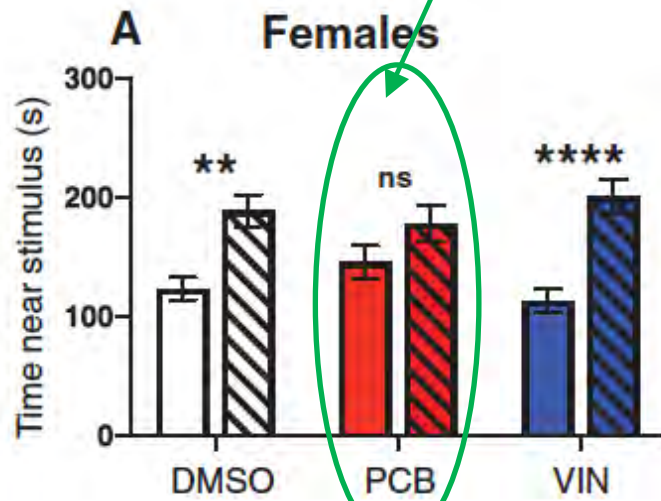
VMNvl



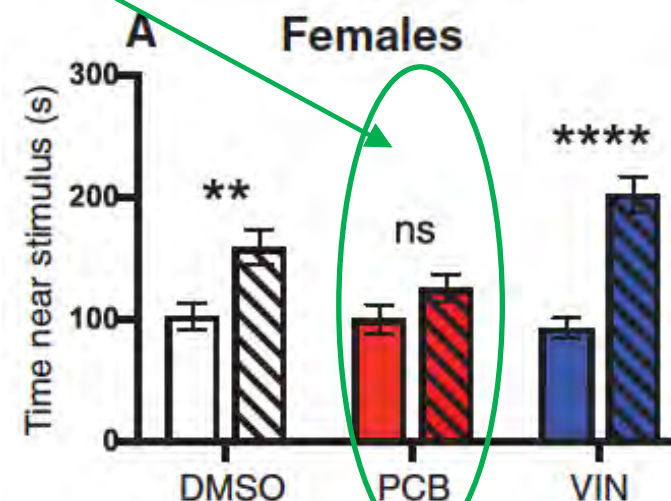
No treatment effect in POA, piriform cortex, amygdala.

Sex difference in the cortex (F>M).

Mate Preference



Odor Preference



Summary (2)

Prenatal exposure to EDCs disrupts mate preference and odor preference behavior in adulthood, but not by means of impaired olfactory discrimination.

Deficits in mate and odor preference behavior are associated with increased Fos activation in the VMNvl in females, but not males.

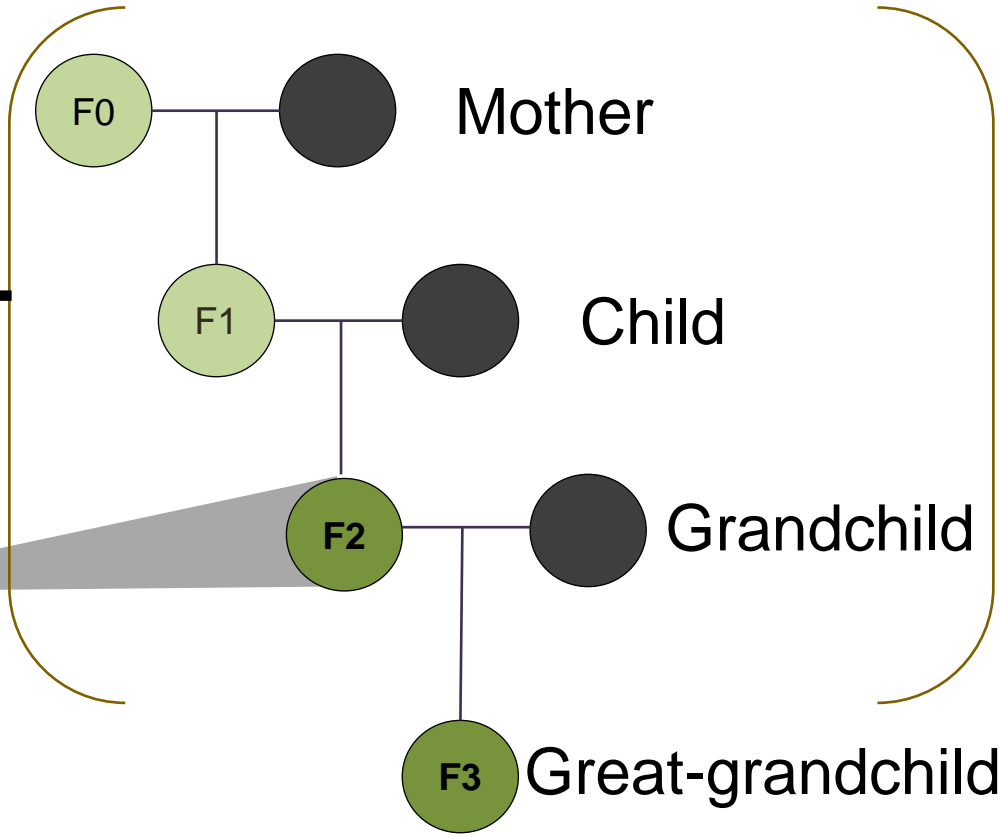


Multigenerational EDC effects

When a pregnant woman is exposed, so is her fetus (F1) and its germ cells (F2)



Direct Exposure



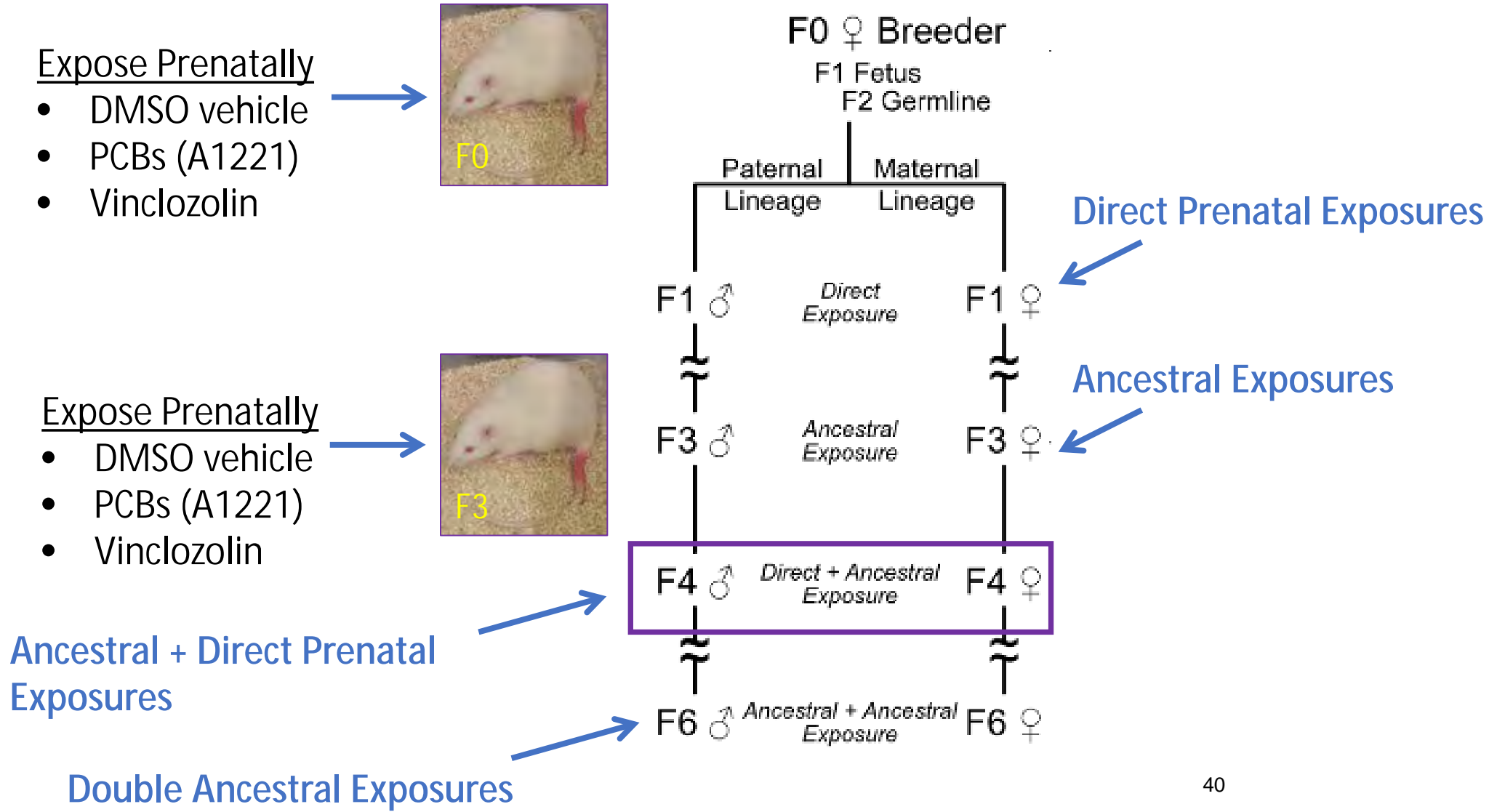
Multigenerational EDC Effects



“Two hits of EDCs, 3 generations apart”

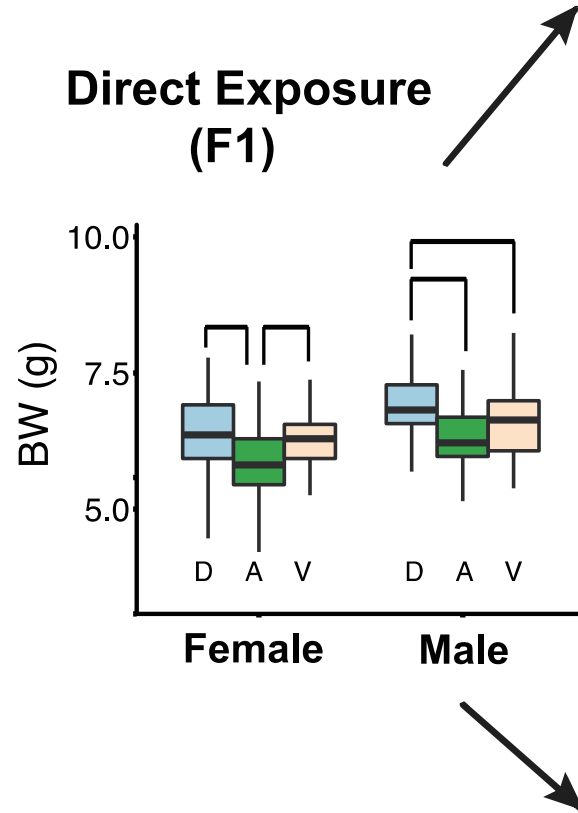
- Legacy vs. contemporary EDCs with different mechanisms
- Combination of direct and heritable effects
- Importance of lineages (maternal, paternal)
- Sex differences
- Epigenetic programming mechanisms

Two hits of EDCs 3 generations apart

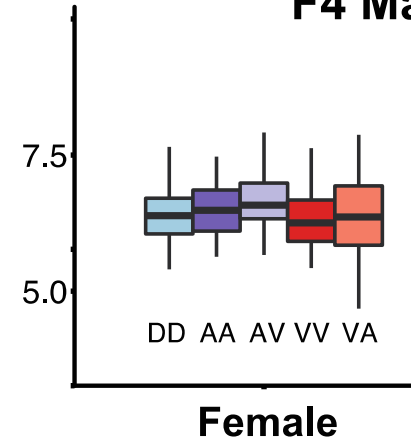


Body Weight on P1

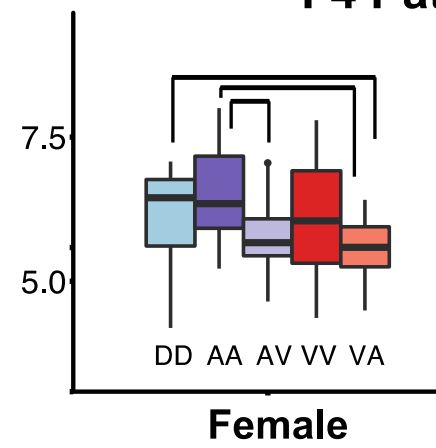
Ancestral (F1) + Direct (F4) Exposure



F4 Maternal

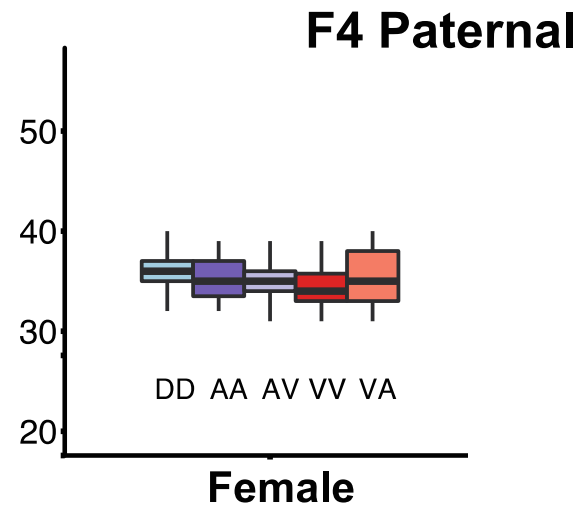
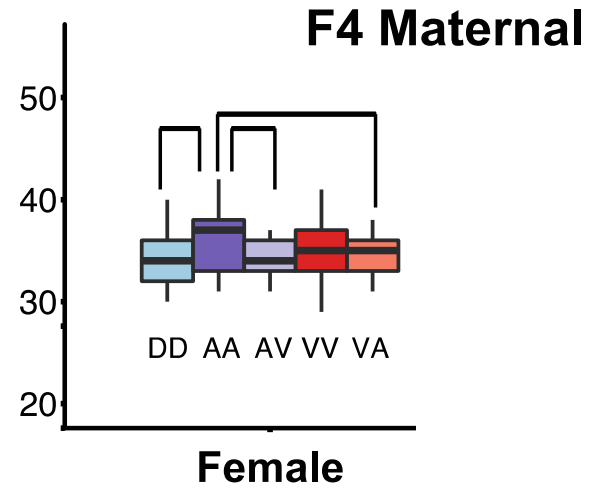
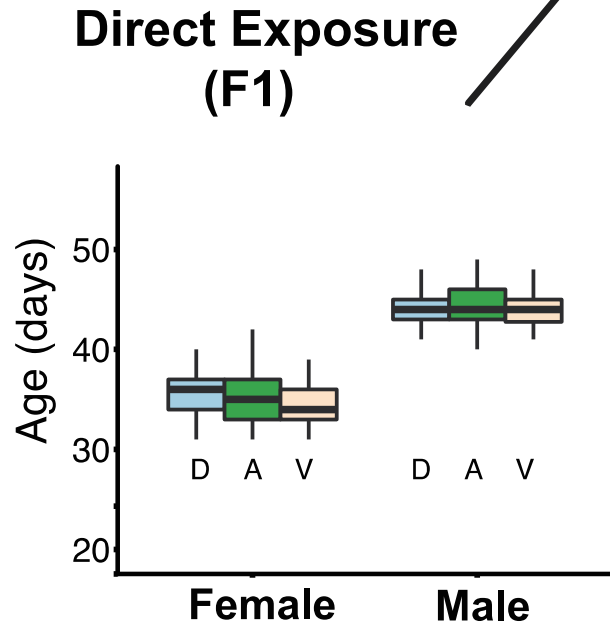


F4 Paternal



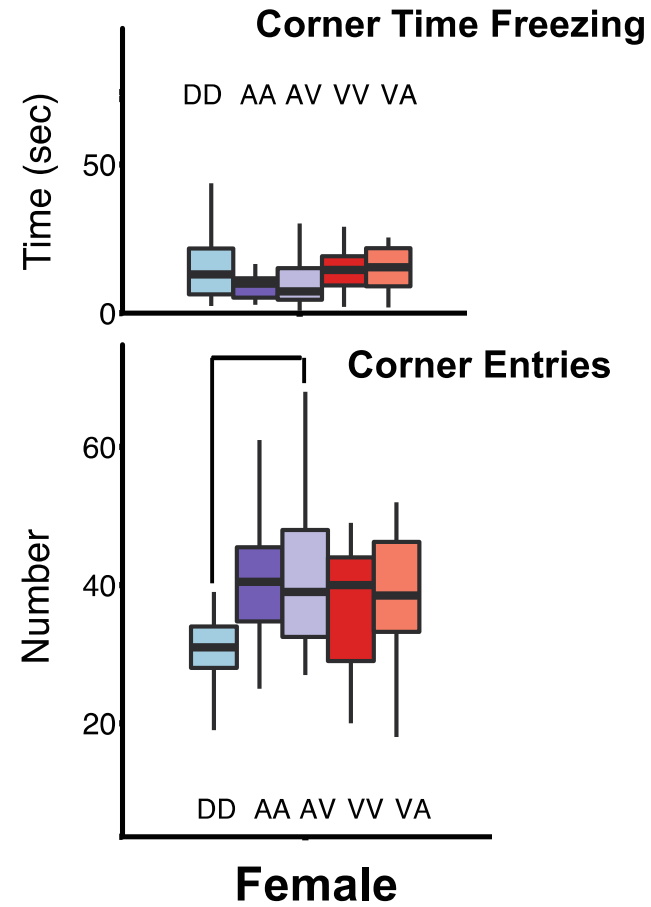
Age at Puberty

Ancestral (F1) + Direct (F4) Exposure



Open Field (adult)

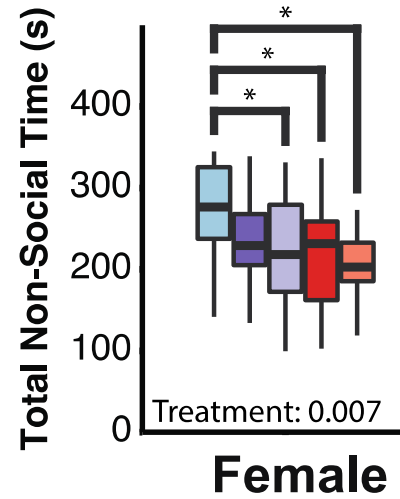
Ancestral (F1) + Direct (F4) Exposure F4 Maternal



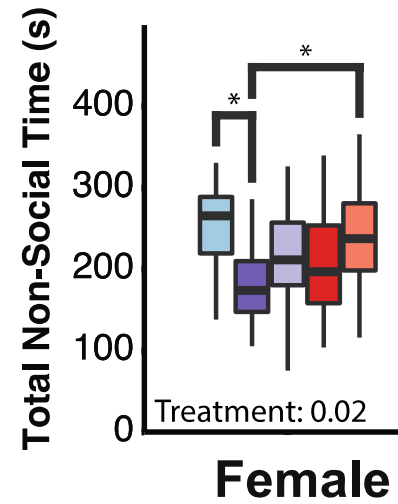
Social Interaction Dynamics (adult)

Ancestral (F1) + Direct (F4) Exposure

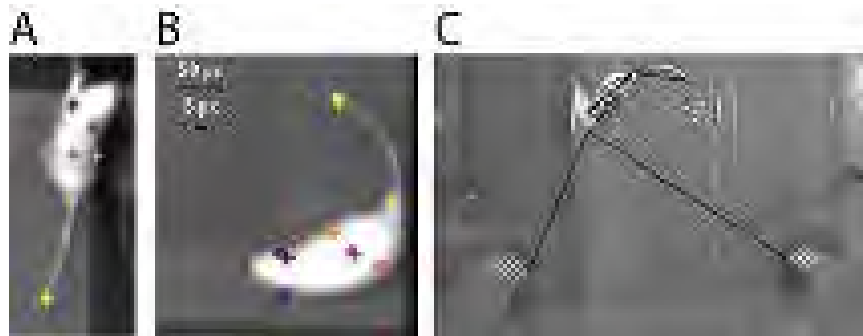
F4 Maternal



F4 Paternal



Dr. Ross Gillette



Summary (3) – “2 Hits of EDCs 3 Generations Apart”

- Each generation has a unique phenotype in response to EDC exposures.
 - *“Emergent phenotypes” caused by EDCs: there may be no F1 phenotype, but a phenotype emerges, especially after a 2nd hit in the F4 generation.*
- The nature of the second hit (same vs. different EDC) is a key determinant of the outcome.
 - *Ecological relevance: as new EDCs come onto the market, this is overlaid on our historical exposures.*
- Virtually all outcomes, in all generations, were sexually dimorphic.
- Lineage was a key determinant in outcomes.

Take-home messages and Future directions

EDCs affect women's health: this includes reproductive health, as well as other endocrine and neurological domains.

Sex differences are common for EDC effects, underscoring the importance of including females in all studies.

Individuals experience multiple environmental perturbations throughout their life histories such as EDCs and other stressors. The combination of these experiences shapes the individual's phenotypes.

Ancestral epigenetic processes add to the complexity by shaping the response to current and future environmental challenges. This is modeled in the "2 hit, 3 generations apart" paradigm.

Our future direction is to pursue how the transfer of epigenetic information from germline to somatic tissues such as the brain can happen, and result in neurobehavioral changes.

Thank you!

Funding:

NIH R01 ES029464

NIH R21 ES034067

NIH R35 ES035024

Gore Lab:

Dr. Ross Gillette

Dr. Emily Hilz

Lindsay Thompson

Madeline Streifer

Dana Sheinhaus

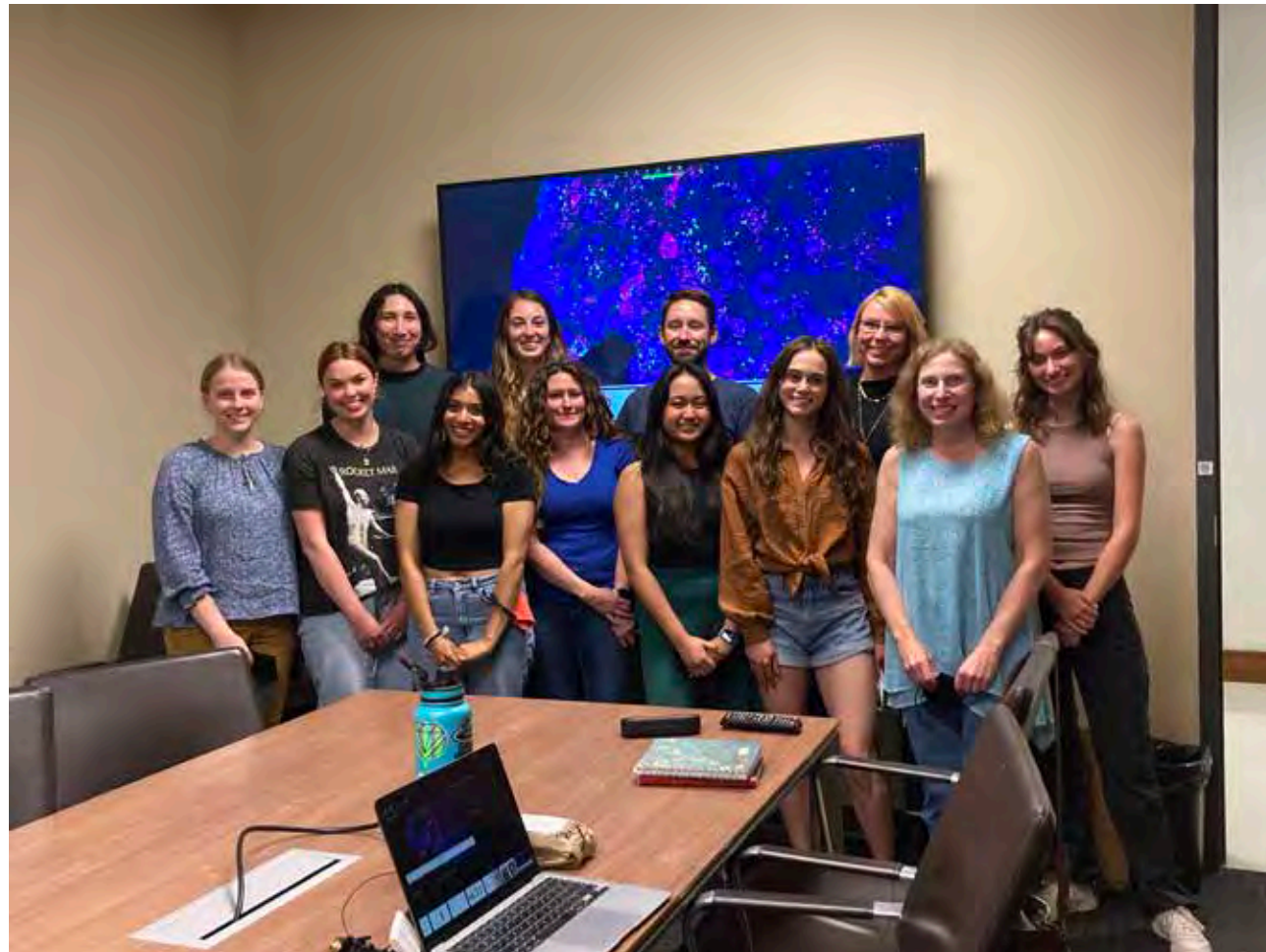
Collaborators:

Dr. David Crews

Everyone else in the
Gore Lab, but especially
our wonderful
undergraduates



Our happy rats



NIH Research Panel

Anne Marie Jukic, Ph.D., Francesco DeMayo, Ph.D.,
Carmen Williams, M.D., Ph.D., Janet Hall, M.D., M.S.

Moderated by Keiva Nelson

NIH Research Panel

Anne Marie Jukic, Ph.D.

Investigator, Fertility and Reproductive Health Group

National Institute for Environmental Health Sciences



National Institute of Environmental Health Sciences
Your Environment. Your Health.

Enrolling in the Triangle area, NC



Anne Marie Jukic
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@AnneMarieJukic



We're hiring! Postdoctoral fellowships are available:

https://www.training.nih.gov/postdoc_jobs_nih/view/_31/9294/NIEHS_FRH_PD

NIH Research Panel

Francesco DeMayo, Ph.D.

Chief, Reproductive and Developmental Biology
Laboratory

National Institute for Environmental Health Sciences



National Institute of Environmental Health Sciences
Your Environment. Your Health.



Molecular Analysis of Uterine Function

Francesco DeMayo Ph.D.

Endocrine Disrupting Chemicals and Women's Health Symposium

Virtual

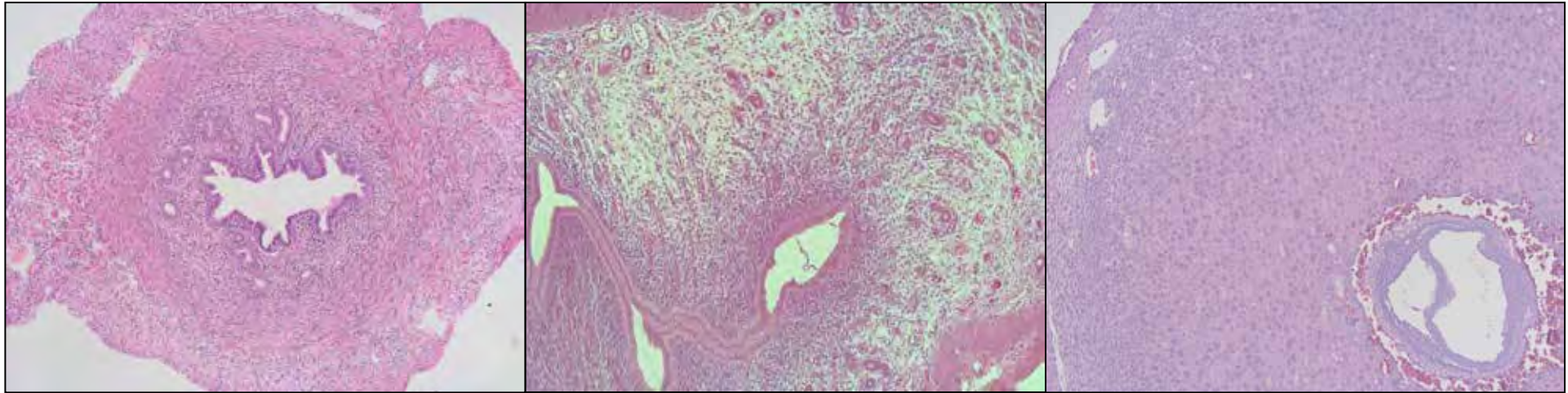
July 18-19, 2023

Environment and the Female Reproduction

- The female reproductive tract is the most sensitive organ to endocrine signaling.
- Dysfunctions of the uterus such as Infertility, Endometriosis, Endometrial Cancer, Fibroids and Preterm Birth may be the result of hormone deregulation.
- Endocrine disruptors, stress, inflammation and diet can result in infertility, preterm birth and impairment of women's health.



The Uterus Undergoes Dynamic Changes During Pregnancy

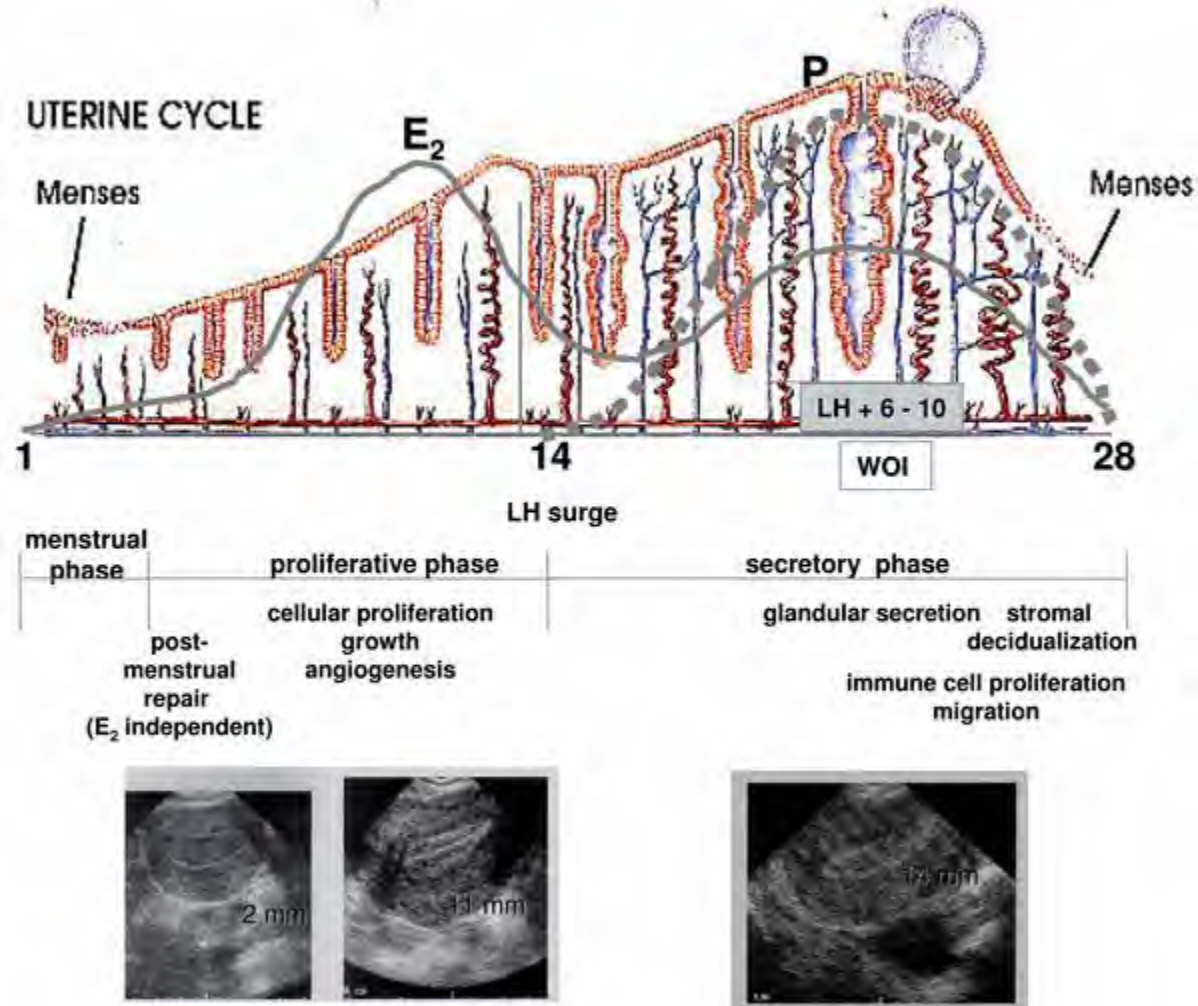


Nonpregnant Uterus

Peri-implantation Uterus

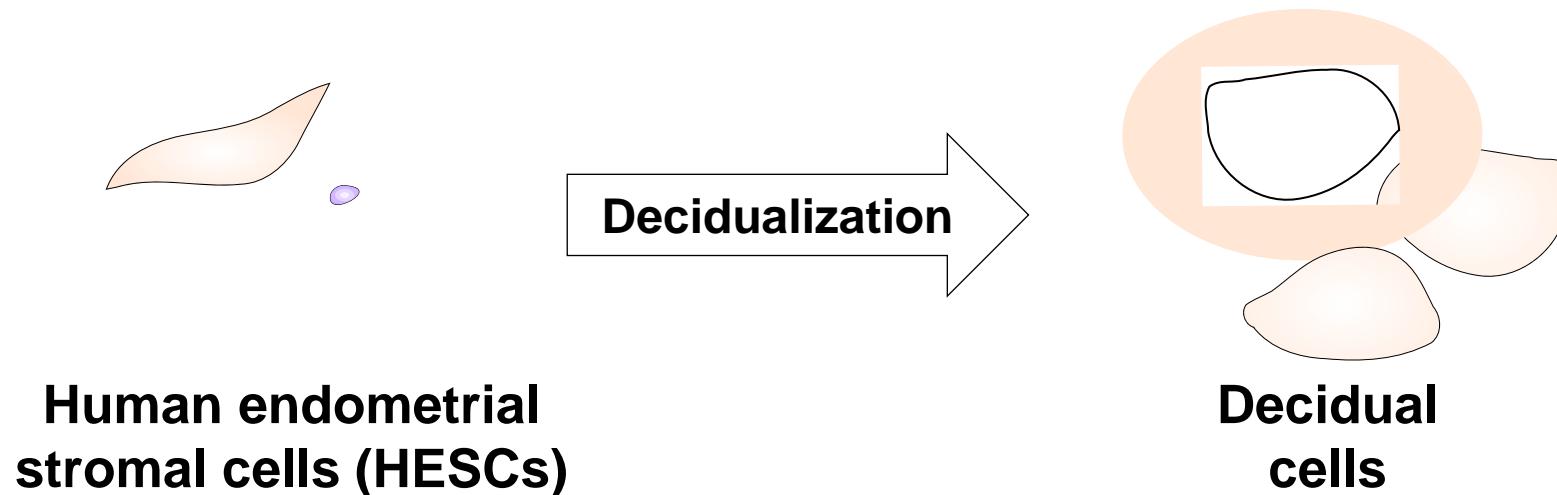
Decidualized Uterus

Changes in the human uterus during the Menstrual cycle.



Decidualization

- **Endometrial stromal cells differentiate into decidual cells, which serve several functions during early pregnancy:**
 - **Support embryo**
 - **Regulate trophoblast invasion**
 - **Enhance vascularization**
 - **Modulate maternal immunity**



Regulation of Human Endometrial Stromal (HES) Cell Decidualization

Isolate primary HES cell from 3 different patients



Induce Decidualization
(50 mM db-cAMP, 10nM E2, 1mM MPA)

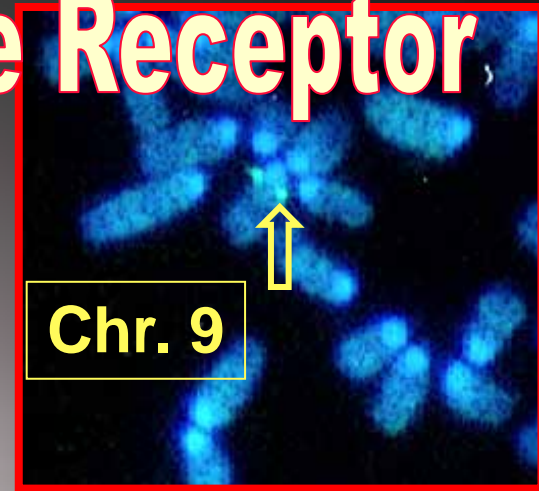


Change in morphology and increased expression of marker proteins IGFBP1 and PRL

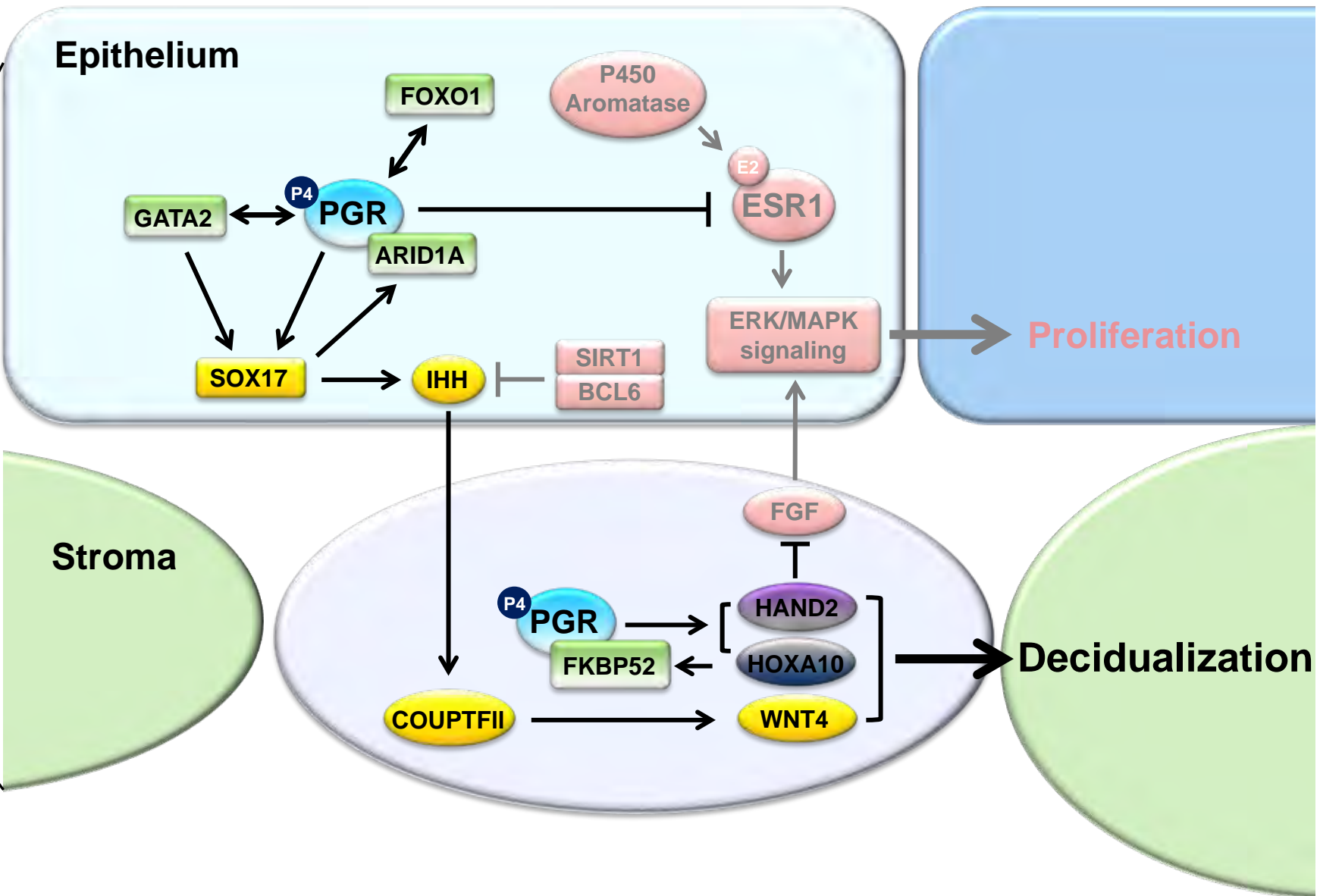
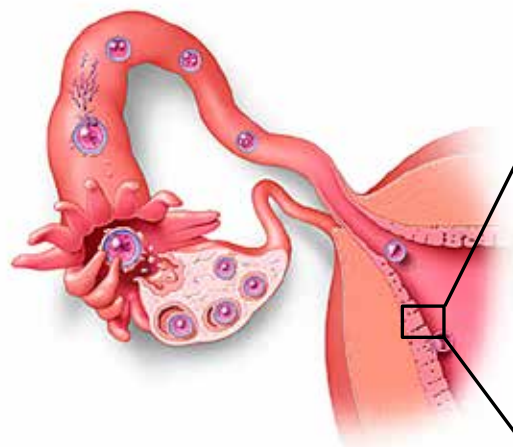
Progesterone: the Hormone of Pregnancy

- Progesterone acts through its cognate receptors PGRA and PGRB.
- Regulates the timing of the embryo transport to the site of implantation.
- Negates the mitogenic actions of Estrogen on uterine epithelium.
- Integral part of the paracrine cross talk between epithelium and stroma that regulates uterine function.
- Regulates the ability of the uterus to support embryo invasion and growth.
- Regulates myometrial quiescence and parturition.
- **Regulates the “Window of Receptivity”.**

The Murine Progesterone Receptor



Progesterone Receptor (PGR) Function in the Receptive Endometrium





Serum Response Factor (SRF) as a Potential PGR Co-regulator in the Uterus



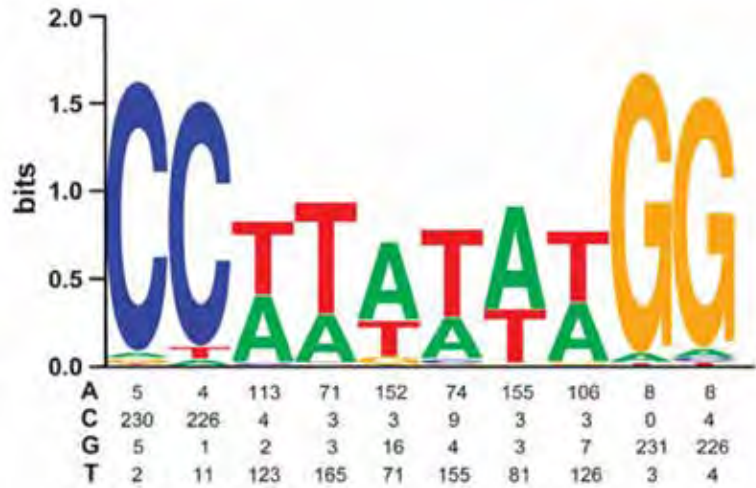
The **SRF binding motif (CArG)** is enriched in **PGR binding intervals** in term pregnant and non-pregnant human myometrial samples based on PGR ChIP-seq

Motif		Log <i>p</i> -value of enrichment	
		NP	TP
	PGR	-225.8	-1445
	CArG	-127.1	-66.32

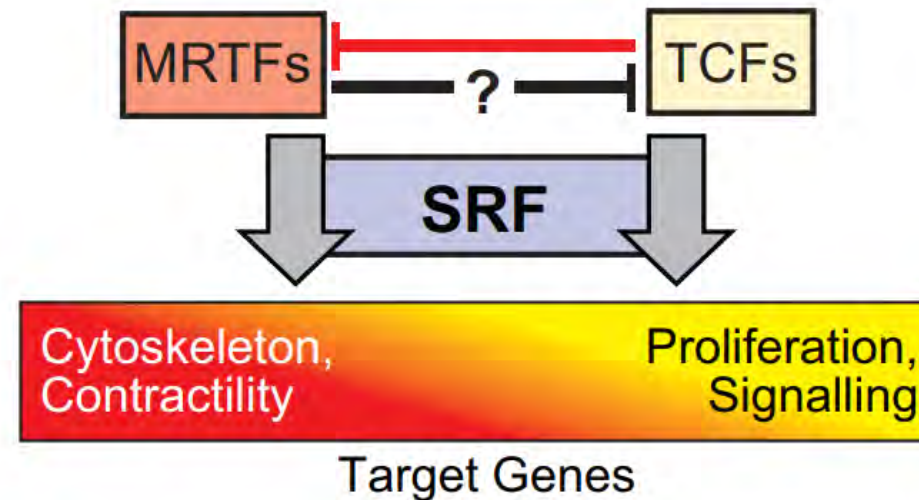
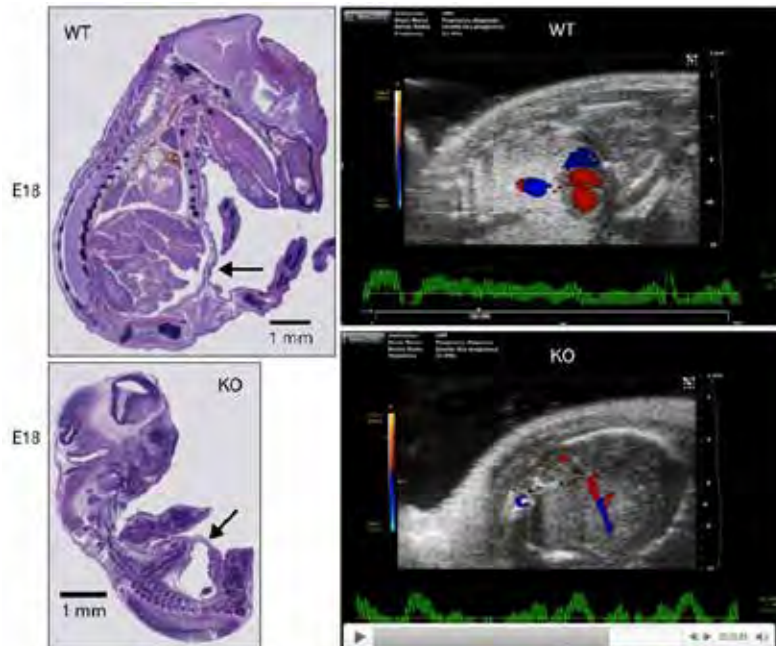
NP: nonpregnant myometrial tissue

TP: term pregnant myometrial tissue

SRF Molecular Function

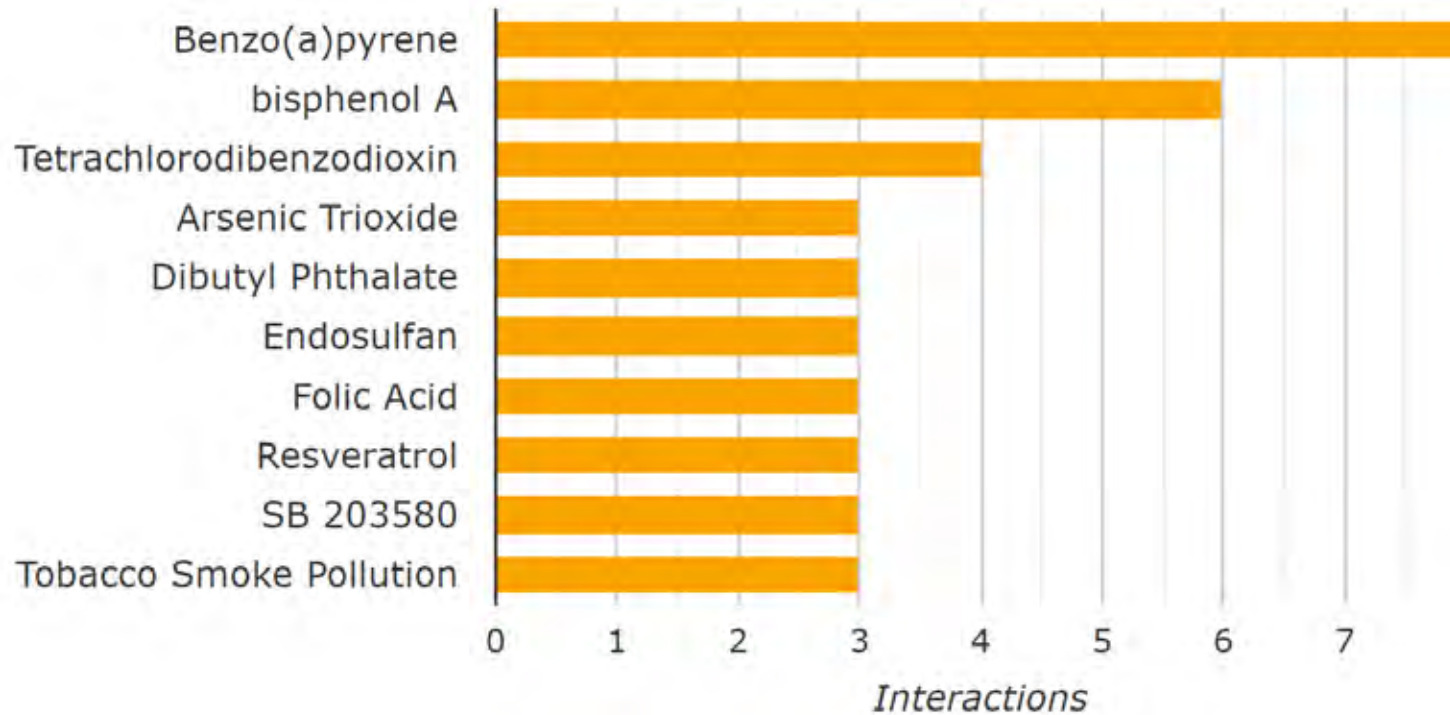


- Widely-expressed transcription factor from the “MADS-box” protein family (Miano, 2010).
- Binds a consensus DNA element CC(A/T-rich)₆GG, referred to as the “CArg box” (Miano, 2010).
- Essential for prenatal development of the GI tract and heart (Park et al., 2015).
- Transcriptional output is determined by its cofactors (Gualdrini et al., 2016).



SRF and the Environment

Top Interacting Chemicals (10/81)



40% (32/81) of known SRF-interacting chemicals also interact with PGR.



Illuminating how chemicals affect human health.

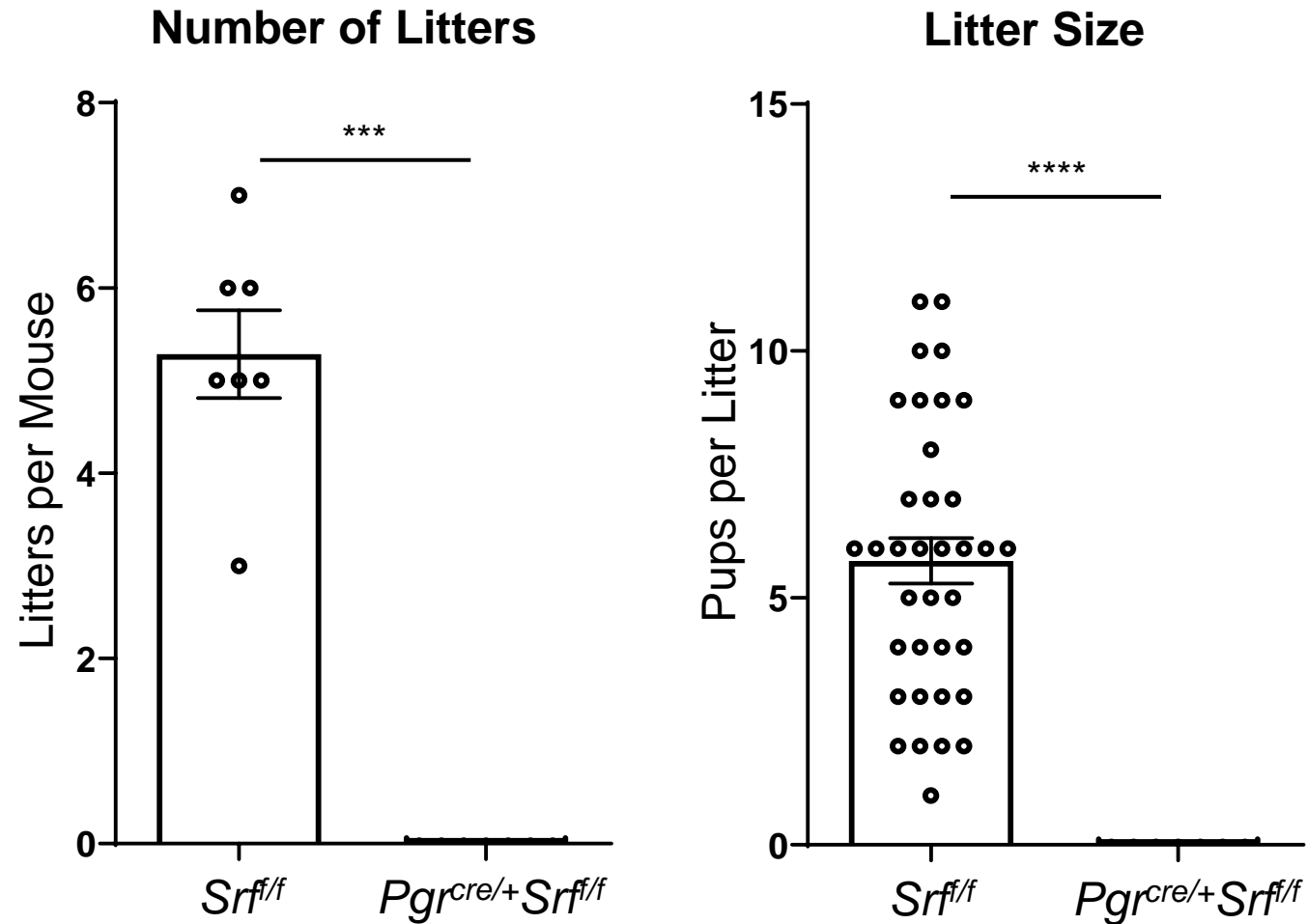
Comparative Toxicogenomics Database

Hypothesis:

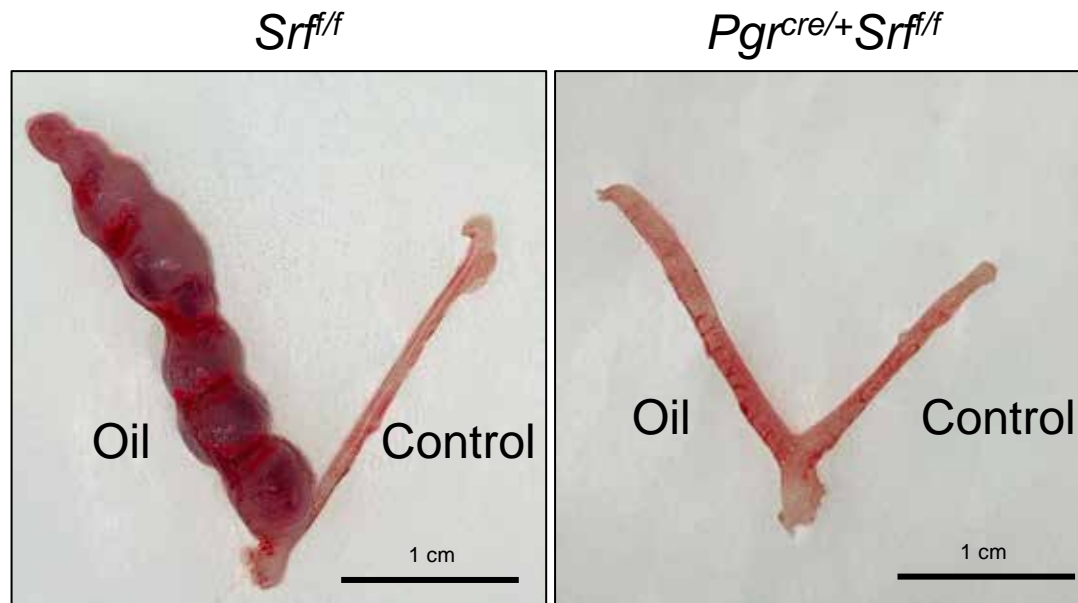
SRF collaborates with PGR to regulate the transcriptional environment needed for uterine function.

Pgr^{cre/+}*Srf*^{f/f} Females are Infertile

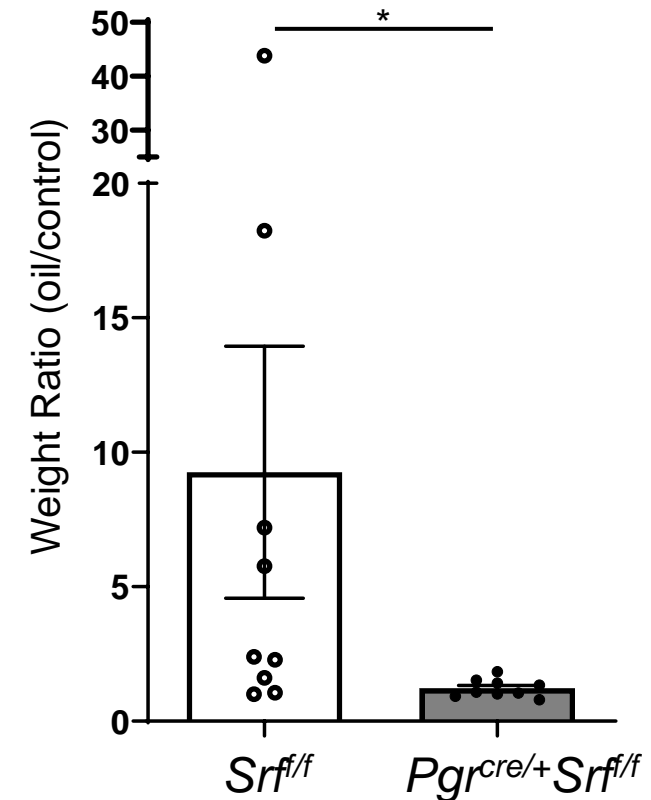
Six-Month Fertility Trial



SRF Loss Results in a Decidualization Defect in $Pgr^{cre/+}Srf^{f/f}$ Mice



Uterine Horn Weight Ratio



SRF Loss Results in Uterine Fibrosis in *Pgr^{cre/+}Srf^{f/f}* Mice

11-Week Old Uterus (Masson Trichrome)

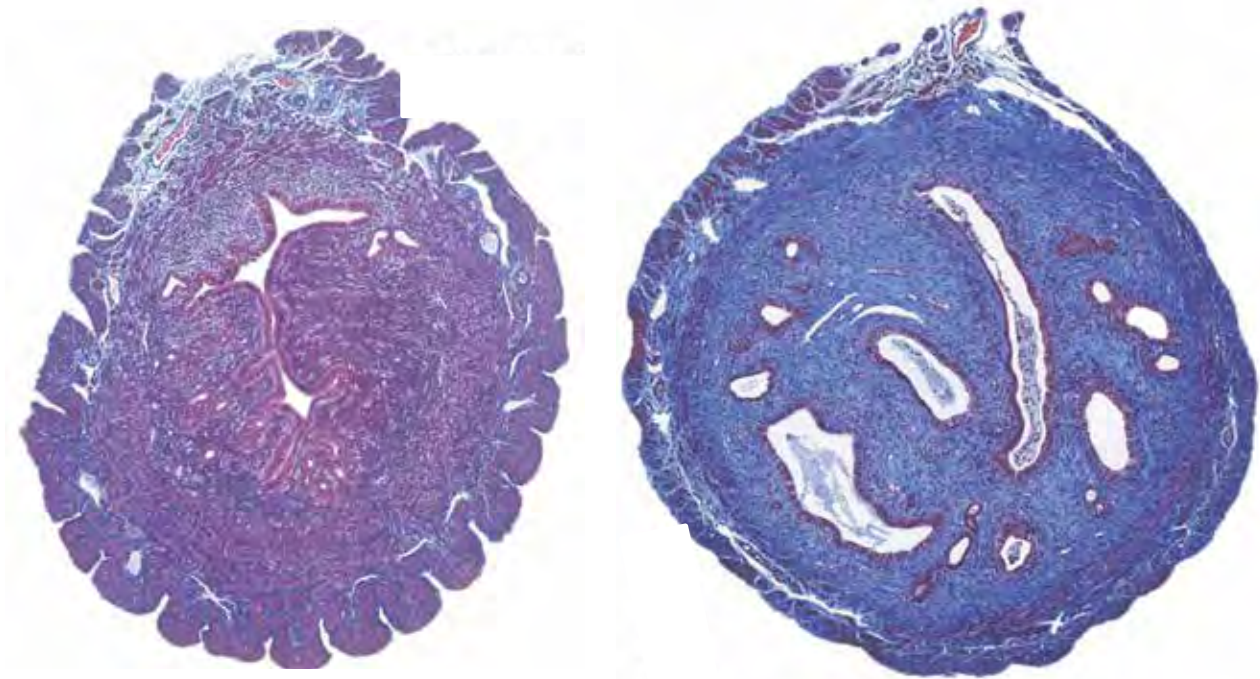
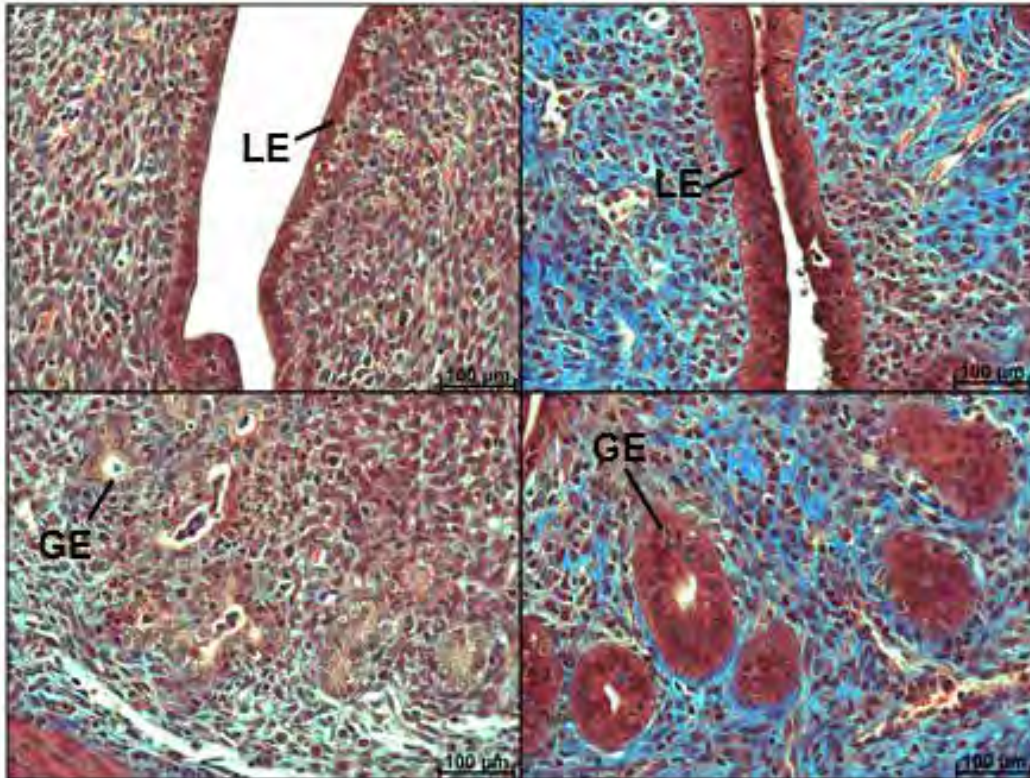
Post Breeding Trial Uterus (Masson Trichrome)

Srf^{f/f}

Pgr^{cre/+}Srf^{f/f}

Srf^{f/f}

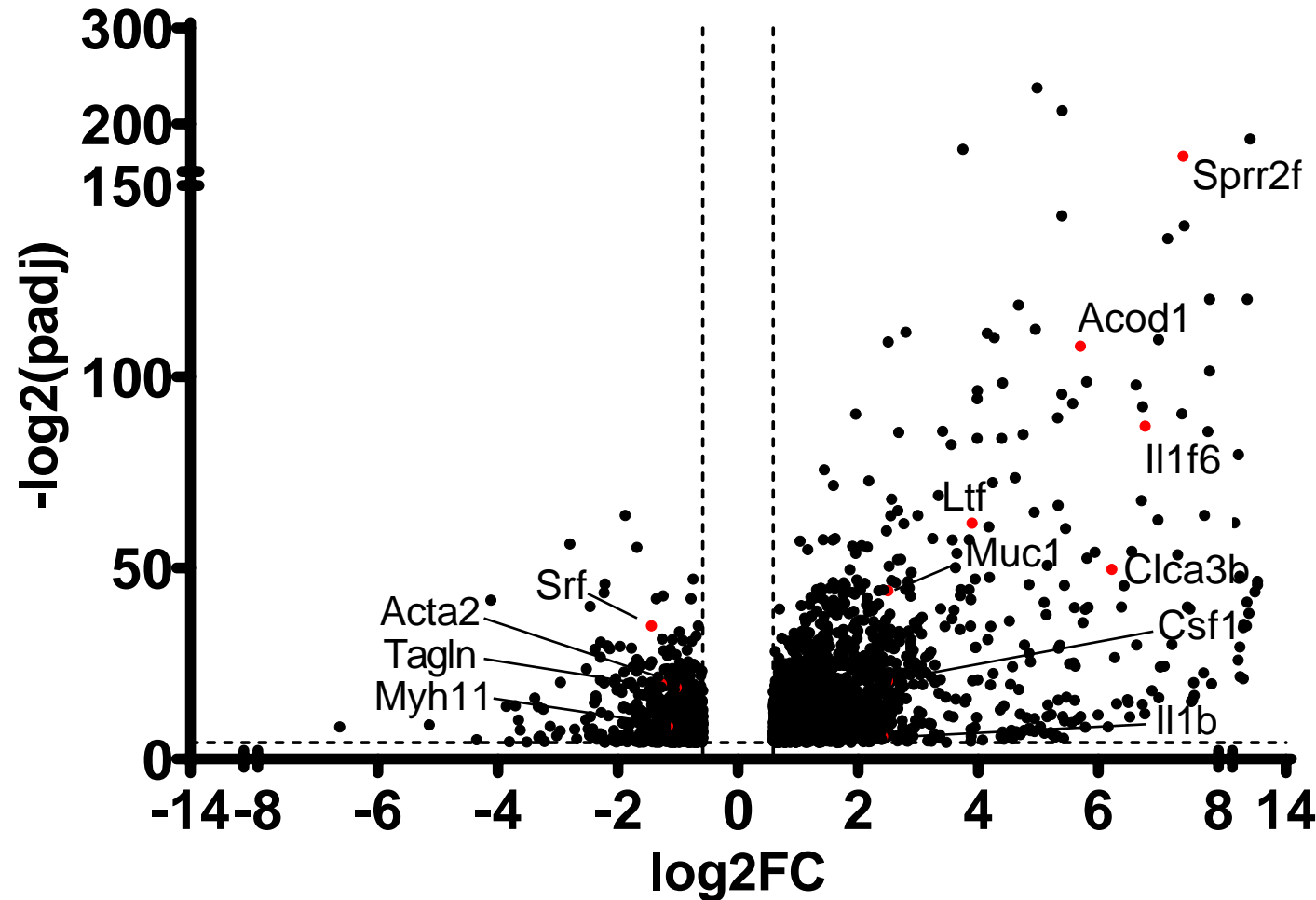
Pgr^{cre/+}Srf^{f/f}



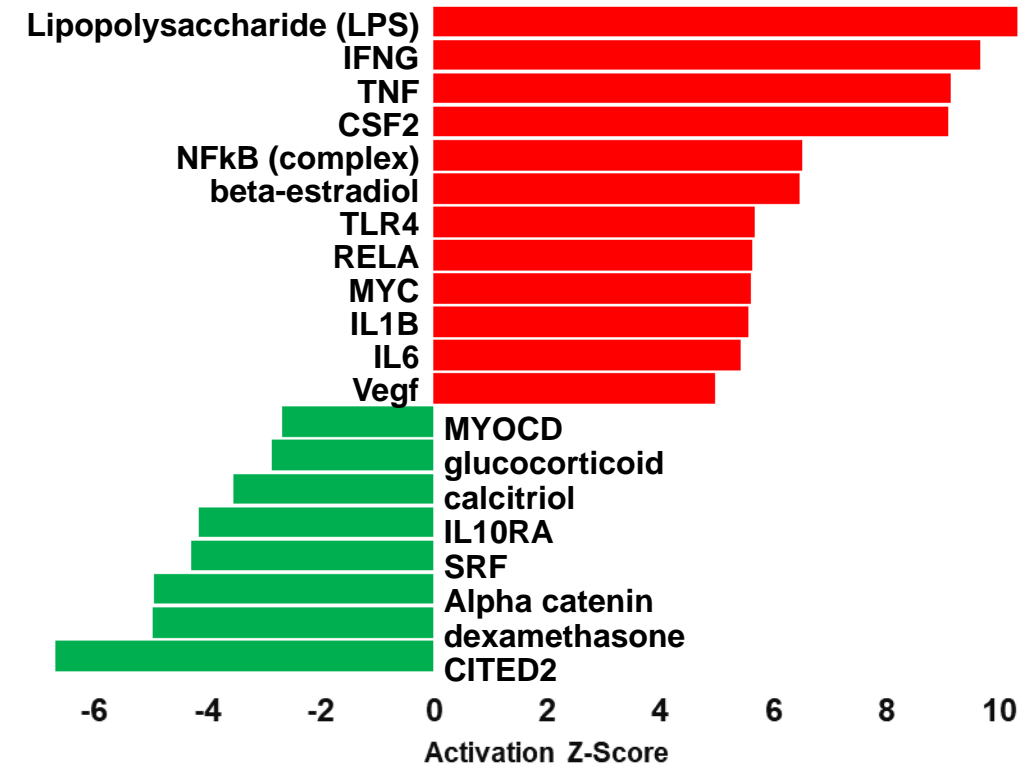
Hormone-independent Effects of SRF Loss on Uterus

Oil-treated *Pgr^{cre/+}Srf^{f/f}* vs Oil-treated *Srf^{f/f}*

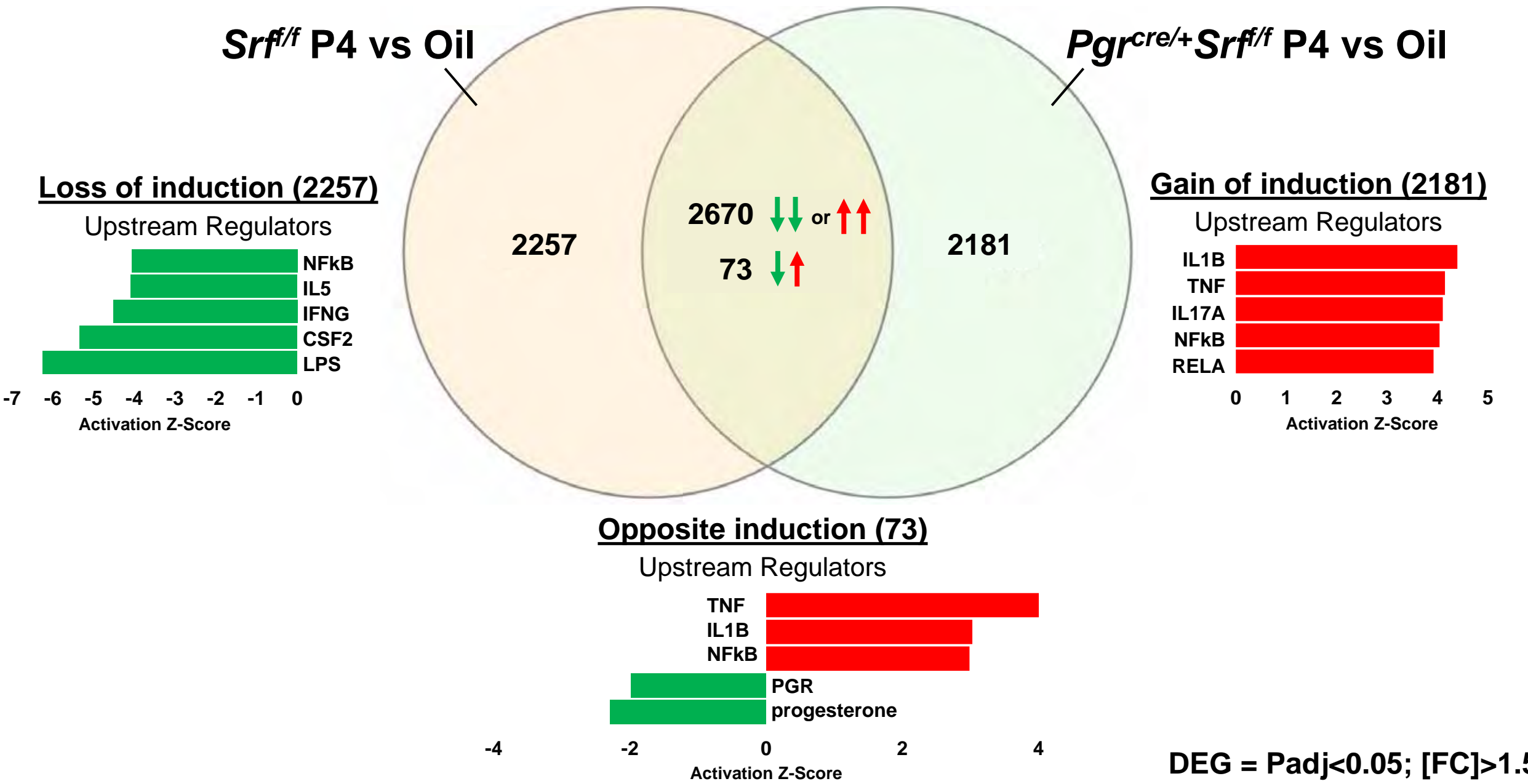
2593 DEG ($P_{adj} < 0.05$; $[FC] > 1.5$): 1635 ↑ 958 ↓



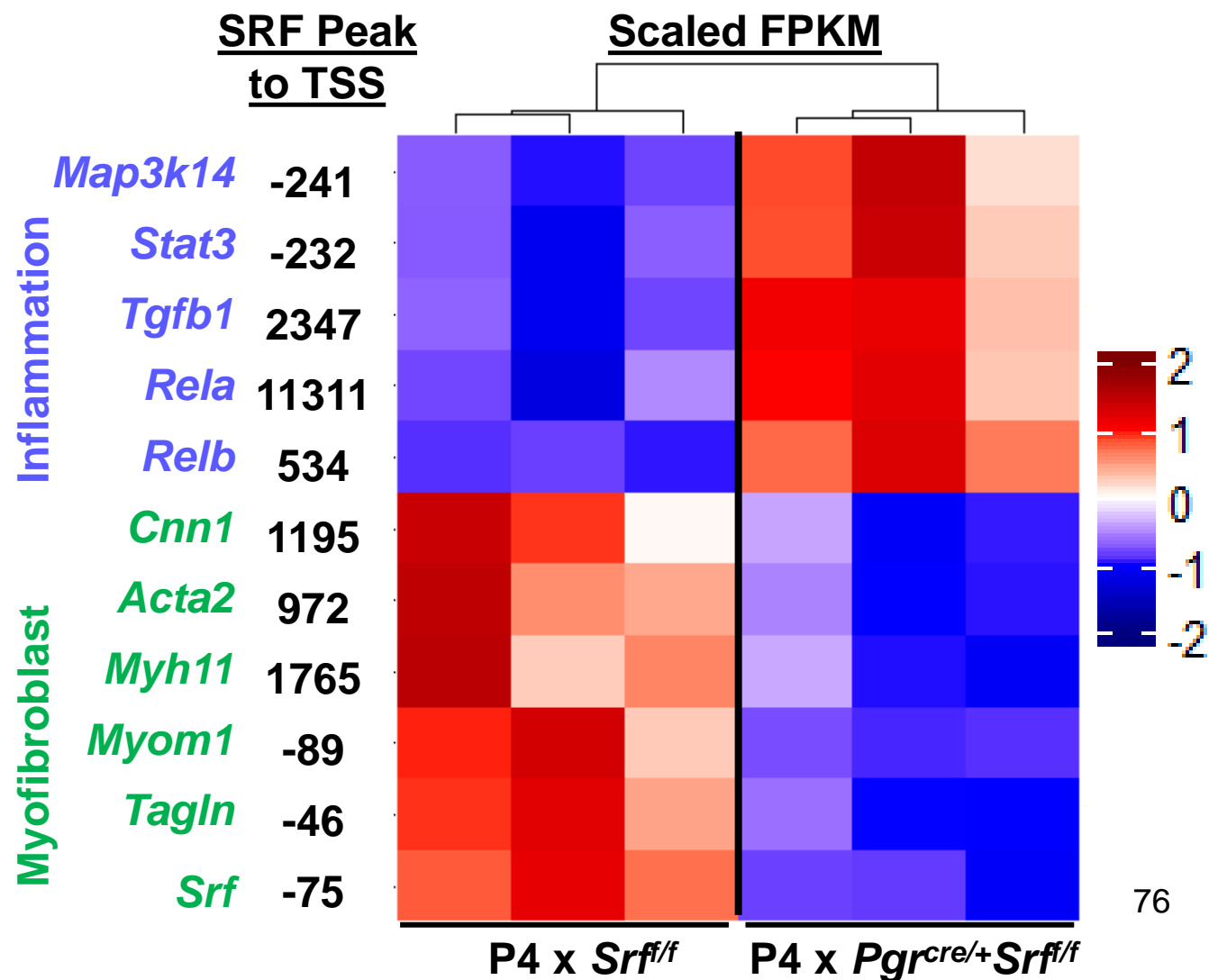
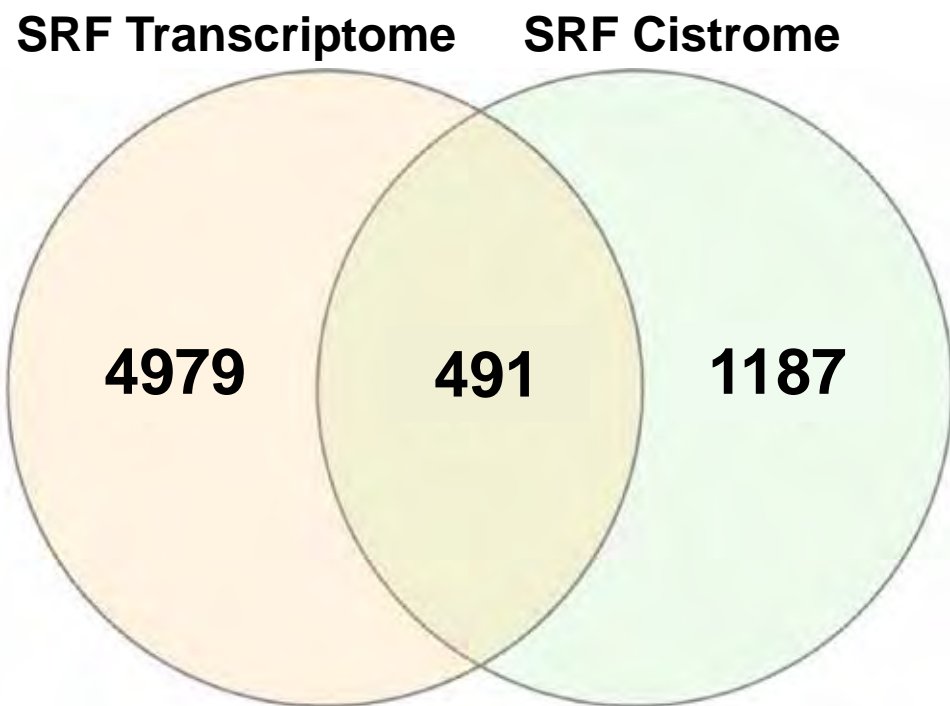
IPA Upstream Regulator Analysis



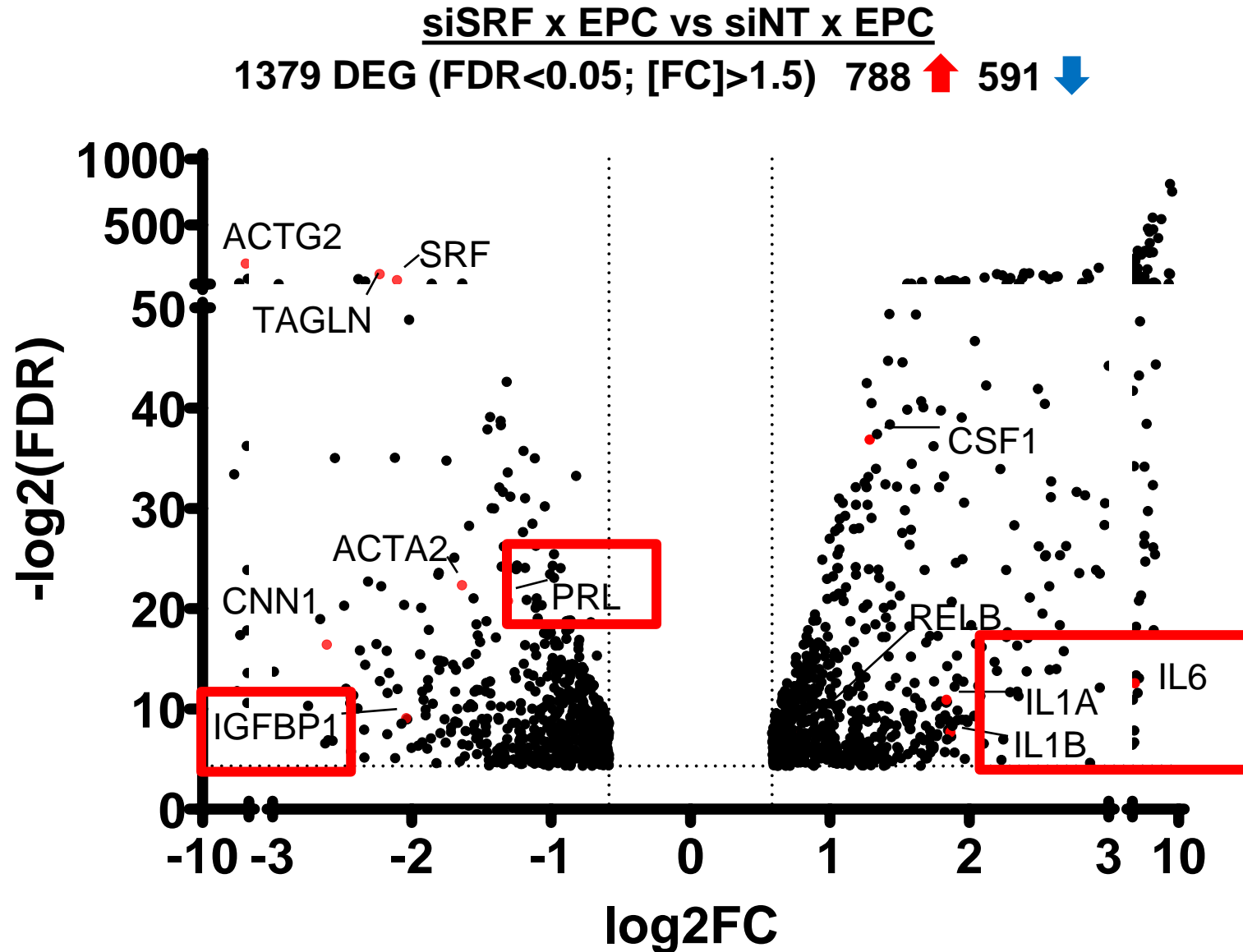
SRF Loss Switches P4 Response to Pro-Inflammatory



Putative Direct SRF Target Genes in the P4-Treated Uterus



Decidualization Attenuated and Inflammatory Markers Upregulated after *SRF* Knockdown in Primary HESCs



Decidualization Attenuated and Inflammatory Markers Upregulated after *SRF* Knockdown in Primary HESCs

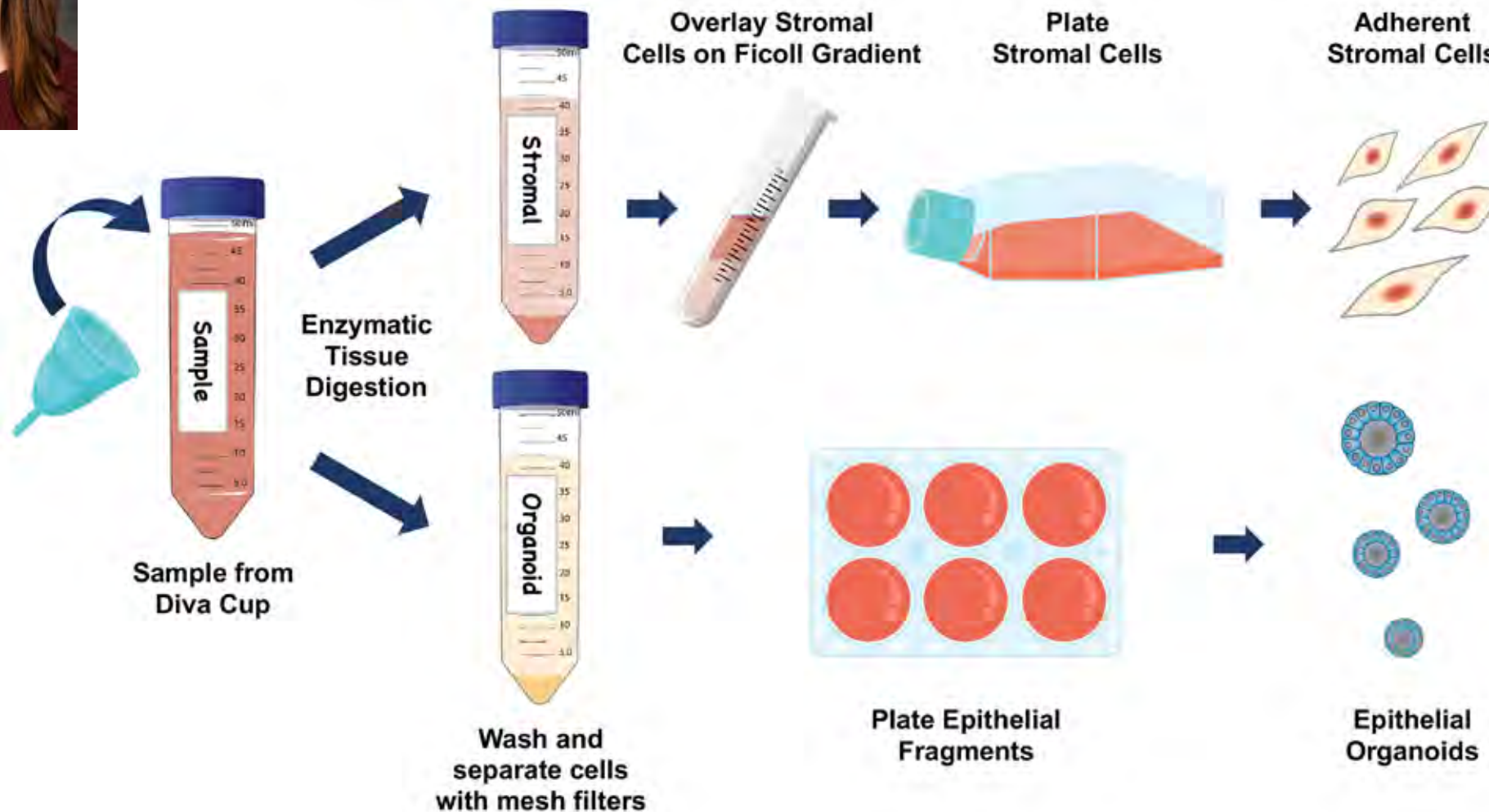
Ingenuity Canonical Pathway	siSRF vs siNT EPC HESC (z-score)	P4 responsive Srf f/f only (z-score)	P4 responsive PRcre/+ Srf f/f only (z-score)	Opposite P4 response in PRcre/+ Srf f/f (z-score)
Pathogen Induced Cytokine Storm Signaling Pathway	4.276	-5.431	2.469	2.646
Macrophage Classical Activation Signaling Pathway	3.053	--	1.528	2.236
Crosstalk between Dendritic Cells and Natural Killer Cells	2.333	-3.207	--	--
IL-17 Signaling	2.236	--	2.558	2.236
TNFR1 Signaling	1.633	--	2.121	--
TNFR2 Signaling	1.633	--	2.236	--
Acute Phase Response Signaling	1.279	-2.683	3.71	2.236
Toll-like Receptor Signaling	1.155	-1.265	2.121	--
IL-8 Signaling	1.069	-2.121	1.807	--
IL-6 Signaling	0.894	--	3.9	--
STAT3 Pathway	0.632	-2.673	--	--
Macrophage Alternative Activation Signaling Pathway	0.471	-3.812	0.408	0.447
IL-10 Signaling	-2.065	0.816	-2.065	-0.816

Summary

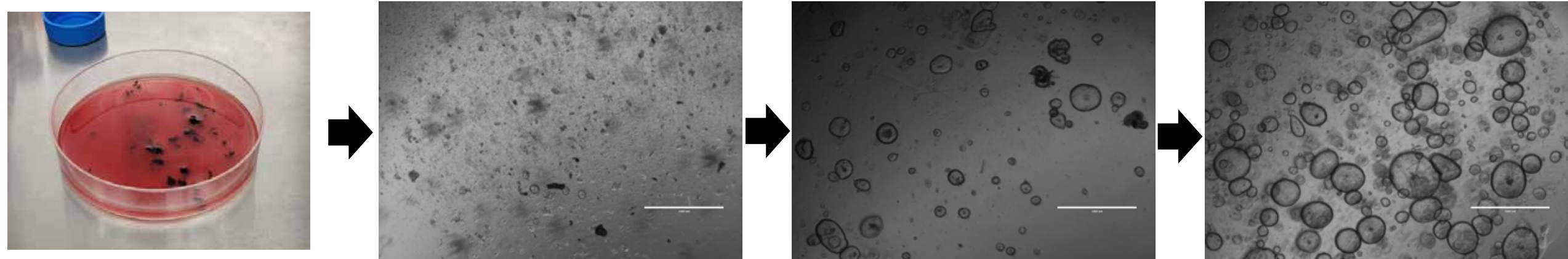
- SRF is for female mouse fertility.
- SRF regulates the hormone regulated uterine decidual response.
- SRF loss results in uterine fibrosis.
- SRF is critical for human endometrial stroma decidualization.
- SRF loss promotes inflammatory pathways in mouse and humans.



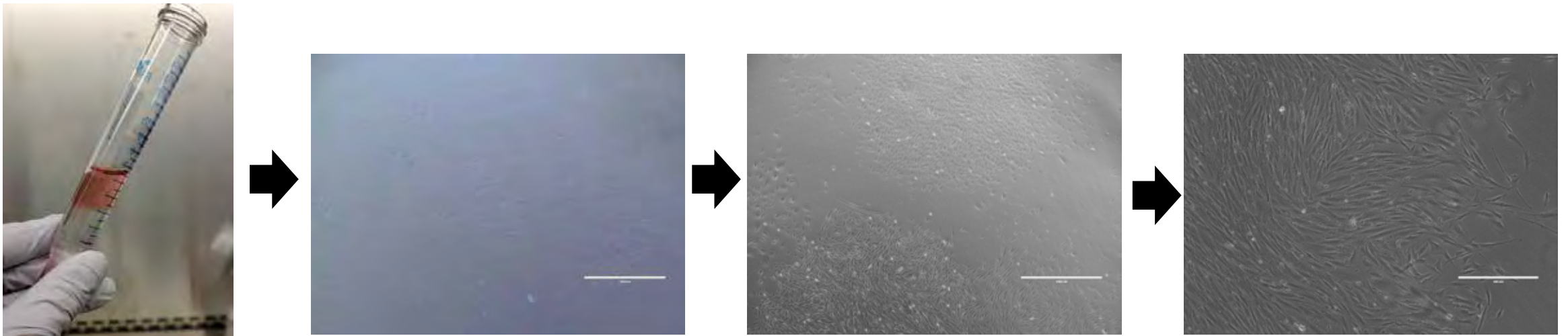
Isolation of Endometrial Epithelial Organoids and Stromal Cells from Menstrual Fluid



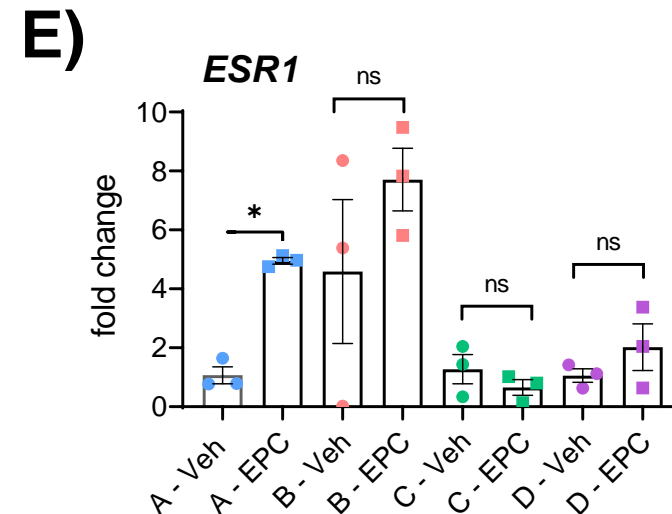
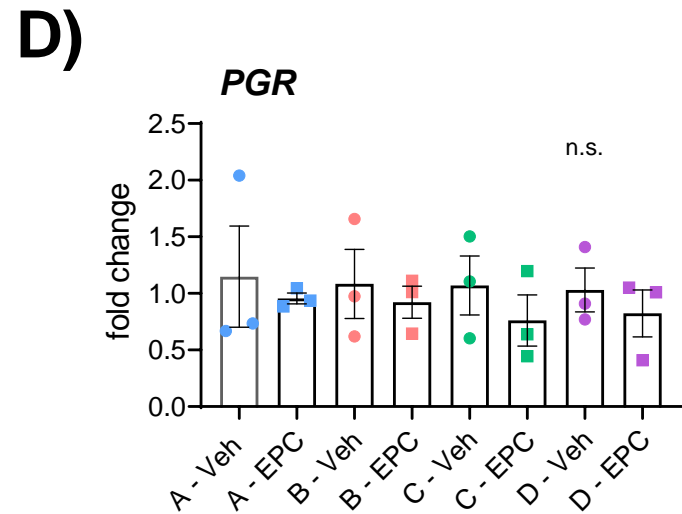
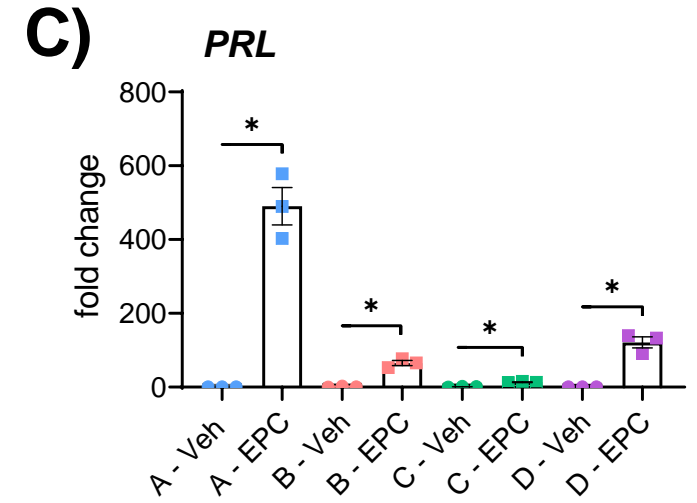
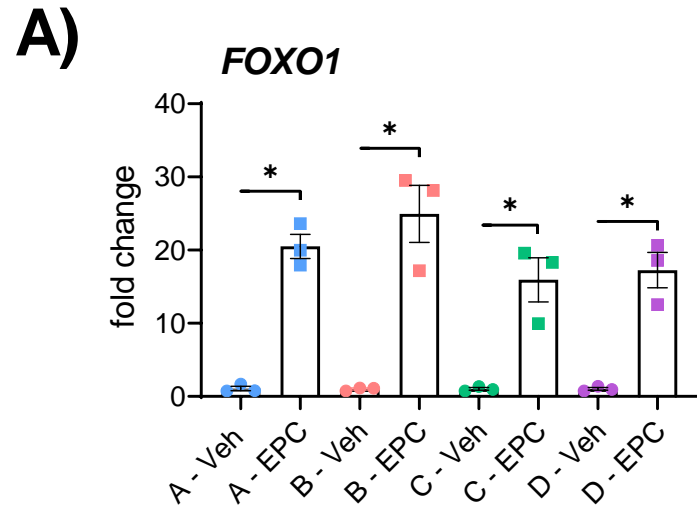
Organoids from Menstrual Fluid



Stromal Cells from Menstrual Fluid



Stromal Cell Decidualization



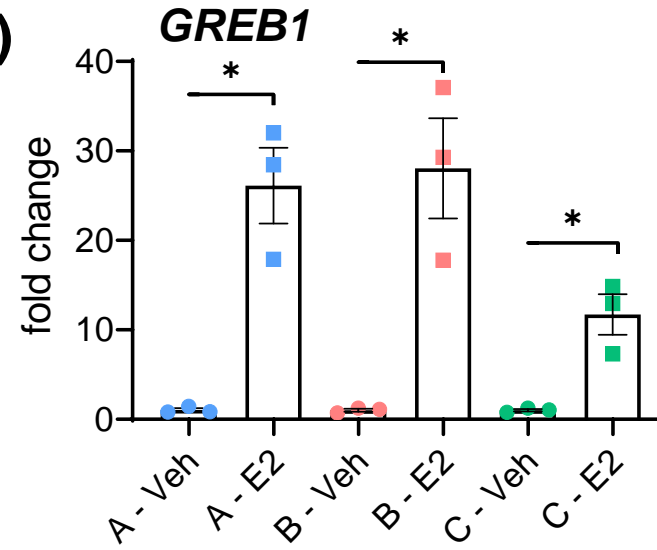
* $P < 0.05$

Estrogen Responsiveness

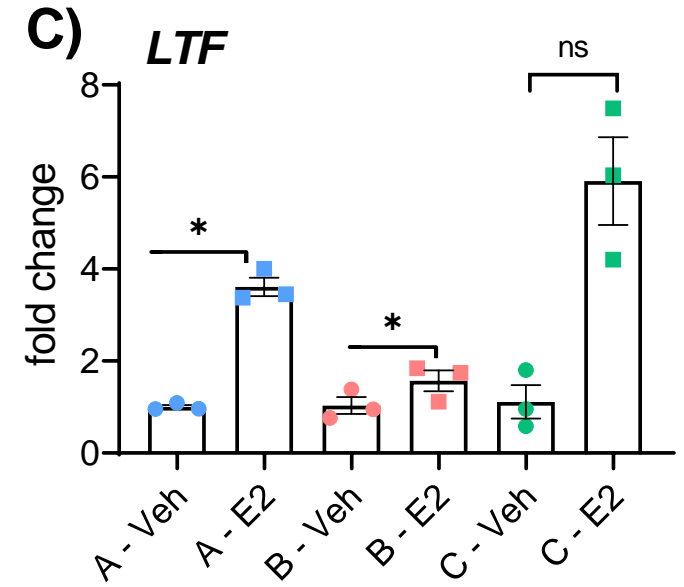
A)



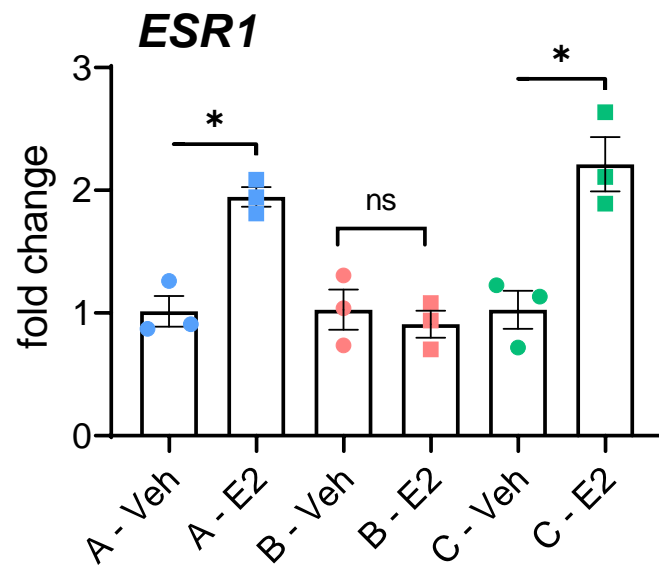
B)



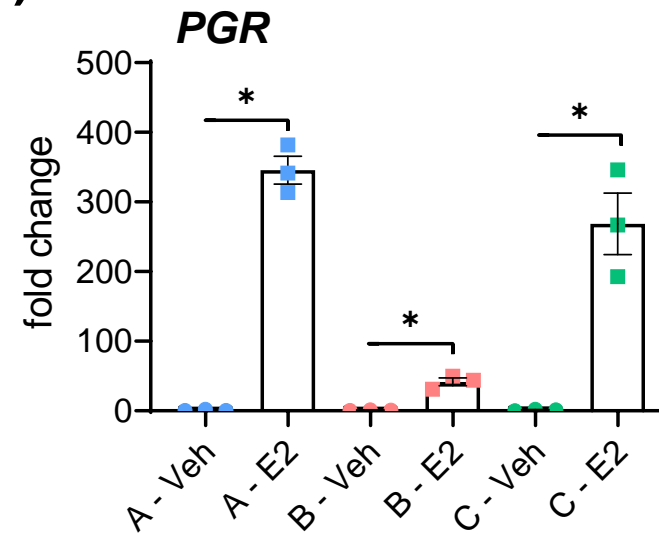
C)



D)

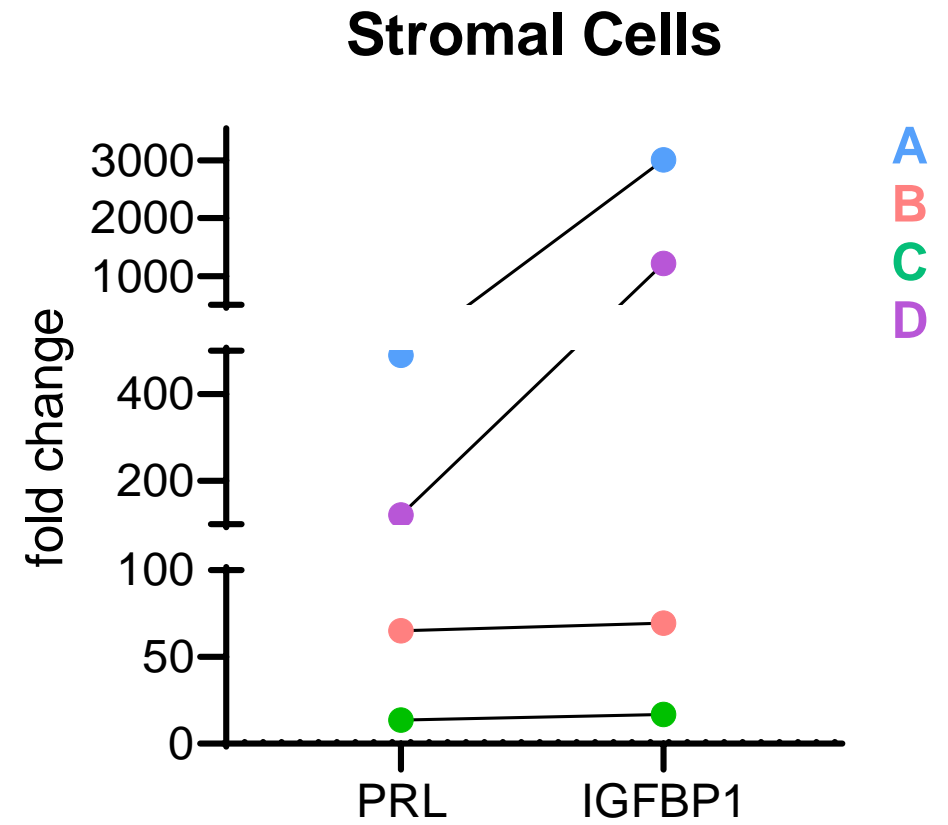
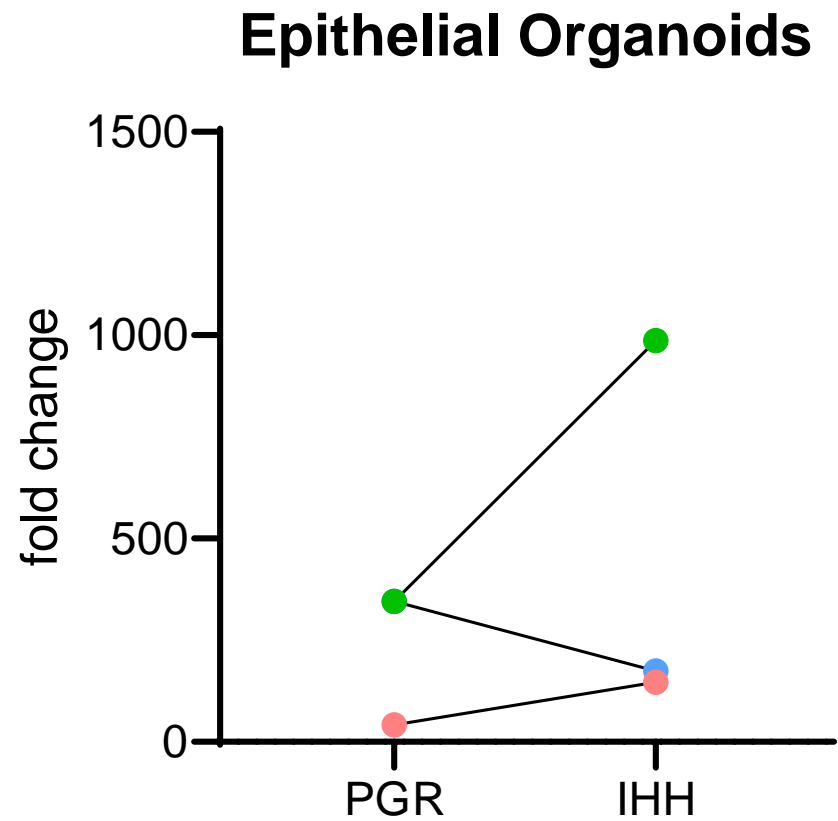


E)



* $P < 0.05$

Relative Responsiveness of Samples from Menstrual Fluid



Advantage of Menstrual Tissue

- Noninvasive means of collecting primary epithelial and stroma cells.
- Can match patient epithelial organoids and stroma in potential coculture experiments
- Can conduct age/environmental effects on epigenome of uterine tissue.

Acknowledgments

Reproductive and Developmental Biology Laboratory Pregnancy and Female Reproduction Group

Dr. Francesco DeMayo
 Sylvia Hewitt
 Dr. Steve Wu
 Dr. Mackenzie Dickson
 Dr. Ryan Marquardt
 Mita Ray
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Comparative Medicine Branch Veterinary Medicine Section

Epigenomics and DNA Sequencing Core

Knockout Mouse Core

NIH Research Panel

Carmen Williams, M.D., Ph.D.

Deputy Chief, Reproductive and Developmental Biology Laboratory

National Institute for Environmental Health Sciences



National Institute of Environmental Health Sciences
Your Environment. Your Health.

Cellular confusion in the female reproductive tract: A consequence of estrogenic endocrine disruption during development

Carmen J. Williams, MD, PhD

Endocrine Disrupting Chemicals and Women's Health Symposium
July 18-19, 2023

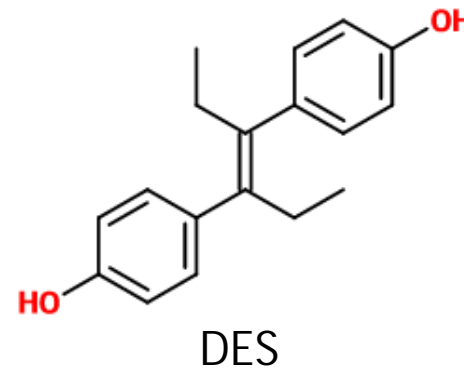
THE ENVIRONMENT INFLUENCES DEVELOPMENT

- Development is genetically and epigenetically programmed
- Environmental cues provide opportunities for adapting development to improve adult fitness
- Altered development can also reduce adult fitness



EXPOSURES DURING HUMAN FETAL DEVELOPMENT CAN AFFECT ADULT HEALTH

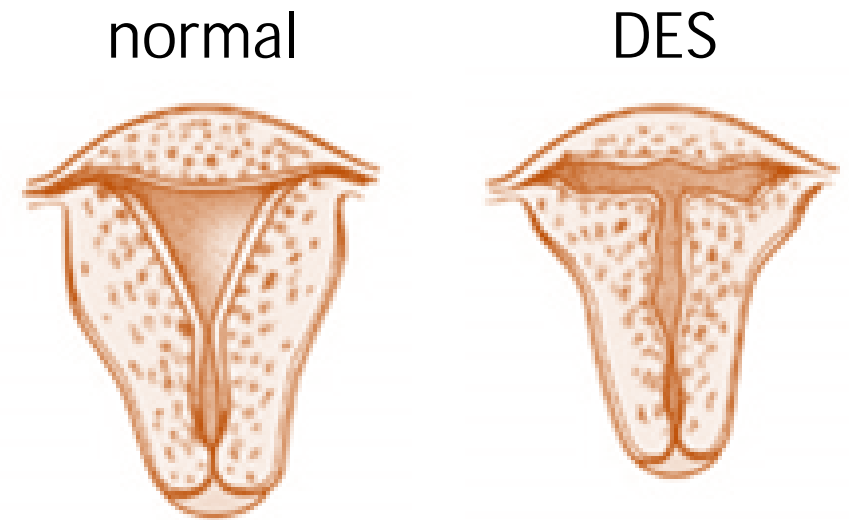
- Diethylstilbestrol (DES) is a synthetic estrogen
- Prescribed to 5-10 million pregnant women in the US from 1938-1972; also used internationally
- Heavily advertised to Ob/Gyn physicians



Am J Obstet Gynecol 1957

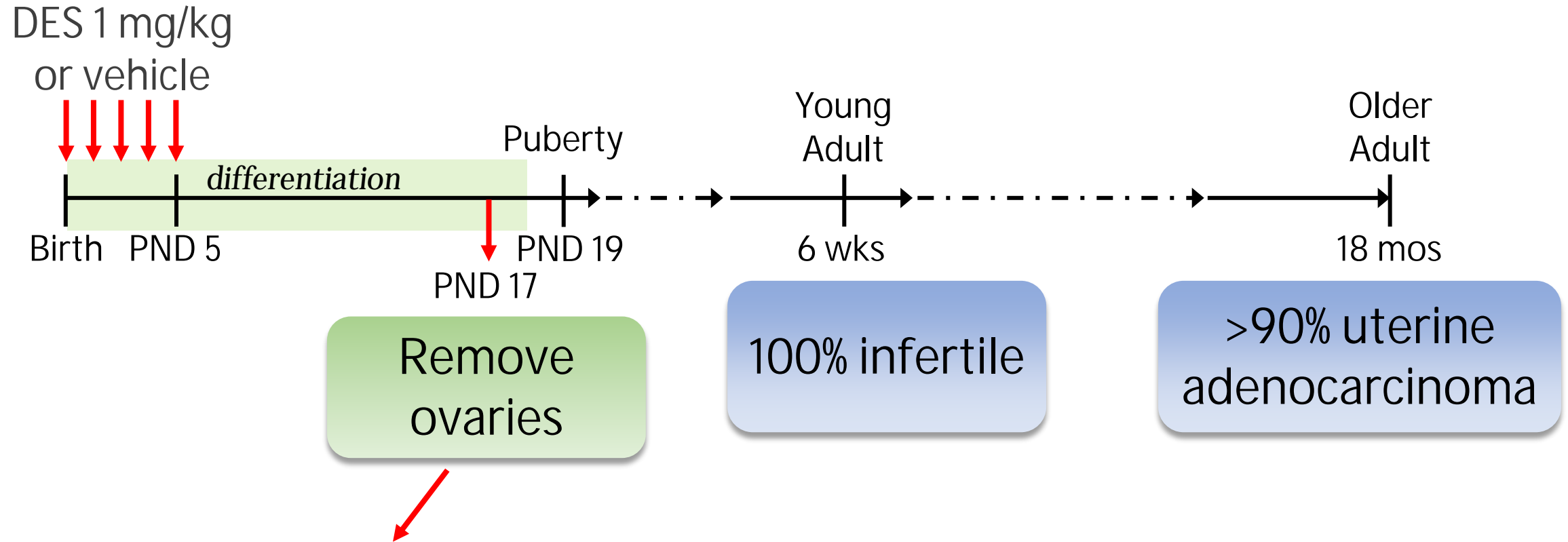
PRENATAL DES ALTERS DEVELOPMENT AND INCREASES CANCER RISK

- Alters developmental patterning of the female reproductive tract
- Causes infertility and pregnancy complications
- Increases the incidence of cancer in adult women
 - Breast cancer
 - Vaginal cancer



MOUSE MODEL OF NEONATAL DES EXPOSURE

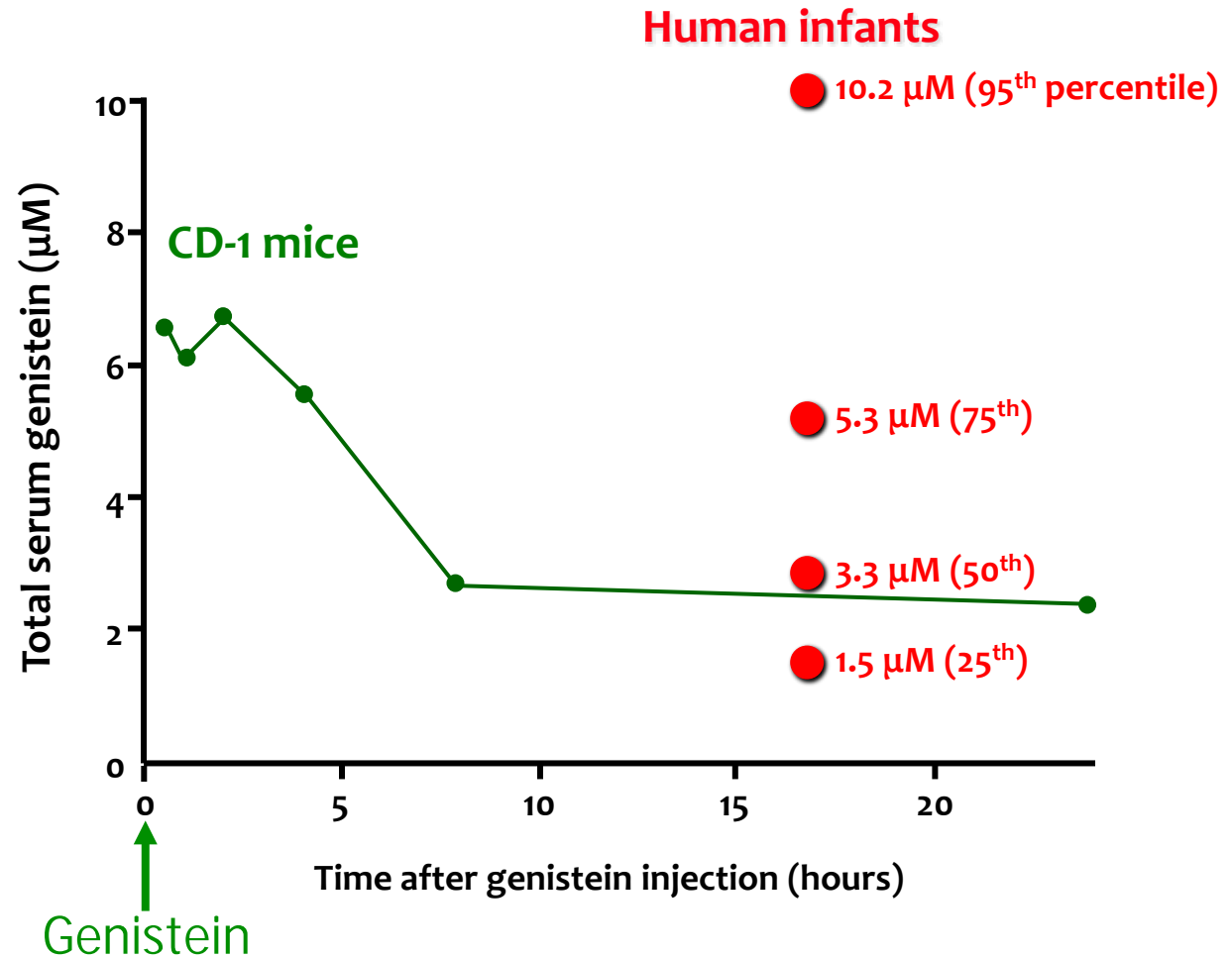
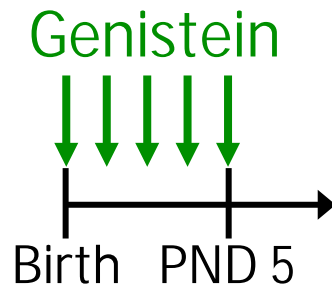
Retha Newbold & John McLachlan



- No cancer develops
- DES-induced cancer requires second 'hit' of estrogen



GENISTEIN DOSING TO MODEL HUMAN INFANT EXPOSURE TO SOY FORMULA

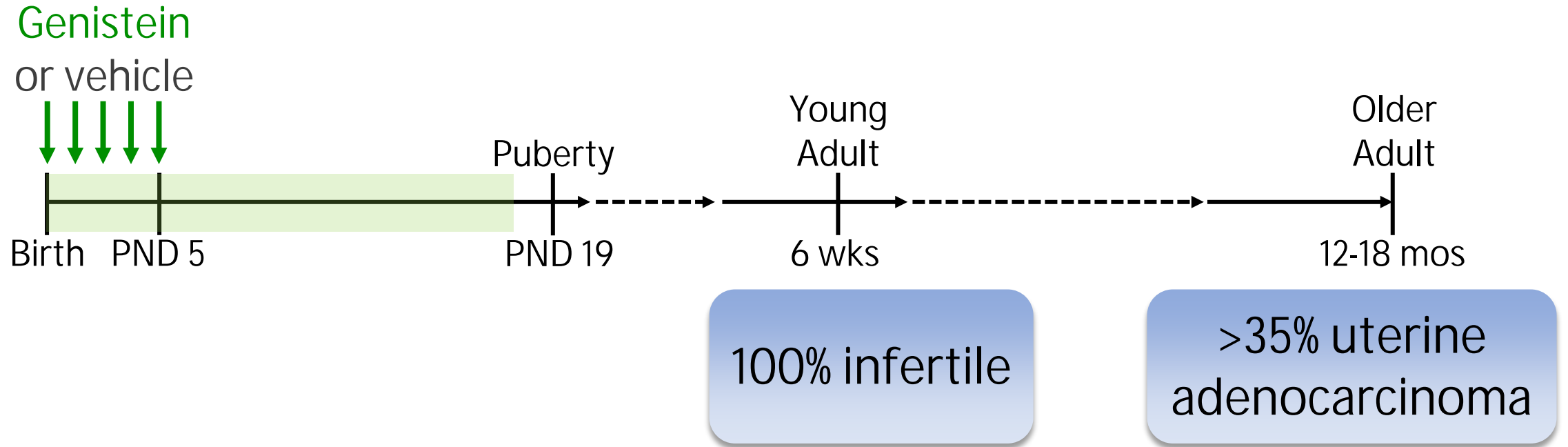


Doerge et al. (2002) Cancer Lett 184:21

Cao et al. (2009) J Expo Sci Environ Epidemiol 19:223

Dosing strategy results in human-relevant serum phytoestrogen levels

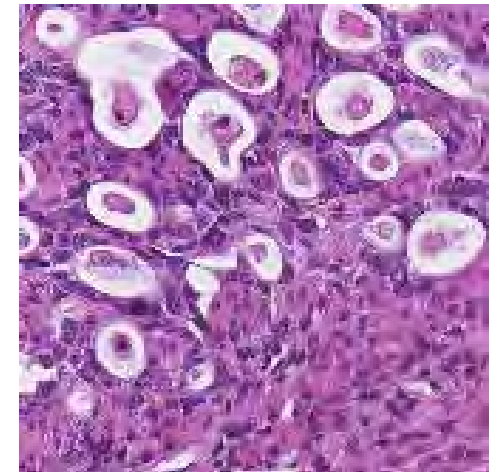
EFFECTS OF NEONATAL GENISTEIN EXPOSURE ON FEMALE REPRODUCTIVE FUNCTION



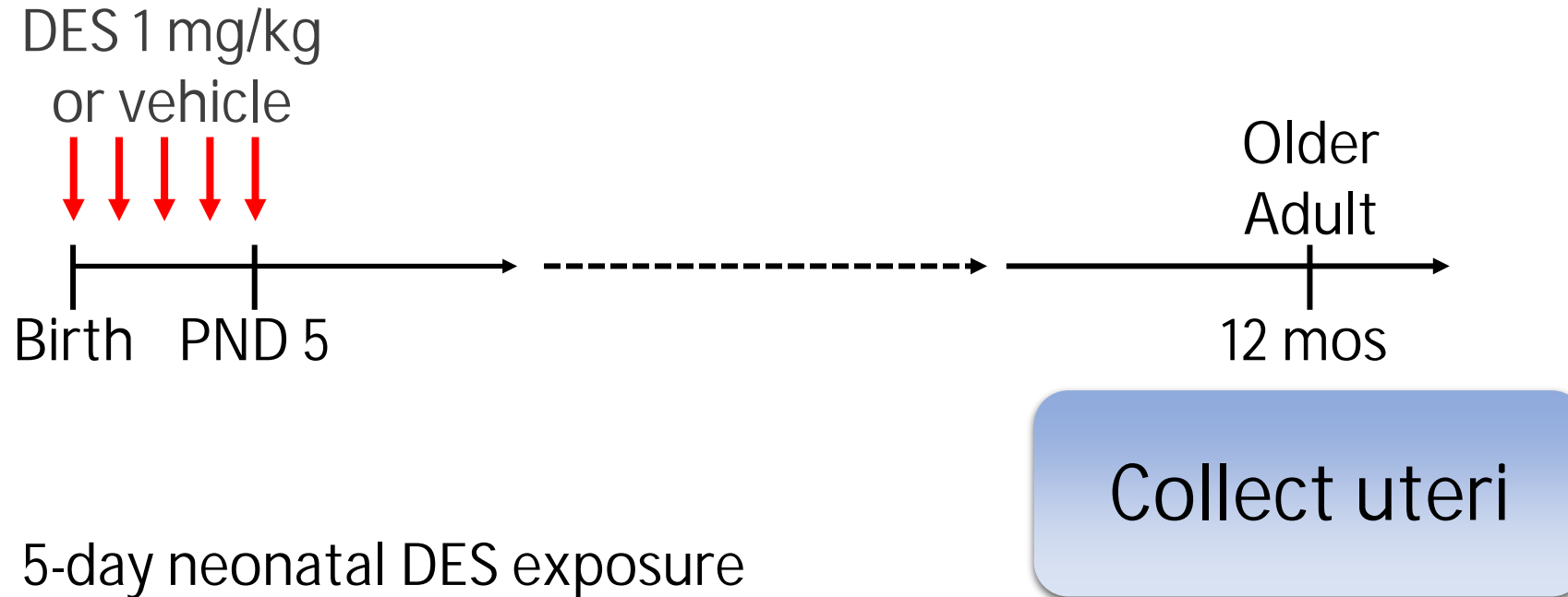
HOW DOES A BRIEF EXPOSURE DURING DEVELOPMENT TO ESTROGENIC CHEMICAL STIMULATION CAUSE ADULT LATE ONSET CANCER?

- No mutations in oncogenes or tumor suppressors are found
- There are permanent changes in epigenetic marks, but it is not clear how these changes impact cancer development
- **Experimental approach: Use single cell RNA sequencing to determine how DES exposure alters transcripts in the different uterine cell types, including cancer cells**

Adenocarcinoma

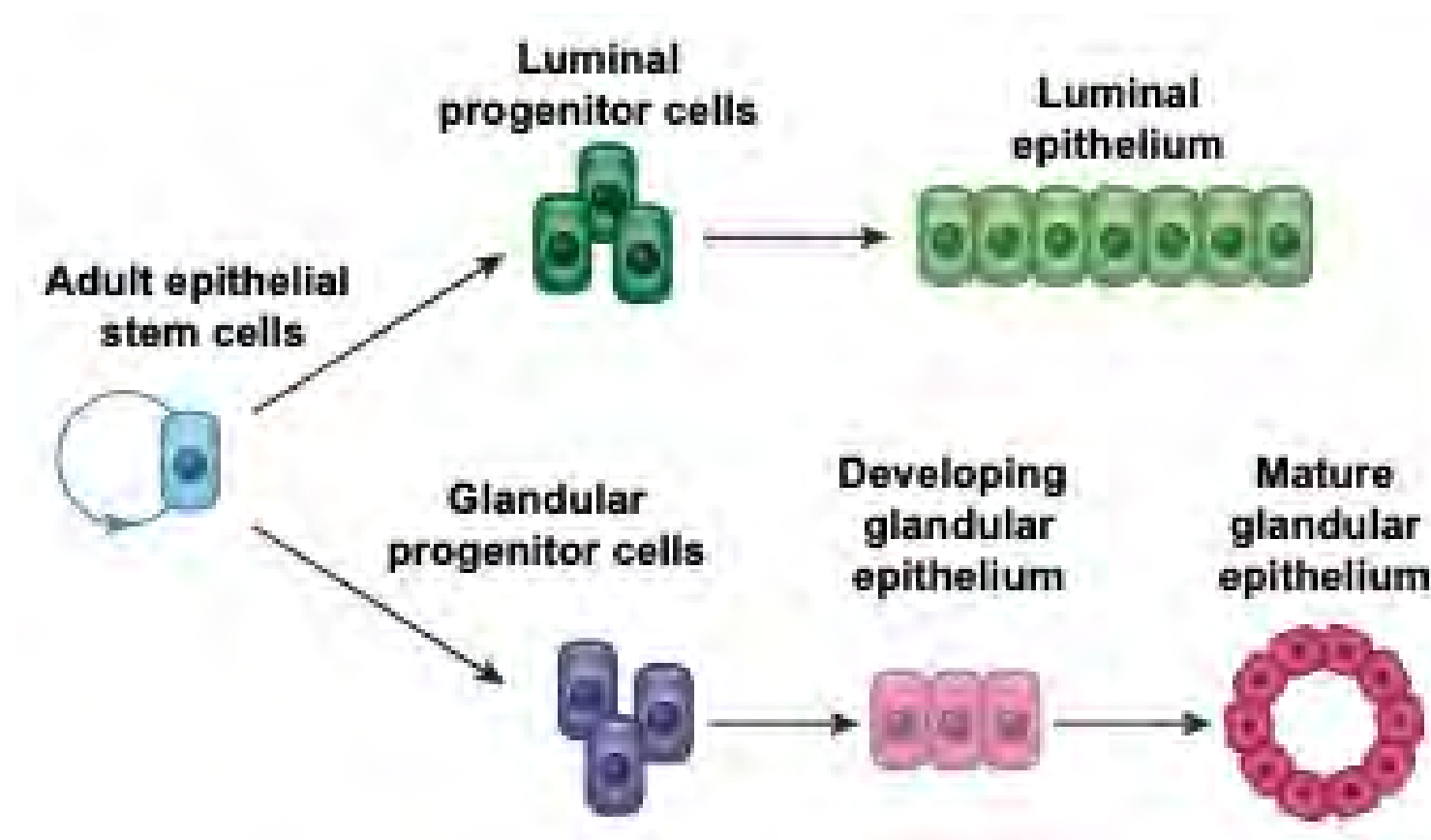


EXPERIMENTAL DESIGN

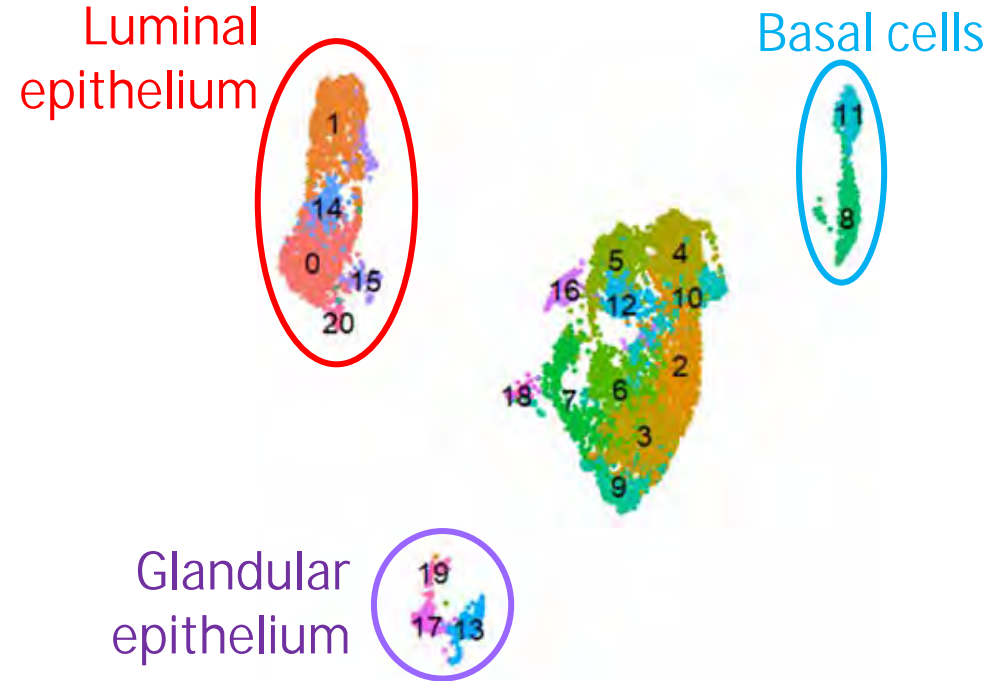


- 5-day neonatal DES exposure
- Collect uteri at 12 months of age
- Isolate living uterine cells for single cell RNAseq analysis

NORMAL UTERINE EPITHELIAL CELL TYPES

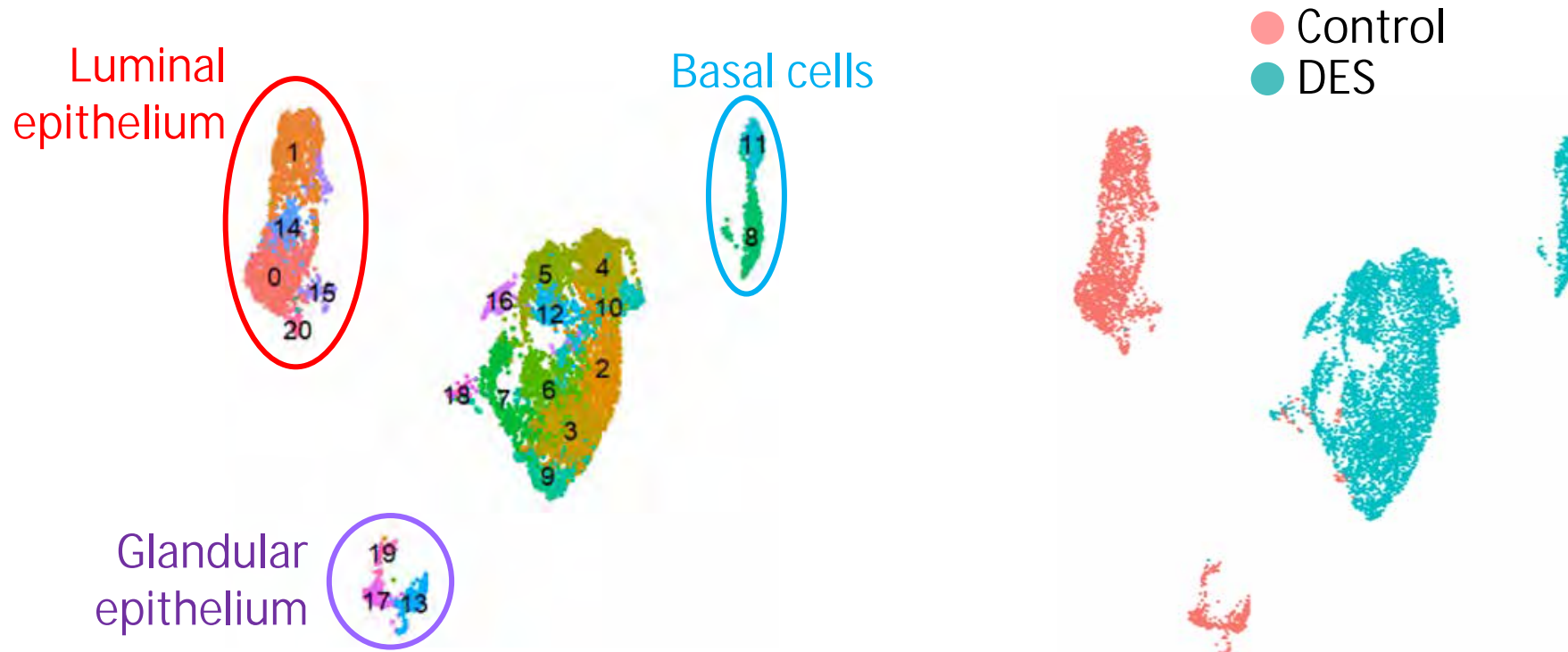


CELL TYPES IN CONTROL AND DES UTERINE EPITHELIAL CELLS



- Luminal epithelium, glandular epithelium, and basal cells were identified using differentially expressed markers
- One large unidentified set of cell clusters was present

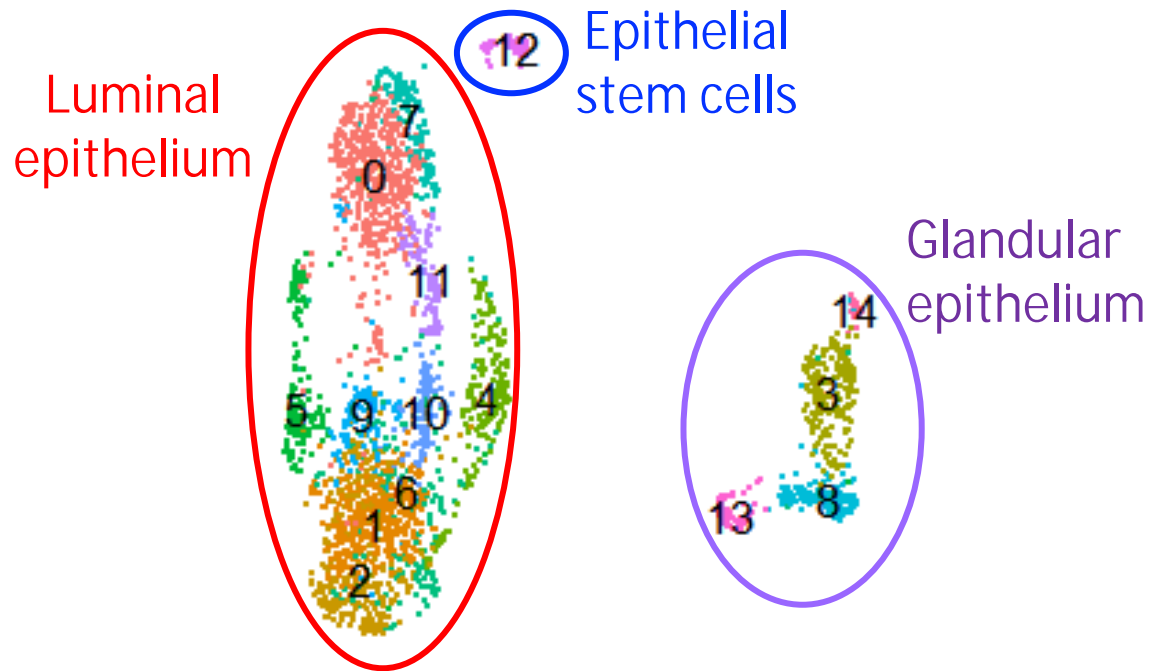
DES-EXPOSED EPITHELIAL CELLS LACK LUMINAL OR GLANDULAR CHARACTERISTICS



- Only CON cells were clearly identifiable as luminal or glandular epithelium
- Basal cells and the uncharacterized large group of clusters almost exclusively derived from DES cells

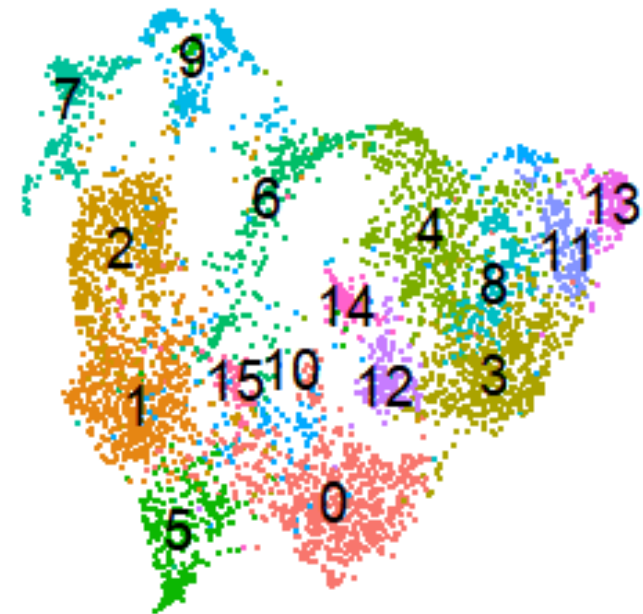
SEPARATE ANALYSIS OF CON AND DES EPITHELIAL CELLS

CON



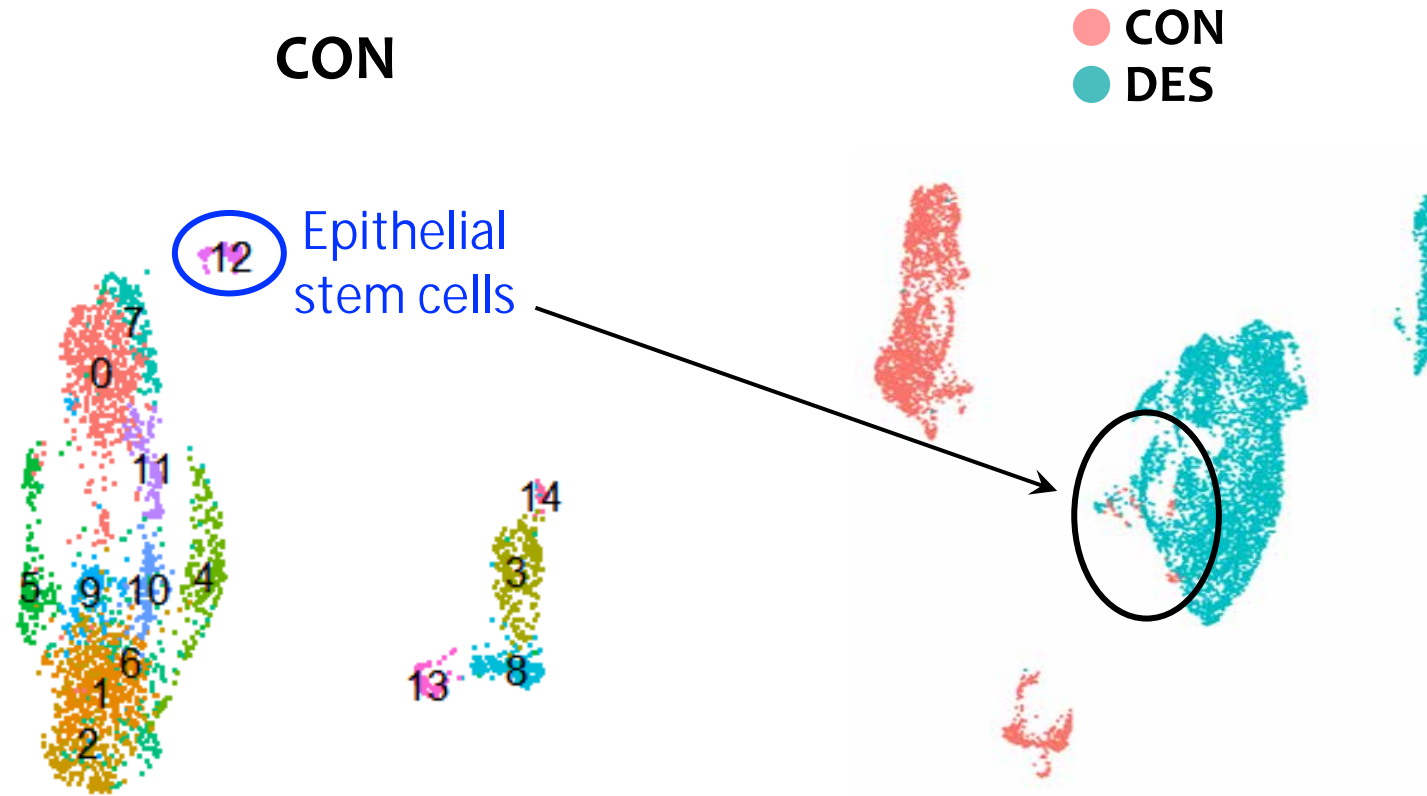
- Three distinct cluster groupings – luminal, glandular, and epithelial stem cells

DES

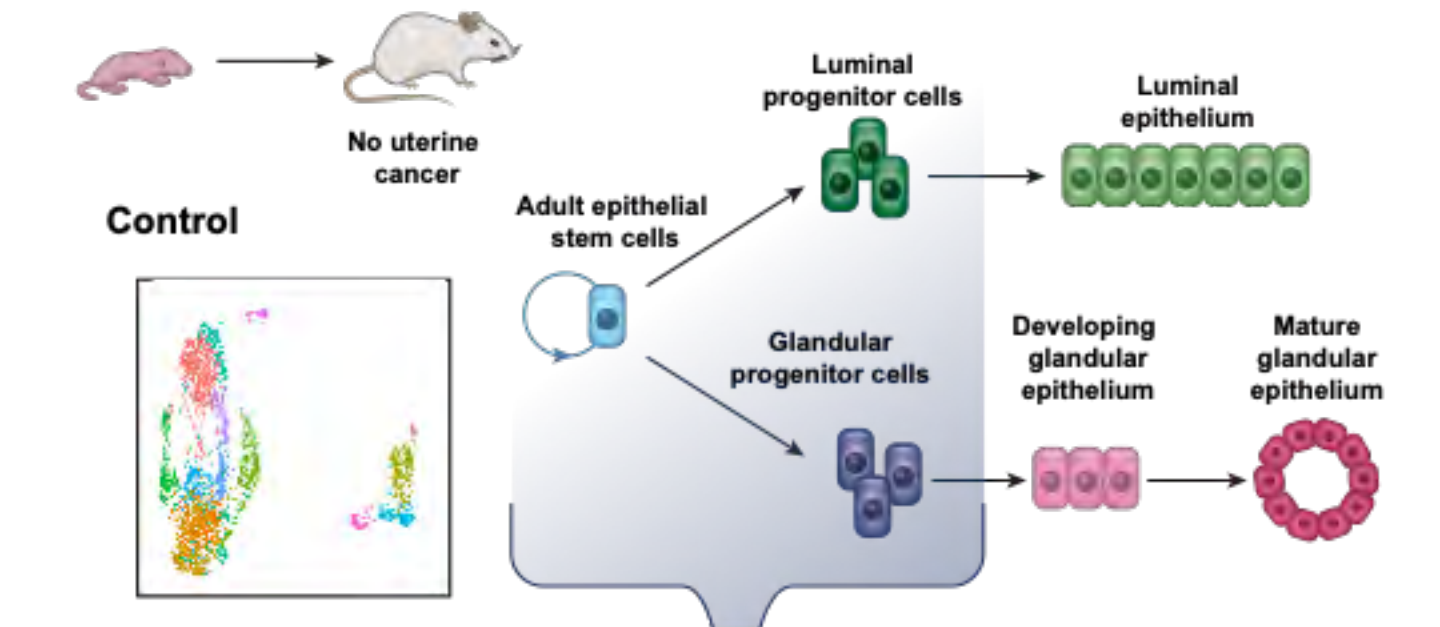


- Basal cells removed from analysis
- One cluster grouping remains – no separation of luminal and glandular cell clusters

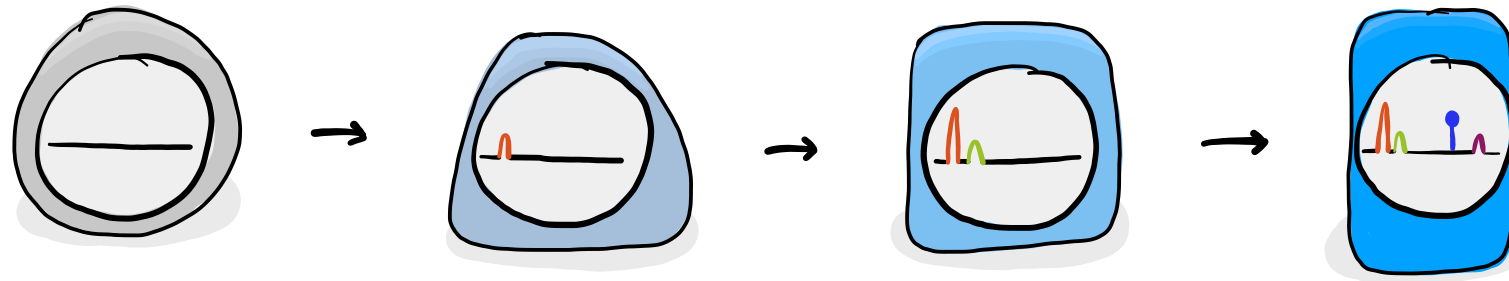
DES EPITHELIAL CELLS HAVE STEM CELL CHARACTERISTICS



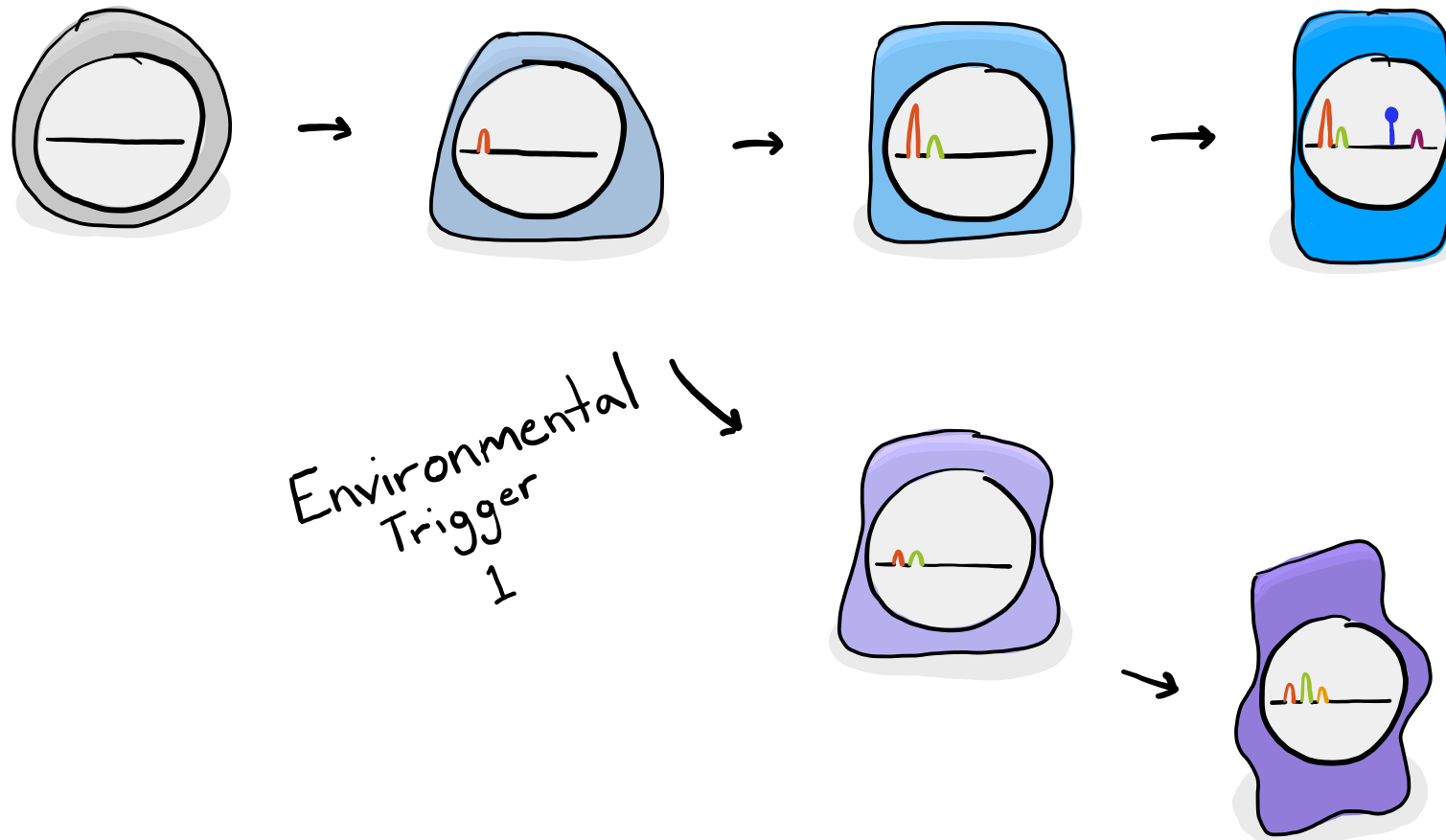
- CON epithelial stem cells cluster with large DES epithelial cell cluster



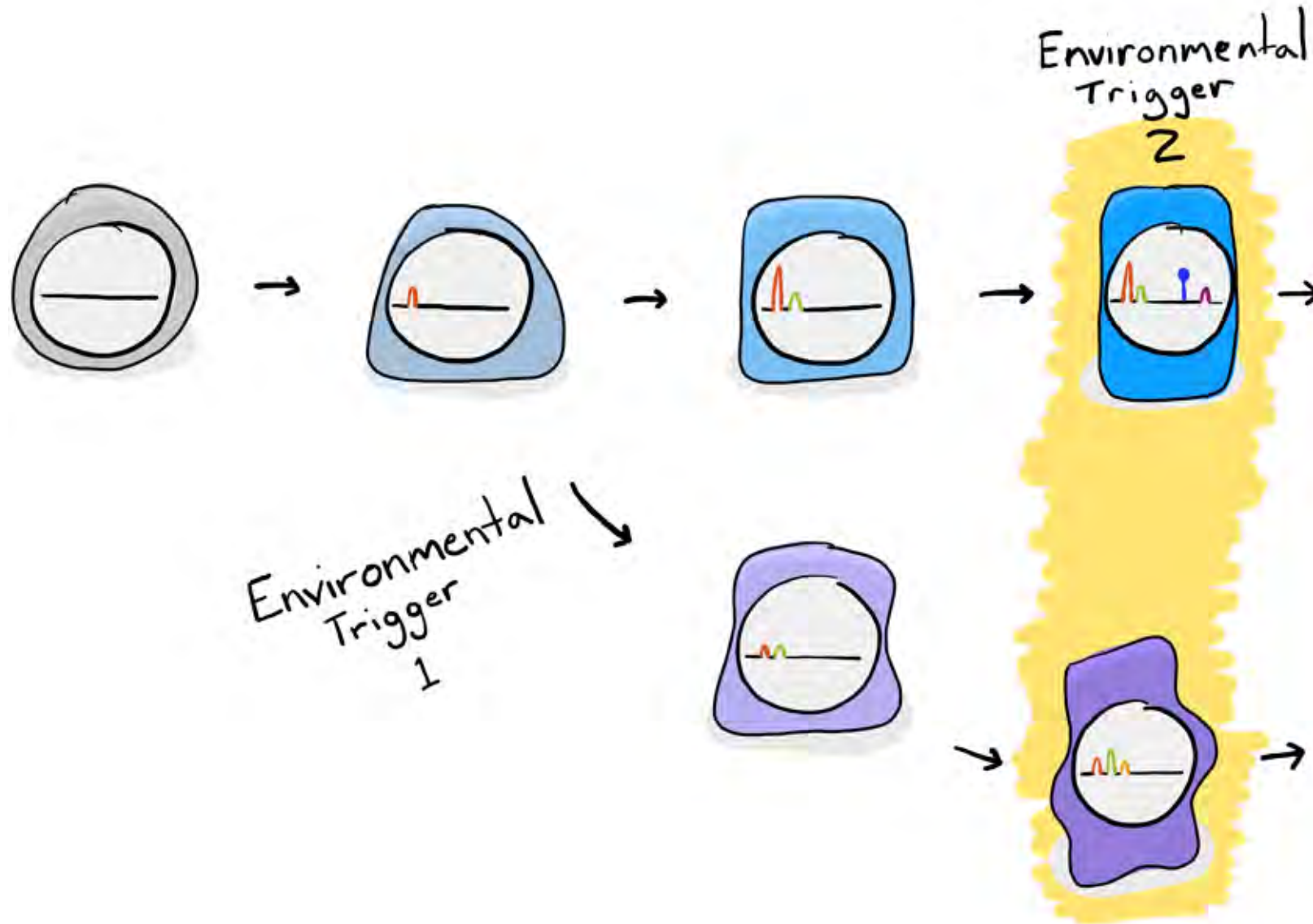
CONFUSION OF CELLULAR IDENTITY SENSITIZES CELLS TO ADDITIONAL ENVIRONMENTAL TRIGGERS



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CONFUSION OF CELLULAR IDENTITY SENSITIZES CELLS TO ADDITIONAL ENVIRONMENTAL TRIGGERS



Williams group

Wendy Jefferson

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Tansy Gu

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Lenka Radonova

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Brian Papas (NIEHS)

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NIEHS Cores

Epigenomics and DNA Sequencing Core

Integrative Bioinformatics Support Group



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National Institute of Environmental Health Sciences



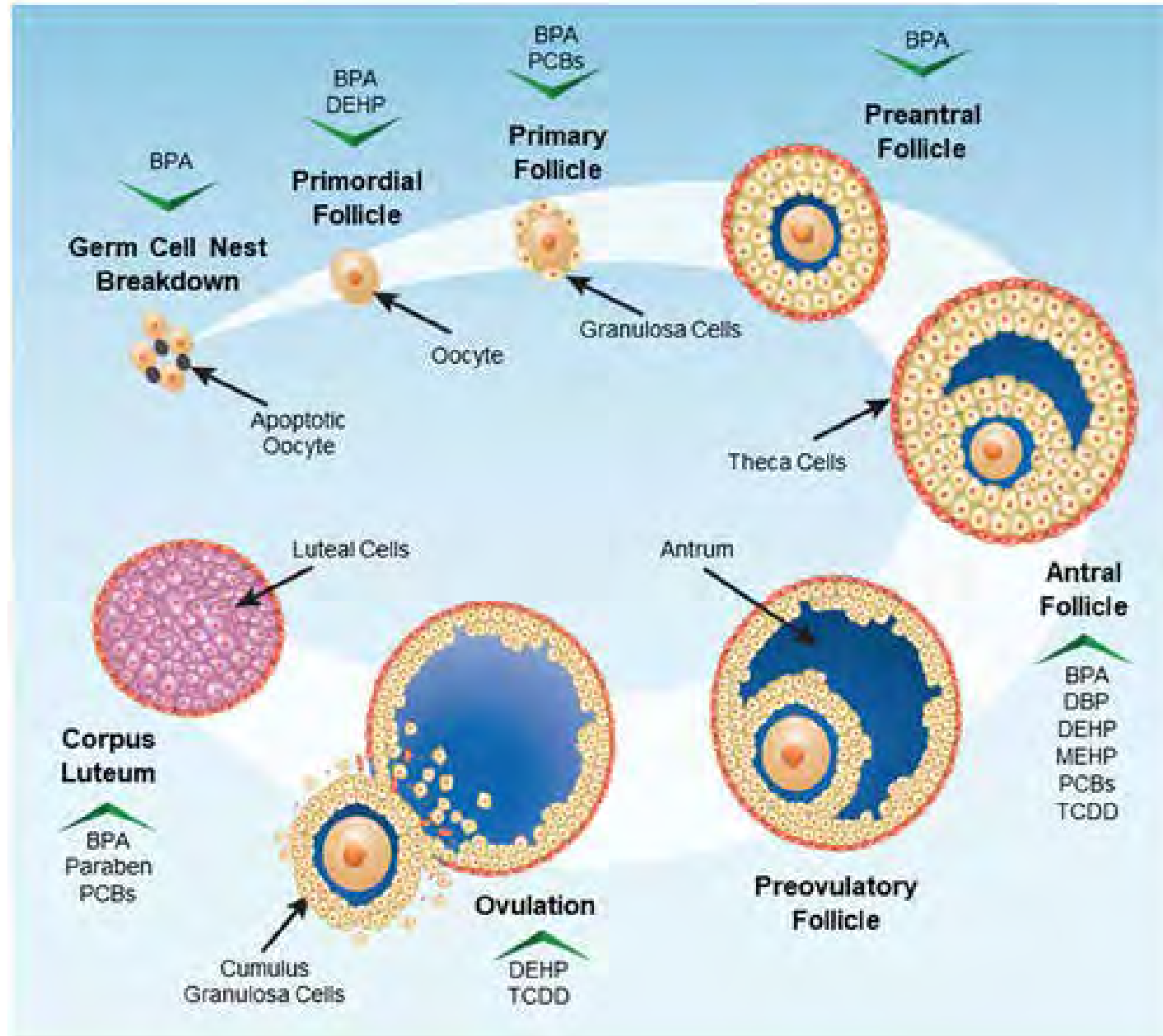
HHS EDC Symposium
7/17/2023

Does the Environment Affect the Menopause?

Janet E. Hall, MD



Sites of Action of EDCs in the Ovary



The “Bad Actors”

- q Persistent Organic Pollutants
- q Pesticides
- q PFAS
- q Phthalates
- q BPA
- q Metals

Persistent Organic Pollutants and Pesticides

- Highly carcinogenic chemical compounds - electrical equipment like capacitors and transformers, hydraulic fluids
- Banned in the U.S. in 1979 and internationally 2004; still present in pre-1979 products and in landfills
- Forever chemicals that accumulate in food chains, present in soil, air, dust

	Earlier Menopause	POI	Increased FSH	Increased LH	Decreased AMH
Polychlorinated Biphenyls (PCBs)	YES/no	X		X	X
Dioxin	yes/no	X			
Polyaromatic Hydrocarbons (PAHs)		X	X	X	X
Select Pesticides	X	X			

Peri- and Polyfluoroalkyl Substances (PFAS)

- Found in consumer goods such as carpet, leather, apparel, textiles, paper and packaging, coatings, rubber and plastics
- Exposure through contaminated soil, drinking water, food packaging and air
- NHANES – PFAS detected in a high percentage of the population; phase out programs are in effect



Association of PFAS with Earlier Menopause

NHANES 1999-2000 *(Taylor KW, 2014)*

- Women with higher PFAS had earlier age at menopause – consistent across PFOA, PFOS, PFNA, PFHxS
- Could this be reverse causation?

SWAN *(Ding N et al, 2020) (Harlow SD et al, 2021)*

- 1,120 mid-life women followed longitudinally to final menstrual period
- Higher PFOS, PFOA associated with shorter time to menopause, particularly in white women;
- Earlier time to menopause associated with an increase in FSH
- PFOA and PFOS were positively associated with FSH; PFOS and PFNA were inversely associated with estradiol
- Prospective design removes concerns of reverse causation

Phthalates

- Used in the manufacture of plastics (increase their flexibility, transparency, durability and longevity), solvents, and personal care products
- Colorless, odorless, oily liquids - do not evaporate easily and do not chemically bind to the material they are added to
- Persist in the environment and have long-term effects through epigenetic effects
- Banned in the EU, Argentina, Japan and other countries; restricted but not completely banned in the US



Association of Phthalates with Earlier Menopause

NHANES 1999-2008 (*Grindler NM et al, 2015*)

- Women with the highest levels of DEHP experienced menopause 3.2-3.8 years earlier than those with low levels

Midlife Women's Health Study 2006-2025

- Baseline analysis from a longitudinal study of 45-54 yo women → 18% increase in odds of recent HF and 38% increase in frequency per doubling of summary measure
- Smaller cohort – high concentrations from use of personal care products → 45% increased odds of experiencing a HF
- Longitudinal analysis found individual metabolites to associate with HF

Association of Phthalates with POI and Poor IVF Outcomes

EARTH Study *(Hauser R et al, 2016)*

- Women undergoing ART (n=256)
- Urinary concentrations of DEHP metabolites were inversely associated with oocyte yield, clinical pregnancy, and live birth following ART

Bisphenol A (BPA)

- Used in food packaging, to line the interiors of food and beverage cans, water pipes, dental fillings
- Repetitive exposure of certain BPA-containing products to light and heat, contact with cleaning agents, and aging of the product may result in increased leaching of BPA into food or beverages
- Human exposure is widespread detected urine, serum, saliva, follicular fluid, breast milk, umbilical cord blood, and amniotic fluid – 93% in NHANES
- A 'safe' level has not been established



BPA and Reproductive Aging

Diminished Ovarian Reserve (Cao y et al, 2018)

- BPA levels in the follicular fluid (FF) of patients with diminished ovarian reserve (DOR) were higher than in non-DOR patients while FF AMH and E2 were lower
- **FF BPA concentration was inversely correlated with AMH and E2 levels**
- Administration of BPA to rodents resulted in decreased AMH and E2

EARTH Study (Souter I et al, 2015)

- Prospective cohort of women undergoing infertility treatments
- BPA, detected in >80% of women,
- **Average decrease in AFC of 12%, 22% and 17% in the 2nd, 3rd, and 4th BPA quartiles compared to the 1st quartile (p-trend: <0.001)**
- No association of BPA with FSH

Metals and Earlier Menopause: Lead

Nurses Health Study (*Mendola P et al, 2014*)

- Bone lead concentration (K-shell X-ray fluorescence) is a marker of cumulative lead exposure (n=434)
- Higher tibial lead concentration was a marker of earlier age at menopause
- **Odds ratio for menopause < 43 was 5.3 for women in the highest vs lowest tertile of lead exposure**

NHANES 1999-2010 (*Mendola P et al, 2012*)

- U.S. women aged 45-55
- Higher lead levels in menopausal women vs women who were still cycling
- **Increased odds of menopause was linearly associated with increasing lead levels (1.7 to 4.2)**
 - This relationship persisted even with correction for markers of bone turnover

Endocrine Disrupting Chemicals and Reproductive Aging

Earlier menopause

- ü Persistent Organic Pollutants
- ü Pesticides
- ü PFAS
- ü Phthalates
- q BPA
- ü Metals

Early Reproductive Aging

- ü Persistent Organic Pollutants
- ü Pesticides
- ü PFAS
- ü Phthalates
- ü BPA
- q Metals

**You can't change your Genes...
but you **CAN** change your Environment!!!**



Break

We will resume in [Gather.Town](#) at 11:15AM

Virtual Poster Session Gather.Town

11:15AM – 12:15PM

Join us in Gather.Town for the Virtual Poster Session

How to Join Gather.Town

- Please join our sessions currently in progress in Gather.Town
- The Gather.Town link is available in the chat box as well as on the website.
- Detailed Gather.Town instructions can also be found on the website.
- Abstracts and posters are viewable on the symposium website and in Gather.Town.
- For assistance, please send a direct message or email to the contracting team:
 - Damon (RLA), damon.kane@roseliassociates.com
 - Sofia (RLA), sofia.jones@roseliassociates.com



Symposium Website

Upcoming Agenda

11:15 – 12:15 PM Virtual Poster Session in Gather.Town

12:15 – 1:00 PM Lunch



Lunch

We will resume at 1PM

Hiding In Plain Sight

Jodi Flaws, Ph.D., Natasha Mesinkovska, Ph.D., M.D.

Moderated by Deb Kilday

Hiding In Plain Sight

Jodi Flaws, Ph.D.

Professor in Comparative Biosciences

University of Illinois Urbana-Champaign

Hiding in Plain Sight (Water Disinfection Byproducts)

JODI A. FLAWS, PH.D.

DEPARTMENT OF COMPARATIVE BIOSCIENCES
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Overview

- Background
 - Water disinfection by-products
 - Iodoacetic Acid (IAA)
 - Female reproduction
 - Ovary
- Effects of water disinfection by-products on female reproduction
 - Hypothesis
 - Specific Aims
 - Results
- Summary/Conclusions



Water Disinfection

- A major public health achievement of the last century
- Decreased the incidence of waterborne diseases
 - Cholera
 - Typhoid
 - Amoebic dysentery
- Increased life expectancy



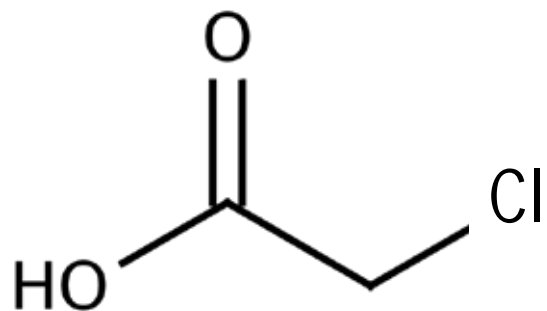
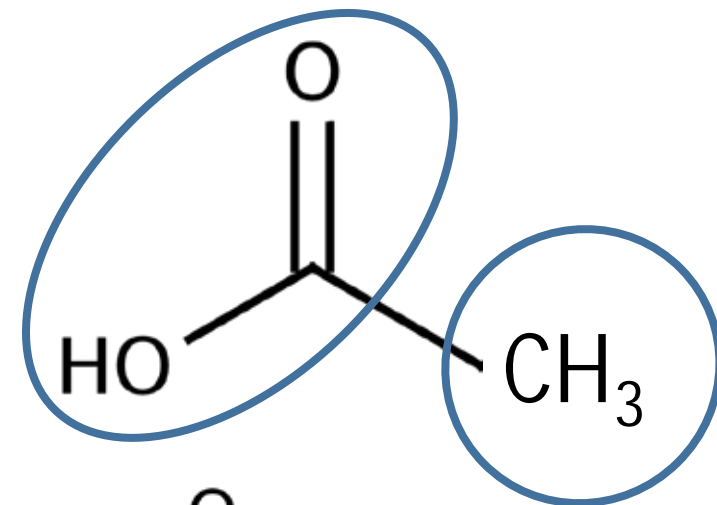
Water Disinfection Byproducts



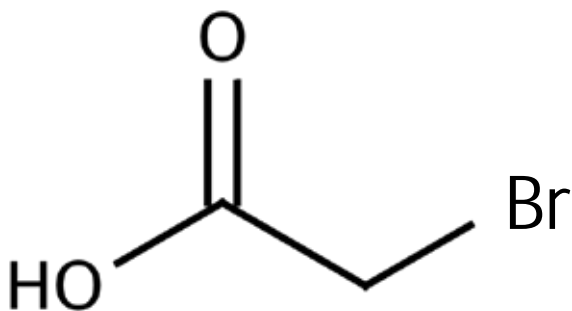
- The reaction between disinfectants and organic matter form **water disinfection byproducts (DBPs)**
- More than 700 DBPs have been identified in drinking water
- Trihalomethanes and **haloacetic acids (HAAs)** are the two major classes of DBPs

Haloacetic Acids

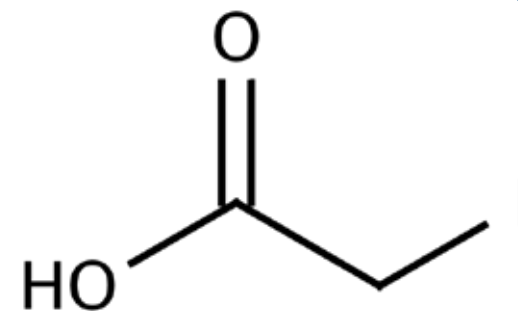
- Haloacetic acids share a common structure with acetic acid
- These molecules consist of two carbons, including carboxylic acid and an alpha carbon



Chloroacetic acid



Bromoacetic acid



Iodoacetic acid

Haloacetic Acid Regulation

- So far, 13 haloacetic acids have been identified in drinking water
- USEPA 1998 - HAA5: chloroacetic acid, bromoacetic acid, dichloroacetic acid, dibromoacetic acid, and trichloroacetic acid
- USEPA 2016 - HAA9: bromochloroacetic acid, bromodichloroacetic acid, chlorodibromoacetic acid, and tribromoacetic acid

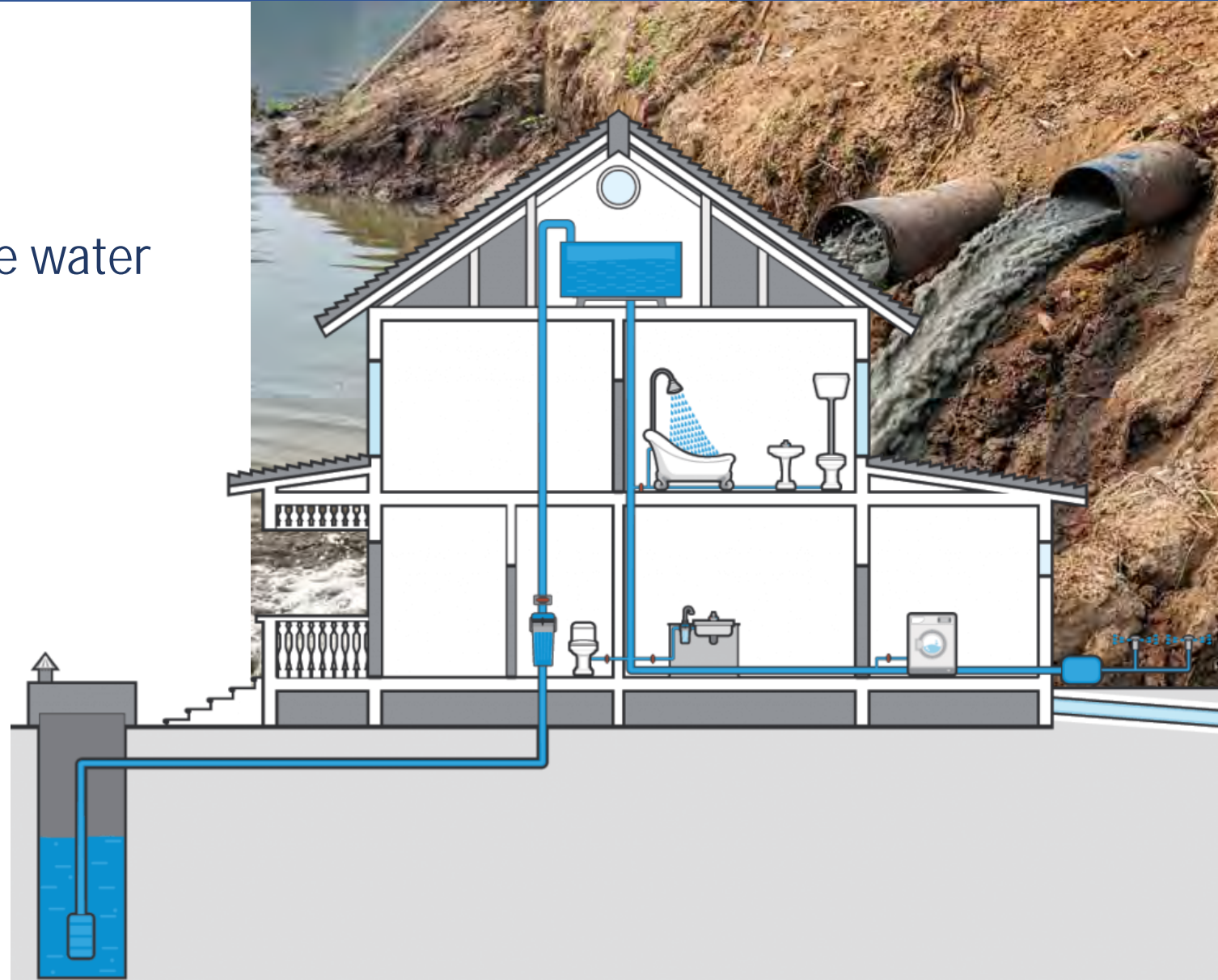
Unregulated HAAs?

Iodoacetic acid



Levels of DBPs in Drinking Water are Variable

- Concentration of organic matter
- Chemical composition of the source water
- pH
- Temperature
- Type of the disinfectant
- Concentration of the disinfectant



Routes of Exposure

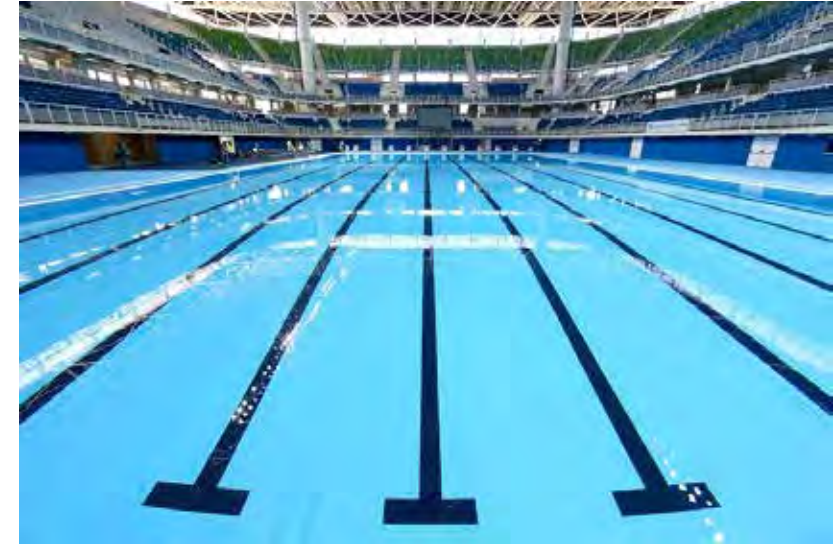


- Ingestion
 - drinking water
 - beverages
 - food

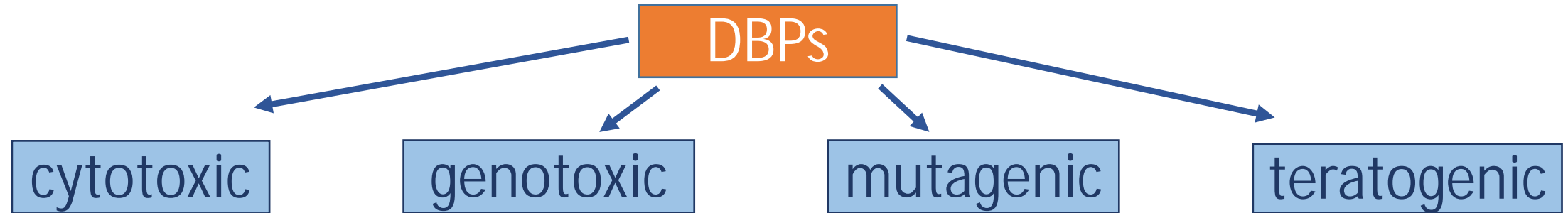


Routes of Exposure

- Inhalation and dermal absorption
 - showers, bathtubs
 - swimming pools, steam rooms



Health Concerns



- HAAs modulate gene expression (Attene-Ramos *et al.*, 2010; Muellner *et al.*, 2010)
 - stress response to DNA damage
 - cell cycle regulation
 - reactive oxygen species
 - apoptosis

Reproductive Health Concerns

- HAAs disrupt estrous cyclicity and suppress estradiol catabolism, which leads to alterations in steroid production in female rats (Goldmann and Murr, 2003)
- Gestational exposure of a mixture of regulated HAAs results in pregnancy loss and eye malformation in rats (Narotsky *et al.*, 2011)
- **Adverse pregnancy outcomes** (Nieuwenhuijsen *et al.*, 2000; Chisholm *et al.*, 2008; Hwang *et al.*, 2008; Rivera-Nunez *et al.*, 2013)
 - low birth weight
 - small-for-gestational age
 - still birth
 - birth defects

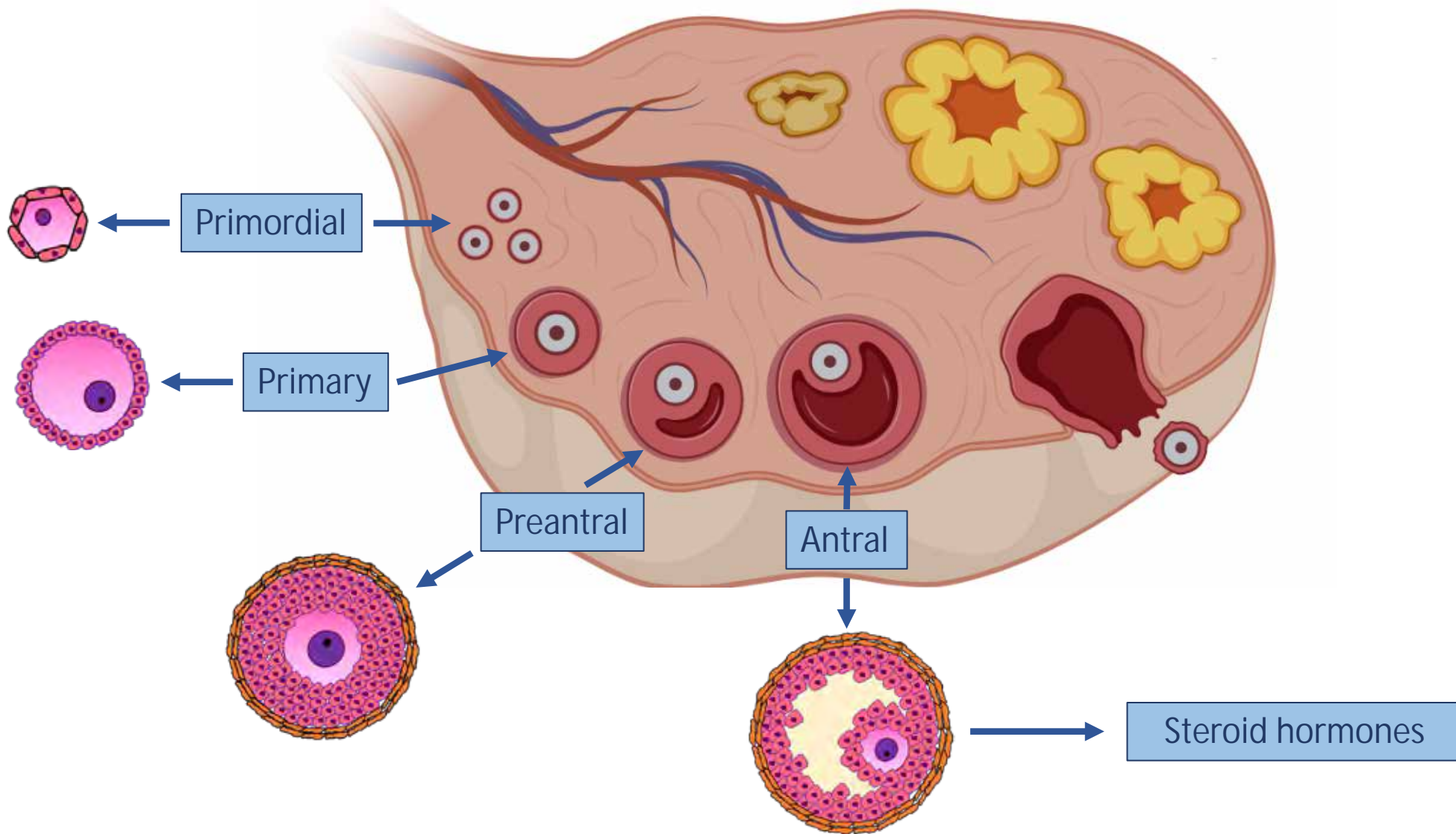
The effects of the HAAs on the ovary are largely unknown

Importance of the Ovaries



- Produce oocytes (folliculogenesis)
 - fertility
- Synthesize/secrete hormones (steroidogenesis)
 - development of eggs
 - estrous cyclicity
 - maintenance of reproductive tract
 - fertility
 - non-reproductive functions
 - cardiovascular, brain, bones

The follicle is the functional unit of the ovary

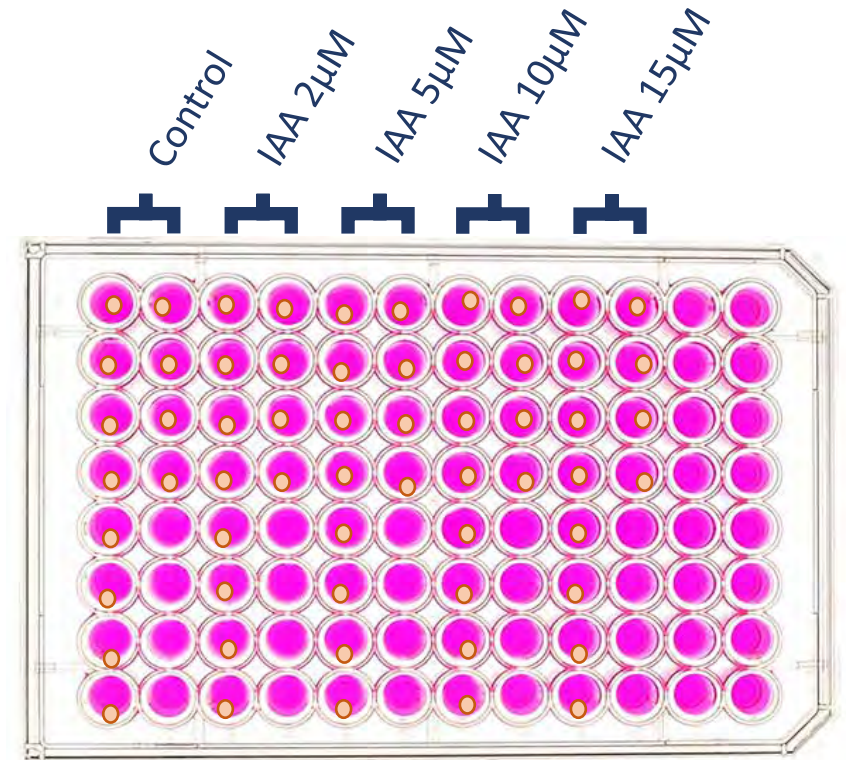
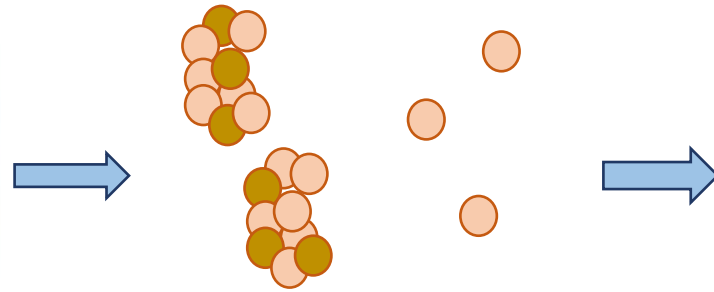


Hypothesis

Iodoacetic acid exposure inhibits antral follicle growth
and steroidogenesis

Experimental Design

Follicle isolation

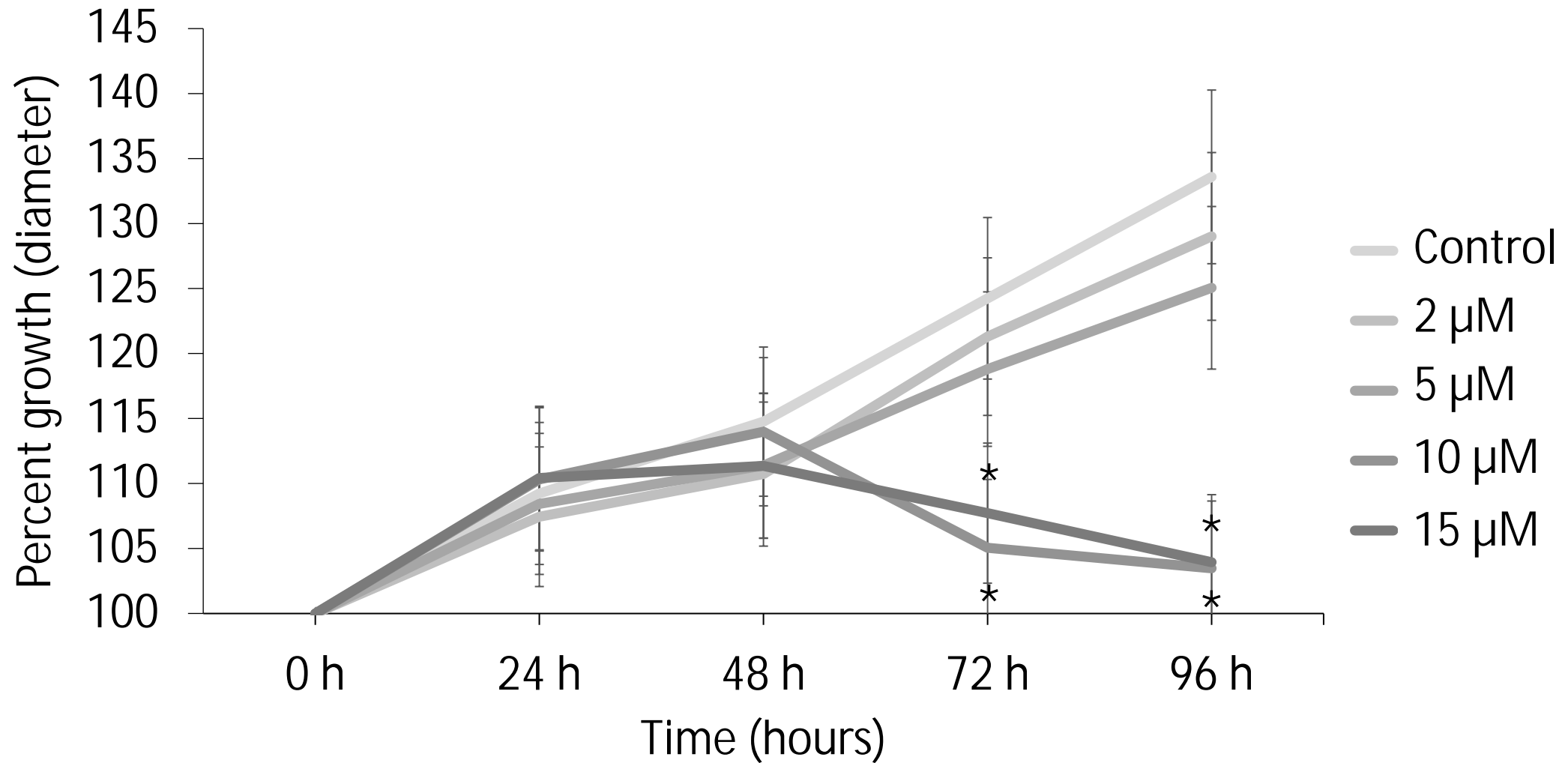


- Ovaries were collected from adult CD-1 mice (32 to 42 days old)

- Antral follicles were dissected from the ovaries and placed individually in 96-well culture plates

- Follicle growth
- Follicular gene expression
- Hormone levels in supernatant

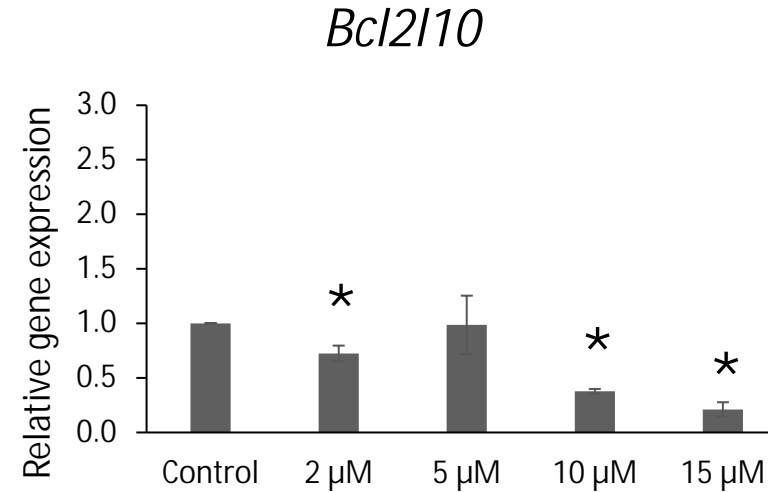
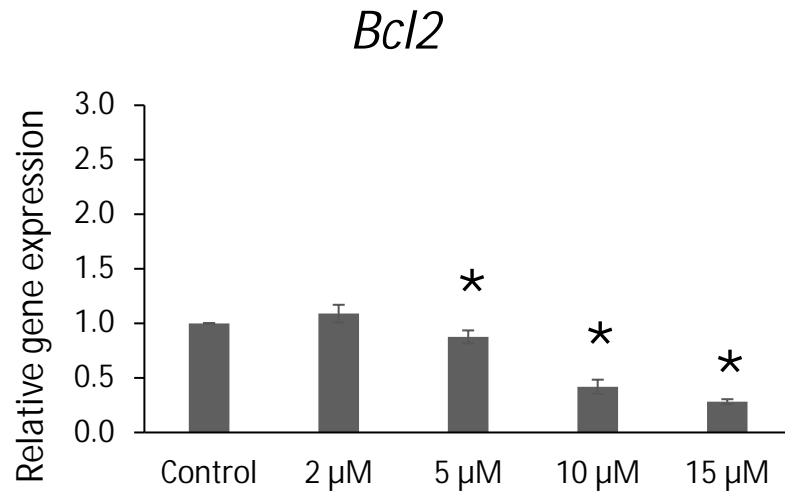
IAA decreases follicle growth in vitro



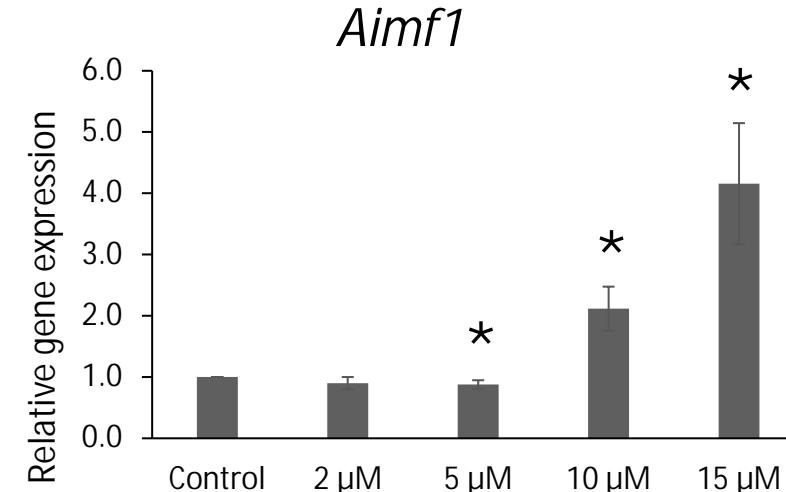
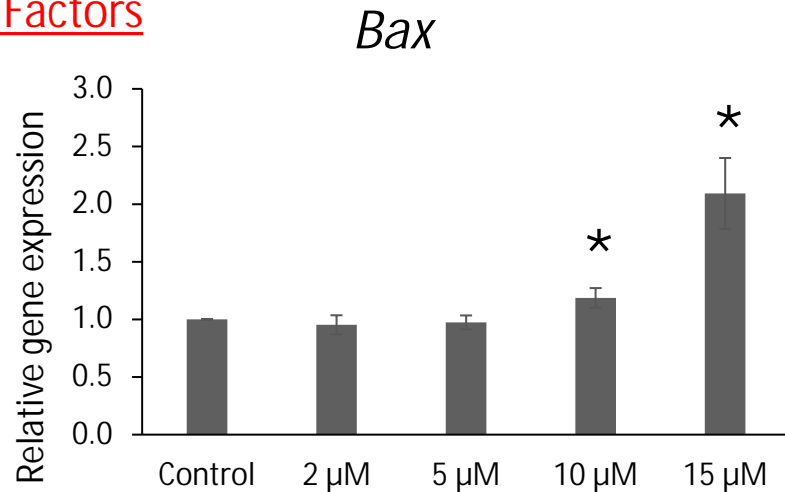
* $p \leq 0.05$

IAA alters expression of apoptotic factors

Anti-apoptotic Factors



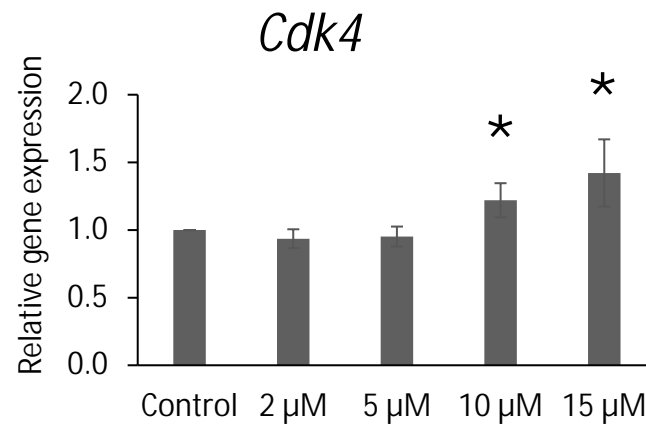
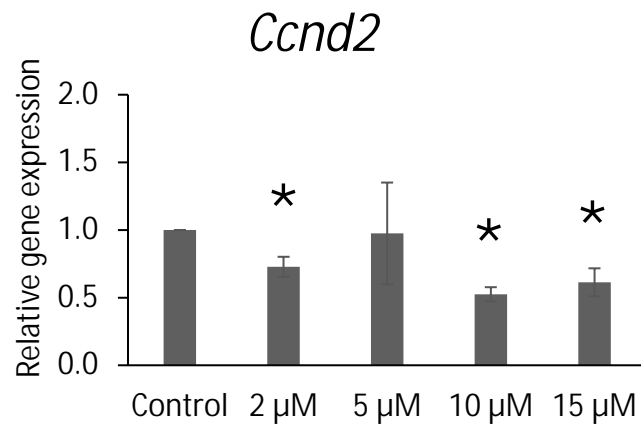
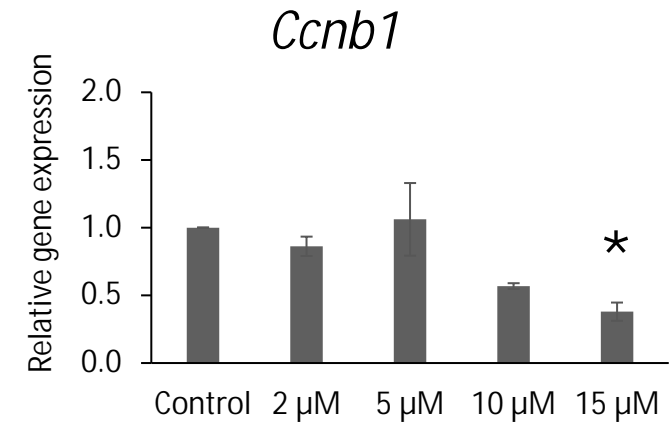
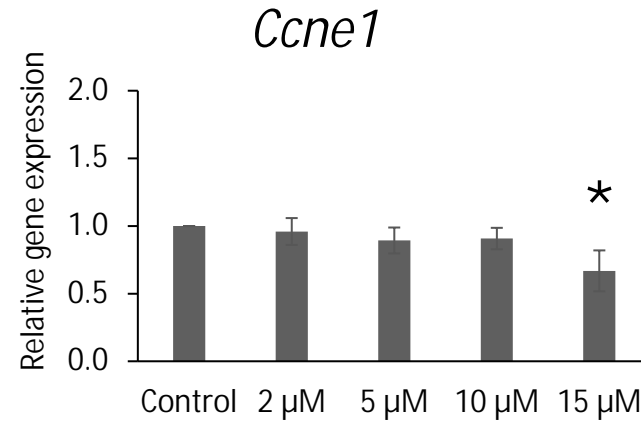
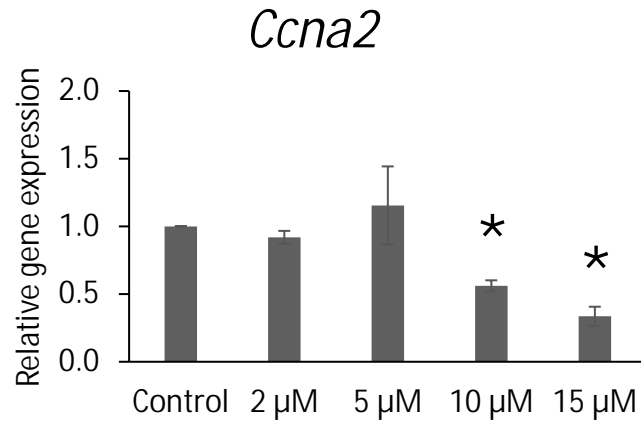
Pro-apoptotic Factors



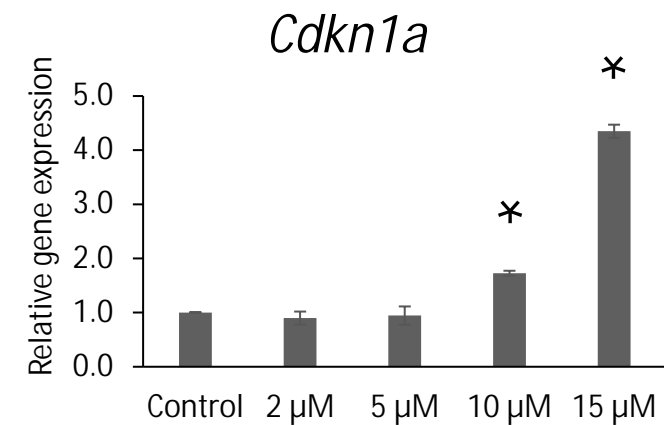
* $p \leq 0.05$

IAA alters expression of cell cycle regulators

Promoters

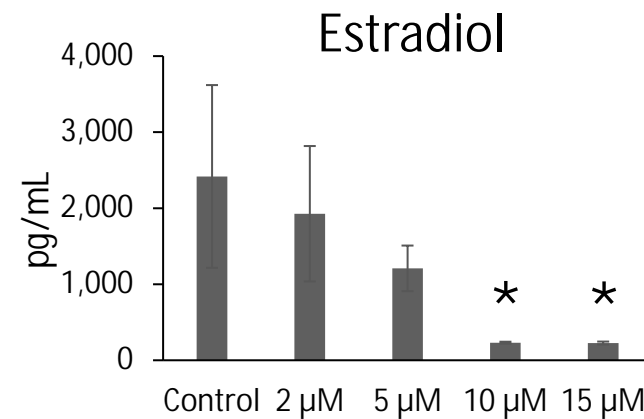
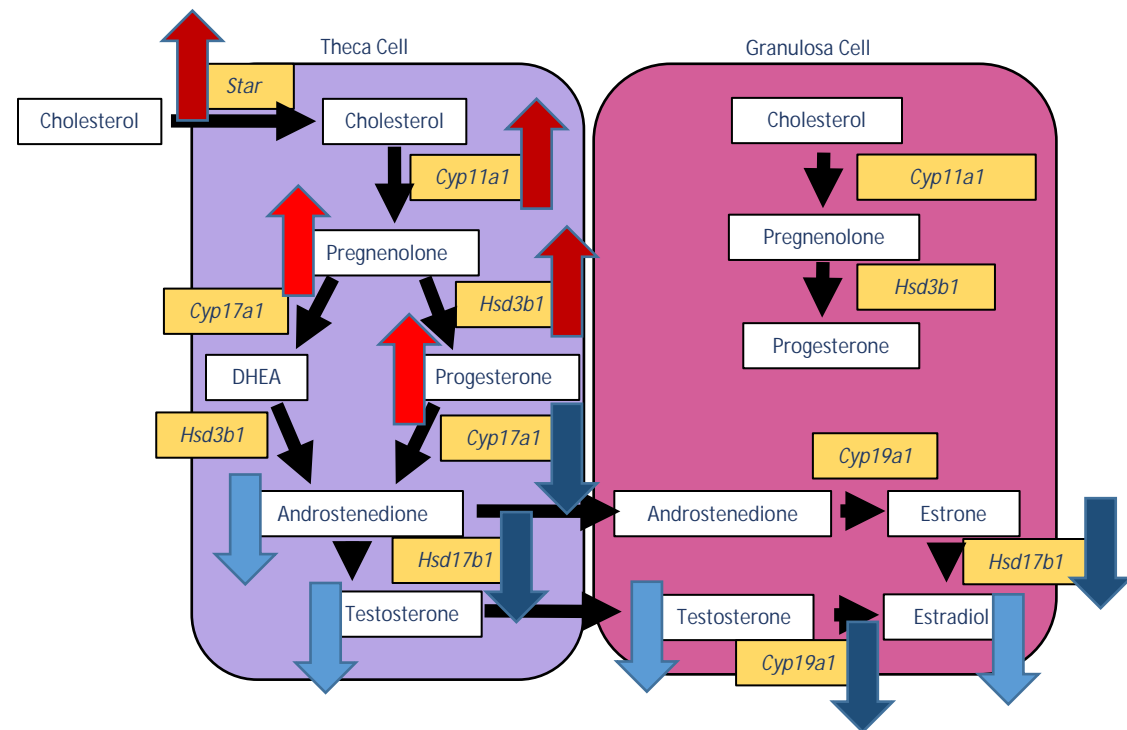
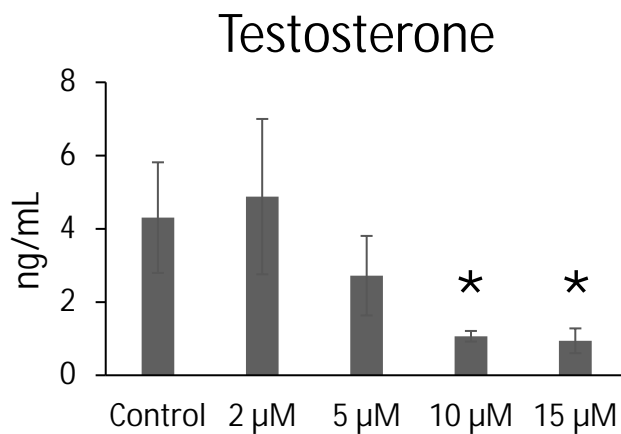
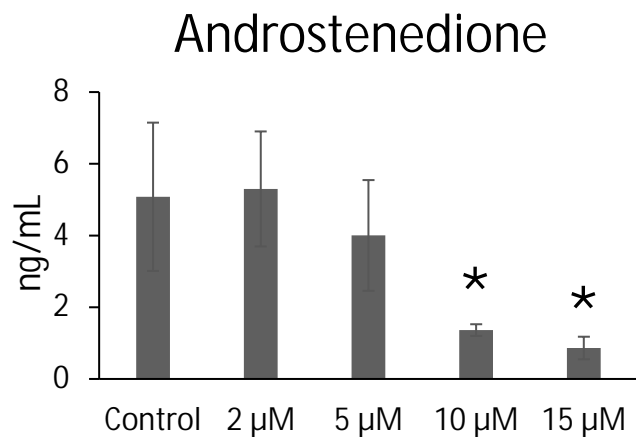
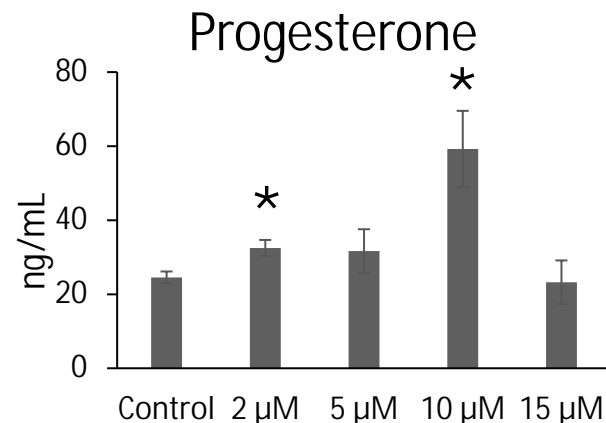
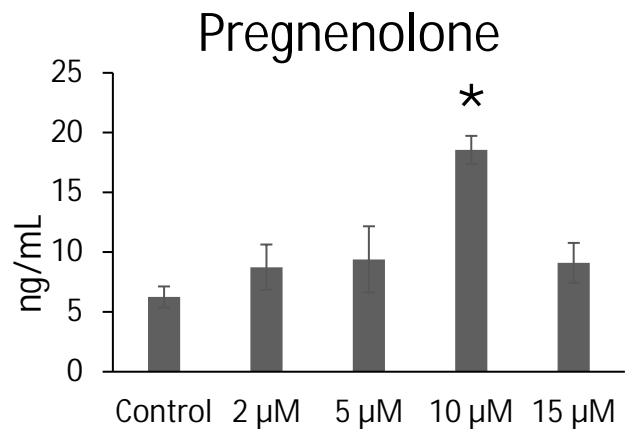


Inhibitor



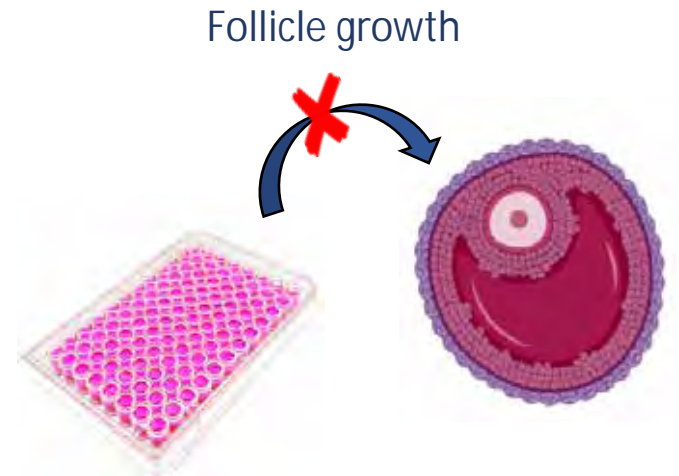
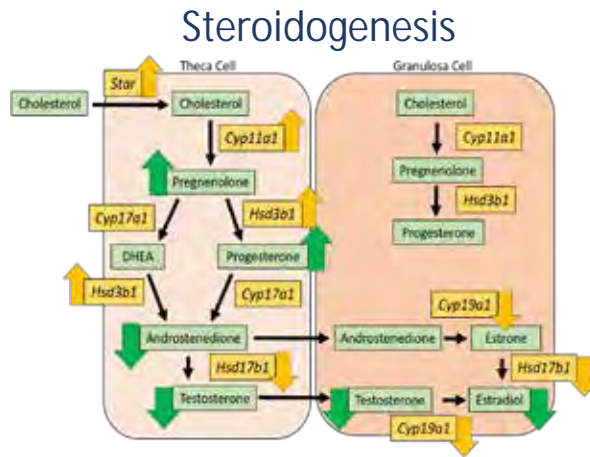
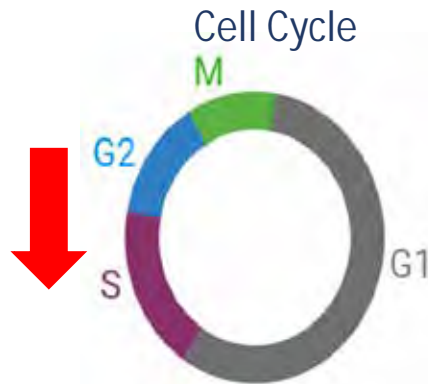
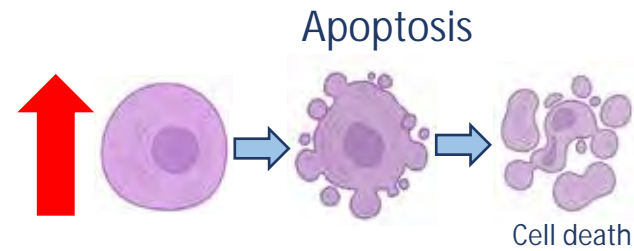
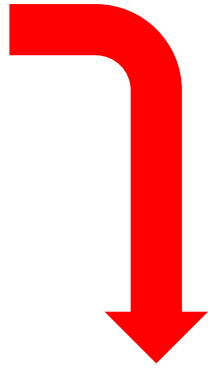
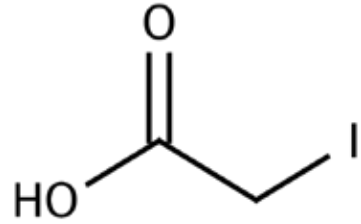
* $p \leq 0.05$

IAA alters sex steroid hormone levels

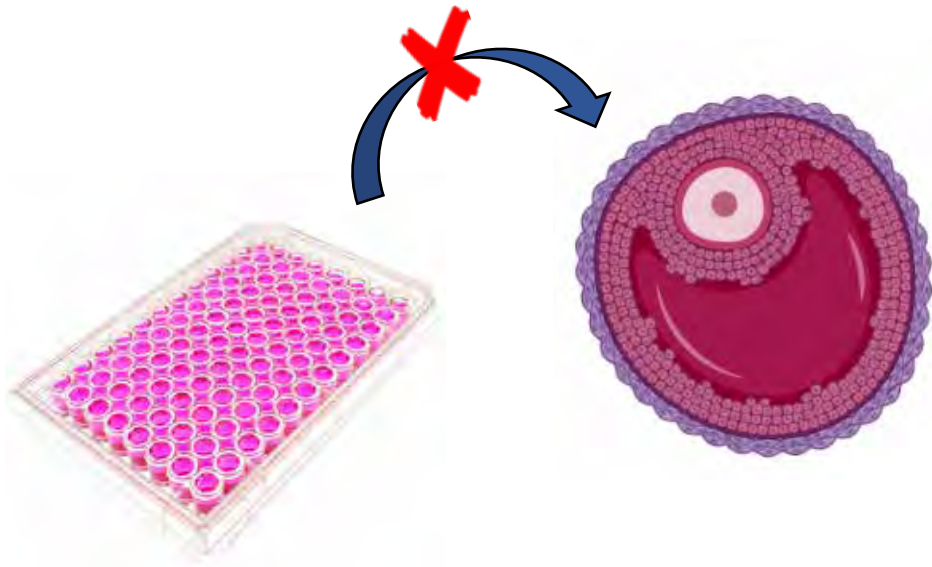


* $p \leq 0.05$

Summary (In Vitro)



What about in vivo?



VS.



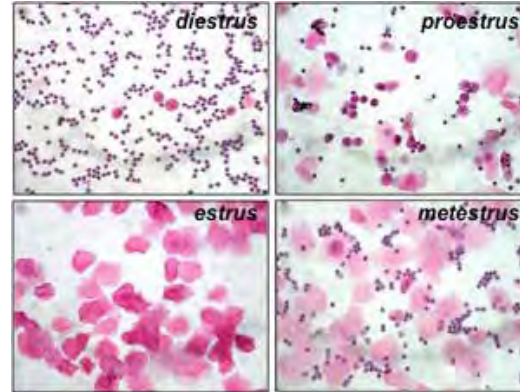
Hypothesis

Iodoacetic acid exposure affects female
reproductive outcomes in vivo

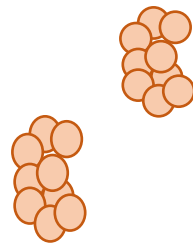
Experimental Design

- Female CD-1 mice were dosed with IAA in the drinking water for 35 days

- Control: only water
- 0.5 mg/L IAA
- 10 mg/L IAA
- 100 mg/L IAA
- 500 mg/L IAA
- n= 12 per group



→ Estrous cyclicity

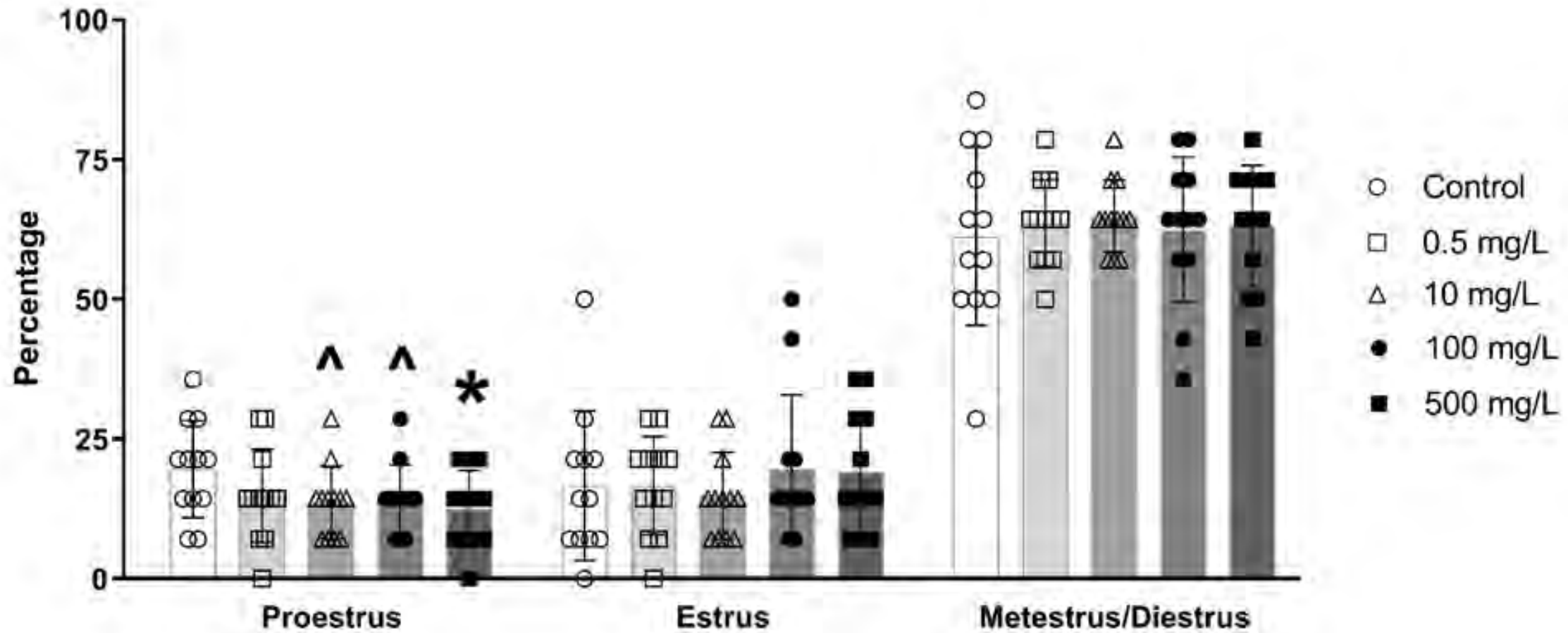


→ Ovaries for gene expression analyses



→ Serum for hormone analyses

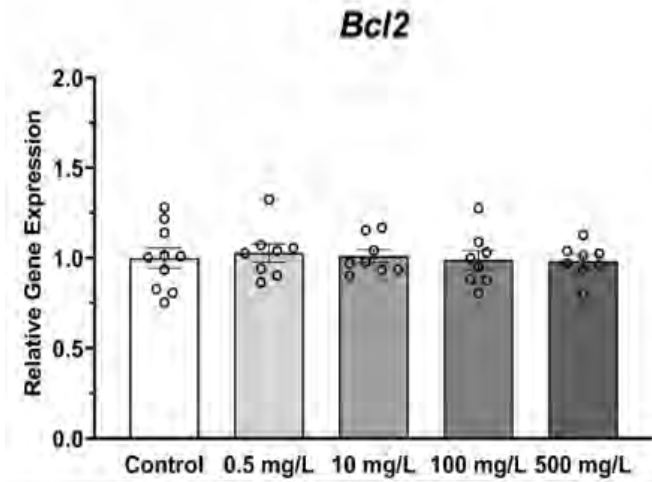
IAA exposure affects estrous cyclicity



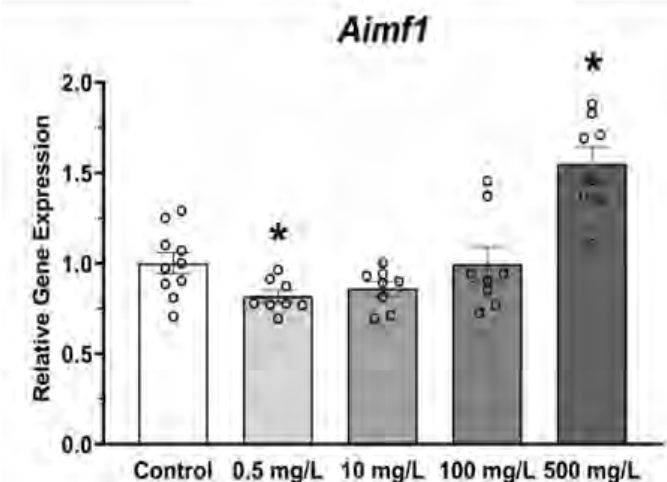
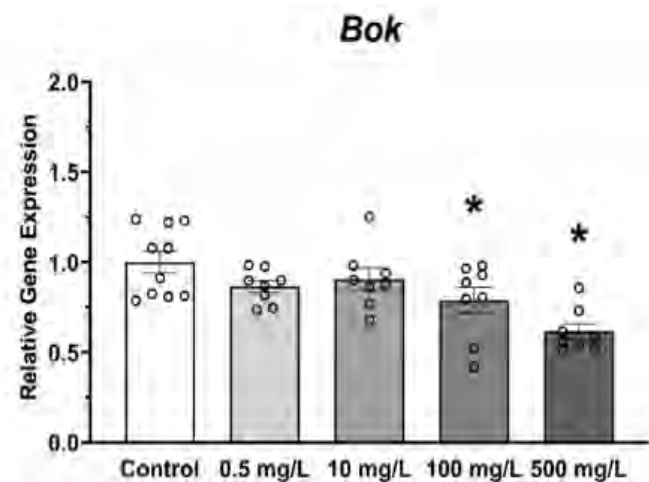
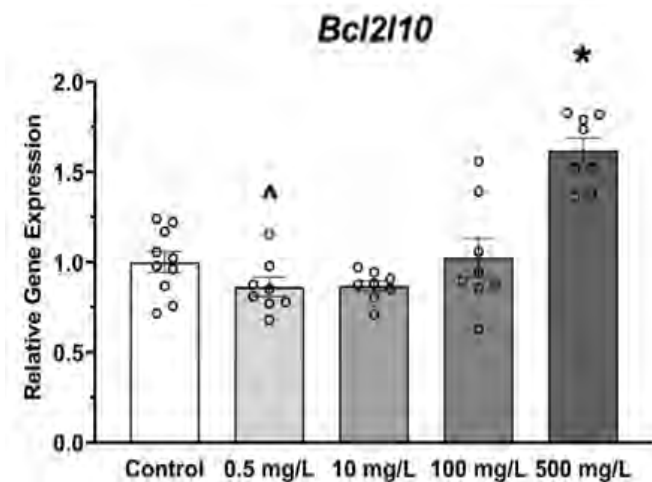
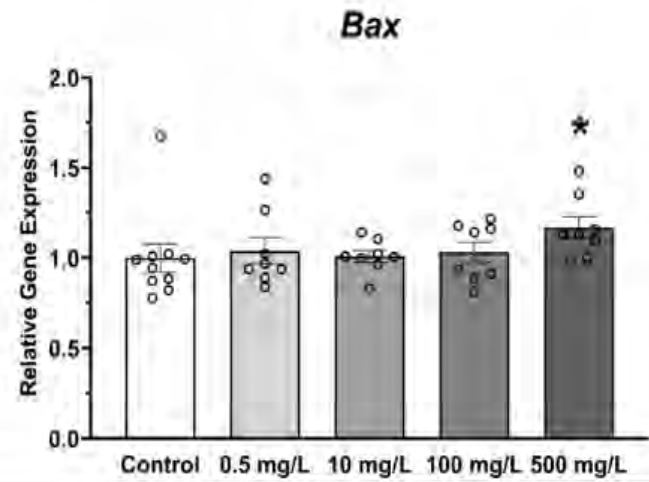
n=12, * $p \leq 0.05$, ^ $p \leq 0.096$

IAA exposure affects expression of apoptotic factors

Anti-apoptotic Factors

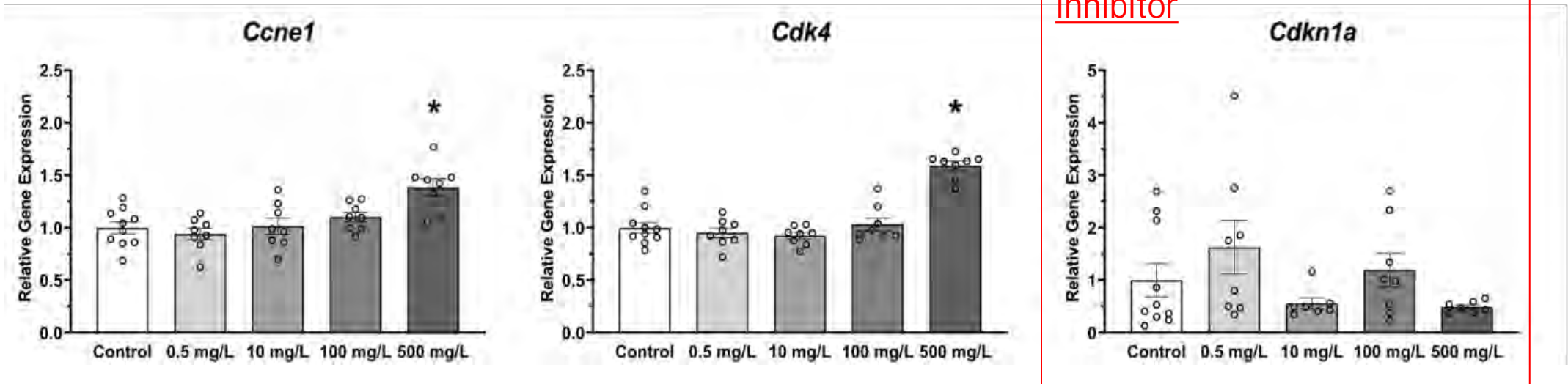
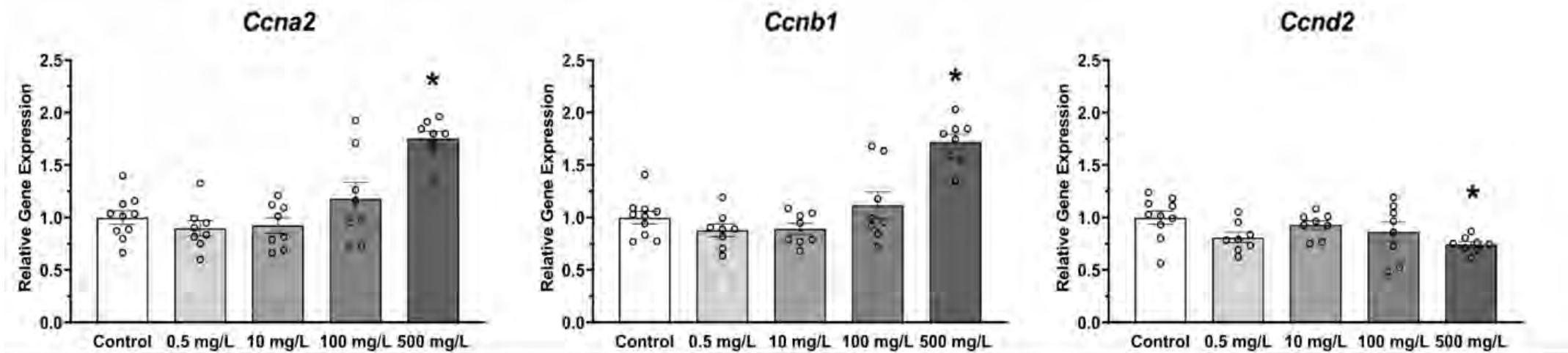


Pro-apoptotic Factors

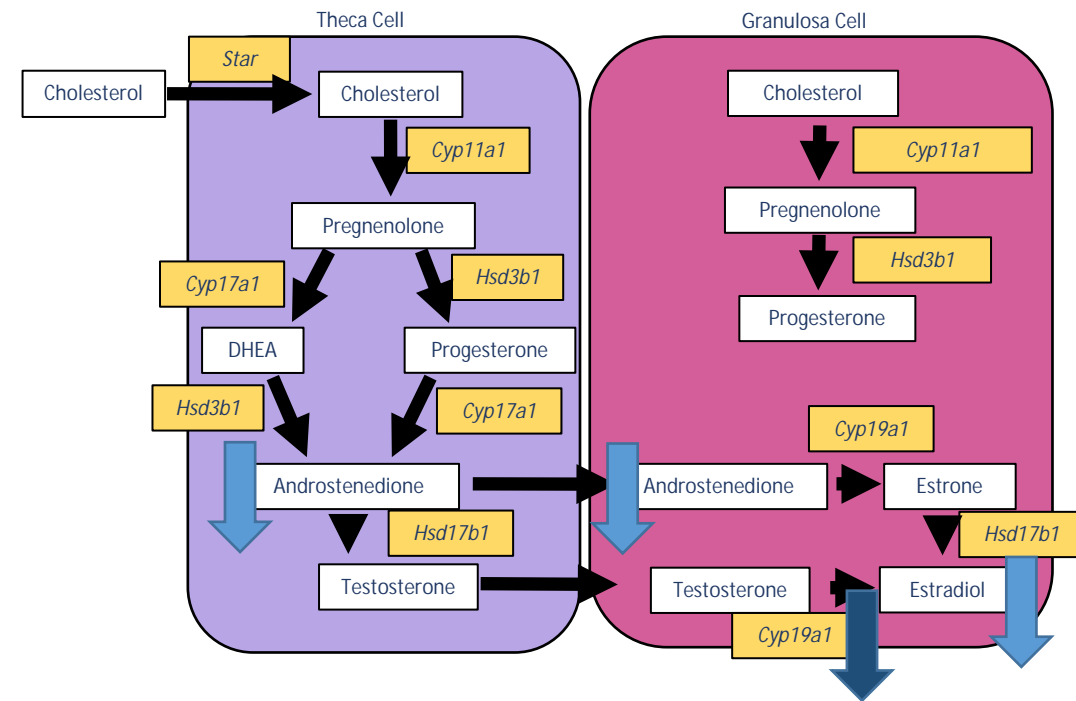
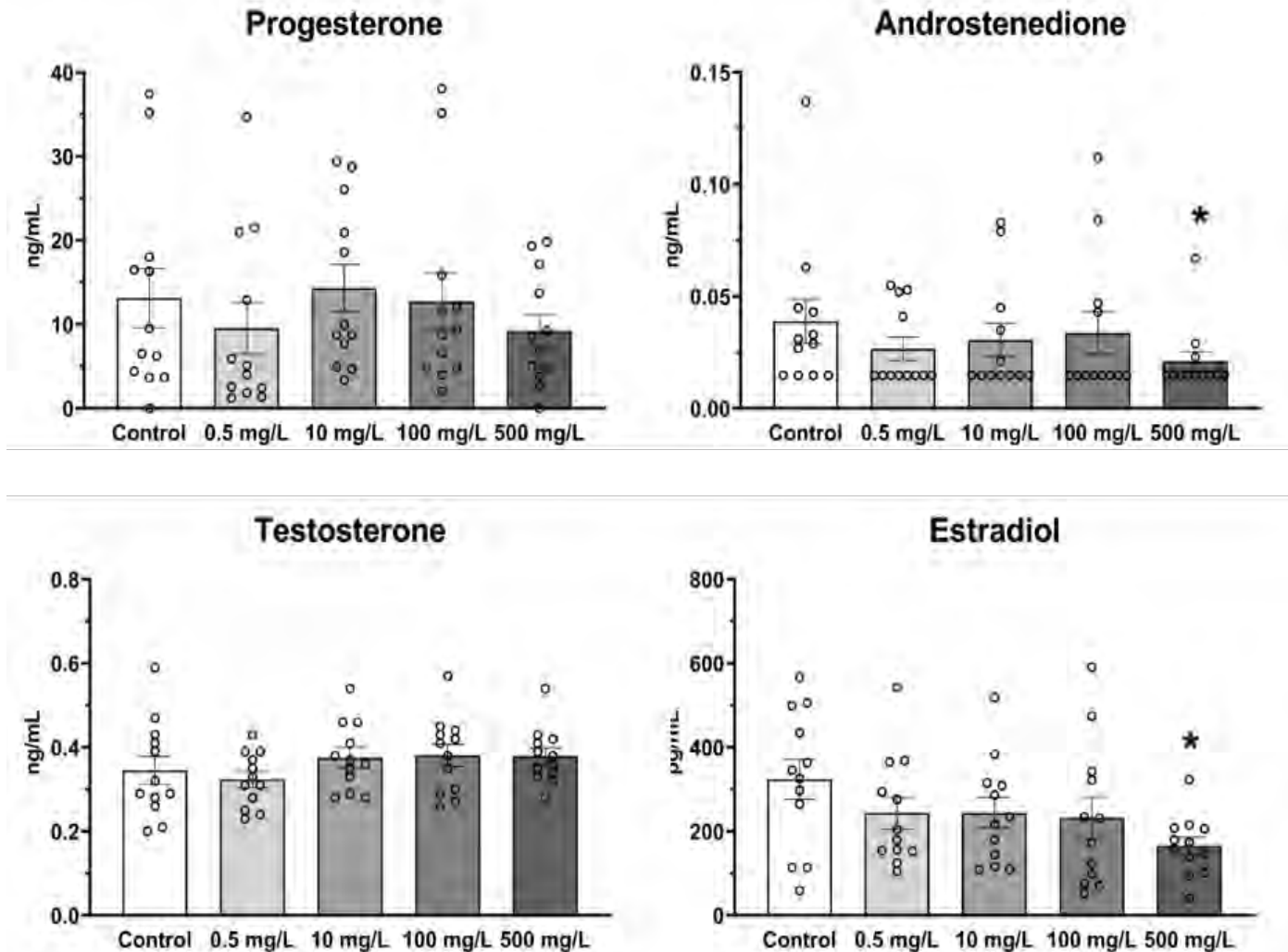


IAA exposure affects expression of cell cycle regulators

Promoters



IAA exposure affects estradiol levels



Comparison of gene expression in vitro vs. in vivo

	Gene	Antral follicles in vitro	Whole ovaries in vivo
Anti-apoptotic Factors	<i>Bcl2</i>	↓	↔
	<i>Bcl2l10</i>	↓	↑ ↓
Pro-apoptotic Factors	<i>Bax</i>	↑	↑
	<i>Bok</i>	No Data	↓
	<i>Aimf1</i>	↑	↑ ↓
Cell Cycle Promoters	<i>Ccna2</i>	↓	↑
	<i>Ccnb1</i>	↓	↑
	<i>Ccnd2</i>	↓	↓
	<i>Ccne1</i>	↓	↑
	<i>Cdk4</i>	↑	↑
Cell Cycle Inhibitor	<i>Cdkn1a</i>	↑	↔

Comparison of gene expression in vitro vs. in vivo

	Gene	Antral follicles in vitro	Whole ovaries in vivo
<i>Steroidogenic Factors</i>	<i>Star</i>	↑	↔
	<i>Cyp11a1</i>	↑	↔
	<i>Hsd3b1</i>	↑	↔
	<i>Hsd17b1</i>	↓	↔
	<i>Cyp17a1</i>	↓	↔
	<i>Cyp19a1</i>	↓	↓

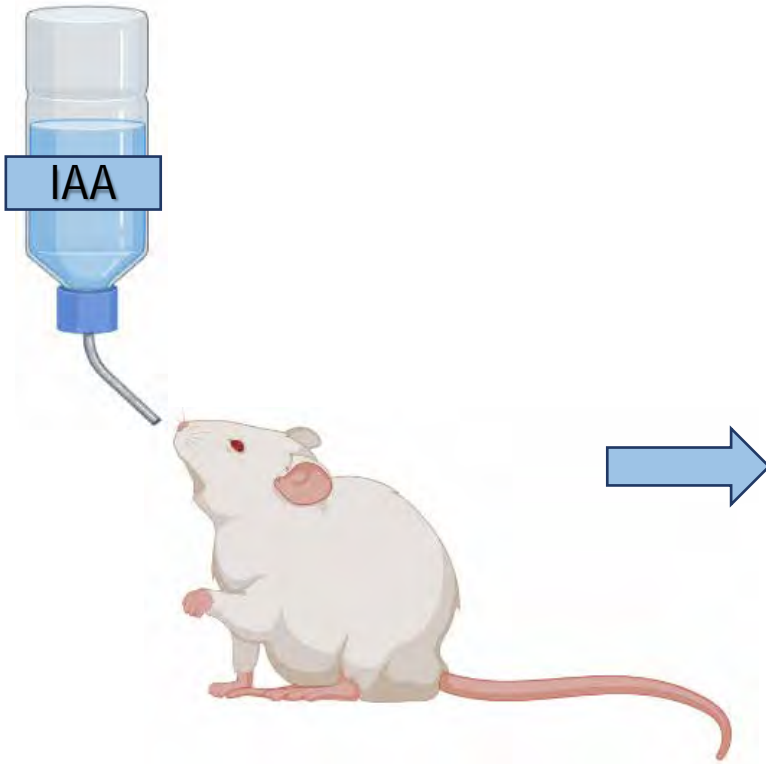
Comparison of hormone levels in vitro vs. in vivo

	Hormone	Antral Follicles In Vitro	In Vivo
<i>Sex Steroid Hormones</i>	<i>Pregnenolone</i>	↑	↔
	<i>Progesterone</i>	↑	↔
	<i>Androstenedione</i>	↓	↓
	<i>Testosterone</i>	↓	↔
	<i>Estradiol</i>	↓	↓

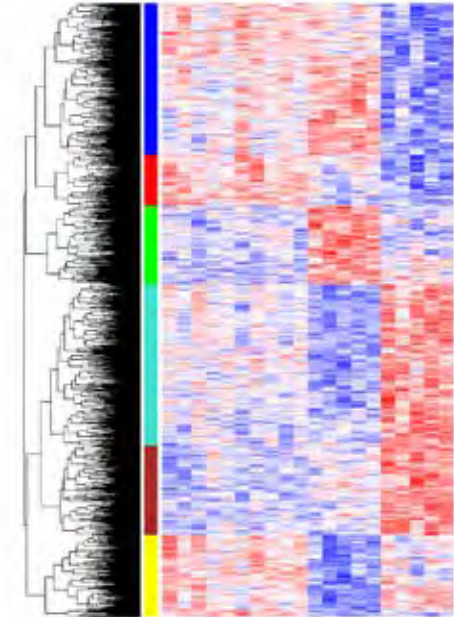
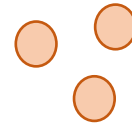
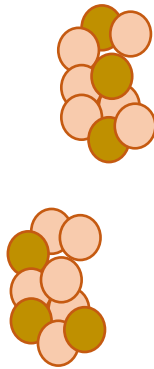
Hypothesis

Iodoacetic acid exposure affects the transcriptome in ovarian antral follicles

Experimental Design



Isolated antral follicles



- Female CD-1 mice were dosed with IAA in the drinking water for 35 days

- Control: only water
- 10 mg/L IAA
- 500 mg/L IAA
- n= 12 per group

- RNA sequencing analysis

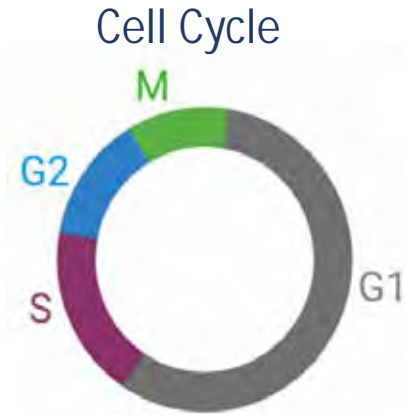
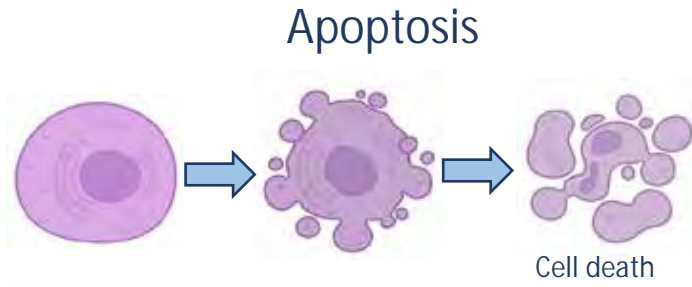
- Enrichment annotation analysis

Summary

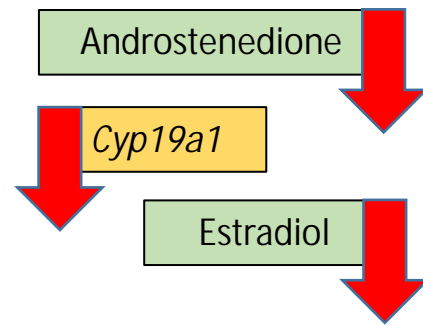
IAA exposure altered expression of genes involved with:

- RNA processing
- regulation of angiogenesis
- cell cycle
- mitotic cellular division
- cell division
- the PI3K-Akt signaling pathway
- the estrogen signaling pathway
- the GnRH signaling pathway
- the insulin signaling pathway
- the oxytocin signaling pathway

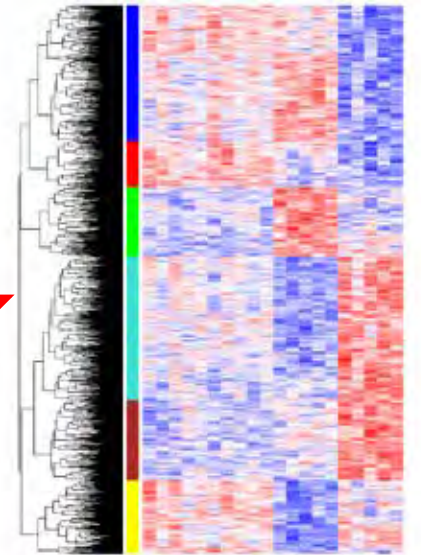
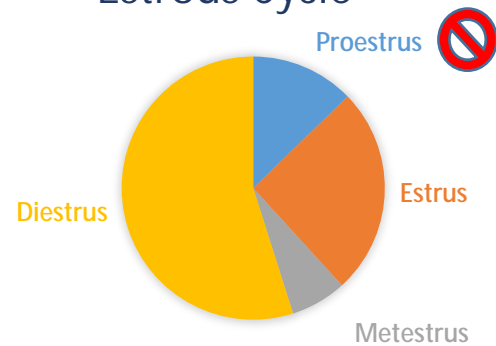
Summary (In Vivo)



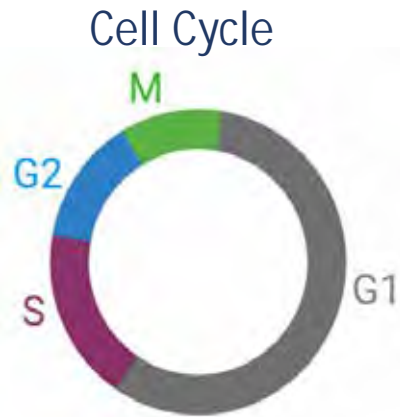
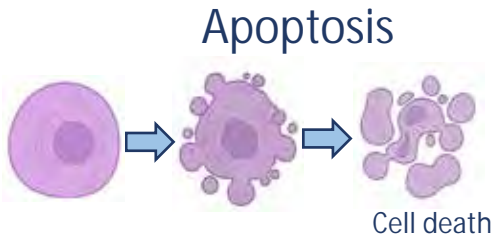
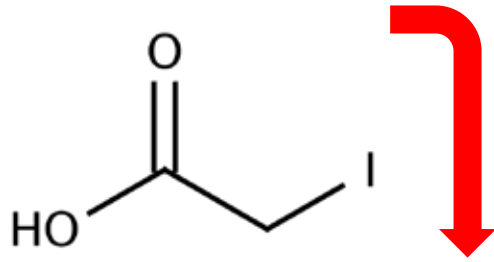
Steroidogenesis



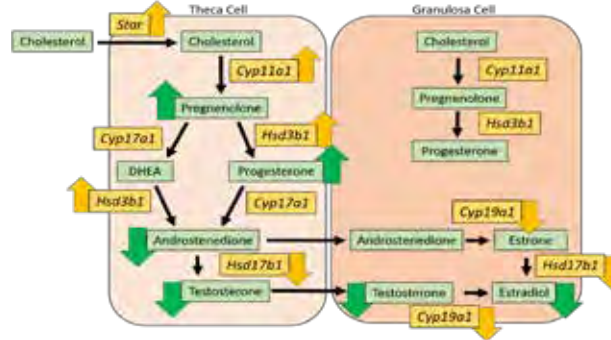
Estrous Cycle



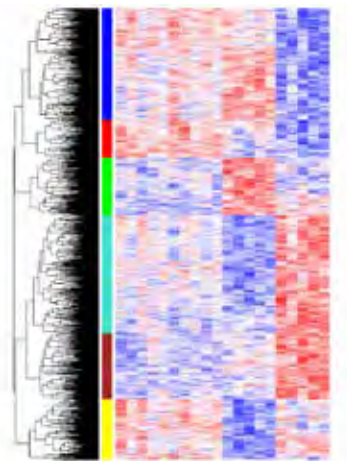
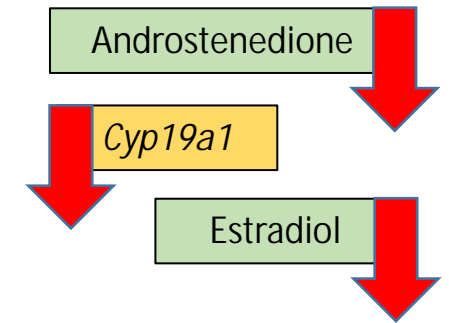
Conclusions



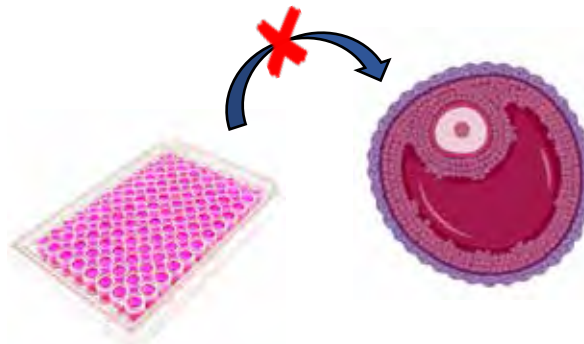
Disrupts steroidogenesis (In Vitro)



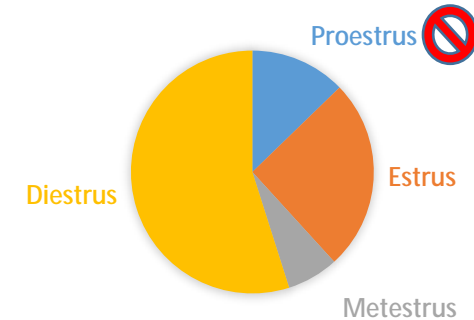
Disrupts steroidogenesis (In Vivo)



Impairs follicle growth



Disrupts estrous cycle



Acknowledgements

- Dr. Michael Plewa
- Flaws laboratory members

- Funding
 - NIH R21 ES028963
 - NIH T32 ES007326
 - Toxicology Scholarship



Questions?



Hiding In Plain Sight

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Thank you!

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Natasha A. Mesinkovska MD PhD

Breast Cancer Risk

Elizabeth Boham, M.D., Michele La Merrill, Ph.D., Lindsey Treviño, Ph.D.

Moderated by Deb Kilday

Breast Cancer Risk

Elizabeth Boham, M.D.

Medical Director

The UltraWellness Center

Endocrine Disrupting Chemicals and Breast Cancer Risk

U.S. Dept of Health and Human Services

Endocrine Disrupting Chemicals and Women's Health Symposium

July 18th 2023

Outline

- Extent of the problem
- What are endocrine disrupting chemicals
- Mechanism of action
- How to avoid
- Prevention
- Phytonutrients
- What can YOU do
- What can WE do

Breast Cancer Statistics in the US in 2022

- Approximately 13% of women (1 in 8) will be diagnosed with invasive breast cancer, and 3% (1 in 39) will die from the disease in their lifetime
- In 2022 approximately
 - 287,850 new cases of invasive breast cancer
 - 51,400 cases of DCIS
 - 43,250 women die from breast cancer
 - 4.1 million women with a history of breast cancer living in the United States
- Incidence rates continue to increase
- Most common cancer in women, except for skin cancer
- Median age is 62

Causes of Breast Cancer

- Genetics – high and low penetrance genes
- Reproductive history
- Lifestyle
 - Obesity
 - Diet
 - Lack of physical activity
 - Alcohol intake
- Environmental exposures – Since WWII and increased exposure and increased incidence of breast cancer

Endocrine Disrupting Chemicals

What Matters?

Exposure

Timing

Genetics

Lifestyle

Endocrine Disrupting Chemicals

What Matters?

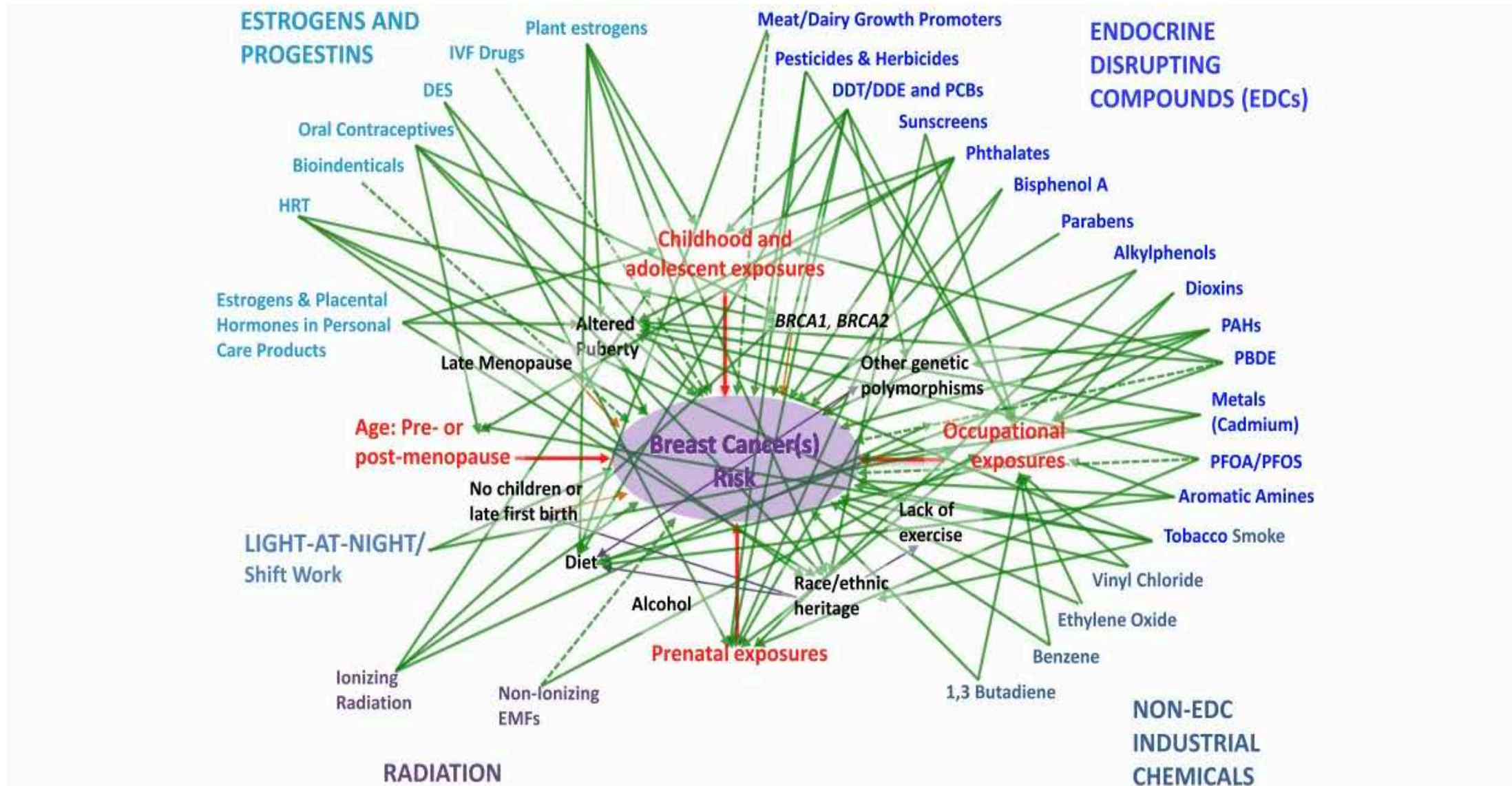
Exposure

Timing

Genetics

Lifestyle

Complexity of Factors Impacting Risk of Breast Cancer



Gray, J.M., Rasanayagam, S., Engel, C. *et al.* State of the evidence 2017: an update on the connection between breast cancer and the environment. *Environ Health* **16**, 94 (2017). <https://doi.org/10.1186/s12940-017-0287-4>

Endocrine Disrupting Chemicals

An exogenous chemical or mixture of chemicals that interferes with any aspect of hormone action

- BPA – bisphenol A – used in polycarbonate plastic, dental sealants, thermal receipts, food packaging and epoxy resins lining food cans
- Phthalates – fragrance ingredients in personal care and cleaning products, plastics, building materials, insecticides, food packaging, plastic wrap
- Parabens – antimicrobial preservatives in foods, personal care products, cosmetics, moisturizers, soaps, detergents and pharmaceuticals
- Alkylphenols – detergents and cleaning products
- Triclosan and triclocarban – antimicrobials in toothpaste, personal care and household products

BPA

- Prenatal exposure of rats to BPA resulted in increases in the number of pre-cancerous lesions and in situ carcinomas, as well as an increased number of mammary tumors following adult exposures to sub- threshold doses of known **carcinogens**
- Neonatal **exposure** of mice to BPA **increased sensitivity** to estradiol-mediated development of mammary gland structures at puberty
- Effects of BPA on mammary tissue development may also be manifested via **epigenetic mechanisms**, leading to changes in gene regulation across the lifetime
- BPA **reduces the efficacy of common chemotherapy** agents (cisplatin, doxorubicin and vinblastin) in their blocking the proliferation of human breast cancer cells when tested in vitro
- **3-day period of limiting intake of packaged foods** decreased the concentrations of BPA found in urine by an average 65%

Phthalates

- They can **bind to estrogen receptors** induce estrogen-appropriate cellular responses and act additively with estradiol in altering these systems
- Promote cancer stem cell growth
- Phthalates can also induce **proliferation, malignant invasion, and tumor formation** in breast cancer cell lines that are receptor negative, indicating that at least some effects of these compounds are independent of their direct estrogenic or androgenic effects
- Mouse studies – interfere with production of testosterone and estradiol and abnormalities in male offspring exposed prenatally included nipple retention, shortened anogenital distance and increased cryptorchidism
- BBP, DBP and DEHP all significantly increased cell proliferation in MCF-7 breast cancer cells. In addition, these three phthalates **inhibited the anti-tumor action of tamoxifen** in MCF-7 breast cancer cells. BBP also decreased the efficacy of the chemotherapeutic agents, doxorubicin and cyclophosphamide
- A dietary intervention study has demonstrated that just a **3-day period of limiting intake of packaged foods** decreased by half the concentrations of DEHP (phthalates) found in urine

Others

- Forever Chemicals - PFOA / PFOS – Teflon and Gore-tex, carpet and furniture protectants
- Higher levels of these and PCBs are found in women with breast cancer
- EDCs found in sunscreens
- Polycyclic Aromatic Hydrocarbons (pyrene and benzene) – byproducts of combustion – coal burners, grilled meats, cigarettes, diesel fuel
- DDE (metabolite of DDT)
 - DDT/DDE – used for malaria control – still used in sub-Saharan Africa
 - Clear association when looking at early life (prenatal and childhood) exposure -
- Triazine herbicides (ie atrazine) –
 - shown to increase aromatase activity
 - exposure in rats during pregnancy led to changes in mammary gland of pups

Endocrine Disrupting Chemicals

What Matters?

Exposure

Timing

Genetics

Lifestyle

Timing of Exposure

- We need to think about timing of exposure – ie fetal and adolescent exposure and later developing the disease
- Long latency between exposures and diagnosis
- Earlier developmental exposures can be especially powerful in affecting development of breast cancer, even decades later
- EDC disrupt the endocrine system – does not follow the typical linear dose relationship
- Even at low dose they may impact health at critical periods

Timing of Exposure – Examples

- For BPA most profound impact is exposure during early development
- Prenatal and neonatal exposure to BPA (bisphenol A) can change mammary tissue development and impact likelihood of development of mammary tumors later in life
- DES (diethylstilbestrol) exposure increased risk of breast cancer in daughters and granddaughters
 - Impacts that mammary gland epigenome through alterations in histone methylation – leading to altered gene expression in puberty and adulthood
 - Epigenetic changes could be the mechanism for trans-generational effects
- Higher maternal DDT (dichlorodiphenyl trichloroethane) levels were associated with 4 x increase risk of breast cancer in daughters by at 52
- Exposure to radiation in childhood and adolescence increases risk for breast cancer later in life

Endocrine Disrupting Chemicals

What Matters?

Exposure

Timing

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Endocrine Disrupting Chemicals

What Matters?

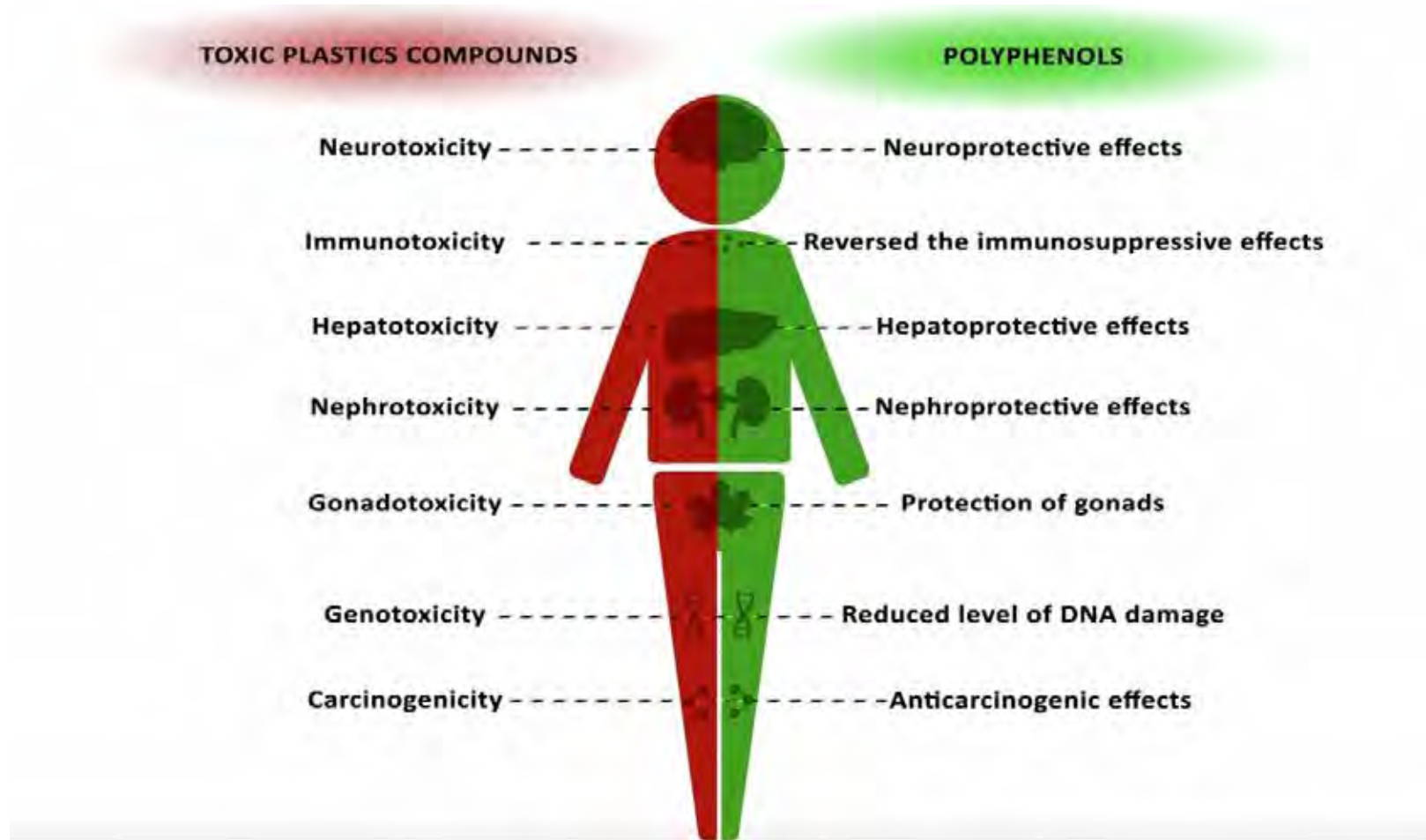
Exposure

Timing

Genetics

Lifestyle

The influence of polyphenols on metabolic disorders caused by compounds released from plastics - Review

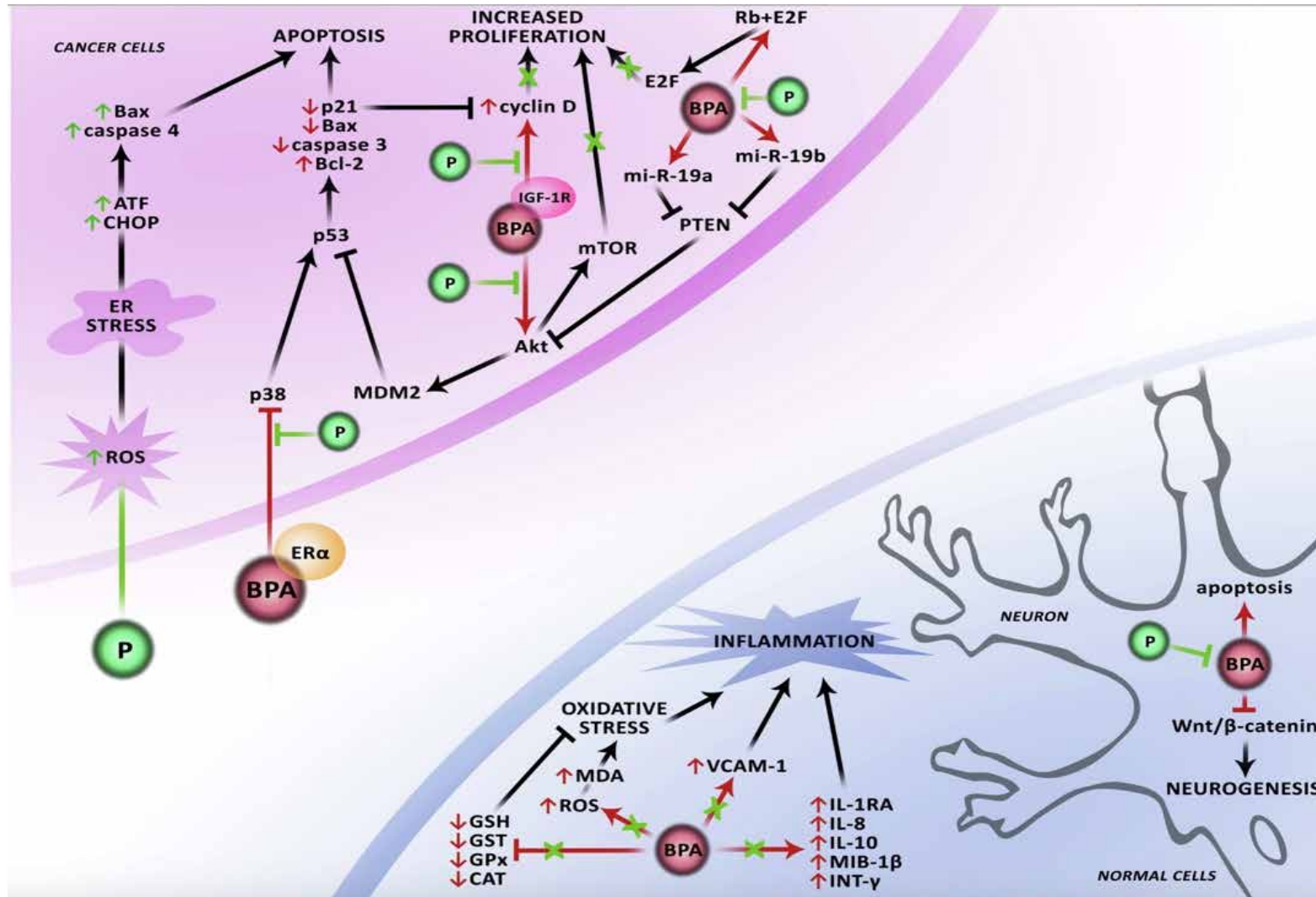


The influence of polyphenols on metabolic disorders caused by compounds released from plastics - Review

Highlights

- Toxic substances released from plastics pose environmental pollution.
- Plastic compounds induce e.g. oxidative stress, apoptosis and inflammation.
- Toxic plastic compounds may promote cancer progression and metastasis.
- Polyphenols exert protective effect against ACN, PCBs, BPA, phthalates and dioxins.
- Polyphenols inhibit cancer progression and metastasis promoted by plastics compounds.

Polyphenols Negate toxicity of BPA



Żwieretło, W. (2020). The influence of polyphenols on metabolic disorders caused by compounds released from plastics – Review. *Chemosphere*, 240. <https://doi.org/10.1016/j.chemosphere.2019.124901>.

Phytonutrients

Phytonutrients - plant metabolites that defend against microbes

- Increase host defense against DNA damaging molecules. Reduce oncogenic potential of carcinogens.
- Organic has more phytochemicals and mineral content
 - Plant under stress

Czech A, Szmigielski M, Sembratowicz I. Nutritional value and antioxidant capacity of organic and conventional vegetables of the genus *Allium*. *Sci Rep.* 2022 Nov 4;12(1):18713. doi: 10.1038/s41598-022-23497-y. PMID: 36333512; PMCID: PMC9636188.



THINK COLOR!

- Chlorophyll – green vegetables
- Glucosinolates – cruciferous vegetables
- Xanthophyll – yellow carotenoid pigment
- Isoflavones – phytoestrogen
- Polyphenols – quercetin, lignan, flavonoids
- Flavonoids – Catechins, ECGC = epigallocatechin
- Carotenoids – yellow / orange
- **8 - 10 ½ cups PER DAY**
- **8 - 12 servings Per Day**





Isoflavones

- Phytoestrogens = Anti-estrogen
- Genistein
- Daidzein
- Equol – secondary metabolite of soy made in gut from healthy microbiota

Soy and Flax

- Phytoestrogens – weak estrogenic activity – block / antagonize the impact of estrogen
- Lignans – seeds and grains - flax, pumpkin, sunflower, poppy, sesame, whole grains (rye, oat, barley) and tofu.
- Association with lignan intake and a lower risk of breast cancer, especially in postmenopausal women on hormone therapy.
- Flax seeds
 - highest concentration of lignans
 - alpha – linolenic acid - rich in omega 3 fats

Soy Food Intake and Breast Cancer Survival

Xiao Ou Shu, MD, PhD

Ying Zheng, MD, MSc

Hui Cai, MD, PhD

Kai Gu, MD

Zhi Chen, MD, PhD

Wei Zheng, MD, PhD

Wei Lu, MD, PhD

ESTROGEN IS BELIEVED TO play a central role in breast cancer development and progression. Blocking the effect of estrogen either by inhibiting estrogen action or reducing estrogen production, has been widely used in breast cancer treatment as an adjuvant therapy.¹ Soy foods are rich in phytoestrogens, mainly in the form of isoflavones, which are natural estrogen receptor modulators that possess estrogen-like and antiestrogenic properties. Soy constituents have also been shown to have other anticancer effects, including the inhibition of DNA topoisomerase I and II, proteases, tyrosinases, inositol phosphate, and angiogenesis and may also boost immune response and possess antioxidative effects.

Consumption of soy food has been inversely related to the risk of breast cancer in many epidemiological studies. However, genistein, a major form of isoflavone, has been shown to enhance proliferation of breast cancer cells in vitro and to promote estrogen-dependent mammary tumor growth in ovariectomized rats.^{3,7} In addition, breast cancer treatments often lead to a decrease in the endogenous estrogen supply of survivors, and a concern has been raised as to whether soy isoflavones may exert their estrogenic effects, promote cancer recurrence, and, thus, negatively influence overall survival.^{7,8} Furthermore,

For editorial comment see p 2483.

Context. Soy foods are rich in isoflavones, a major group of phytoestrogens that have

Among women with breast cancer, soy food consumption was significantly associated with **decreased risk of death and recurrence.**

The inverse association was evident among women with either ER-positive or ER-negative breast cancer and was present in both users and non-users of tamoxifen.

This study suggests that moderate soy food intake is **safe and potentially beneficial** for women with breast cancer.

Shu, X. JAMA, 2009;302:2437-43.

both in vivo and in vitro studies have suggested that soy isoflavones may interact with tamoxifen. These interactions have been reported.^{3,9-13}

To our knowledge, only 1 epidemiological study, the Life After Cancer Epidemiology (LACE) study, has evaluated the association of postdiagnosis soy isoflavone intake with cancer recurrence. An inverse association was suggested for postmenopausal women who had used tamoxifen.¹⁴

The association of soy food consumption after diagnosis of breast cancer with outcomes using data from a

Author Affiliations: Division of Epidemiology, Department of Medicine, Vanderbilt Epidemiology Center and Vanderbilt-Ingram Cancer Center, Vanderbilt University Medical Center, Nashville, Tennessee (Drs Shu, Cai, Chen, and W. Zheng), and Shanghai Institute of Preventive Medicine, Shanghai, China (Drs Y. Zheng, Gu, and Lu).
Corresponding Author: Xiao Ou Shu, MD, PhD, Department of Medicine, Vanderbilt Epidemiology Center, 2525 West End Ave, Ste 600, Nashville, TN 37203-1738 (xiao-ou.shu@vanderbilt.edu).

What can you do to lower your toxin load?

- Buy organic
 - Decreased pesticide exposure
 - Decreased growth hormone exposure
- Use glass whenever possible
- Store food in glass
- Do not heat or microwave plastic
- Limit processed / packaged foods
- Cook More
- Improve our diet
 - Increase nutrient dense whole foods, fiber and phytonutrients
- Switch to glass / stainless steel reusable water bottles
- Read labels on personal care products
- Use unscented lotions, laundry detergents and cleaning supplies
- Avoid herbicides / pesticides on your lawn and garden
- Environmental Working Group – www.ewg.org
- Think Dirty App – www.thinkdirtyapp.com



What Can We Do

- Collect data on whole life exposure to EDCs
- Move away from packaging containing EDCs in favor of biodegradable products
- Adopt policy to restrict EDCs
- Transform how federal dollars are used to support food as medicine ([foodfix.org](https://www.foodfix.org))
 - Incentivize Regenerative Organic Agriculture
 - Reimagine agricultural practices, nutrition, and health
 - Improve food supply so more people have access to healthful foods

Breast Cancer Risk

Michele La Merrill, Ph.D.

Professor of Environmental Toxicology

University of California, Davis

BREAST CANCER RISK

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Professor

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Environmental Health-, Comprehensive Cancer-, and Genome- Centers

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The International Agency for Research on Cancer (IARC) is the world's authority on carcinogens

- IARC is part of the World Health Organization
- IARC classifies carcinogens based upon available scientific information
 - These classifications make up volumes called Monographs
- Experts without conflicts of interest from all over the world evaluate the scientific information
- Classification is based on the weight of scientific evidence
 - human evidence weighted most heavily

IARC Classifications Framework

Table 4. Integration of streams of evidence in reaching overall classifications (the evidence in *bold italic* represents the basis of the overall evaluation)

Stream of evidence			Classification based on strength of evidence
Evidence of cancer in humans ^a	Evidence of cancer in experimental animals	Mechanistic evidence	
<i>Sufficient</i>	Not necessary	Not necessary	Carcinogenic to humans (Group 1)
Limited or Inadequate	<i>Sufficient</i>	<i>Strong (b)(1) (exposed humans)</i>	
<i>Limited</i>	<i>Sufficient</i>	Strong (b)(2–3), Limited, or Inadequate	Probably carcinogenic to humans (Group 2A)
Inadequate	<i>Sufficient</i>	<i>Strong (b)(2) (human cells or tissues)</i>	
<i>Limited</i>	Less than Sufficient	<i>Strong (b)(1–3)</i>	
Limited or Inadequate	Not necessary	<i>Strong (a) (mechanistic class)</i>	
<i>Limited</i>	Less than Sufficient	Limited or Inadequate	Possibly carcinogenic to humans (Group 2B)
Inadequate	<i>Sufficient</i>	Strong (b)(3), Limited, or Inadequate	
Inadequate	Less than Sufficient	<i>Strong b(1–3)</i>	
<i>Limited</i>	<i>Sufficient</i>	<i>Strong (c) (does not operate in humans)^b</i>	
Inadequate	<i>Sufficient</i>	<i>Strong (c) (does not operate in humans)^b</i>	Not classifiable as to its carcinogenicity to humans (Group 3)

All other situations not listed above



Cancer – Can Any Thing Cause It?

Agents Classified by the IARC

Monographs, Volumes 1–131

Group 1	Carcinogenic to humans	121 agents
Group 2A	Probably carcinogenic to humans	93 agents
Group 2B	Possibly carcinogenic to humans	320 agents
Group 3	Not classifiable as to its carcinogenicity to humans	501 agents

Some of the IARC Group 1 Human Carcinogens

Some of the 121 Chemicals Listed by IARC as Carcinogens to People

Note that in many cases data on cancer rates were collected under exposure conditions that no longer exist.

Some Occupational Exposures

- Boot and shoe manufacture (certain exposures)
- Furniture manufacture (wood dusts)
- Nickel refining
- Rubber industry (certain occupations)
- Underground hematite mining, when radon exposure exists.

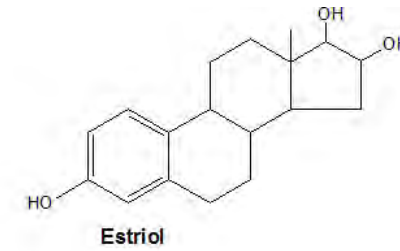
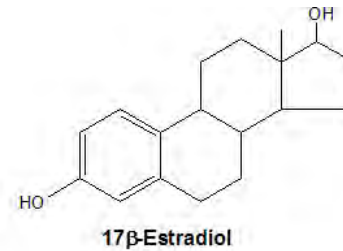
Some Chemicals

- Arsenic and arsenic compounds
- Asbestos (when inhaled)
- Chromium and certain chromium compounds (when inhaled)
- Benzene
- Diethylstilbestrol (DES)
- 2-Napthylamine, benzidine (starting materials for manufacture of certain dyes)
- Vinyl chloride (starting material for PVC plastic manufacture)
- Mustard gas

Some Chemical Mixtures

- Tobacco smoke
- Smokeless tobacco products
- Soots, tars, mineral oils*
- Analgesic mixtures containing phenacetin

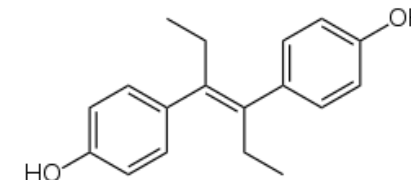
* Mineral oils now in commercial production generally do not have the PAH content they had at the time the evidence of carcinogenicity was gathered.



Estrogens



Diethylstilbesterol (DES)



Classifications by breast cancer site with sufficient or limited evidence in humans in IARC Monographs Volumes 1-133

Carcinogenic agents with <i>sufficient evidence</i> in humans	Agents with <i>limited evidence</i> in humans
Alcoholic beverages	Dieldrin, and aldrin metabolized to dieldrin
Diethylstilbestrol (DES)	Digoxin
Estrogen–progestogen oral contraceptives (combined)	Estrogen therapy, postmenopausal
Estrogen–progestogen menopausal therapy (combined)	Ethylene oxide
X- and Gamma-radiation	Night shift work
	Polychlorinated biphenyls
	Tobacco smoking

All* the known risk factors for breast cancer are linked to total lifetime exposure to estrogen

- Early puberty (periods before age 12)
- Late menopause (end of periods after age 55)
- Excess body fat (fat cells make estrogen)
- Alcohol (increases estrogen levels)
- DES (pretends to be estrogen)

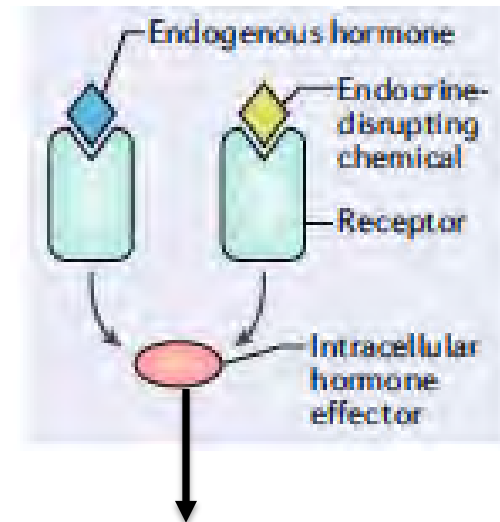
*Radiation is a well- established environmental cause of breast cancer in men and women that has no clear link to estrogen

75% of human breast cancer is ER positive

ER positive means the cancer cells have the estrogen receptor (ER)

Estrogen receptor (green) in the cancer cells can be activated by natural estrogen (blue diamond) or endocrine disrupting chemicals (EDCs, yellow diamond)

Activated ER causes cancer growth



GROWTH OF CANCER CELLS AND
CELLS THAT MAKE BLOOD VESSELS

Diethylstilbestrol (DES)



- Synthetic form of estrogen
- Used to promote fetal growth and prevent miscarriage
- From 1938-1971 about 10 million women were exposed to DES when pregnant
- In 1971, the Food & Drug Administration (FDA) advised physicians to stop prescribing DES to pregnant women
 - because it was linked to a rare vaginal cancer in female offspring

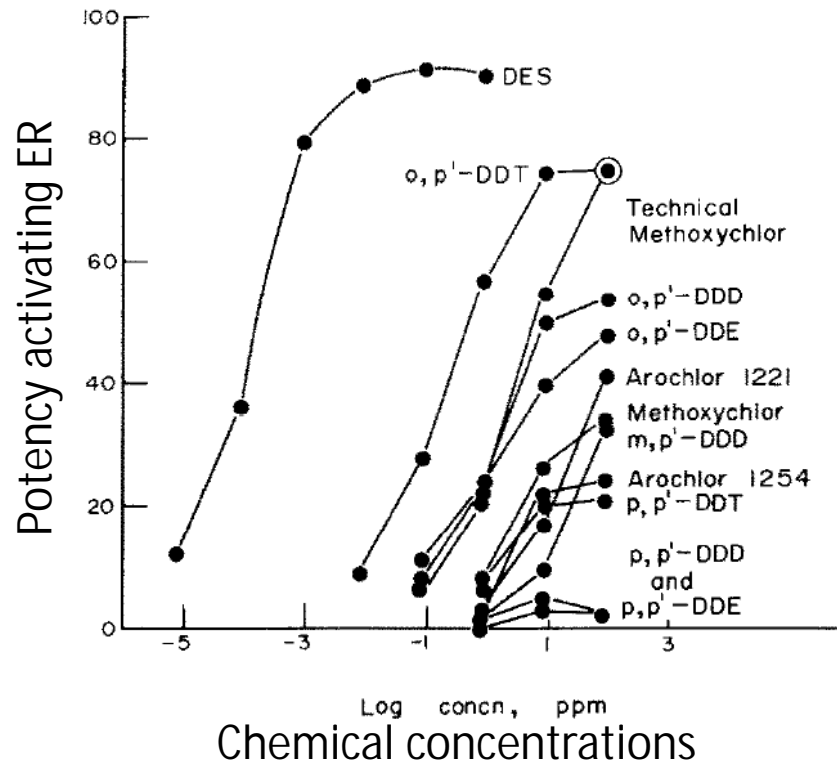
Reproductive risk associated with DES

- The women who took DES when pregnant
 - 30% increased risk of breast cancer
- Their daughters
 - Reproductive tract and breast cancers
 - Structural defects in reproductive tract
 - Preterm delivery
 - Infertility
- Their sons
 - Reproductive tract cysts
 - Structural defects in reproductive tract
 - Infertility
- Their grandkids
 - Structural defects in reproductive tract
 - Reproductive tract cancers in mice of this generation

DES is a synthetic estrogen.
Can other chemicals that
mimic estrogens result in similar
reproductive health adversities?

(A lot of toxicologists spend their careers investigating this)

Can we identify chemicals that increase risk of breast cancer by measuring if the chemicals activate ER?

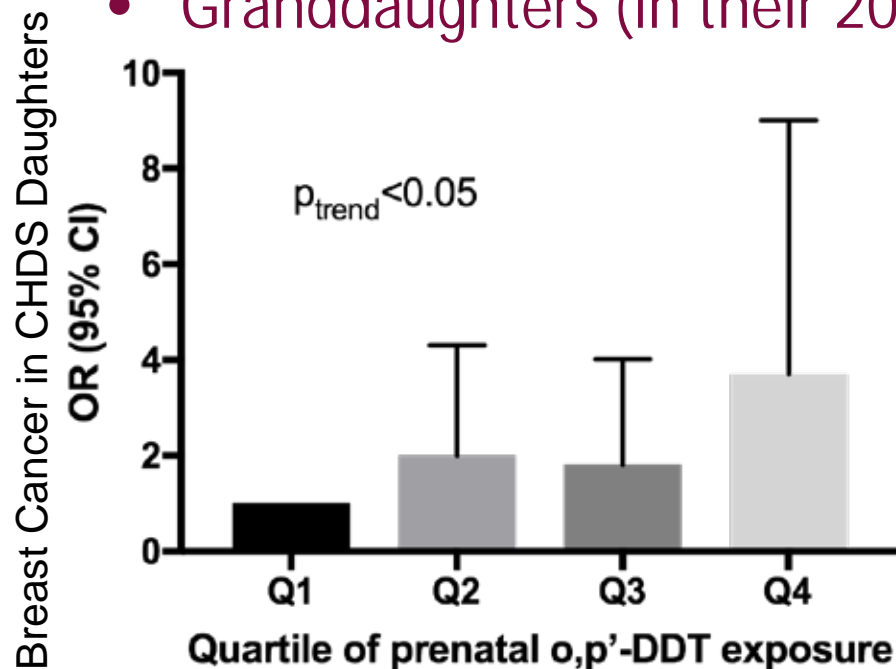


- What does IARC say?
 - “no clear association was found between breast cancer and DDT or DDE...in adulthood”
 - the possible importance of early-life exposure to DDT remains unresolved

Child Health and Development Studies: breast cancer risk that is hard to study



- ~15,000 pregnant women in the Kaiser Permanente Health Plan joined the CHDS in 1960s.
- Early-life exposure to DDT in pregnant women associated with their increased risk of breast cancer
- Daughters had higher risk of breast cancer
- Granddaughters (in their 20s now) had earlier periods

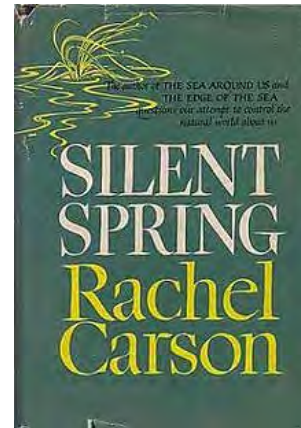
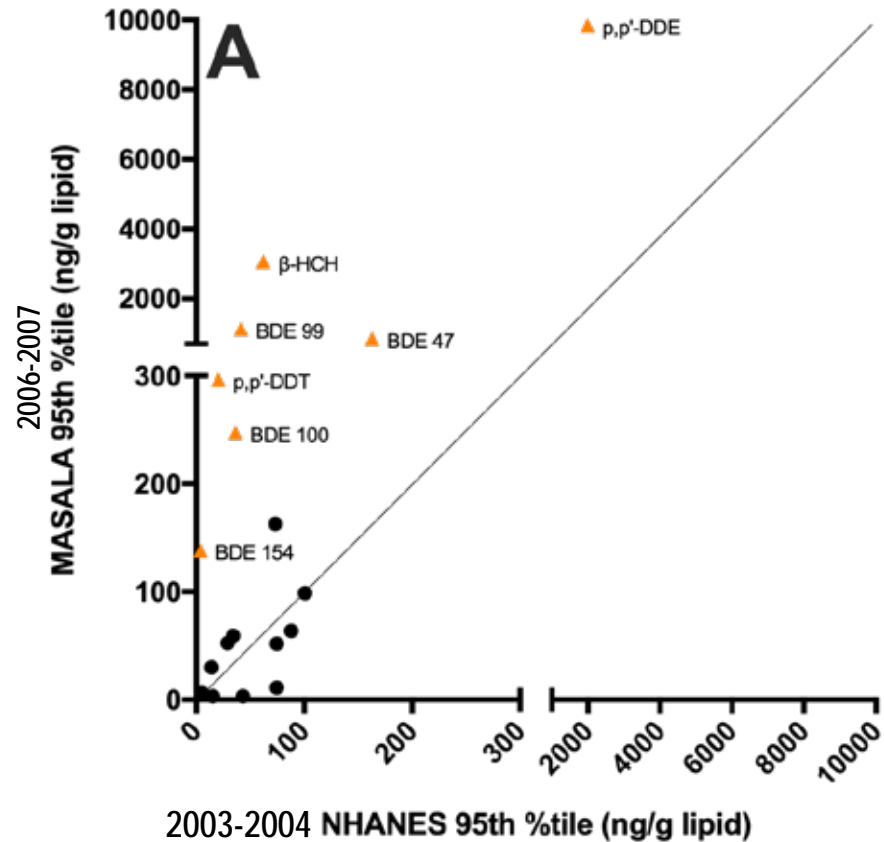


Cancer Hotspots

- Cancer Hotspot
 - A community has excess cases of cancer than expected by historical cancer data
- Breast cancer hotspots
 - Breast cancer mortality risk in hotspots linked to estrogenic exposures
 - Marin county, CA
 - Higher hormone replacement therapy (IARC sufficient evidence)
 - Long Island
 - Higher DDT

Ongoing DDT relevance in the USA:

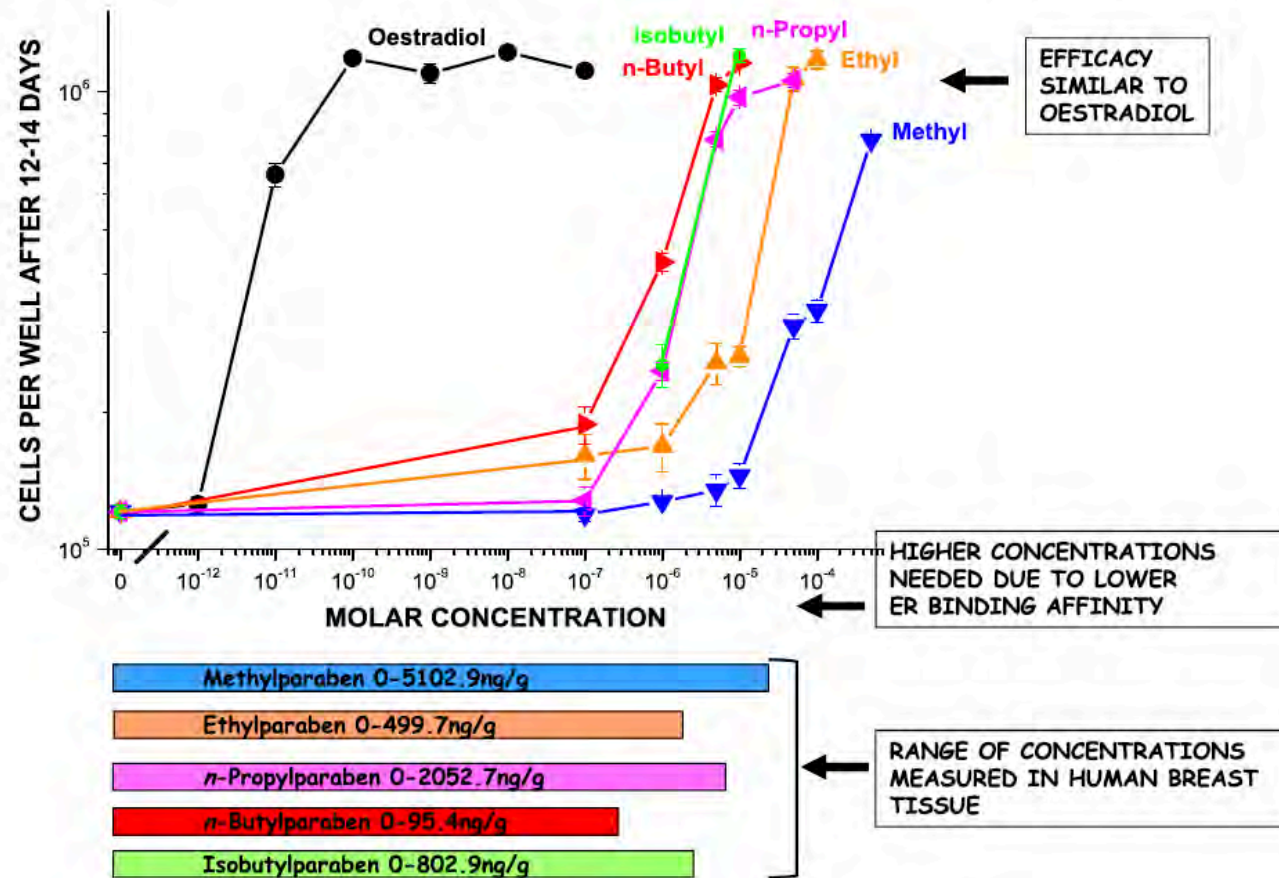
Indian Asians living in USA have much higher levels of DDT and DDE than the “representative” US population



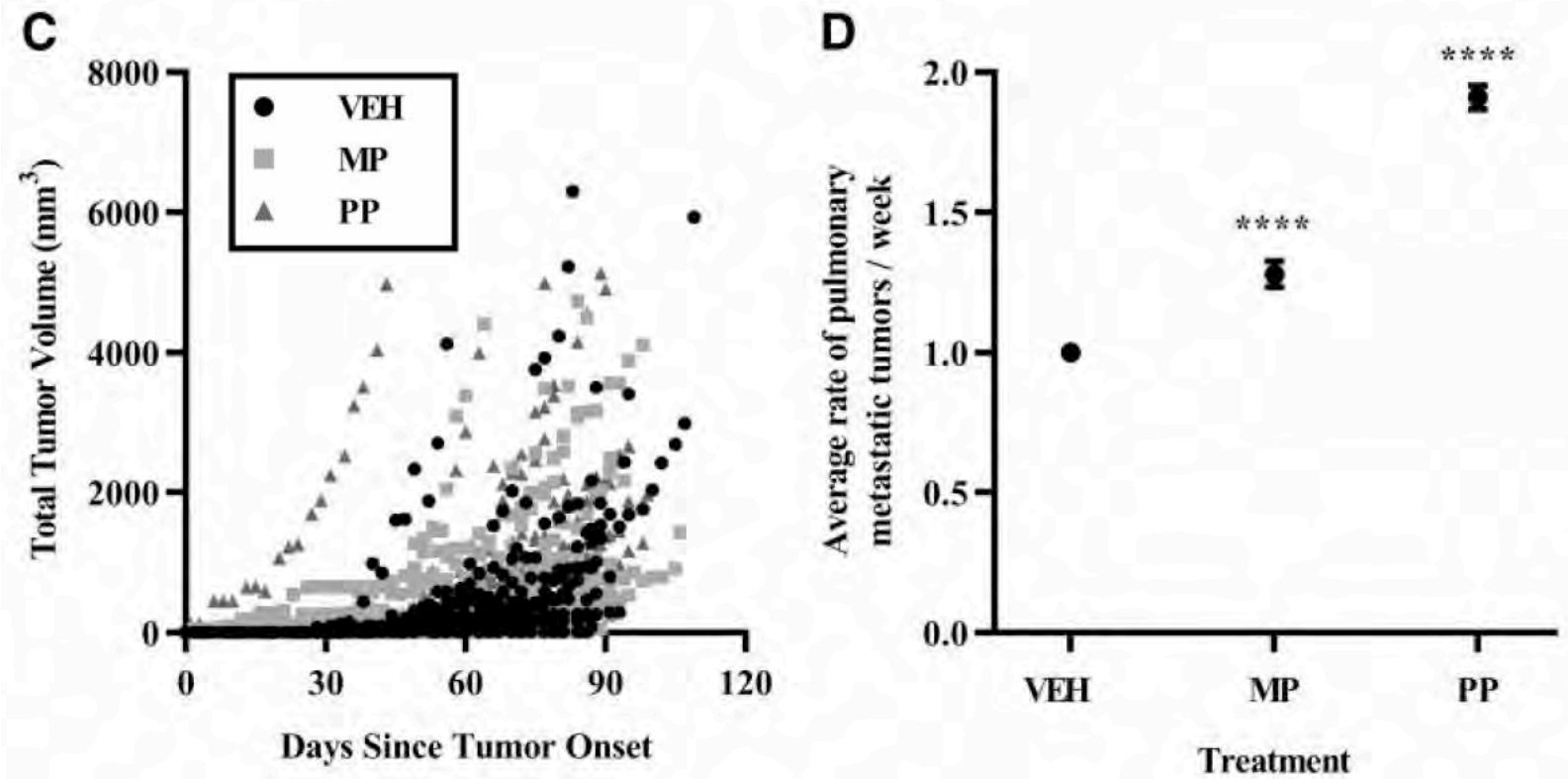
“We spray our elm trees and the following springs are silent of robin song... because the poison traveled”

Can we identify chemicals that increase risk of breast cancer by measuring if the chemicals activate ER?

Parabens activate ER-dependent growth of human breast cancer cells



Methylparaben and propylparaben increased the rate of breast tumor growth and its metastasis in mice



What can we do to reduce risk of breast cancer?

- IARC Carcinogenic agents with sufficient or limited evidence for their associations with human breast cancer
 - Drink less alcohol
 - Smoke less tobacco
 - Fly less to minimize radiation exposure
 - Consider contraceptives and menopause therapies that don't contain estrogen
 - Eat lower on the food chain since levels of 'limited evidence' agents magnify in animal fats up the food chains
 - Covers potential risk from DDT too
 - Also better for reducing your foot print on climate change
- Experimental studies in rodents and in human cells indicate that environmental chemicals that activate ER increase risk of breast cancer
 - Need human studies to confirm
 - Human studies can be very difficult due to long time for cancer to arise and other difficulties with measuring chemical exposures
- Precautionary principle can be implemented while we wait for the science to fill in the research gaps
 - Read the label with care
 - Look for phrase "paraben-free"
 - Avoid ingredients: paraben, estrogen, estrone, estriol
 - Avoid products that contain placental extracts
 - Estrogen and other hormones are present in animal placenta

Breast Cancer Risk

Lindsey Treviño, Ph.D.

Assistant Professor, Division of Health Equities and
Department of Population Sciences

City of Hope



Break

We will resume at 3:10 PM

Maternal-Child Health Risks and Risk Reduction

Carmen Messerlian, Ph.D., Rita Strakovsky, Ph.D., R.D., Christine Langton, Ph.D.

Moderated by Deb Kilday

Maternal-Child Health Risks and Risk Reduction

Carmen Messerlian, Ph.D.

Assistant Professor

Environmental Reproductive, Perinatal, and Pediatric
Epidemiology

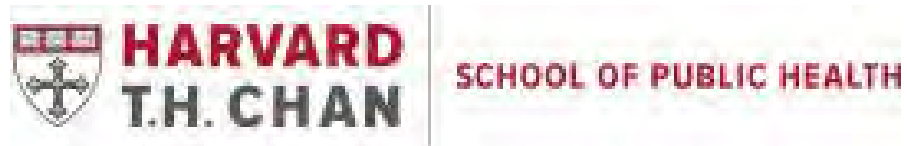
Beyond Pregnancy – How the Environment Shapes Women’s Health

Carmen Messerlian, PhD

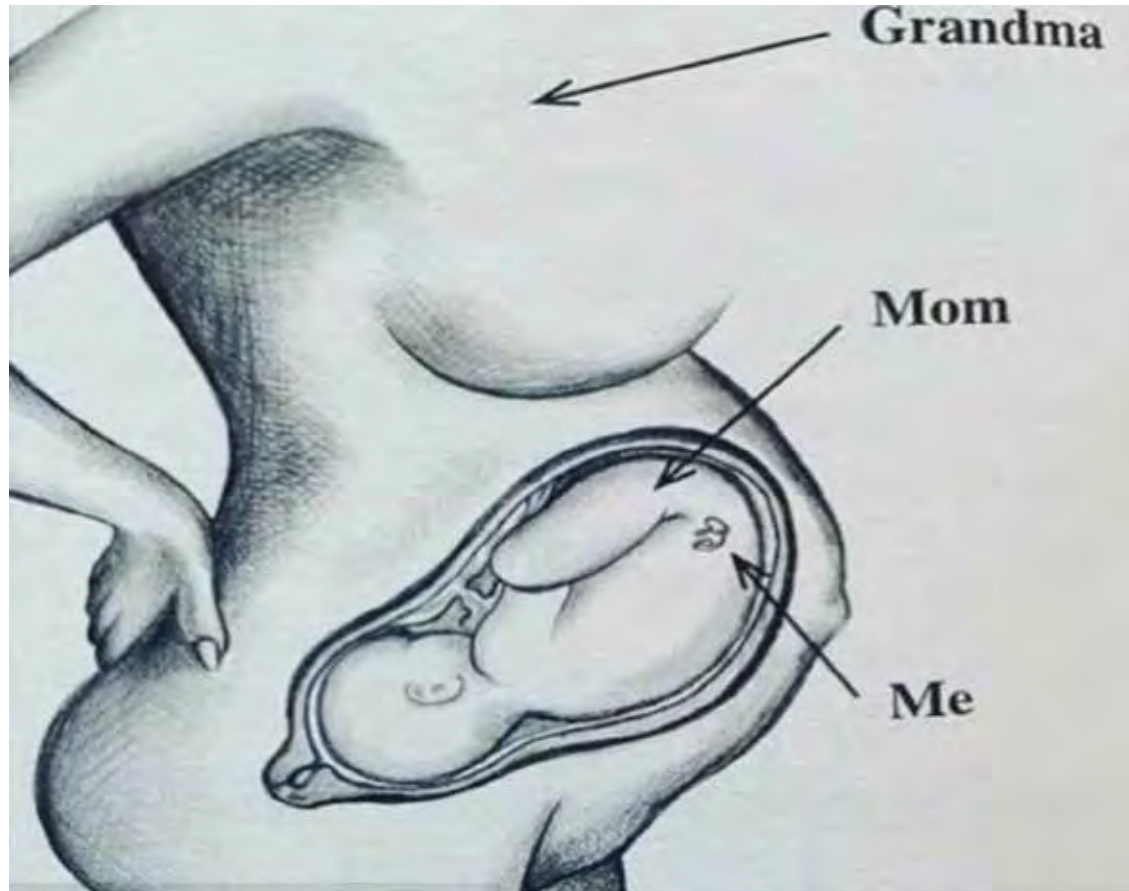
Harvard Chan School of Public Health

Endocrine Disrupting Chemicals and Women’s Health Symposium

July 18, 2023



The Origins of Reproductive Health



F0

F1

F2

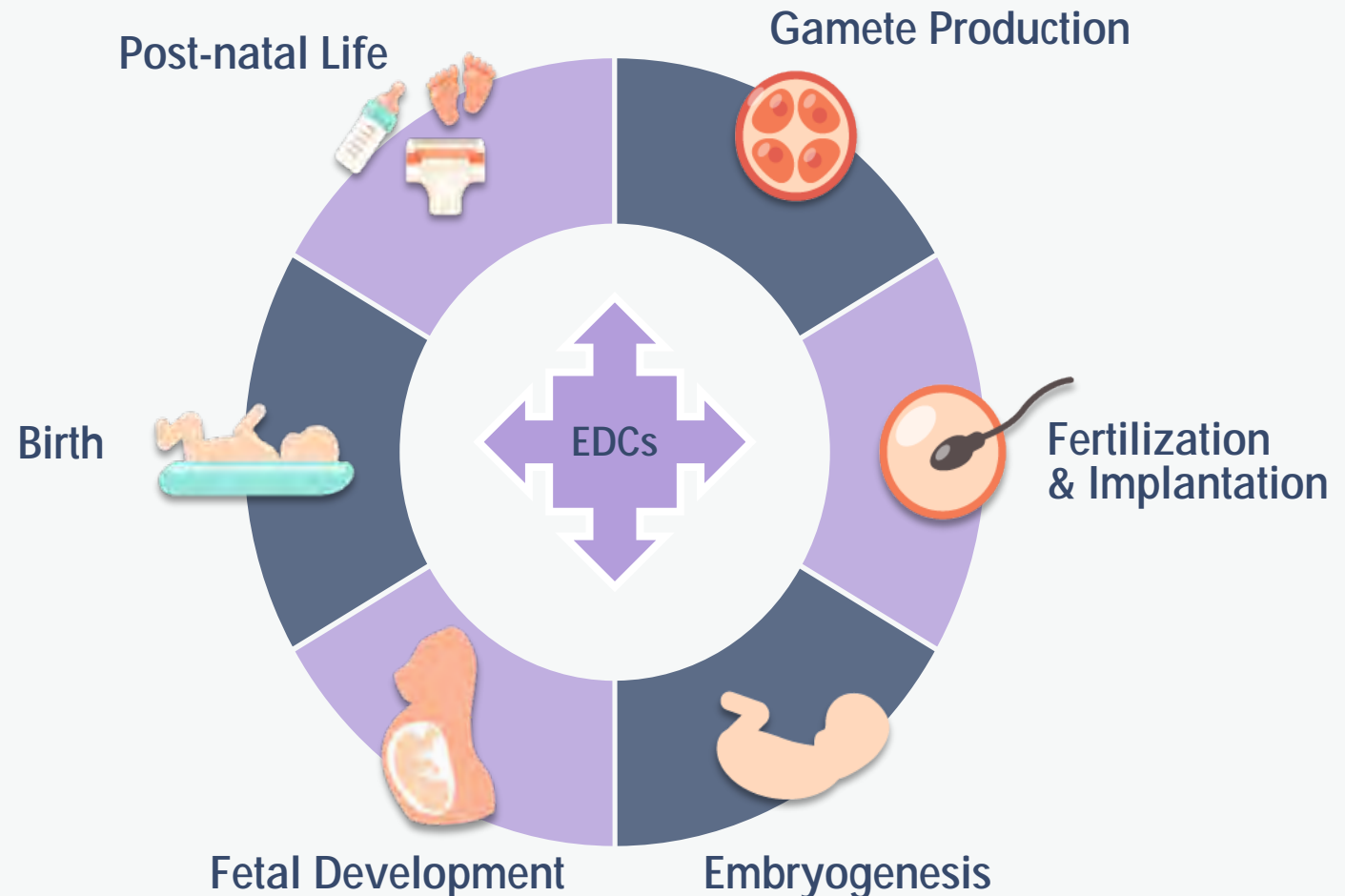
Multi-generational inheritance

Inter-generational inheritance

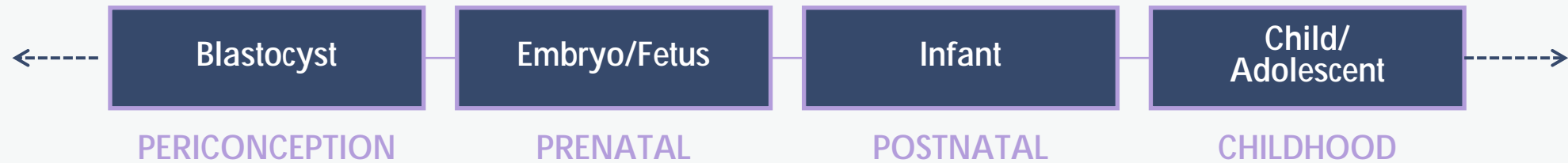
F3+

The Reproductive Cycle

- Complex hormonal, molecular processes work in synchrony
- Control and interplay – organs, tissues, cells
- Timing of events - disruption
- Opportunity for adaptation or aberration



Timing of Exposure



Preconception Origins of Health and Disease



Most studies focus on *in utero* exposure



Paternal, maternal
preconception
environments impact
fertility, pregnancy, child
health

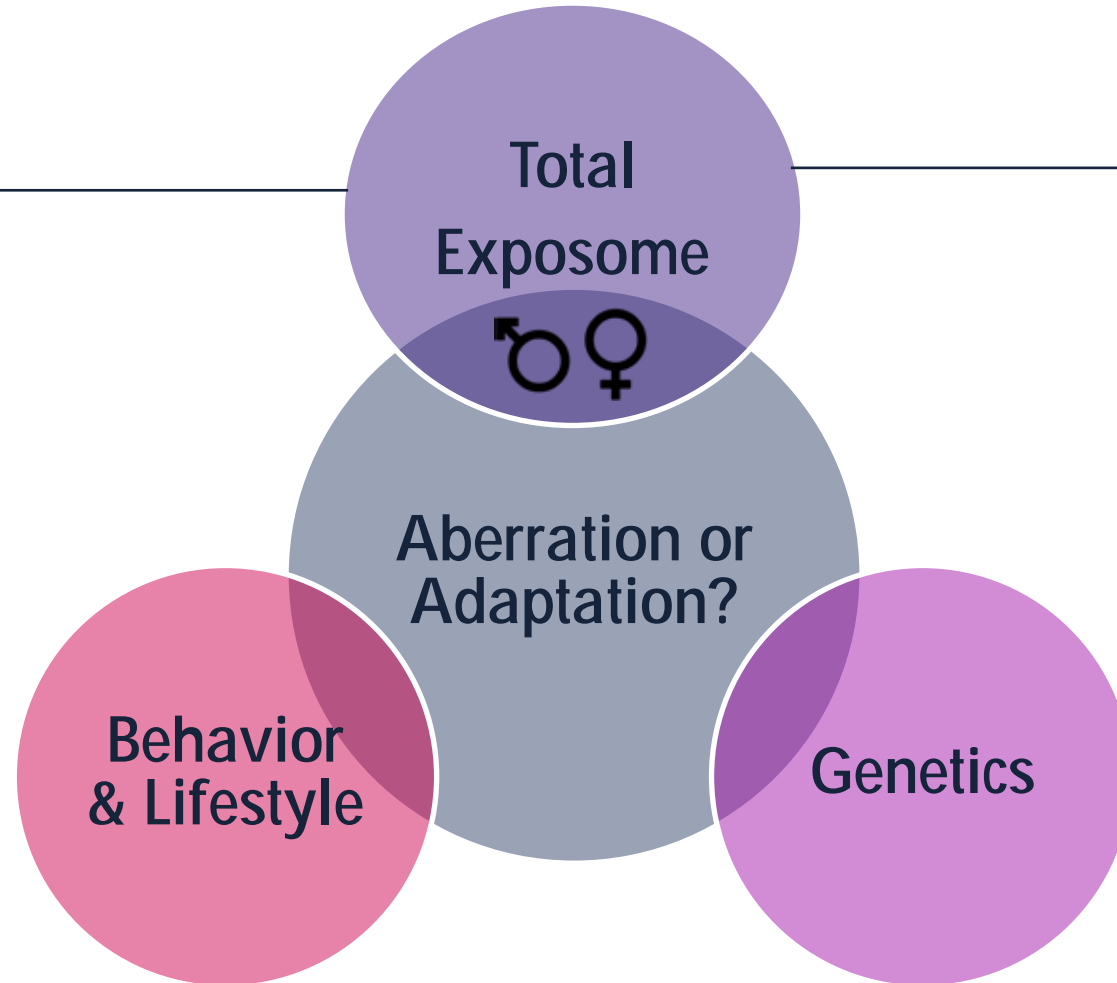


Few studies able to
examine this critical
period of vulnerability
such as pre and
periconception

Reproductive Success?



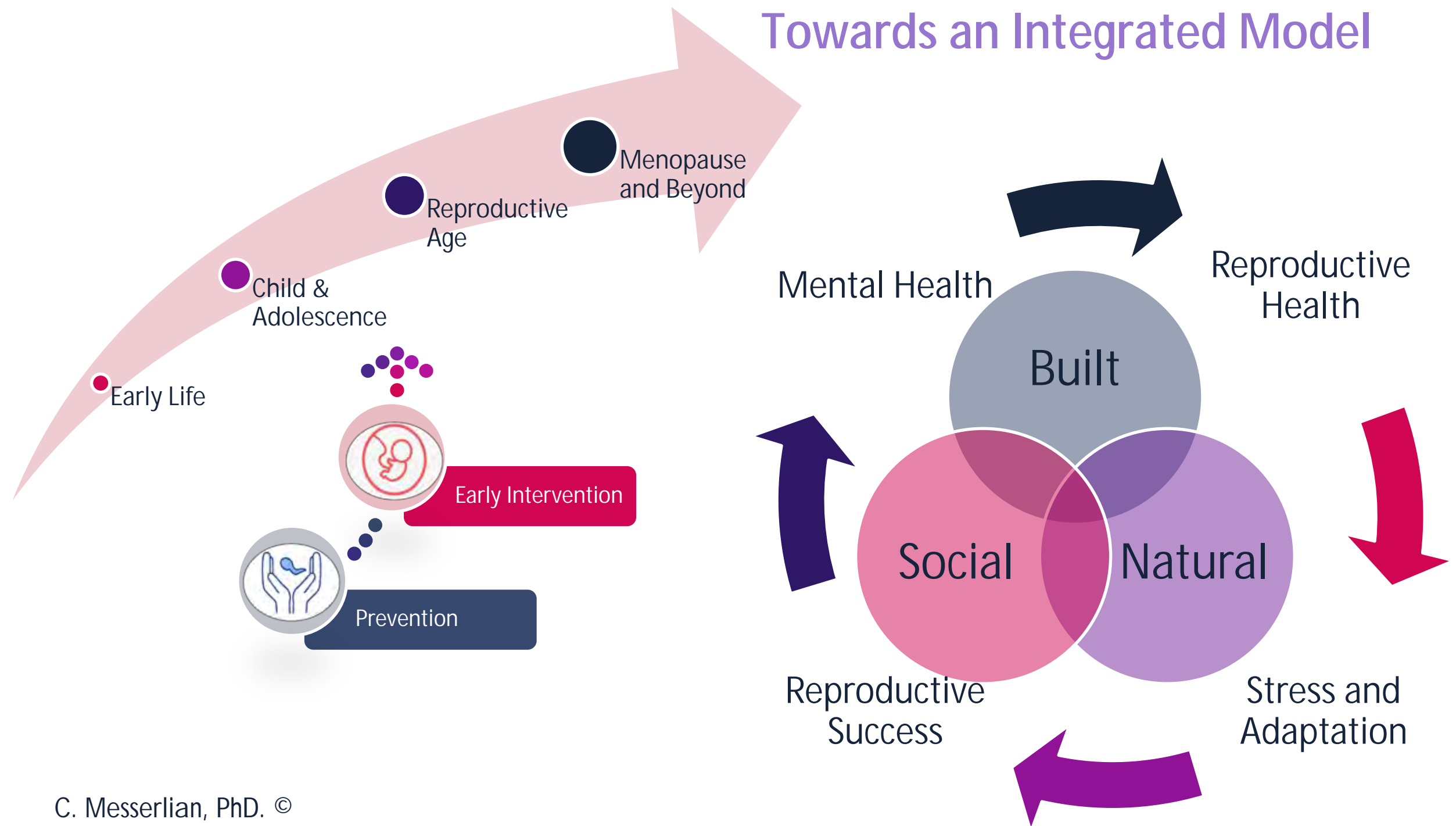
Social Environment



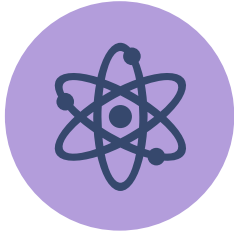
Natural and Built Environment



Towards an Integrated Model



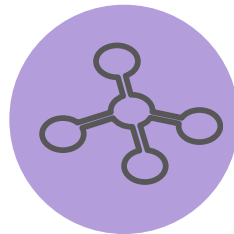
+ The Built Environment



EDCs

Endocrine Disrupting
Chemicals (EDCs)

Exogenous chemicals that
interfere with any aspect of
endocrine system or
hormonal action



PHTHALATES

High Molecular Weight
Medical devices, toys

Low Molecular Weight
Paints, adhesives
Personal care products

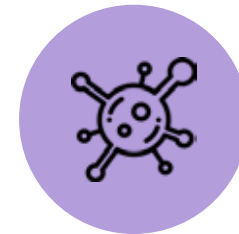
BPA

Plastic bottles
Food packaging
Toys



PFAS

Water contamination
Meat/dairy
Food contact material





MIXTURES

Beyond a single-chemical
problem, real world
exposure scenarios are much
more complex

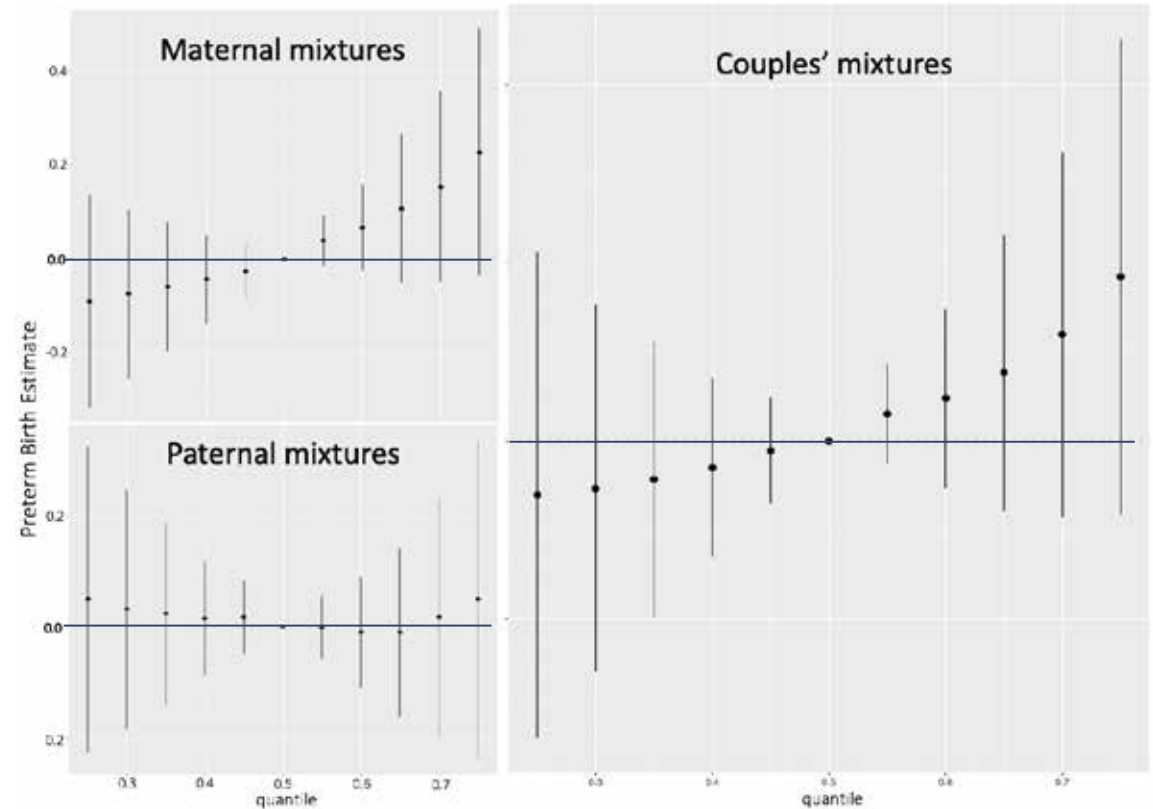


Parental preconception exposure to phenol and phthalate mixtures and the risk of preterm birth

Yu Zhang^{a,c}, Vicente Mustieles^{b,c,d}, Paige L. Williams^{c,f}, Blair J. Wylie^g, Irene Souter^{h,i},
 Antonia M. Calafat^j, Melina Demokritou^a, Alexandria Lee^e, Stylianos Vagios^{h,i}, Russ Hauser^{a,e},
 Carmen Messerlian^{a,e,h,i}  

- Paternal preconception DEHP and maternal BPA → higher preterm birth, holding all other biomarker at median concentration
- Higher preterm birth across quantiles of maternal and couples' total mixture concentrations

CUMULATIVE EFFECT OF TOTAL MIXTURE

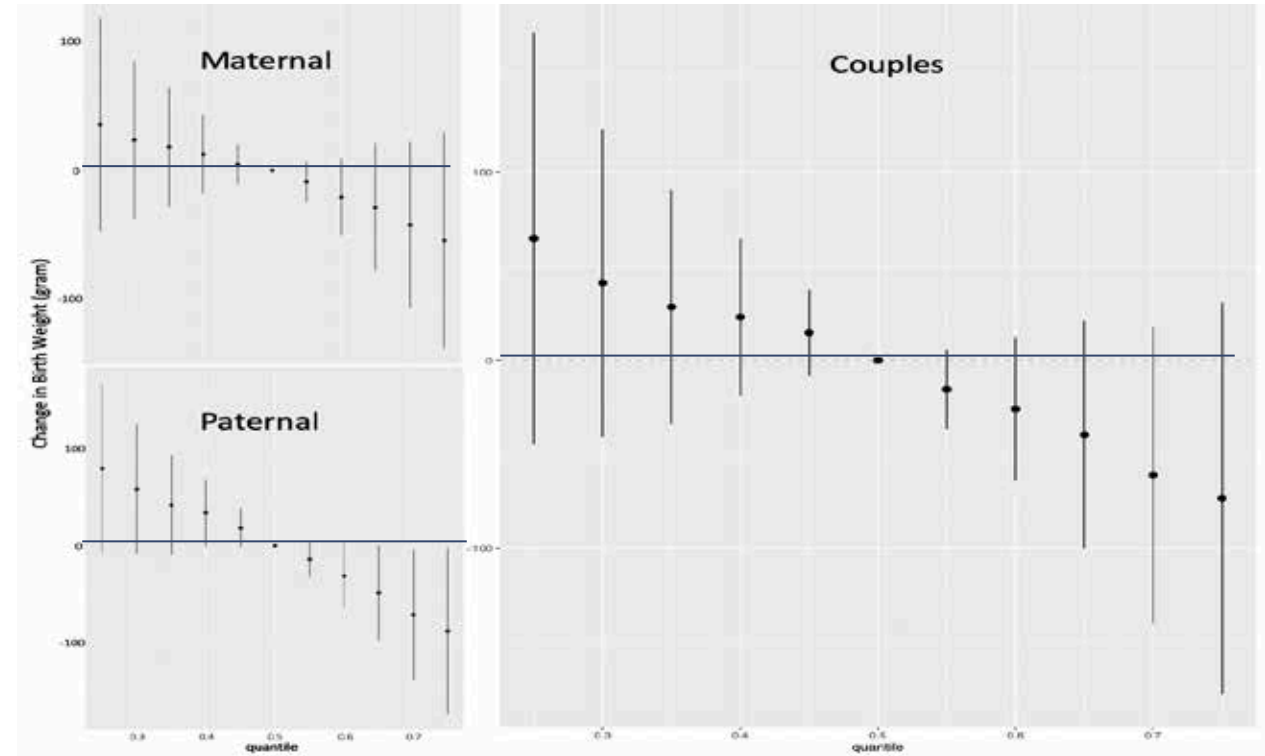


Increasing trend of **preterm birth** across quantiles of **maternal** and **couples'** total preconception mixture concentrations

Couples' Mixtures & Birthweight

- Paternal MBP and maternal preconception BPA → decreased birthweight, holding all other biomarkers at median concentration
- Lower birthweight across quantiles of maternal, paternal and couples' total mixture concentrations

CUMULATIVE EFFECT OF TOTAL MIXTURE



Decreasing trend of **birthweight** across quantiles of **maternal, paternal** and **couples'** total preconception mixture concentrations

PFAS and Human Health

- PFAS - found in the water we drink, the food we eat, the air we breath
- High production volume synthetic water and stain resistant chemicals
- Countless diverse commercial and consumer applications (non-stick pans, textiles, food packaging, water)
- Universally detected in general population worldwide
- Resist environmental degradation and then bioaccumulates in food-chain



Preconception PFAS and Reproduction (PREPARE) Study

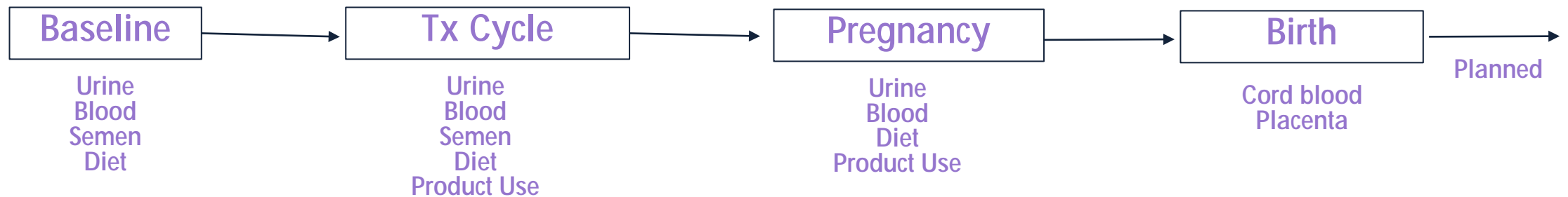
Funded by:

NIEHS R01ES031657, 2020-2025



The PREPARE Study Aims

Measure preconception serum PFAS concentrations among female and their male partners recruited from 2003 to 2019 in the EARTH Study and then the Prepare Study 2022-2025 at the Massachusetts General Hospital Fertility Center

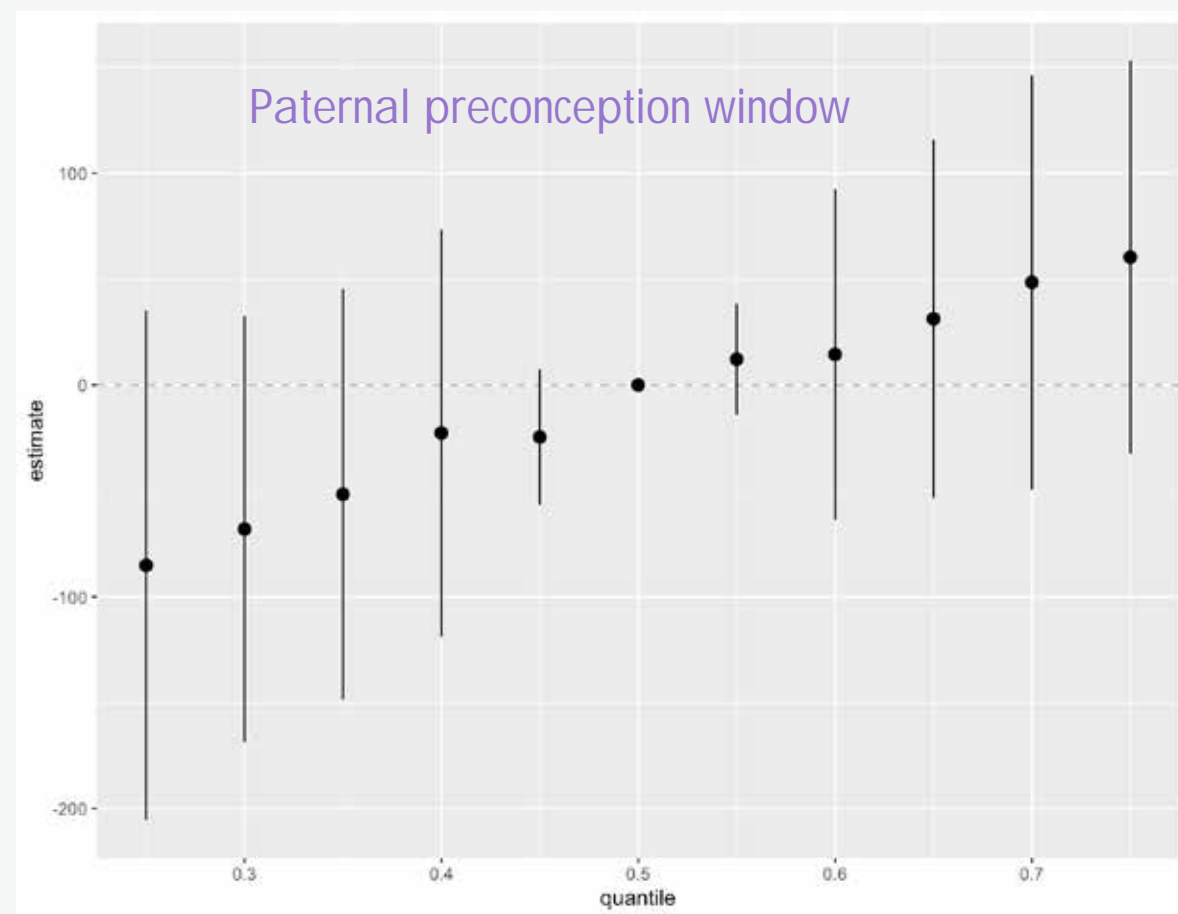
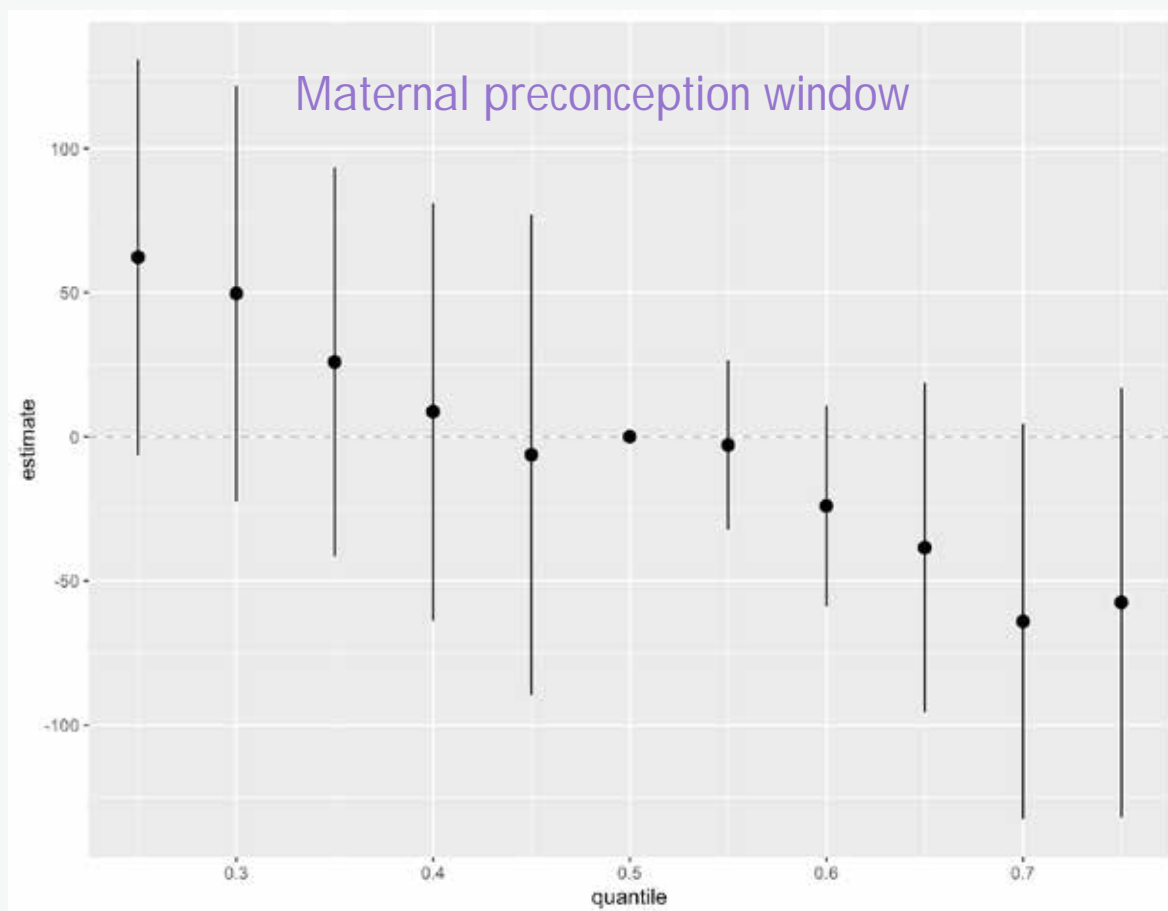


PFAS and Birth Weight

Maternal and paternal preconception PFAS concentrations and birthweight (g) among 312 singletons

PFAS	Maternal Beta (95% CI)	Paternal Beta (95% CI)
PFOA	-41.32 (-163.24, 80.61)	124.86 (-64.35, 314.06)
PFOS	-161.44 (-268.31, -54.58)	147.81 (-7.9, 303.52)
PFNA	-40.7 (-140.79, 59.38)	105.73 (-64.91, 276.36)
PFHxS	-94.26 (-180.4, -8.11)	127.13 (-2.75, 257)
PFDA	-46.93 (-161.62, 67.77)	41.65 (-136.92, 220.22)
PFUnDA	-55.44 (-140.01, 29.14)	10.7 (-116.01, 137.41)
Mixture	-96.90 (-195.75, 1.96)	80.31 (-66.42, 227.04)

Joint Effect of PFAS Mixture on Birth Weight



PFAS Concentrations and Thyroid Function in 287 Females

	Percent Change (95% CI)
Total Triiodothyronine (TT3)	
PFOA	-4.22 (-7.9, -0.39)
PFOS	-2.96 (-6.2, 0.39)
PFHxS	-2.58 (-5.31, 0.23)
PFNA	-3.03 (-5.95, -0.01)
PFUnDA	-4.04 (-6.51, -1.5)
PFDA	-5.56 (-8.82, -2.17)
Mixture	-4.45 (-7.15, -1.67)
FT4/FT3	
PFOA	1.22 (-1.36, 3.87)
PFOS	0.58 (-1.65, 2.86)
PFHxS	1.16 (-0.71, 3.06)
PFNA	2.22 (0.18, 4.29)
PFUnDA	2.45 (0.71, 4.23)
PFDA	3.2 (0.83, 5.62)
Mixture	1.78 (-0.13, 3.73)

PFAS & Nutrient Modifiers

Observational Study > Lancet Planet Health. 2023 Jun;7(6):e449-e458.

doi: 10.1016/S2542-5196(23)00088-8.

Folate concentrations and serum perfluoroalkyl and polyfluoroalkyl substance concentrations in adolescents and adults in the USA (National Health and Nutrition Examination Study 2003–16): an observational study

Yu Zhang ¹, Vicente Mustieles ², Yi-Xin Wang ³, Yang Sun ⁴, Juliana Agudelo ⁵, Zainab Bibi ⁶, Nicole Torres ⁶, Youssef Oulhote ⁷, Angela Slitt ⁵, Carmen Messerlian ⁸

NHANES
2003 - 2016 cycles
2,802 Adolescents
9,159 Adults

Adults: Folate in Red Blood Cells (RBC) → PFAS

Adjusted % Change in Serum PFAS Concentration Per 2.7-fold Increase in RBC Folate

Biomarkers	Adjusted Percent Change (95%CI)	Adjusted (+diet) Percent Change (95%CI)
PFOA	-12.45% (-17.28%, -7.35%)	-11.18% (-16.36%, -5.68%)
PFOS	-25.30% (-29.67%, -20.65%)	-23.54% (-28.27%, -18.49%)
PFHxS	-21.65% (-26.19%, -16.82%)	-20.47% (-25.35%, -15.27%)
PFNA	-11.70% (-17.32%, -5.70%)	-9.50% (-15.54%, -3.02%)

Adolescents: Folate in Red Blood Cells (RBC) → PFAS

Adjusted % Change Serum PFAS Concentration Per 2.7-fold Increase in RBC Folate

Biomarkers	Adjusted Percent Change (95%CI)	Adjusted (+diet) Percent Change (95%CI)
PFOA	-7.34% (-16.57%, 2.91%)	-6.51% (-16.49%, 4.67%)
PFOS	-24.36% (-33.21%, -14.34%)	-25.14% (-34.18%, -14.86%)
PFHxS	-13.00% (-21.87%, -3.12%)	-14.68% (-23.51%, -4.84%)
PFNA	-12.29% (-26.12%, 4.12%)	-11.14% (-26.01%, 6.72%)



Environment International

Volume 164, June 2022, 107239



Full length article

Association between serum per- and polyfluoroalkyl substances concentrations and common cold among children and adolescents in the United States

Yu Zhang ^a  , Vicente Mustieles ^{b, c, d}, Yang Sun ^{a, e}, Youssef Oulhote ^f, Yi-Xin Wang ^g, Carmen Messerlian ^{a, c, h}

PFAS and Children's Health

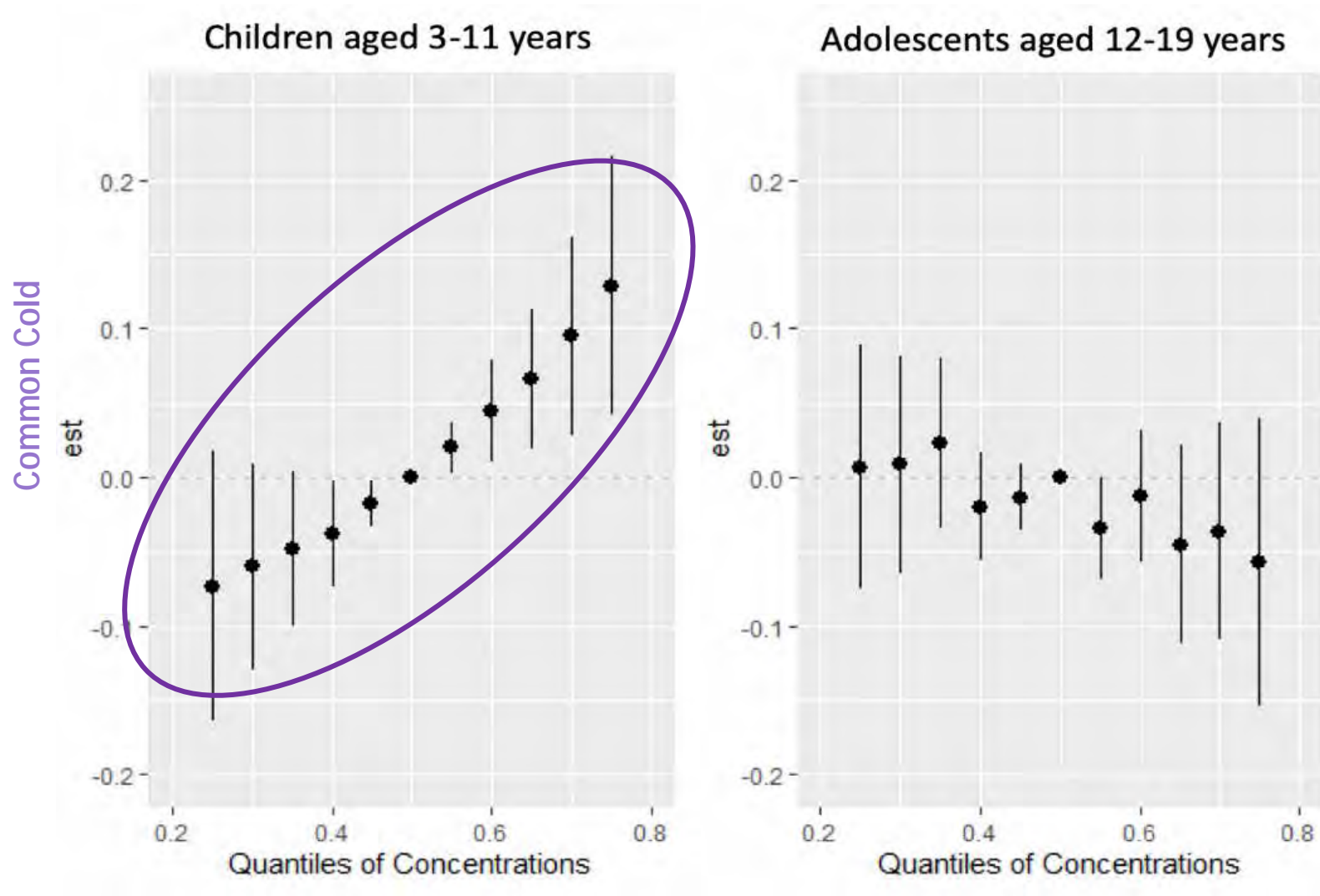
NHANES

517 children 3–11 years, 2013–2014 cycles

2732 adolescents 12–19 years, 2003–2016 cycles

Change in common cold estimate per 5th percentile increase or decrease

in the total PFAS mixture concentrations compared with the median total mixture concentration



PFAS and Folate in Project Viva

Early Pregnancy Plasma PFAS Concentrations and Birthweight, Stratifying By Folate Groups

> [JAMA Netw Open](#). 2023 May 1;6(5):e2314934. doi: 10.1001/jamanetworkopen.2023.14934.

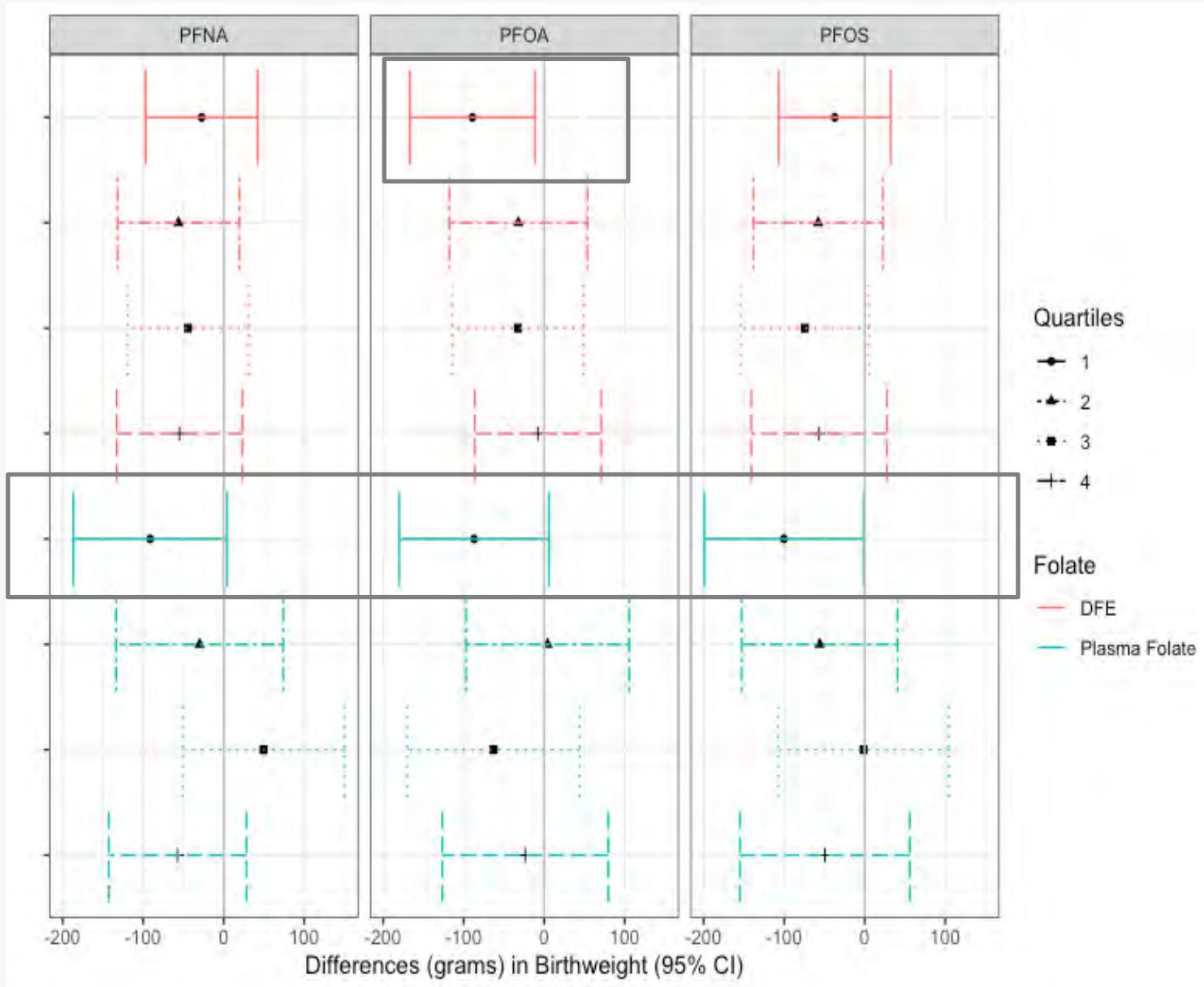
Association of Early Pregnancy Perfluoroalkyl and Polyfluoroalkyl Substance Exposure With Birth Outcomes

Yu Zhang ¹, Vicente Mustieles ², Qi Sun ^{3 4 5 6}, Brent Coull ^{1 7}, Thomas McElrath ^{5 6 8}, Sheryl L Rifas-Shiman ⁹, Leah Martin ¹, Yang Sun ^{1 6}, Yi-Xin Wang ^{1 3}, Emily Oken ^{3 9}, Andres Cardenas ¹⁰, Carmen Messerlian ^{1 6 11}

Affiliations + expand

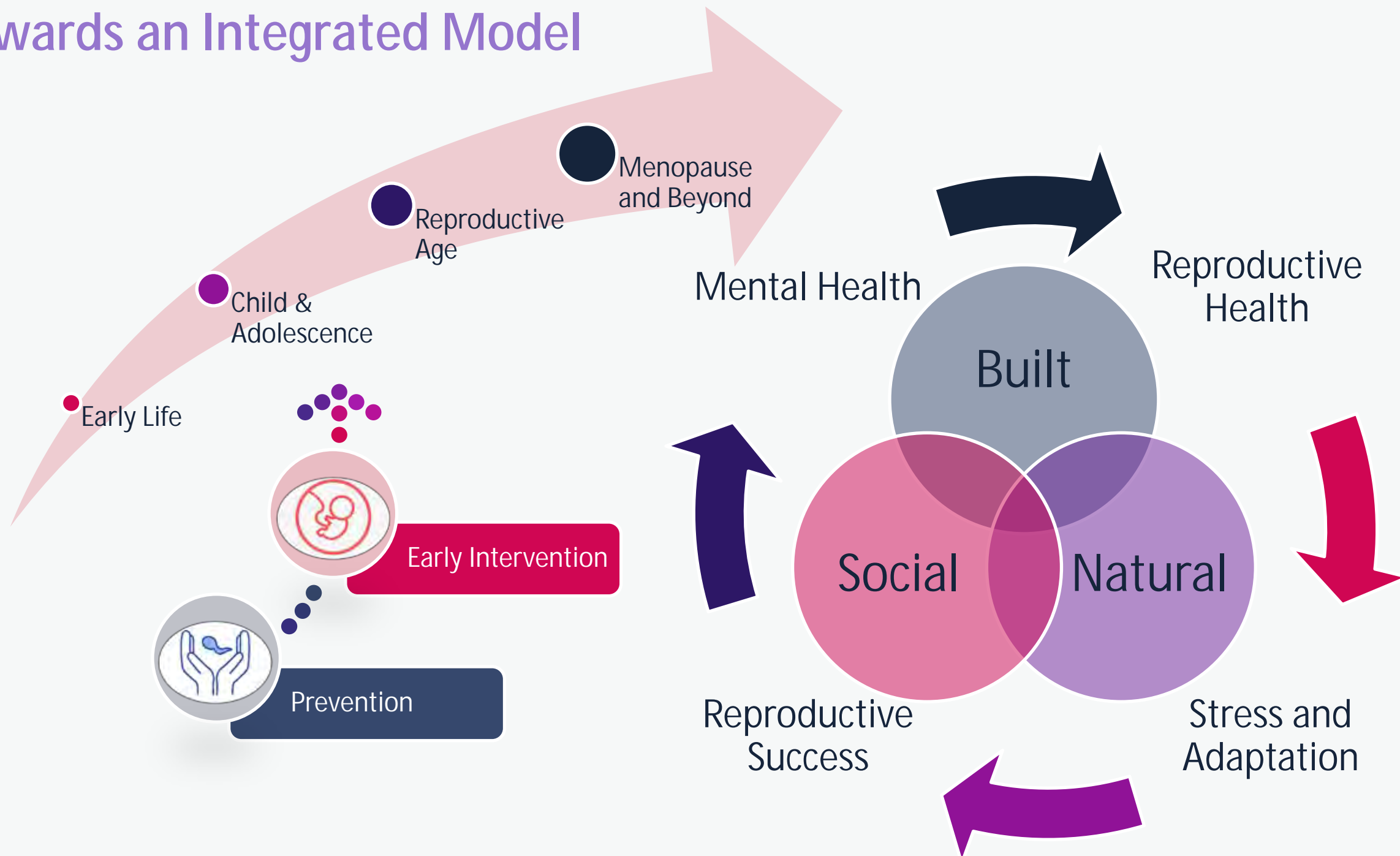
PMID: 37256622 PMID: [PMC10233420](#) DOI: [10.1001/jamanetworkopen.2023.14934](#)

[Free PMC article](#)



- PFOA - lower birthweight only in the lowest quartile group of dietary folate equivalent (DFE) intake
- PFNA, PFOA, PFOS - lower birthweight only in the lowest quartile group of plasma folate concentration

Towards an Integrated Model



The Natural Environment



WATER

Disinfection by Products (DBP)

Municipal water

Swimming pools

Inhalation, dermal, ingestion



AIR

Ambient Air Pollutants

Nitrous Oxide (NO₂)

PM_{2.5}

Ozone (O₃)

DBPs and Human Health

NHANES

Xiaogan DBP Study



All Cause Mortality (published)

Oxidative Stress (published)

Birth Outcomes (published)

Neurodevelopment (published)

Fetal Growth (published)

Asthma, Children/Adolescents (published)

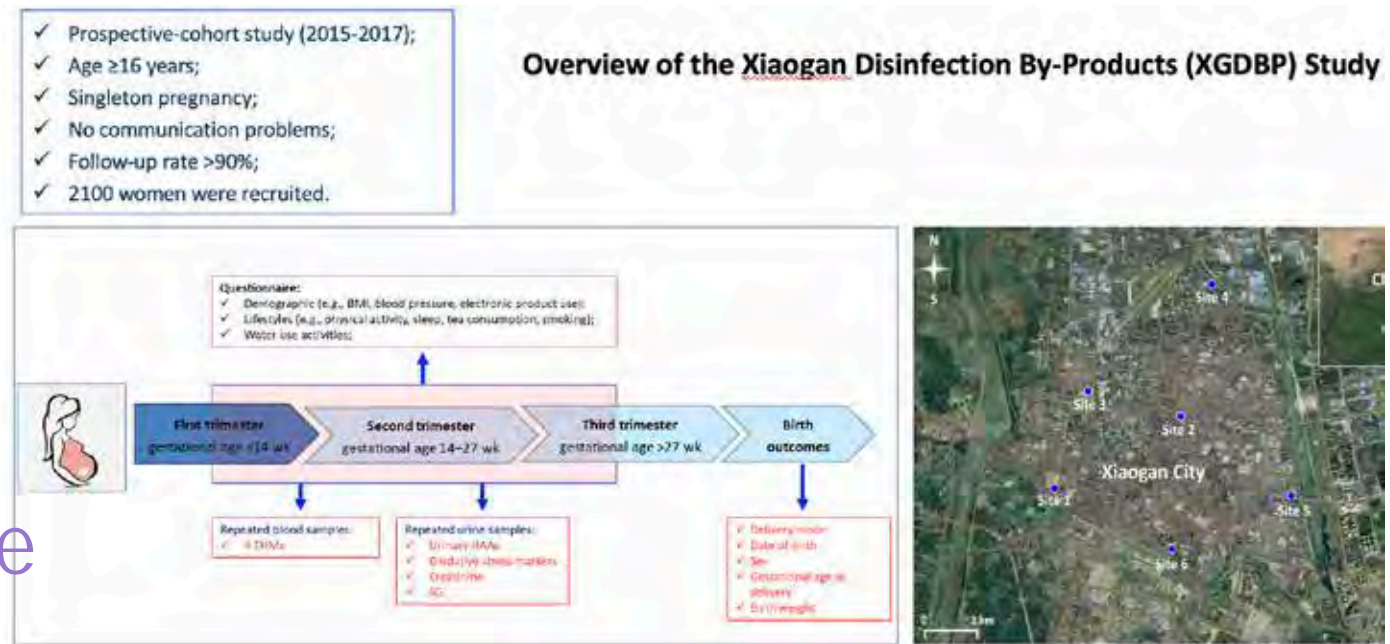
Thyroid Function (published)

Lung Function (published)

Allergic Sensitization (published)

Disinfection By Products (DBP) and Birth Outcomes

- Oxidative Stress
- Birthweight
- Fetal Weight
- Small for Gestational Age (SGA)



Xiaogan DBP Study

Windows of Vulnerability

ehp Environmental Health Perspectives

HOME ISSUE IN PROGRESS ARCHIVES COLLECTIONS ▾ AUTHORS ▾ REVIEWERS ABOUT ▾

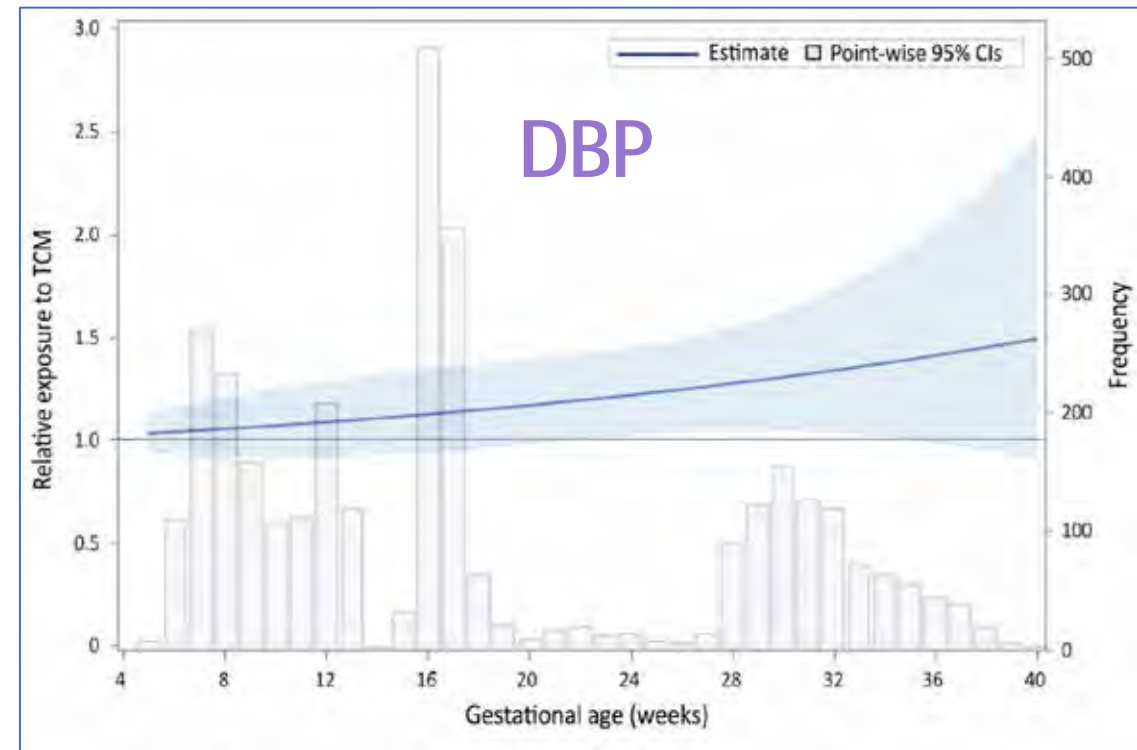
Open Access

Vol. 128, No. 10 | Research

Trimester-Specific Blood Trihalomethane and Urinary Haloacetic Acid Concentrations and Adverse Birth Outcomes: Identifying Windows of Vulnerability during Pregnancy

Yang Sun, Yi-Xin Wang, Chong Liu, Ying-Jun Chen, Wen-Qing Lu, and Carmen Messerlian

Published: 7 October 2020 | CID: 107001 | <https://doi.org/10.1289/EHP7195>



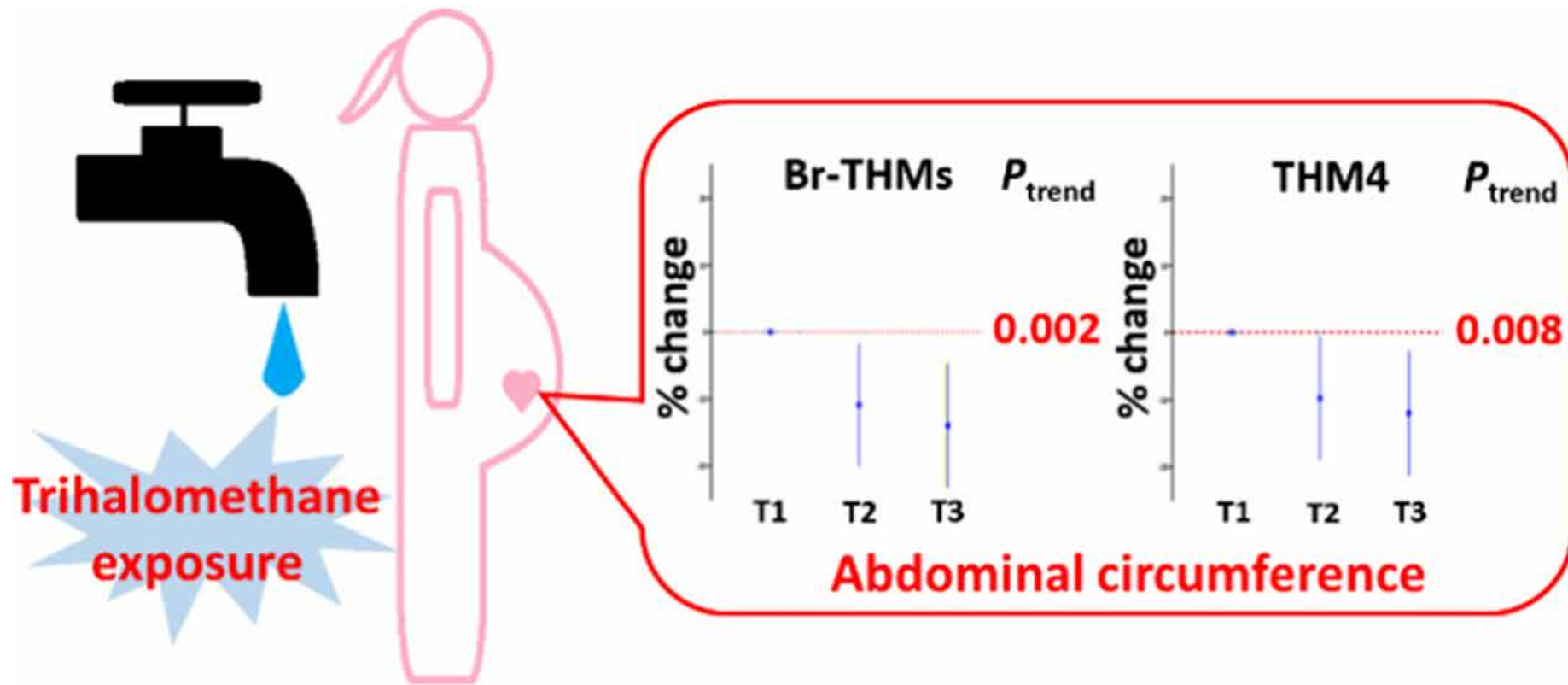
Relative exposure to TCM concentrations across gestational weeks, comparing SGA with non-SGA births

> Environ Sci Technol. 2021 Dec 7;55(23):16011-16022. doi: 10.1021/acs.est.1c04926.
Epub 2021 Nov 23.

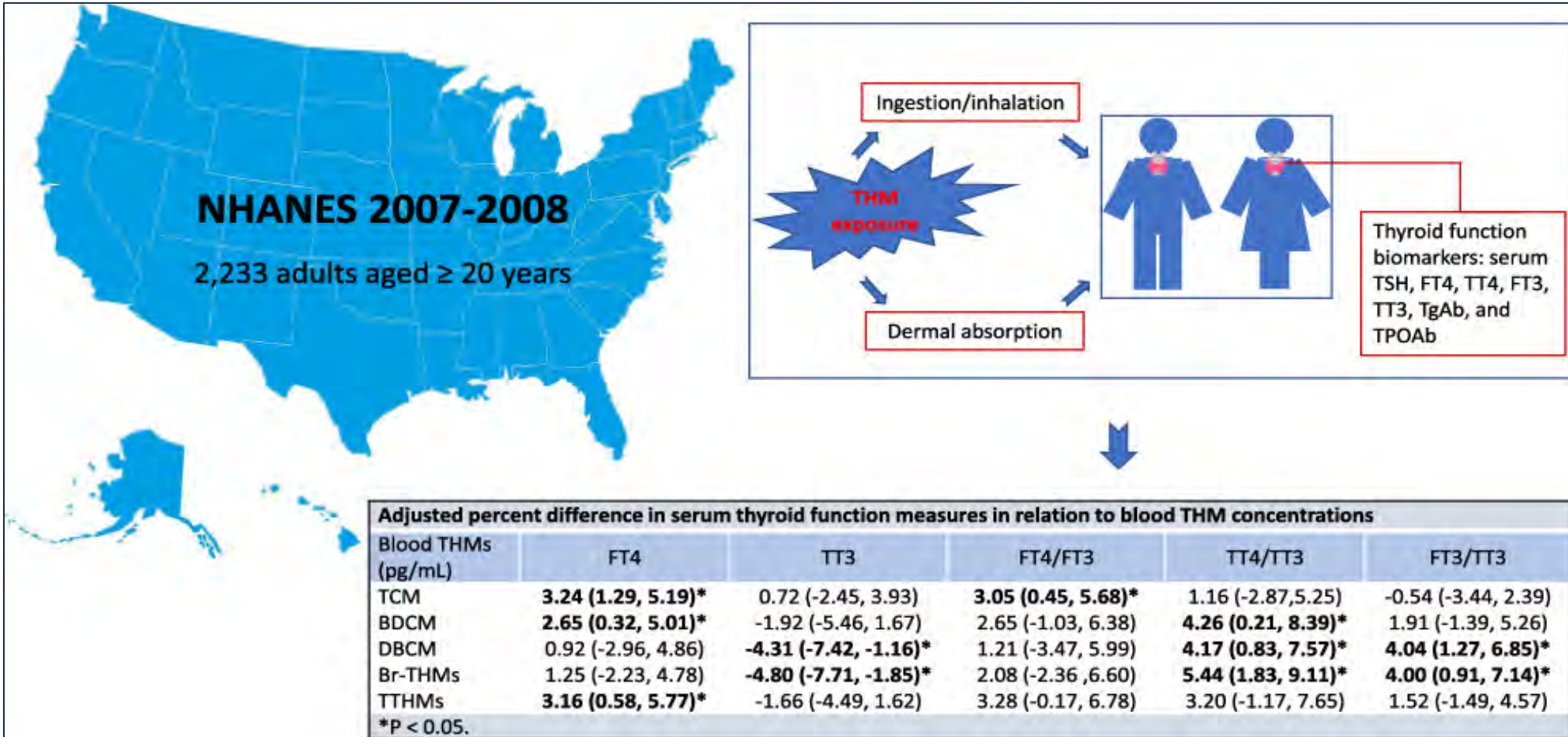
DBP and Fetal Growth

Prenatal Exposure to Disinfection Byproducts and Intrauterine Growth in a Chinese Cohort

Chong Liu^{1 2}, Yang Sun^{3 4}, Vicente Mustieles^{5 6}, Ying-Jun Chen⁷, Li-Li Huang⁸,
Yan-Ling Deng^{1 2}, Yi-Xin Wang⁹, Wen-Qing Lu^{1 2}, Carmen Messerlian^{3 4}



DBP and Thyroid Function



Environmental Exposures & Cerebral Palsy (CP)

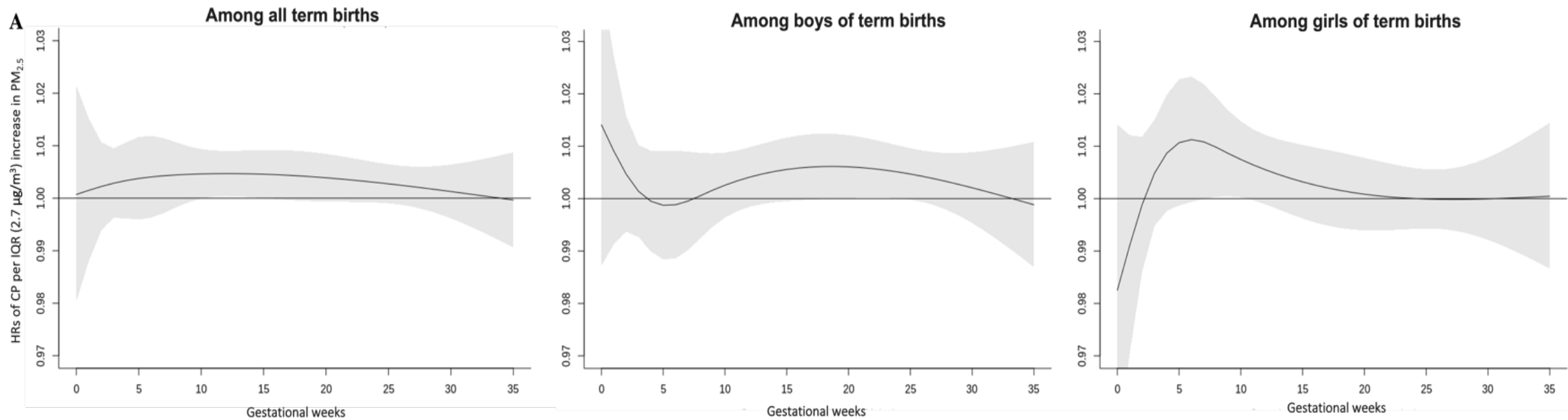
Y Hu , Y Zhang , R Talarico , X Qiu , J Schwartz, DB Fell, M Oskoui, E Lavigne, C Messerlian

Prenatal Exposure to Ambient Air pollution and Cerebral Palsy (CP) in Ontario, Canada Submitted, JAMA



Prenatal Exposure to Ambient Air Pollution & CP

Overall and sex-specific HRs of CP among term births



- >1.6 million singleton births in Ontario
- Multipollutant Cox proportional hazards model with distributed non-linear lag – weekly AP
- PM_{2.5} exposure during pregnancy increased CP risk by ~10%

Prenatal Exposure to Ambient Air Pollution & Cerebral Palsy

Overall and sex-specific HRs of CPs among term births

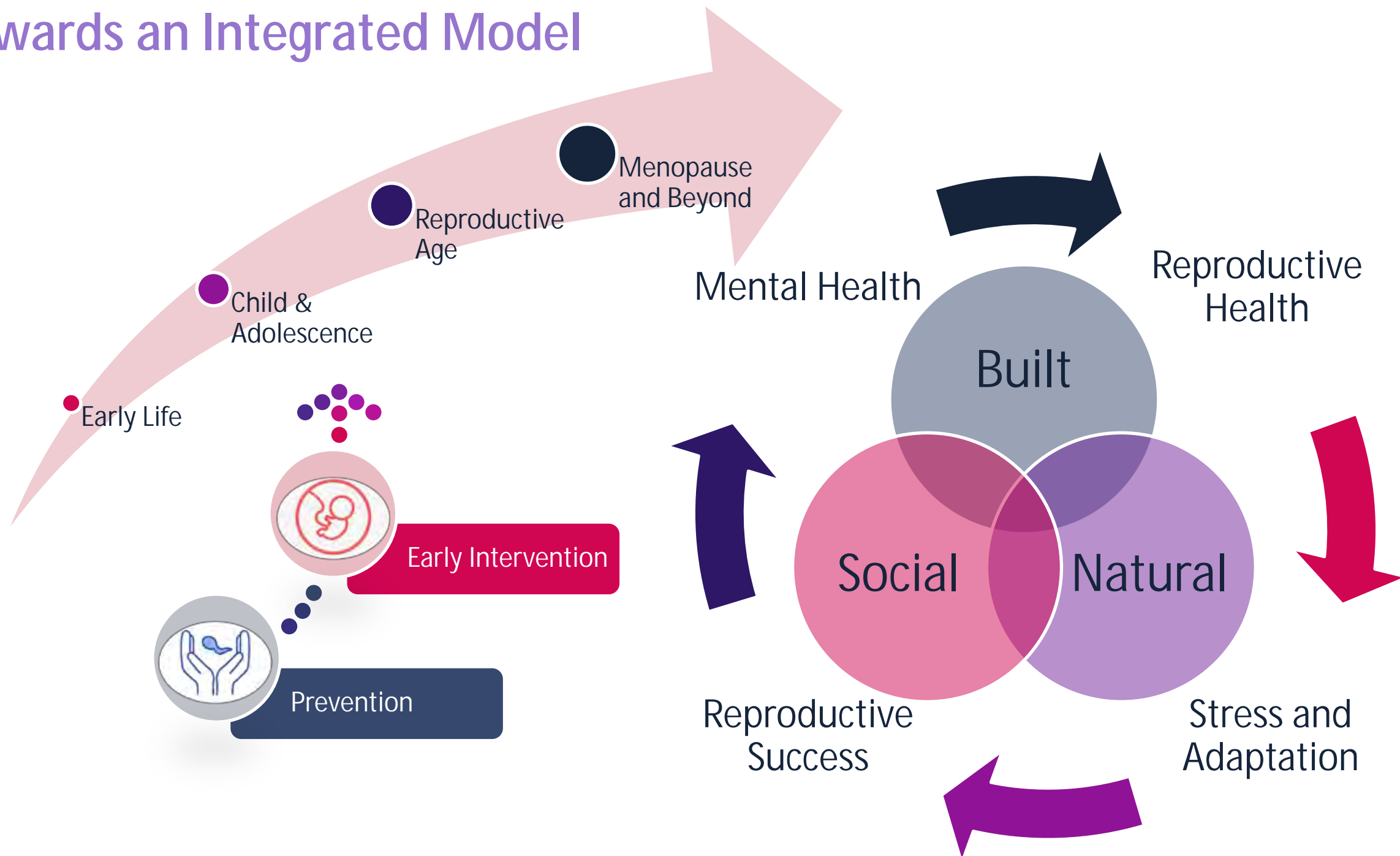
Pollutant	HRs (95% CI) ^a			p-value ^b
	All	Males	Females	
PM _{2.5} (per 2.7ug/m ³)	1.11 (1.03, 1.20)	1.14 (1.02, 1.26)	1.06 (0.96, 1.22)	0.8463
NO ₂ (per 10ppb)	0.93 (0.84, 1.02)	0.95 (0.83, 1.08)	0.90 (0.77, 1.04)	0.2207
O ₃ (per 7ppb)	0.97 (0.90, 1.04)	0.93 (0.85, 1.02)	1.02 (0.92, 1.15)	0.7155

^a The lengths of the exposure period during pregnancy for calculation of cumulative HRs are week 0-week 36 for the term births

^b The p-values of effect modification by sex was derived by adding an interaction term between child's sex and each air pollutant and conducting Likelihood Ratio test with the primary models separately

We found positive associations between exposures to PM_{2.5} over gestational weeks 0 to 33 and increased CP risk among term births with the statistically higher risk between weeks 11 and 14

Towards an Integrated Model

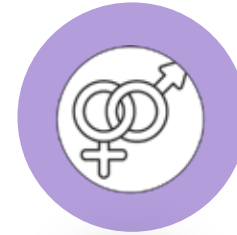


+ The Social Environment



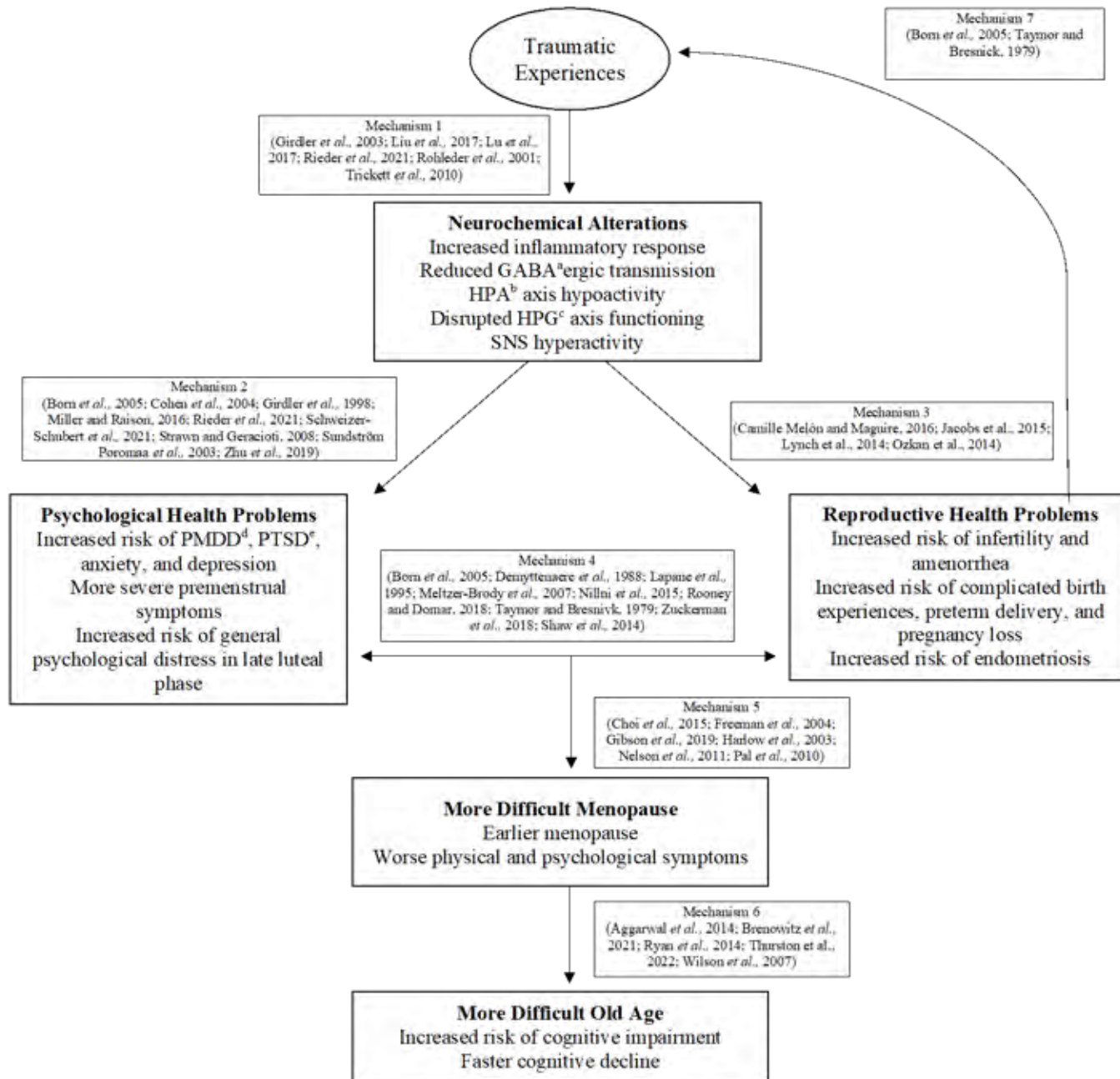
Early Life Stress

Trauma
Stressful Life Experience
Child Maltreatment
Familial Dysfunction



Sexual and Reproductive Exposure

Age at Menarche
Sexual Experience
Fertility
Pregnancy
Post Partum
Menopause



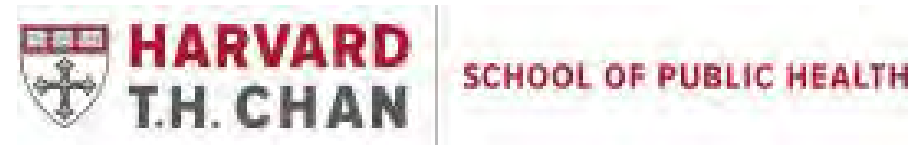
Trauma and Reproductive Health Across Life

The Preconception Intervention Program for Healthy Reproduction (PIPER) Project

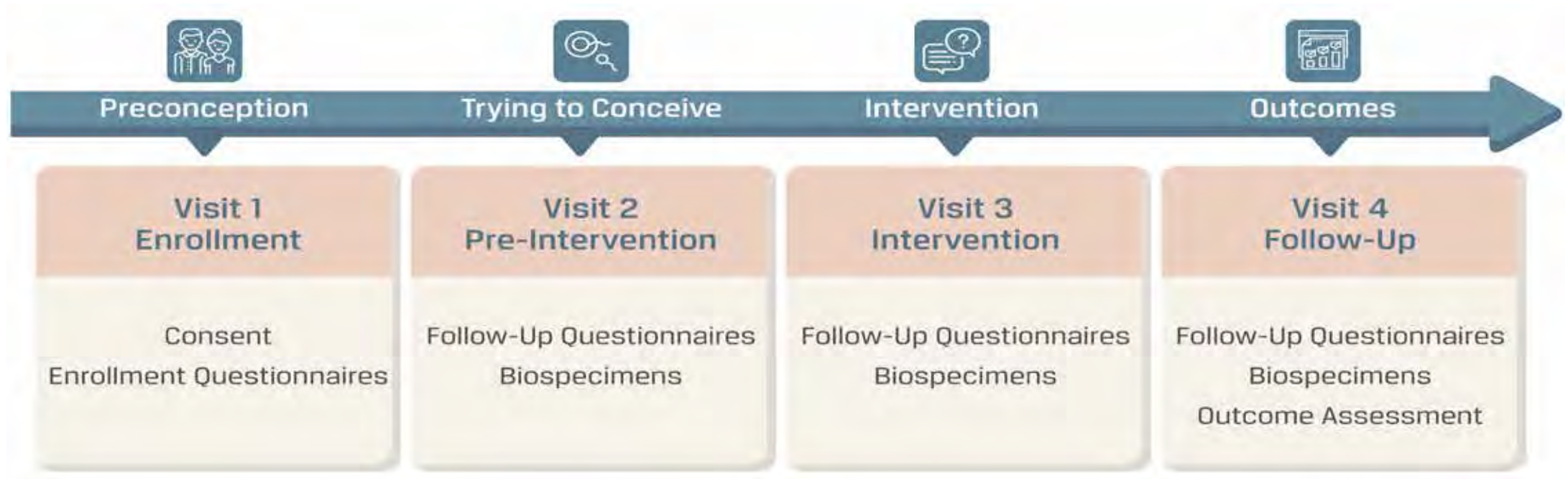
Funded by:

Harvard Scientific Advancement Award (PI: Messerlian)

R01 NIEHS, to be resubmitted (PI: Messerlian)



The PIPER Project



Implement a randomized controlled trial design to examine the impact of our intervention on fertilization, implantation, and pregnancy loss

Educational Resources

EDCs & Reproductive Health

Understanding everyday toxicants and how you can minimize your exposure



Additional Resources

Learn more about the chemicals in your everyday products and environment:

The Environmental Working Group: www.ewg.org

Explore our website: www.seed-program.org

Contact & Follow us:
SEED@hsph.harvard.edu
 (Twitter and Instagram)
[@drmesserlian](https://twitter.com/drmesserlian)



How can I minimize my EDC exposure?



- Wash your hands frequently, especially before meals
- Rinse produce thoroughly and buy organic when possible
- Avoid foods and beverages stored in plastic or canned containers
- Filter your water and use glass or metal storage containers
- Replace personal care and household products that have fragrance with safer products
- Look for phthalate-, paraben-, and chemical-free products
- Look for these labels:



EDCs

Endocrine-disrupting chemicals (EDCs) interrupt normal hormonal activity by mimicking, blocking, or altering hormones and changing the way that they function in the body.

EDCs include phthalates, phenols, per- and polyfluoroalkyl substances (PFAS), and other toxicants. Some EDCs are rapidly removed from the body, while others can remain in the body for a long time. Most people are exposed to multiple EDCs daily, allowing these chemicals to remain at harmful concentrations.

These chemicals damage your health

Current research suggests that EDCs lead to adverse health effects. These chemicals can:

- ✗ Alter reproductive health
- ✗ Reduce immune function
- ✗ Increase cancer risk
- ✗ Change metabolic function
- ✗ Decrease brain function



How do EDCs enter the body?



Where can EDCs be found?

-  Personal care products, nail polish, and cosmetics
-  Takeout containers, plastic packaging, canned foods and beverages, and plastic kitchen and storage items
-  Unfiltered water sources and processed drinks
-  Furniture, electronics, cleaning products, candles, fresheners, and household dust
-  Cigarette smoke, e-cigarettes, and other smoking devices.

Advancing the Field



- Focus on Prevention and Early Intervention
- Integration of Built, Natural, and Social Environments
- Holistic Reproductive Health across the Lifecourse, including men in the process
- Moving to a multidimensional integrated framework of health and wellbeing through multimodal AI





ACKNOWLEDGEMENTS

Preconception PFAS Exposure and Reproduction (PREPARE) Study

R01ES031657 (PI: Messerlian)

NIEHS Program Officers

Antonia Calafat
Centers for Disease Control and Prevention

All SEED Program Team Members
Collaborators
Participants

Vincent Center for Reproductive Biology

Massachusetts General Hospital



HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH



Conclusions

- With increasing exposure to complex environments, we need more novel and multifaceted preventive strategies
- A holistic lens that considers built, natural, and social environments across the lifecycle is needed to solve for real world reproductive health issues focused on prevention
- Multimodal AI, interventions, and education are just the beginning translating evidence into prevention, personalized care, and improved outcomes



Maternal-Child Health Risks and Risk Reduction

Rita Strakovsky, Ph.D., R.D.

Associate Professor

Michigan State University



Exposure to non-persistent endocrine disrupting chemicals, maternal metabolic health, and roles of diet quality



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Associate Professor

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East Lansing, MI
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Office on Women's Health Endocrine Disrupting Chemicals and Women's Health Symposium. July 18 & 19, 2023.



Office on
Women's Health

Maternal-Child Health Risks and Risk Reduction

Christine Langton, Ph.D.

Postdoctoral Fellow, Women's Health Group, Epidemiology Branch

National Institute of Environmental Health Sciences

PRE-RECORDING



National Institute of Environmental Health Sciences
Your Environment. Your Health.

Endocrine Disrupting Chemicals and Women's Health Symposium

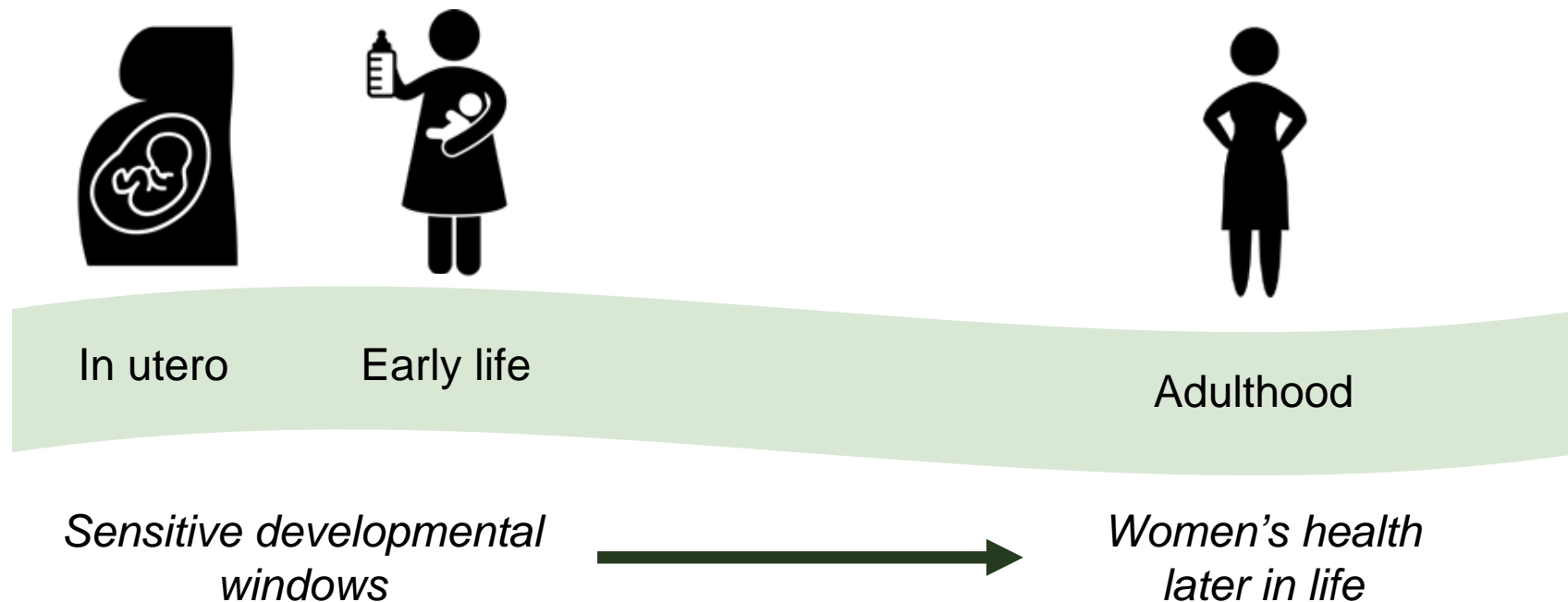
Menopause and Uterine Fibroid Research

**Christine R. Langton, Postdoctoral Fellow
Women's Health Group, Epidemiology Branch**

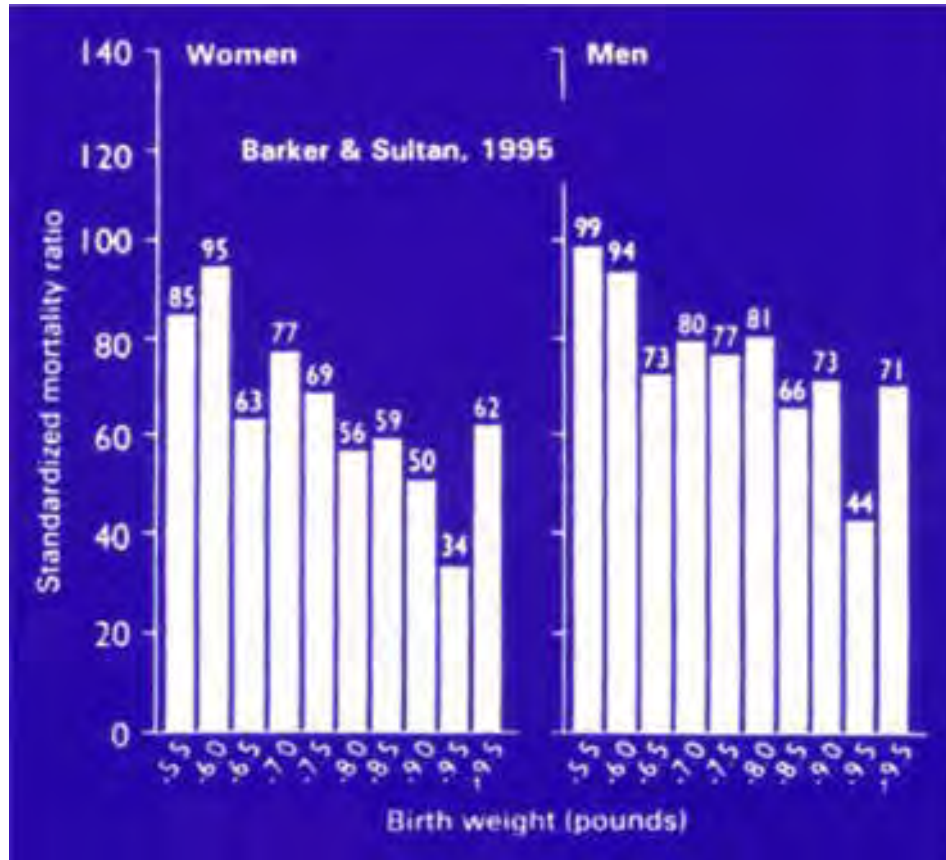
National Institute of Environmental Health Sciences

Objectives of Presentation

- Early life exposures and later in life health
 - Menopause research
 - Uterine fibroid research

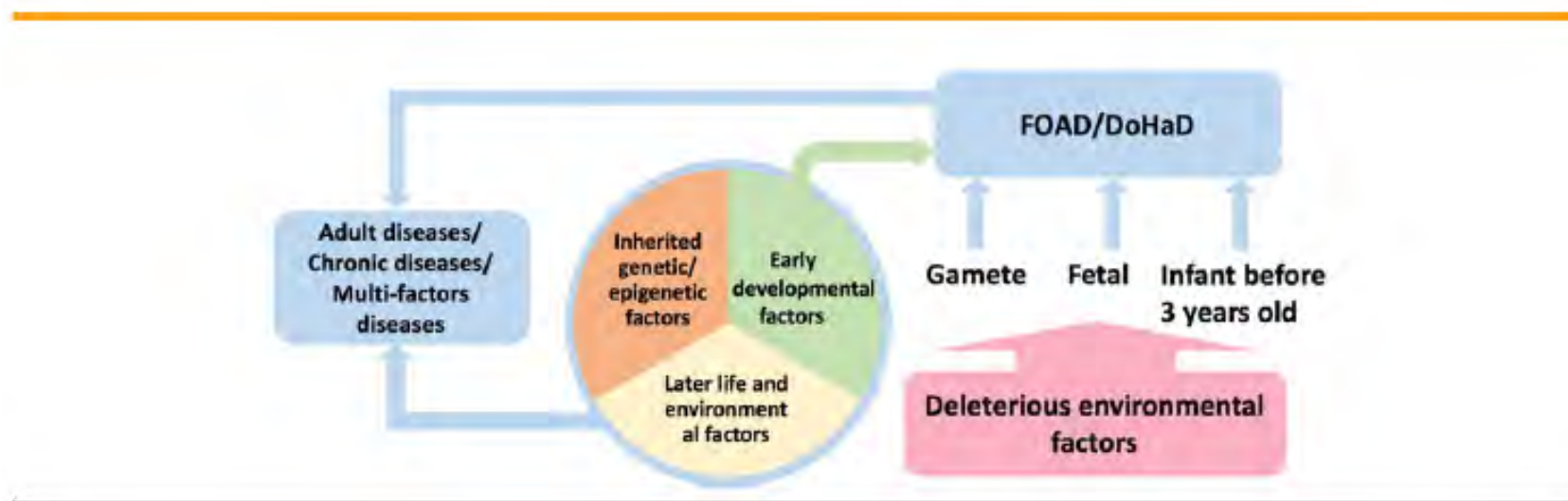


Fetal Origins of Adult Disease (FOAD)



- Developmental plasticity
- Beneficial in short-term to promote survival and reproduction
- Detrimental in long-term

Developmental Origins of Health and Disease (DoHaD)



- DoHaD linked to adult diseases
 - Type II diabetes, hypertension, CVD, cancer

In Utero Exposures and Menopause



American Journal of Epidemiology
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Vol. 191, No. 5
<https://doi.org/10.1093/aje/kwab301>
Advance Access publication:
January 6, 2022

Original Contribution

Association of In Utero Exposures With Risk of Early Natural Menopause

Christine R. Langton*, Brian W. Whitcomb, Alexandra C. Purdue-Smithe, Lynnette L. Sievert, Susan E. Hankinson, JoAnn E. Manson, Bernard A. Rosner, and Elizabeth R. Bertone-Johnson

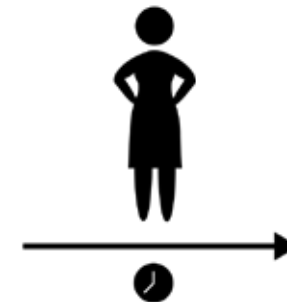
* Correspondence to Dr. Christine Langton, Department of Biostatistics and Epidemiology, School of Public Health and Health Sciences, University of Massachusetts Amherst, 715 North Pleasant Street, Amherst, MA 01003-9304 (e-mail: clangton@umass.edu).

Initially submitted May 7, 2021; accepted for publication December 30, 2021.

Menopause

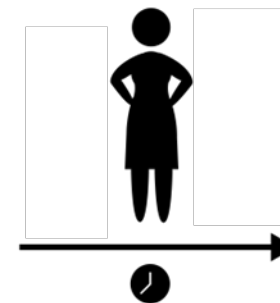
“permanent cessation of menstruation recognized after 12 consecutive months of amenorrhea with no other obvious pathological or physiological cause”

- Determinants of age at menopause
 - Number of oocytes at birth
 - Degeneration of oocytes due to atresia
 - Threshold oocytes needed to produce sufficient hormones to maintain menstrual cyclicity
- Average age 51



Early Natural Menopause

- Cessation of ovarian function before age 45
- Affects ~10% of women in Western populations
- Increased risk:
 - cardiovascular disease
 - osteoporosis
 - cognitive decline
 - premature mortality
- Interferes with family planning



Diethylstilbestrol (DES)

"Really?"

Yes...
desPLEX
to prevent ABORTION, MISCARRIAGE and
PREMATURE LABOR

*recommended for routine prophylaxis
in ALL pregnancies.*

96 per cent live delivery with **desPLEX**
in one series of 1300 patients*—
—bigger and stronger babies, too.†

No gastric or other side effects with **desPLEX**
— in either high or low dosage**

AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY



When the Ovary goes into Retirement

Wyeth's Estrogens, natural and synthetic, provide a convenient variety of precise dosage forms for estrogenic therapy:

WYETH'S Solution of Estrogens		WYETH'S Diethylstilbestrol (Stilbestrol)	
Ampoules: 5,000 international units in 1 cc. corn oil	Bottles of 40 and 500	Tablets: 0.1 mg.	Boxes of 6, 50 and 100
1 cc. ampoule—Boxes of 6, 50 and 100		0.25 mg.	
5 cc. ampoule—Boxes of 1 each		0.5 mg.	
Ampoules: 10,000 international units in 1 cc. corn oil	Ampoules: 0.5 mg. in		
1 cc. ampoule—Boxes of 6, 50 and 100	1 cc. corn oil	Boxes of 6, 50 and 100	
5 cc. ampoule—Boxes of 1 each	1.0 mg. in		
Ampoules: 20,000 international units in 1 cc. corn oil	1 cc. corn oil		
1 cc. ampoule—Boxes of 6, 50 and 100	Suppositories: 0.1 mg.	Boxes of 12	
		0.5 mg.†	

Pharmaceuticals of John Wyeth & Brother, Division WYETH Incorporated, Philadelphia



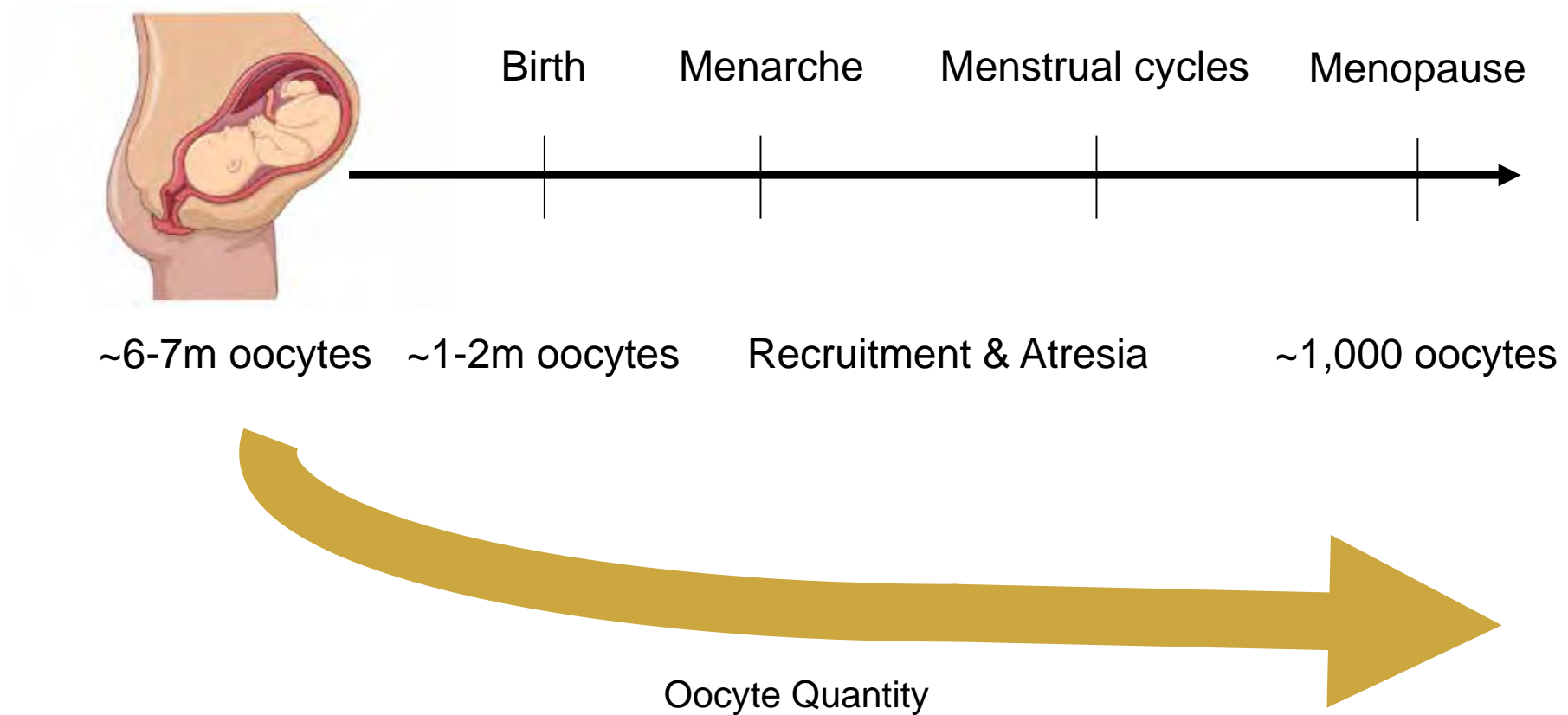
Increased Risk in DES daughters

- Clear cell adenocarcinoma of vagina and cervix
- Breast cancer
- Adverse reproductive outcomes
 - infertility
 - spontaneous abortion
 - ectopic pregnancy
 - preeclampsia
 - preterm delivery
 - stillbirth
 - neonatal death



Ovarian Aging

Peak Reserve
4th month of fetal
development



DES and Ovarian Aging

Peak Reserve
4th month of fetal
development



~6-7m oocytes

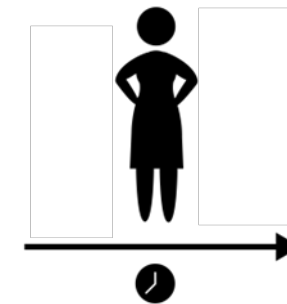
- DES passes across placenta
- Animal studies
 - Absence of corpus luteum
 - Polyovular follicles
 - Ovarian cysts
- DES *may* affect:
 - Initial cohort of follicles
 - Rate of fetal oocyte atresia

Nurses' Health Study II

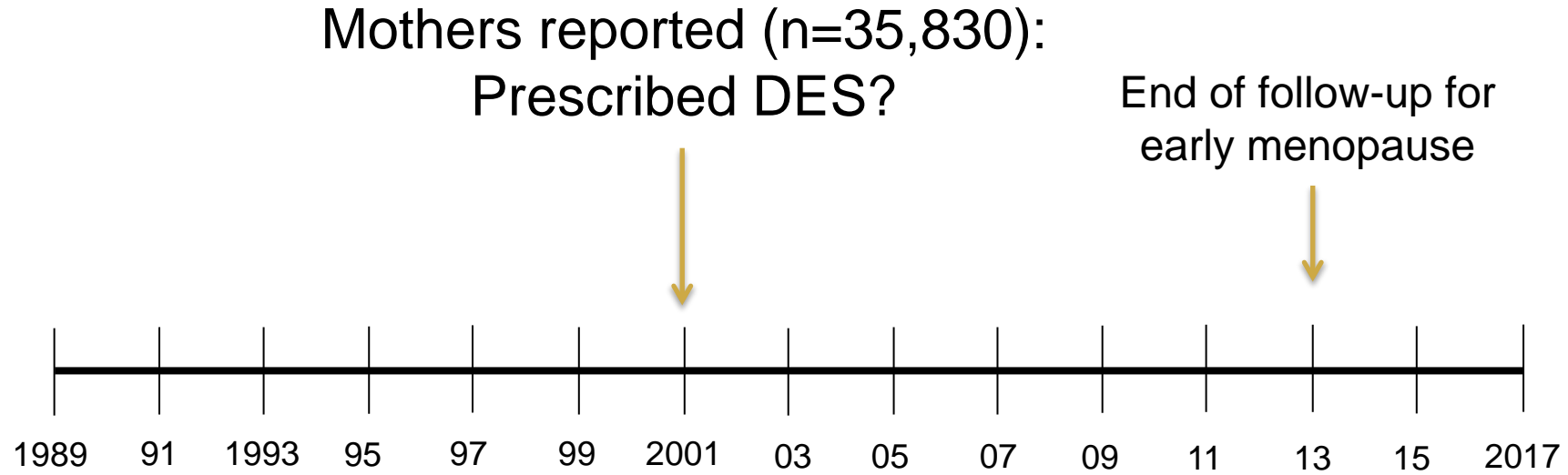
- Prospective cohort study
- 116,429 female registered nurses from 14 states
- Aged 25-42 years in 1989
- Questionnaires every 2 years, on-going
- Assess medical history and lifestyle behaviors
- Follow-up >89% for each cycle

Menopause Assessment

- Baseline and biennial questionnaires
 - Menstrual periods ceased permanently
 - Age at cessation
 - Natural cessation or due to surgery, radiation, chemotherapy
 - Use of hormone therapy
- Cases: natural menopause before age 45



DES Assessment, Participants and Mothers



Participants reported
(n=106,633):
Mother take DES?

Agreement in Mother/Daughter Reporting			
Yes	No	Total	Kappa
567	26,248	27,180	K=0.75 (95% CI: 0.72-0.77)

Statistical Models

- Cox proportional-hazards models to estimate hazard ratios (HRs) and 95% confidence intervals (CIs)

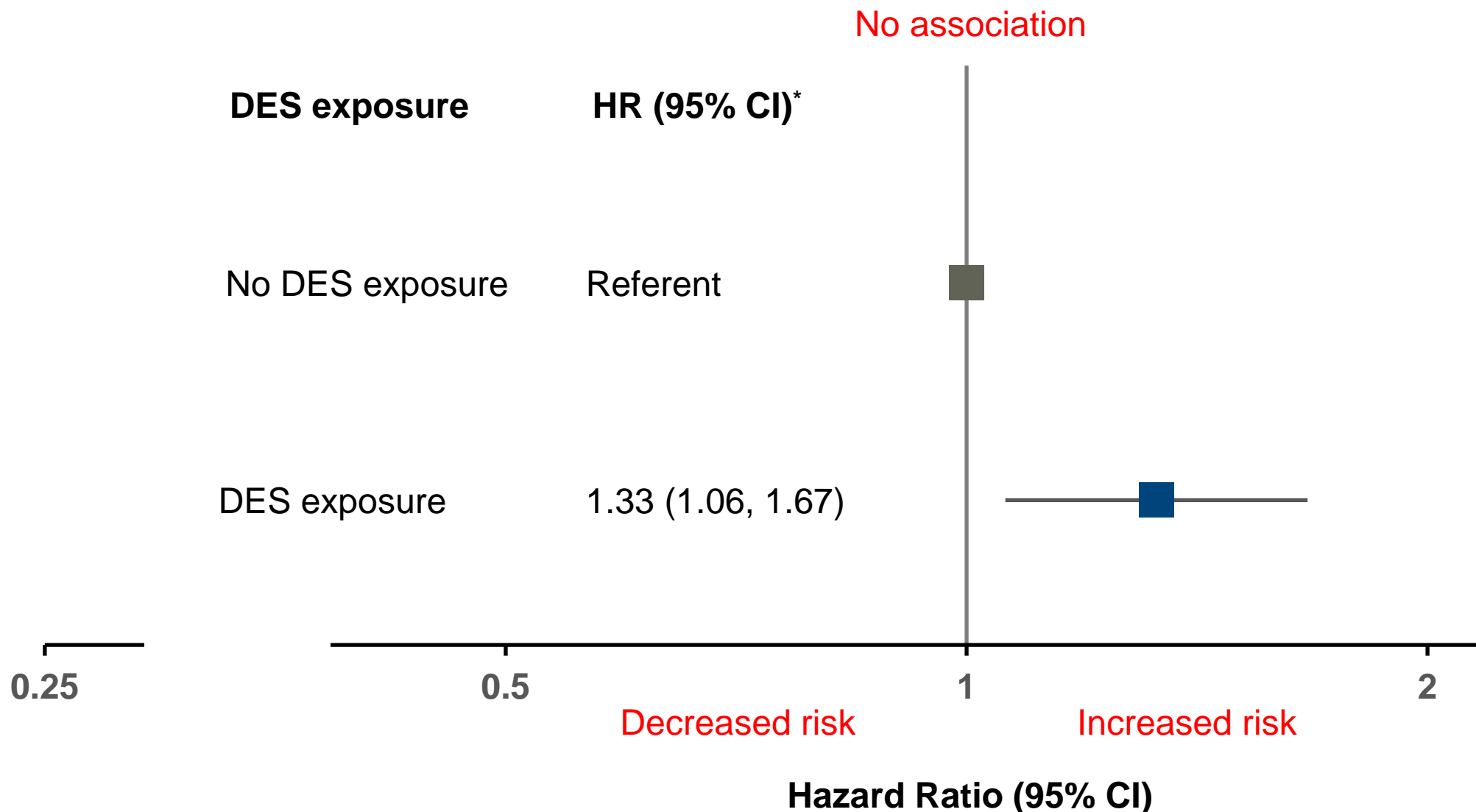
Model 1	Model 2	Model 3
Unadjusted	Time-varying Participant Factors	In utero Factors
§ Age as time scale	§ Age at menarche* § Smoking § Alcohol § BMI § Vitamin D § Menstrual cycle length § Infertility § Parity § Breastfeeding § Oral contraceptives § Tubal ligation	§ Part of multiple birth § Cigarette exposure § Prematurity § Birth weight

*Not time-varying

Demographics at Baseline

Characteristic	All Participants (n=106,633)	In utero DES exposure (n=2,401)
Age, mean	34.1	34.5
Non-Hispanic White	94%	97%
Cigarette smoking, pack-years, mean	17.9	13.0
Infertility due to ovulatory disorder	4.7%	7.8%

Risk of Early Menopause by In Utero DES Exposure



*Adjusted for age and questionnaire cycle (as time scale), age at menarche, time-varying smoking, alcohol, BMI, vitamin D, parity, breastfeeding, infertility, menstrual cycle length, oral contraceptives, tubal ligation, and other in utero exposures: cigarette smoke exposure, part of multiple birth, prematurity, birth weight.

Conclusions

In utero DES exposure and menopause

- **Increased risk** of early menopause (<45 years)
- Consistent with prior epidemiological studies
- Facilitate early identification for CVD risk reduction strategies
- Potential multigenerational effects

Soy-based Infant Formula and Uterine Fibroids



The image is a screenshot of the Environmental Health Perspectives (EHP) journal website. At the top left is the EHP logo, consisting of the lowercase letters 'ehp' in white on a blue square background, followed by the text 'Environmental Health Perspectives'. Below the logo is a blue navigation bar with white text for 'HOME', 'ISSUE IN PROGRESS', 'ARCHIVES', 'COLLECTIONS', 'AUTHORS', 'REVIEWERS', 'ABOUT', and 'INTRODUCING JHP'. To the right of the navigation bar is an 'Open Access' icon and text. Below the navigation bar, the text 'Vol. 131, No. 1 | Research' is displayed. The main title of the article is 'Soy-Based Infant Formula Feeding and Uterine Fibroid Development in a Prospective Ultrasound Study of Black/African-American Women'. Below the title, the authors are listed as 'Christine R. Langton', 'Quaker E. Harmon', 'Kristen Upson', and 'Donna D. Baird'. At the bottom, the publication information is given as 'Published: 25 January 2023 | CID: 017006 | <https://doi.org/10.1289/EHP11089>'.

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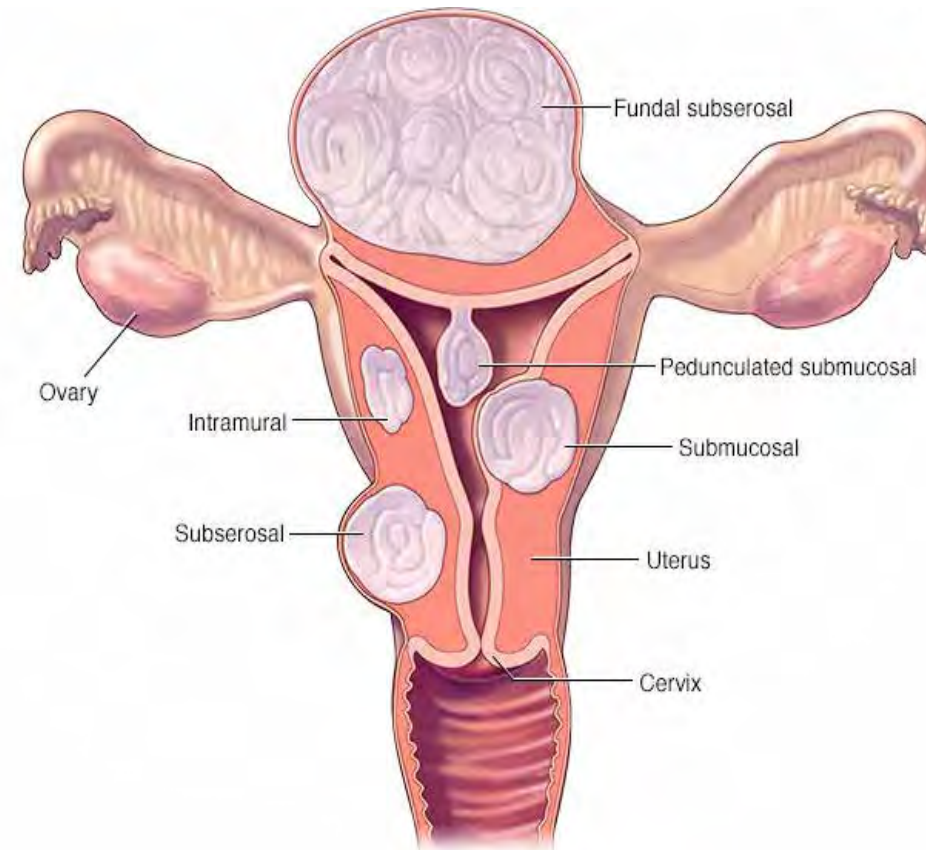
Soy-Based Infant Formula Feeding and Uterine Fibroid Development in a Prospective Ultrasound Study of Black/African-American Women

Christine R. Langton ✉, Quaker E. Harmon, Kristen Upson, and Donna D. Baird

Published: 25 January 2023 | CID: 017006 | <https://doi.org/10.1289/EHP11089>

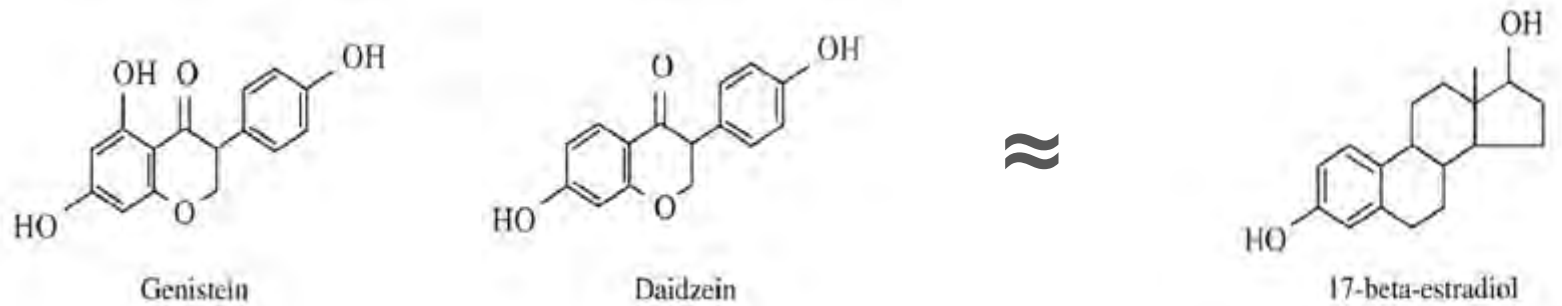
Uterine Fibroids

- Non-cancerous tumors of myometrium
- >70% of reproductive age women
- Symptomatic fibroids can lead to severe morbidity and hysterectomy
- Black/African American women disproportionately burdened



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Soy has Phytoestrogens

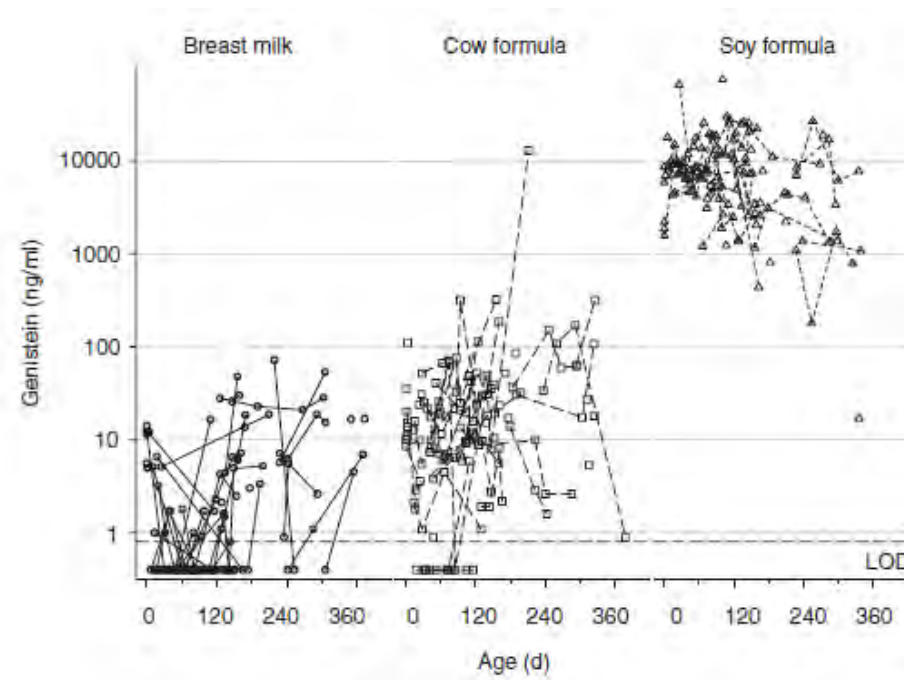


- Isoflavones act as endocrine disruptor
- Postnatal treatment to lab animals
 - Alters rodent reproductive tract including uterus (Suen et al. 2021)
 - Increased fibroid development in Eker rats (Greathouse et al. 2012)
- Exposure during sensitive developmental windows detrimental effects on reproductive systems

Soy-based Infant Formula



- Linked to reproductive conditions
 - early/late menarche, menstrual irregularities, endometriosis
- Proliferative vaginal tissue and slower rate of uterine involution in soy-fed infants¹
- Contains high levels of phytoestrogens
- Consumed by 12% US infants

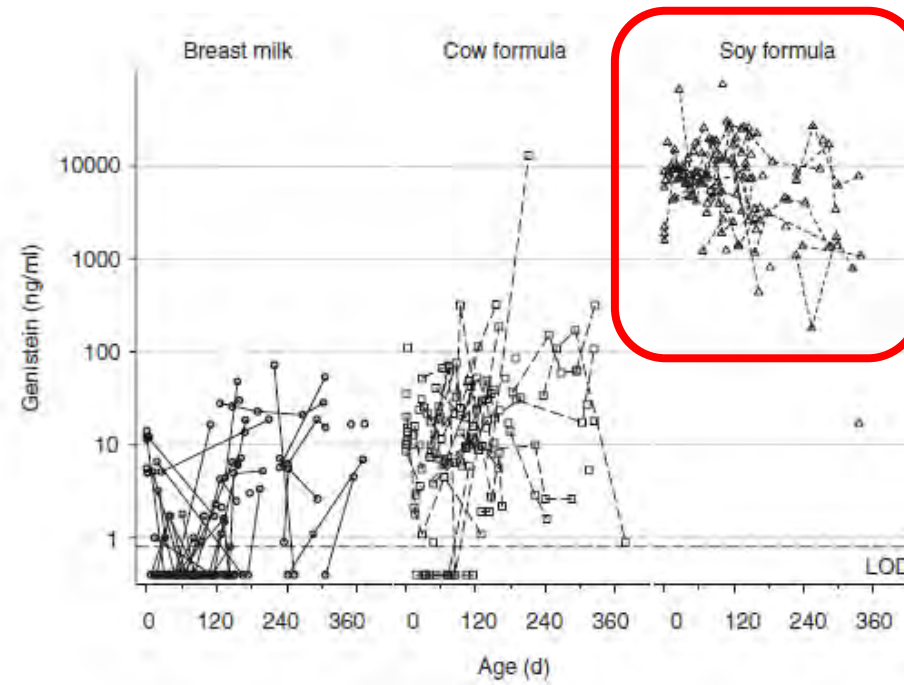


¹Adgent et al. A longitudinal study of estrogen-responsive tissues and hormone concentrations in infants fed soy formula. *J Clin Endocrinol Metab.* May 1 2018;103(5):1899-1909; Figure adapted: Cao et al. Isoflavones in urine, saliva, and blood of infants: data from a pilot study on the estrogenic activity of soy formula. *J Expo Sci Environ Epidemiol.* 2009 Feb;19(2):223-224.

Soy-based Infant Formula

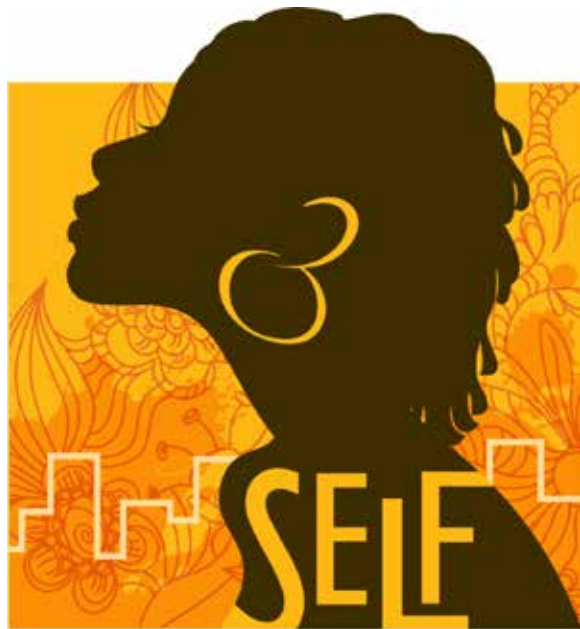


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Study of Environment, Lifestyle & Fibroids (SELF)



STUDY OF ENVIRONMENT,
LIFESTYLE & FIBROIDS

- Prospective cohort with community-recruited participants (n=1,693)
- Detroit, Michigan area
- Self-identified Black or African American women
 - Ages 23-35
 - Premenopausal
 - No prior clinical diagnosis of fibroids



SELF – Study Design

Visit 1

n=1,693

2010–2012

~18-20 mos.

Visit 2

88% response

2012–2015

~18-20 mos.

Visit 3

86% response

2014–2016

~18-20 mos.

Visit 4

91% response

2016–2018

Every visit

Ultrasound

Questionnaires

Clinical Measurements

Biospecimen

Soy Formula Assessment, Mothers Interviewed

35. Was I ever fed soy formula?

Yes

No

- Participants interviewed their mother when possible (89%)
- Answers from relatives/family friends present during infancy (11%)

Composite Variable

Within 2 months & ≥ 4 months



More exposed

36. About how many months was I fed soy formula?

Less than 1 month

1 to 3 months

4 to 6 months

More than 6 months

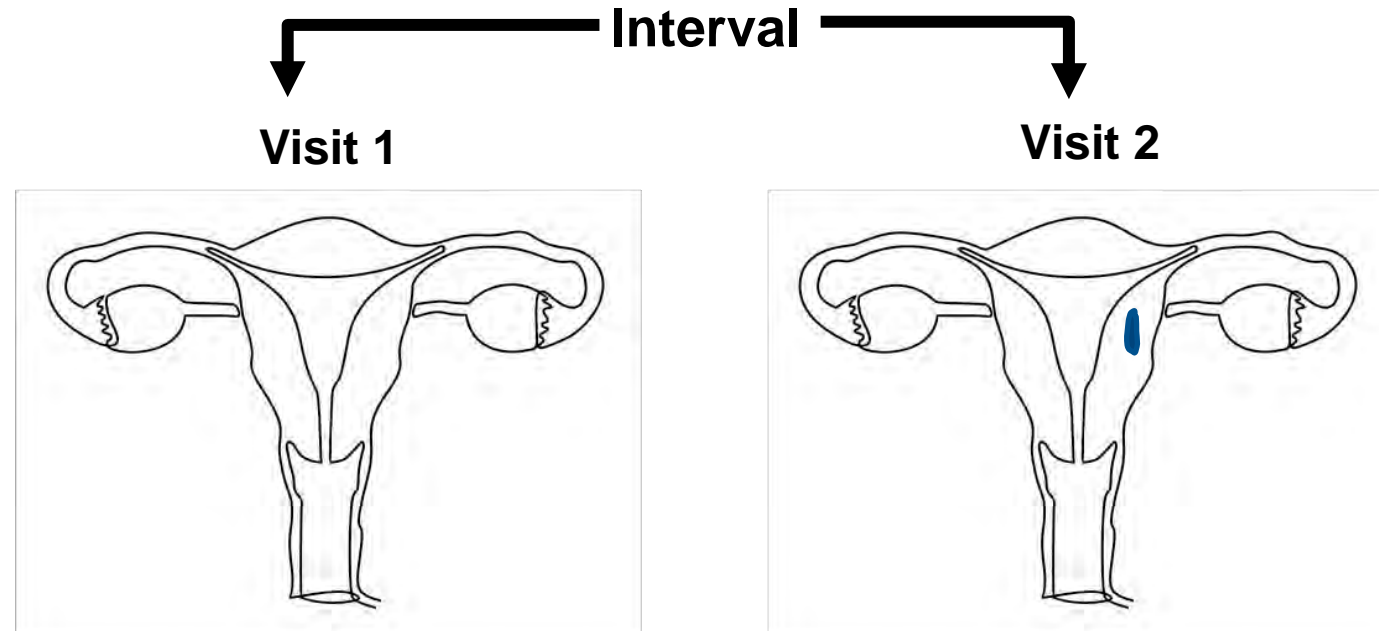
37. Did you start giving me soy formula within the first 2 months of my life?

Yes

No

GO TO QUESTION 38

Fibroid Incidence, n=1,121 participants



Eligible

No prior fibroid

Outcome

New fibroid case

Model

Cox regression, with age as time scale

Covariates

Model 1	Model 2	Model 3
Unadjusted	Maternal and Early Life Factors	Time-varying Participant Factors
§ Age as time scale	§ Mother's age at birth § Mother's education § Maternal pregnancy complications § Birth weight	§ BMI § Income § Smoking § Parity § Years since last birth § Years since last contraceptive injection

Demographics of SELF Cohort (n=1,610)



Mean age 29 Y (SD 3.4)



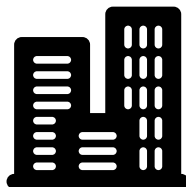
45% household income <\$20,000



78% some college



60% had a birth



60% employed



13% fed soy formula

Demographics by Soy Formula Feeding in Infancy*

Characteristic	Never Fed (n=971)	Ever Fed (n=150)
<u>Participants' mothers:</u>		
Age ≥30 years at participant's birth	19%	26%
≥4 years college	10%	17%
<u>Participants at enrollment:</u>		
Age 23-25 years	25%	33%
Current smoker	20%	13%
Household income <\$20,000	46%	43%
Ever use of contraceptive injection	48%	42%

*Among 1,121 fibroid-free participants at enrollment.

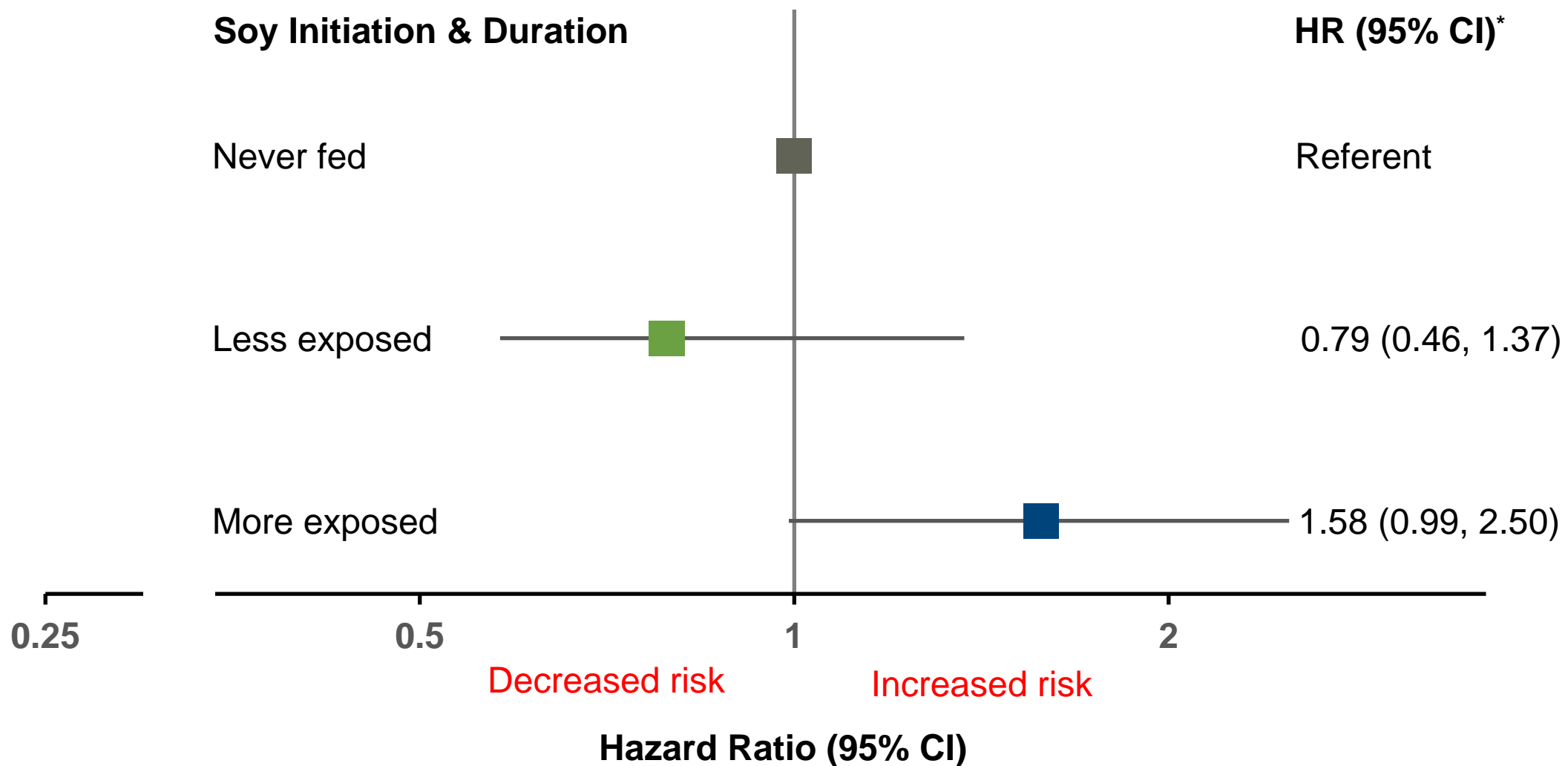
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<u>Participants at enrollment:</u>		
Age 23-25 years	25%	33%
Current smoker	20%	13%
Household income <\$20,000	46%	43%

*Among 1,121 fibroid-free participants at enrollment.

Risk of Incident Fibroids by Soy Formula Feeding

No association



*Adjusted for age (time scale), maternal pregnancy complications, mother's age at participant's birth, mother's education, birth weight, and time-varying: BMI, income, smoking, parity, time since last birth, time since last contraceptive injection.

Conclusions

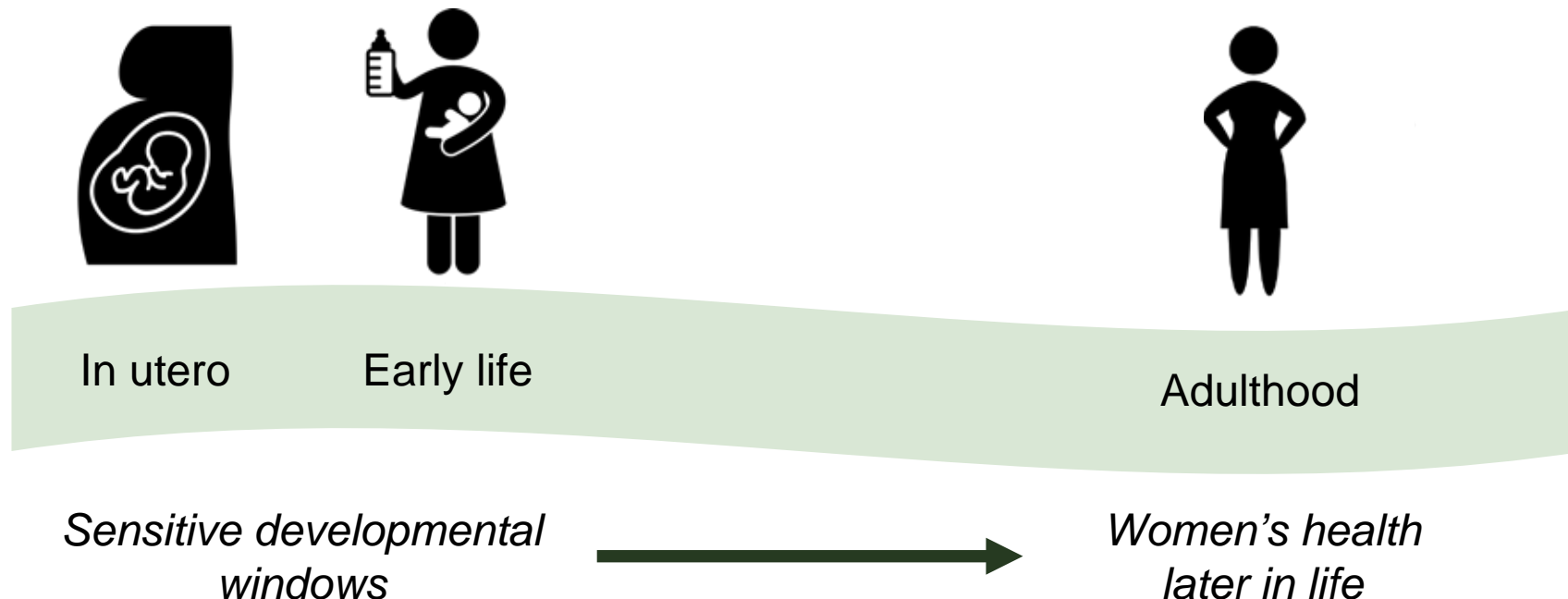
Soy-based infant formula and uterine fibroids

- **Increased risk** of ultrasound-identified incident fibroids in adulthood for those fed **soon after birth and for a longer duration**
- Consistent with prior animal and human studies
- Biological pathway is not established



Summary

- Prenatal/early life exposures affect reproductive tract and organs influencing health and disease later in life
- More research needed to understand mechanisms



Collaborators and Funding

DES and Menopause:

Elizabeth Bertone-Johnson (PI/mentor)
 Susan Hankinson
 JoAnn Manson
 Alexandra Purdue-Smithe
 Bernard Rosner
 Lynnette Sievert
 Brian Whitcomb



Funding: Supported by UO1CA176726 and RO1HD078517 from the NIH/DHHS.

Soy Formula and Fibroids:

Donna Baird (PI/mentor)
 Quaker Harmon
 Kristen Upson



STUDY OF ENVIRONMENT,
LIFESTYLE & FIBROIDS



Funding: Supported by the Intramural Research Program of the NIH, and funds from the American Recovery and Reinvestment Act.

Questions: christine.langton@nih.gov



Closing Remarks

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Director, Division of Strategic Communications
Office on Women's Health
U.S. Department of Health and Human Services

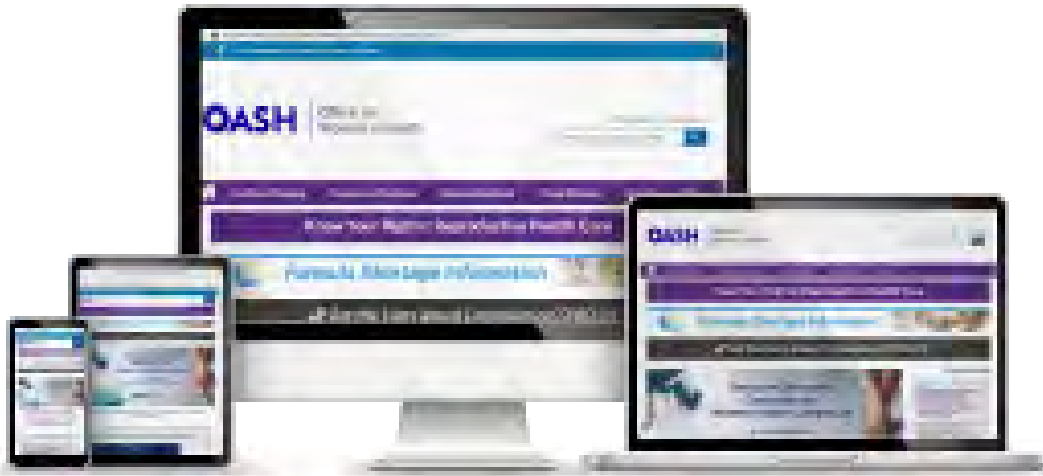
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