

# Developmental exposures, kidney function, and biomarkers of cardiorenal signaling

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**Mount  
Sinai**



## Washington, D.C.

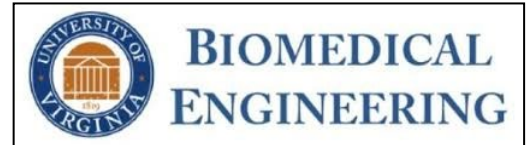
- National Capitol
- Population: 6.2 million





Charlottesville, VA.

- Population: 48,000





Madison, WI.

- Population: 260,000





## Chapel Hill, NC.

- Population: 65,000



UNC

GILLINGS SCHOOL OF  
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New York, NY.

- Population: 18.8 million





Lexington, KY.

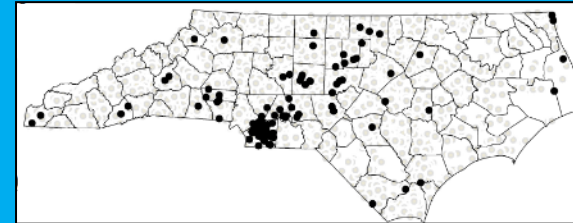
- Population: 320,000

# Toxic metals and early life health effects

1. Metals are widespread toxicants

2. Early life exposures may program renal health

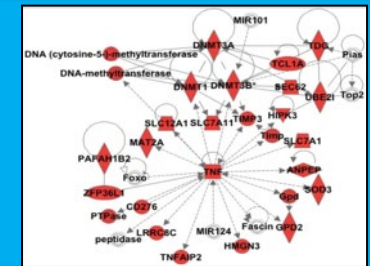
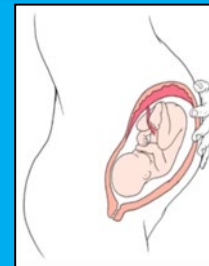
3. Novel kidney biomarkers



Exposure

Health Effects

Biomarkers





## Toxic metals

What are they? Are we exposed?

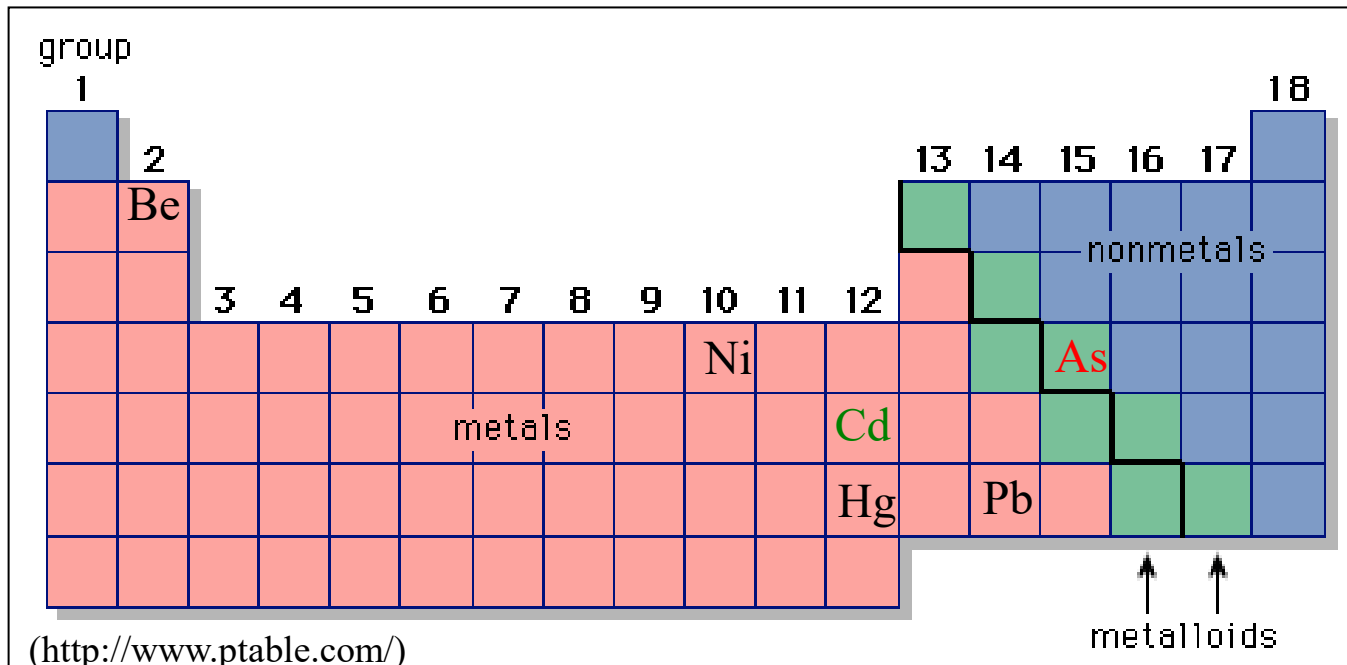
# Toxic metals have no biological role

33	2
	8
<b>As</b>	18
	5
Arsenic	
74.9216	

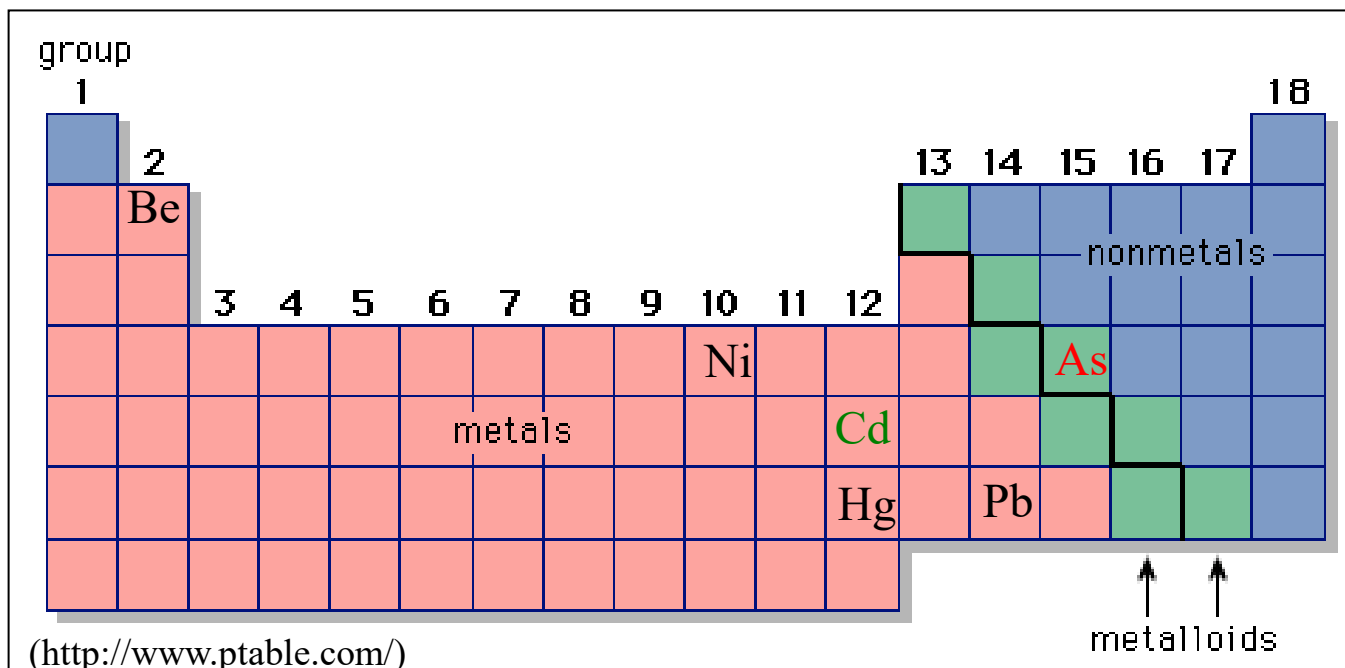
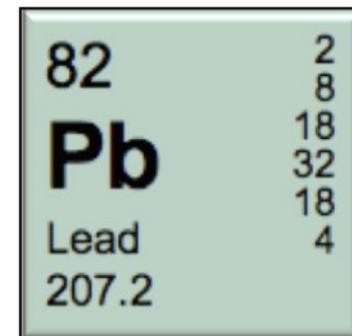
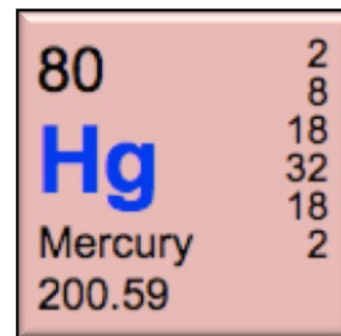
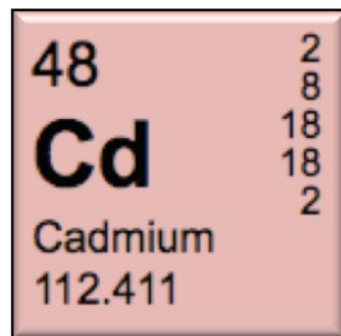
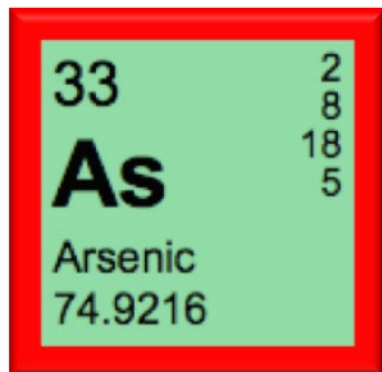
48	2
	8
<b>Cd</b>	18
	18
Cadmium	2
112.411	

80	2
	8
<b>Hg</b>	18
	32
Mercury	18
200.59	2

82	2
	8
<b>Pb</b>	18
	32
Lead	18
207.2	4



# Toxic metals have no biological role



# Arsenic

- ▶ 20<sup>th</sup> most abundant metal(oid) in the Earth's crust
- ▶ A known **human carcinogen** (bladder, lung, kidney, and skin)
- Also non-cancer endpoints: cardiovascular disease, diabetes, neurological abnormalities, and skin hyperpigmentation (NRC, 2001)



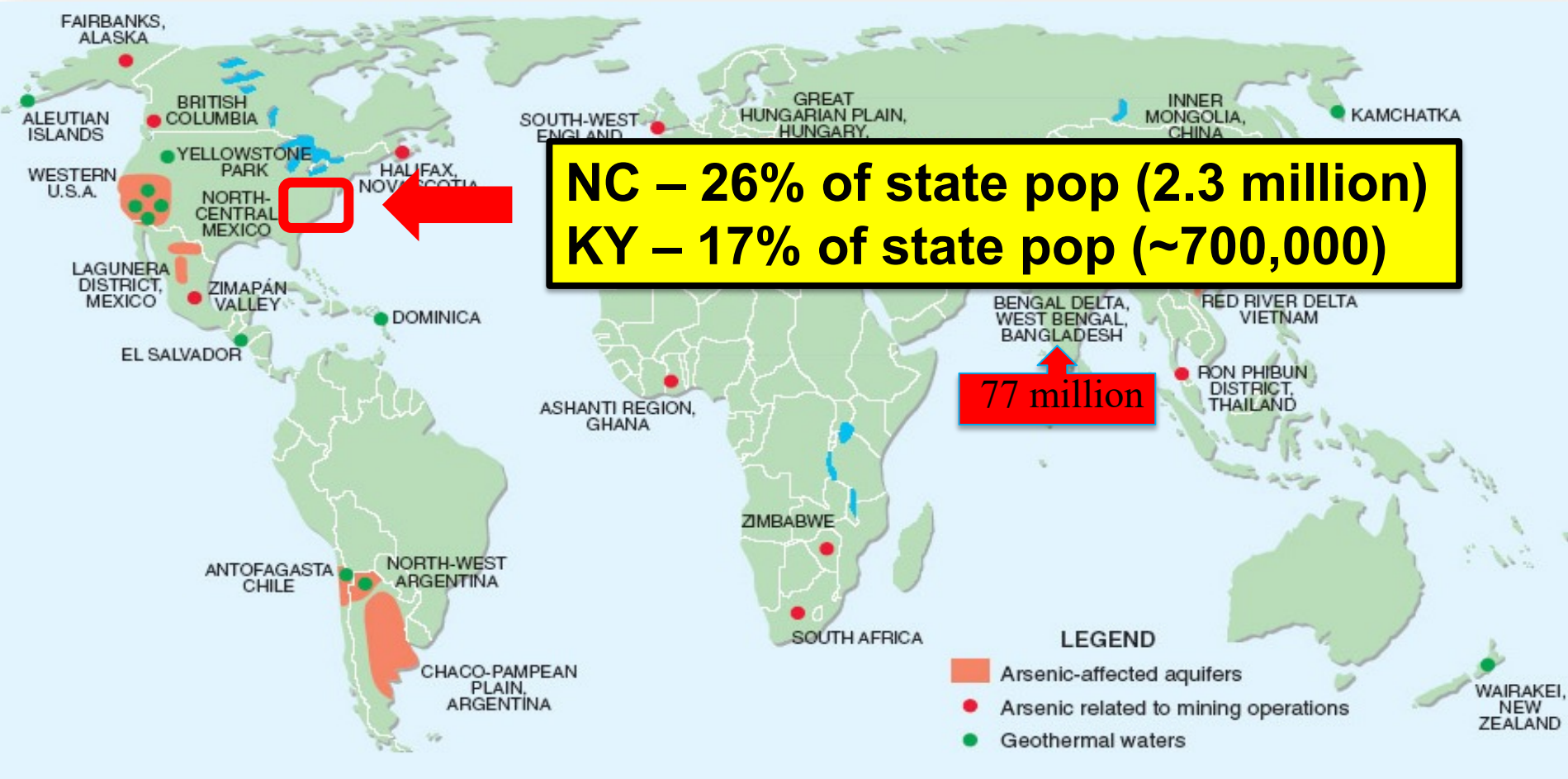
- ▶ Sources: Pesticides, treated wood, coal emissions, diet, and drinking water.



# Arsenic occurs in drinking water worldwide

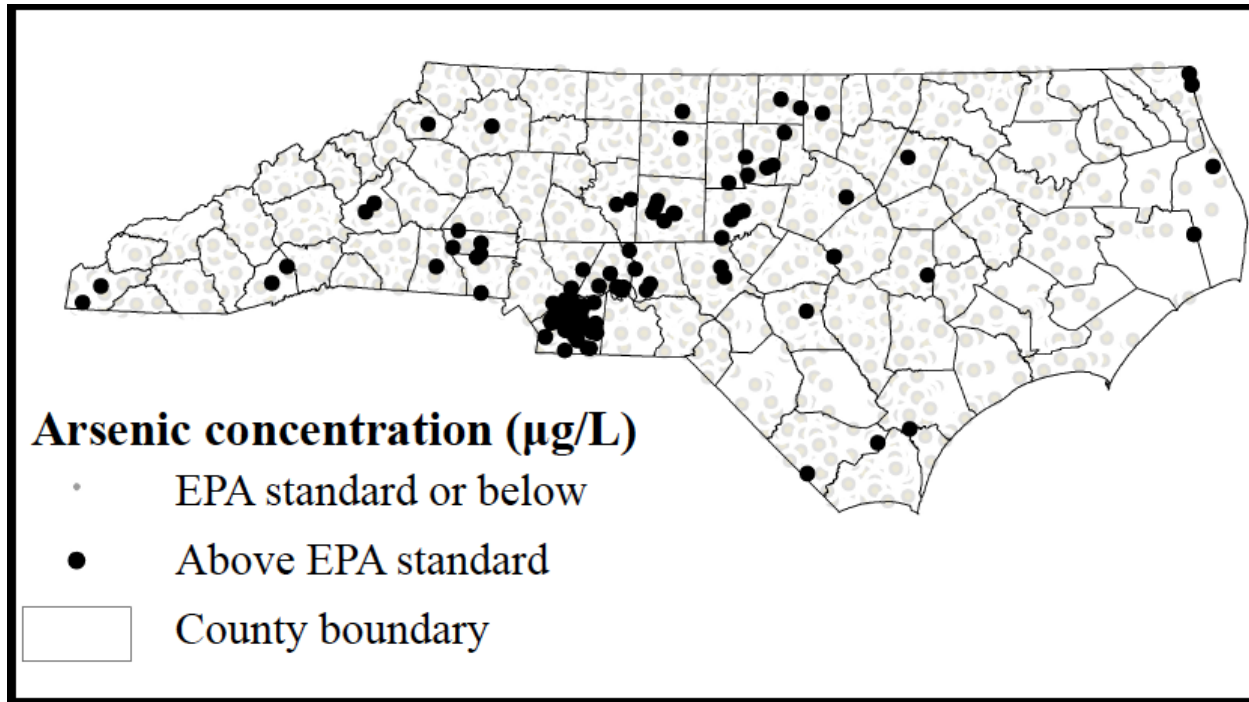


# Arsenic occurs in drinking water worldwide



**Study goal:** To comprehensively determine spatial trends of toxic metals in NC

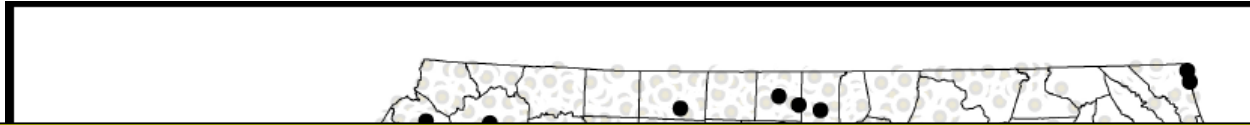
## Largest study of metals in private wells in NC (60,000 wells)



- >7,700 had detectable arsenic (12%)
- Over 1,500 wells exceeded  $10 \mu\text{g/L}$  (the EPA standard)



## Arsenic levels elevated in NC wells



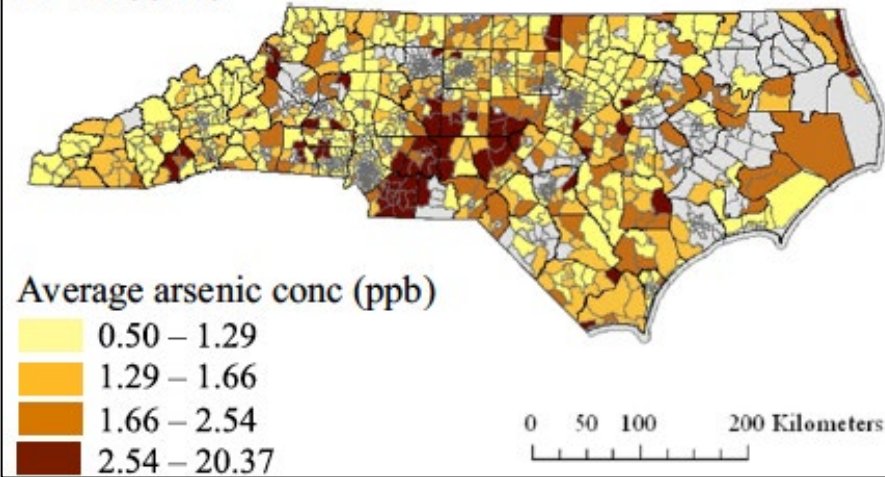
- Geographic trends across the state
- Levels as high as 806  $\mu\text{g}/\text{L}$  (ppb)

- Above EPA standard
- County boundary

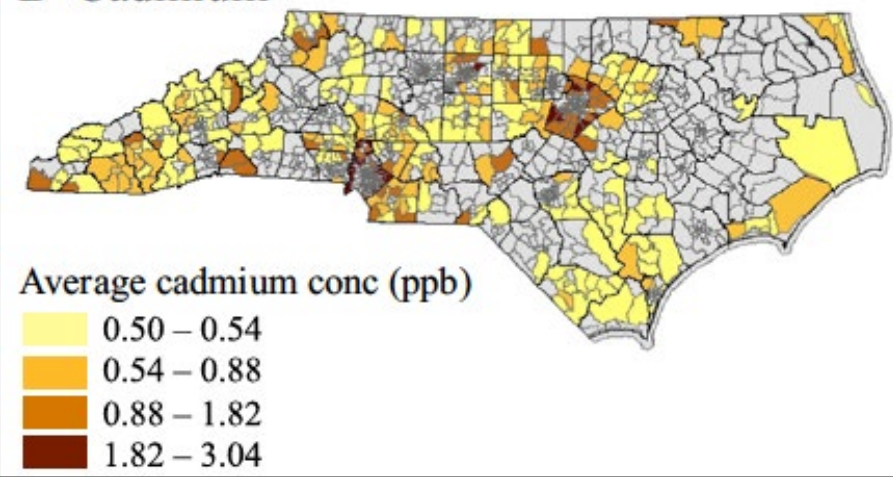
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# Spatial patterns of metals in NC

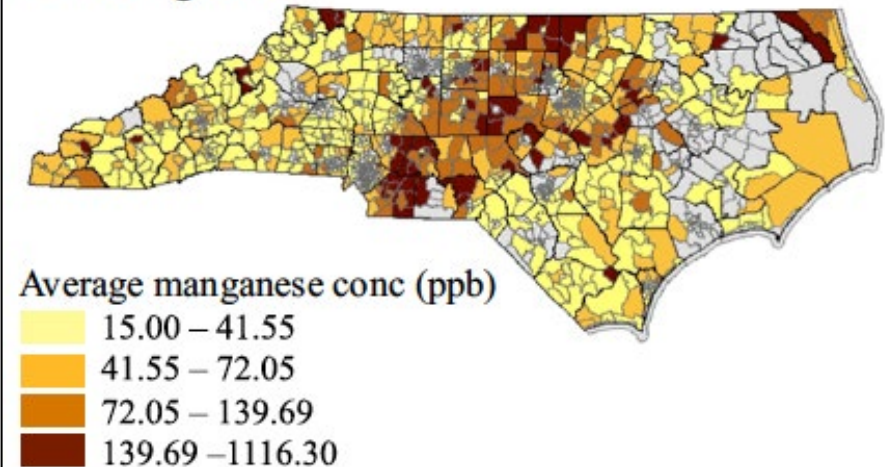
**A Arsenic**



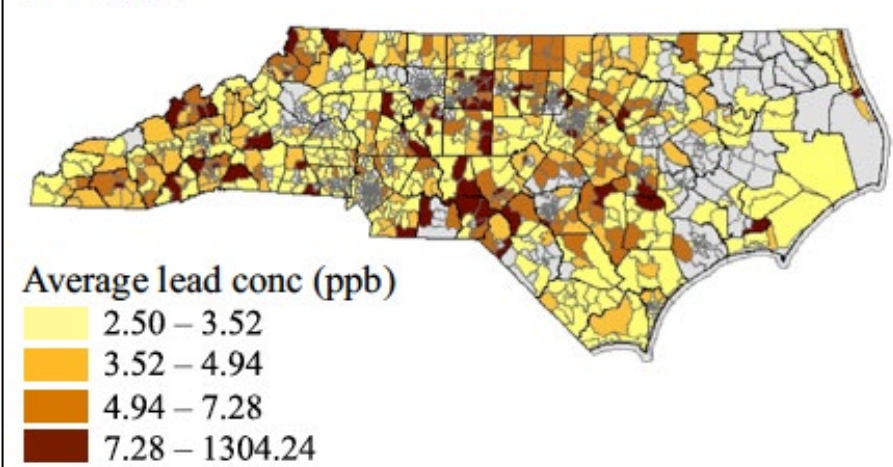
**B Cadmium**



**C Manganese**

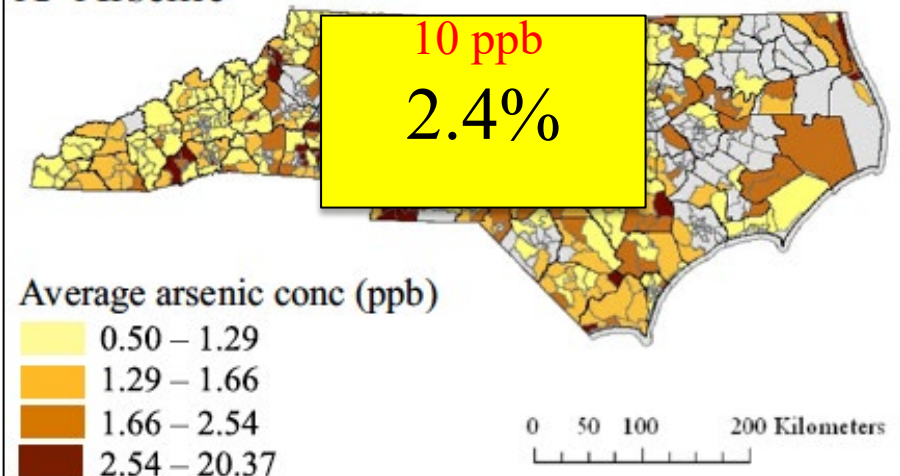


**D Lead**

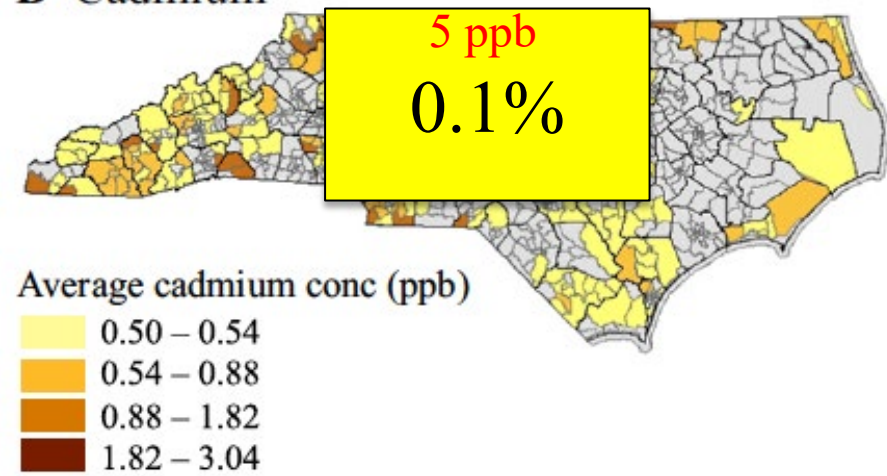


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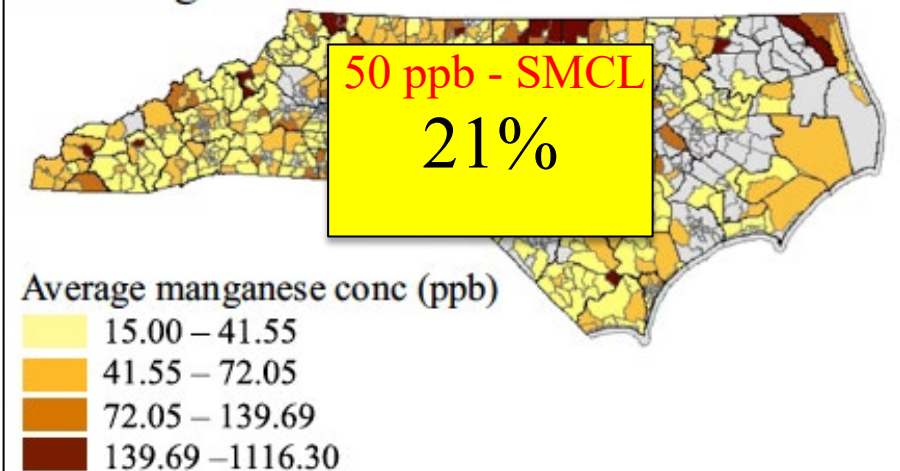
## A Arsenic



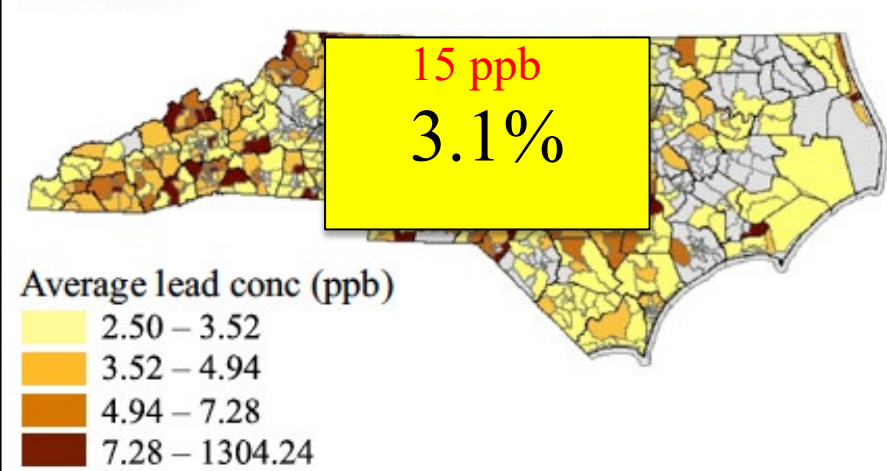
## B Cadmium



## C Manganese

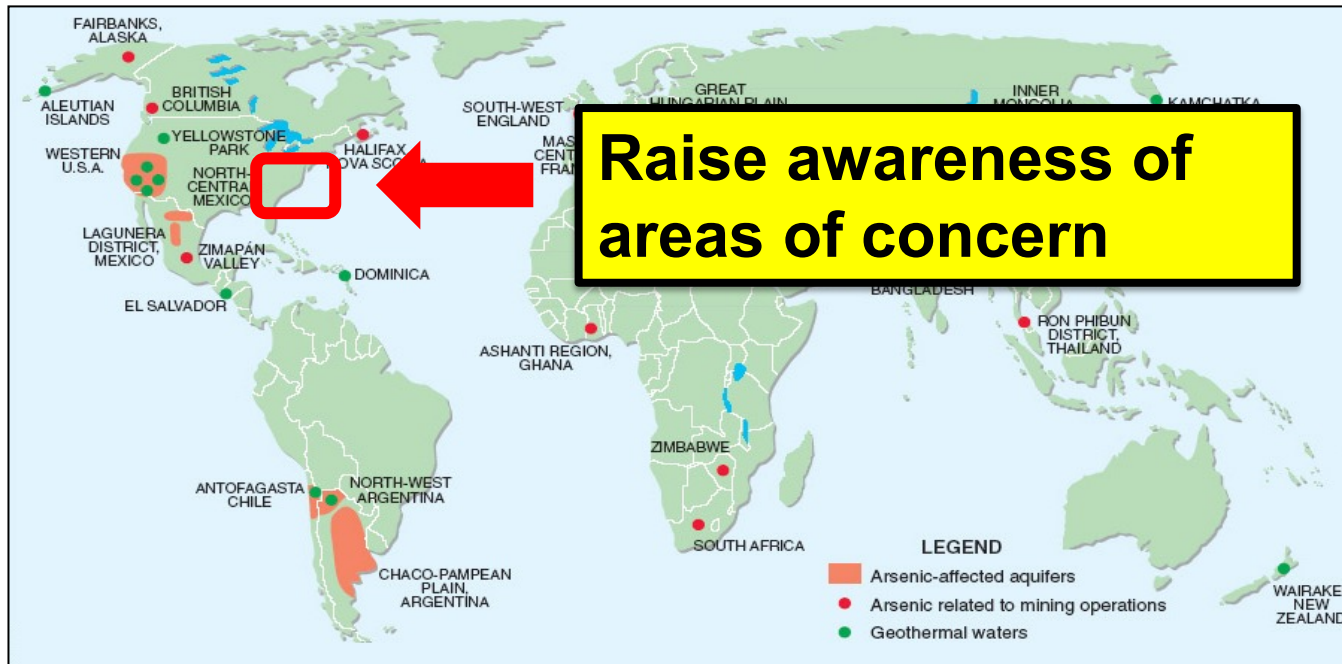


## D Lead





## Public health relevance



Individuals relying on private wells for drinking water should have their well water tested.

# Toxic metals

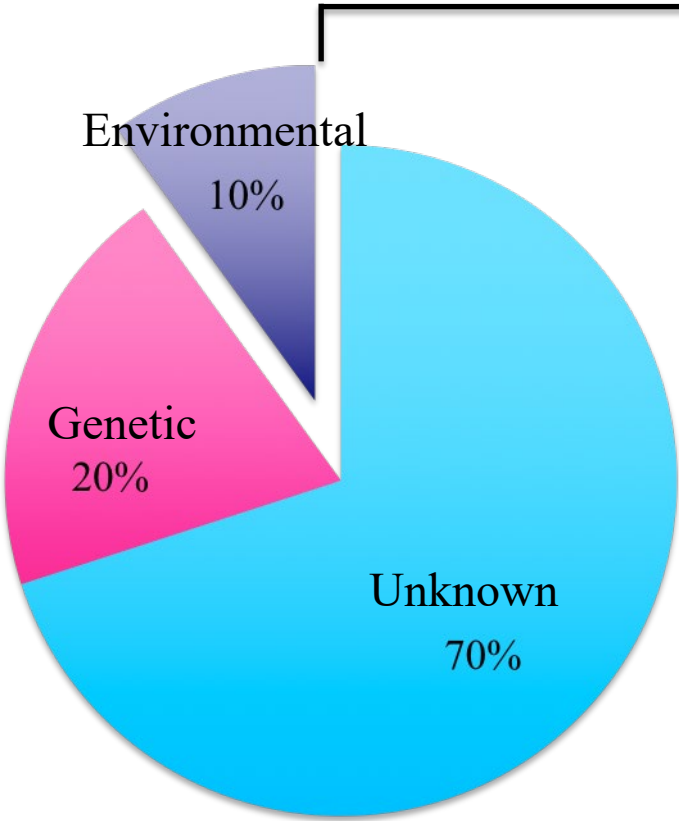
What are they? Are we exposed?



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# Metals are understudied environmental toxicants in human populations

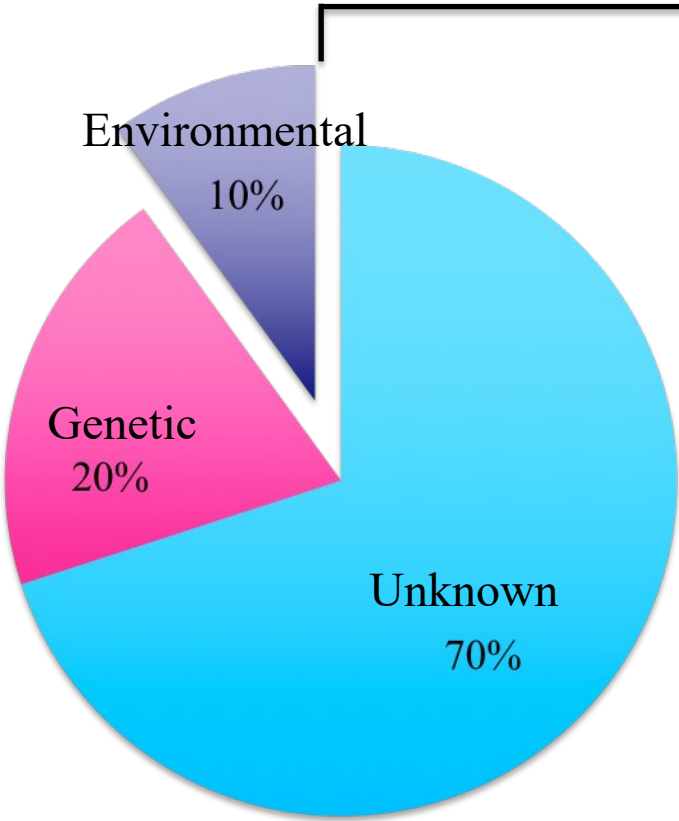


Metals rank among the top 10 in the priority list of hazardous substances

2019 RANK	SUBSTANCE NAME
1	ARSENIC
2	LEAD
3	MERCURY
4	VINYL CHLORIDE
5	POLYCHLORINATED BIPHENYLS
6	BENZENE
7	CADMIUM

Known causes of birth defects

# Metals are understudied environmental toxicants in human populations

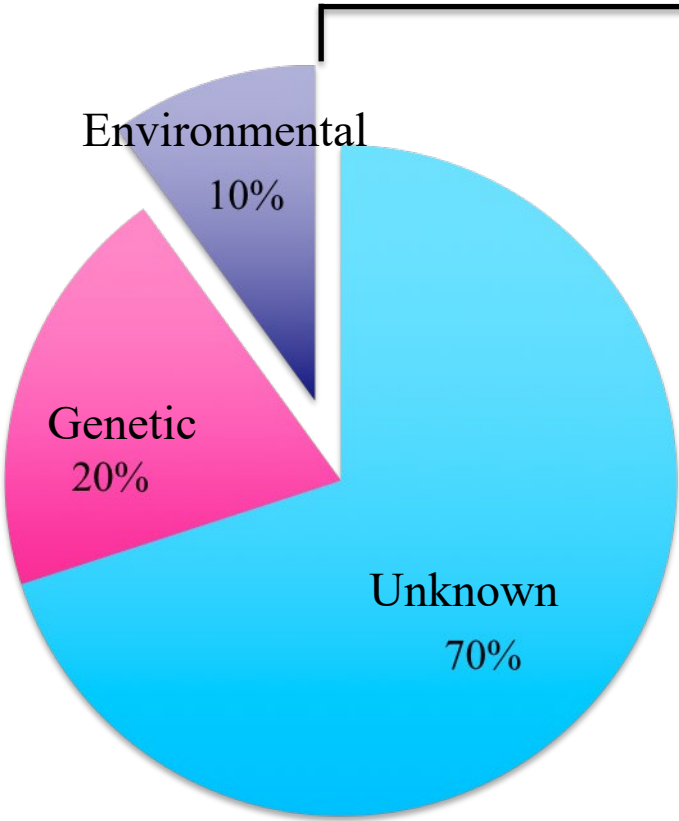


Evidence of metal exposure in NC pregnant women (n=211)

Metal	% detected
Arsenic	65.7
Cadmium	57.3
Mercury	63.8
Lead	100

Known causes of birth defects

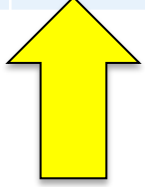
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Known causes of birth defects

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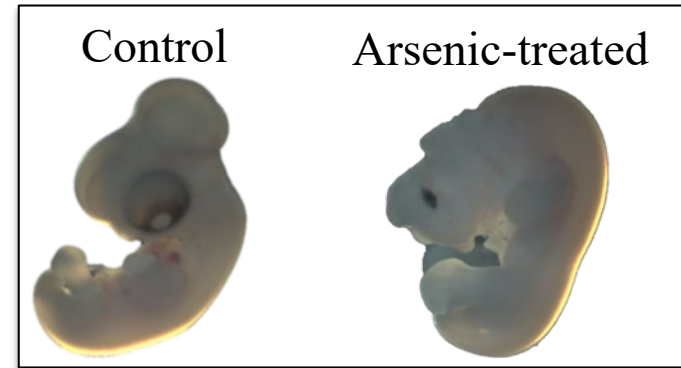
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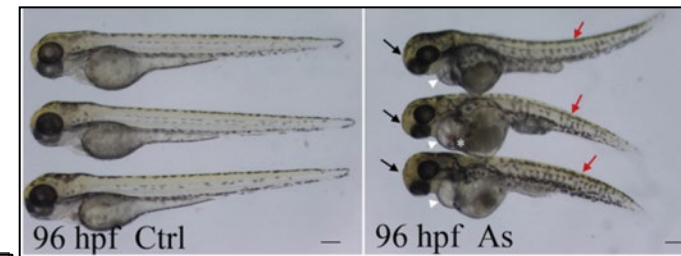


## Evidence of metal-associated defects

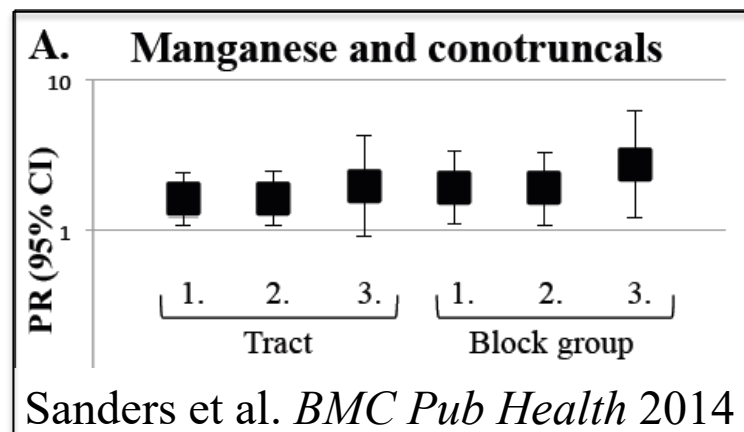
- ▶ Metals cause gross morphological defects
- ▶ Arsenic- and cadmium-induced heart defects
- ▶ Epidemiological links with metals in drinking water



Ahir, Sanders et al. *EHP* 2013



Li et al. 2009

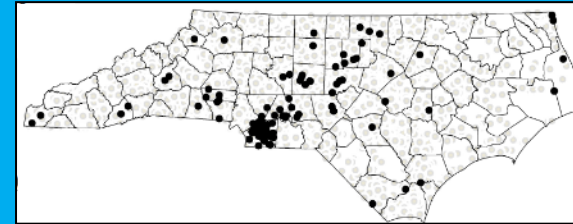


# Toxic metals and early life health effects

1. Metals are widespread toxicants

2. Early life exposures may program renal health

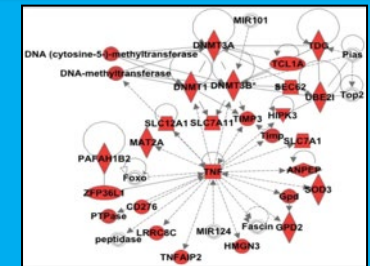
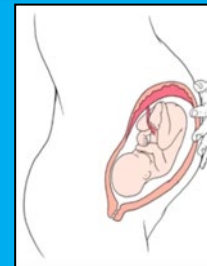
3. Novel kidney biomarkers



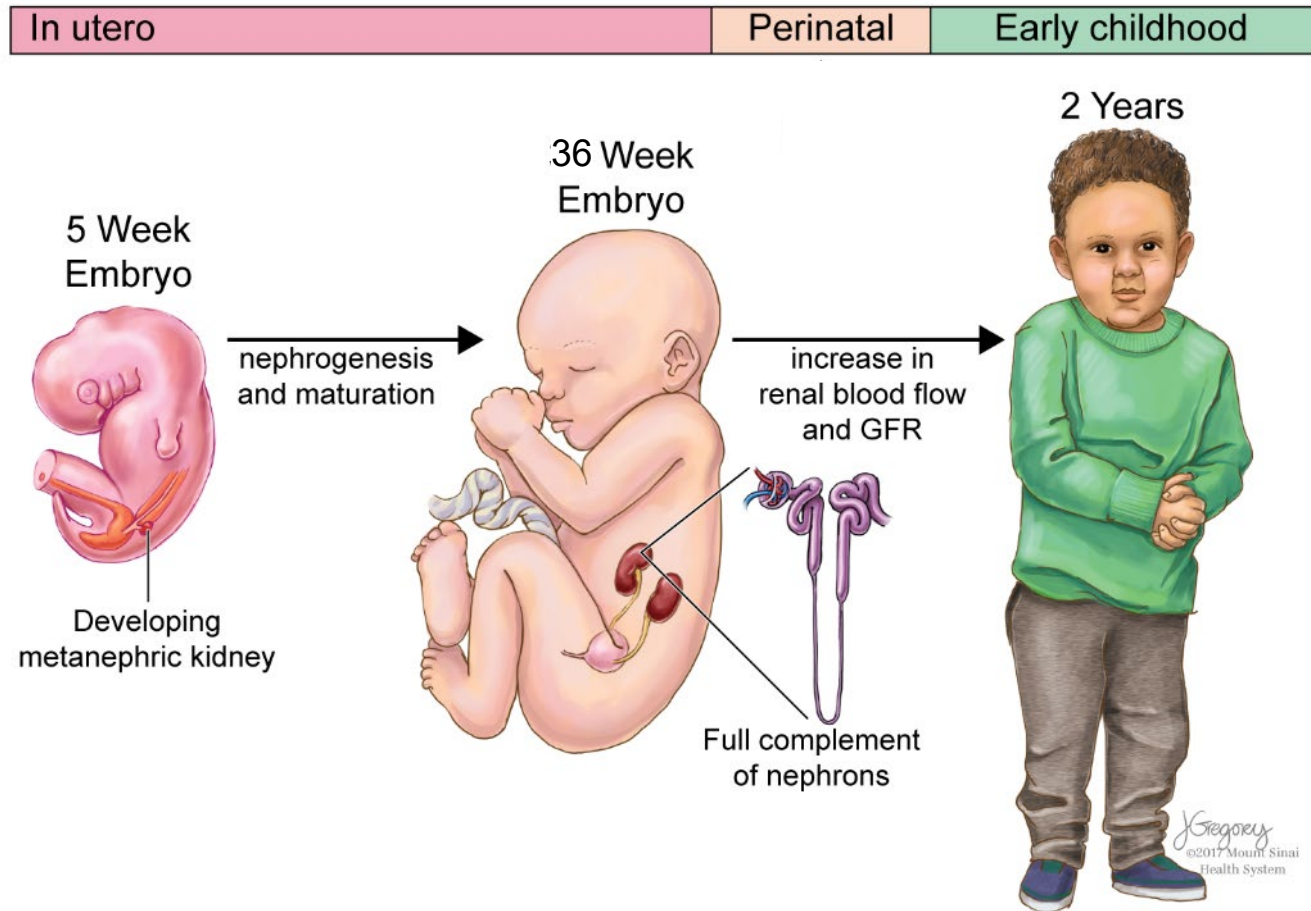
Exposure

Health Effects

Biomarkers



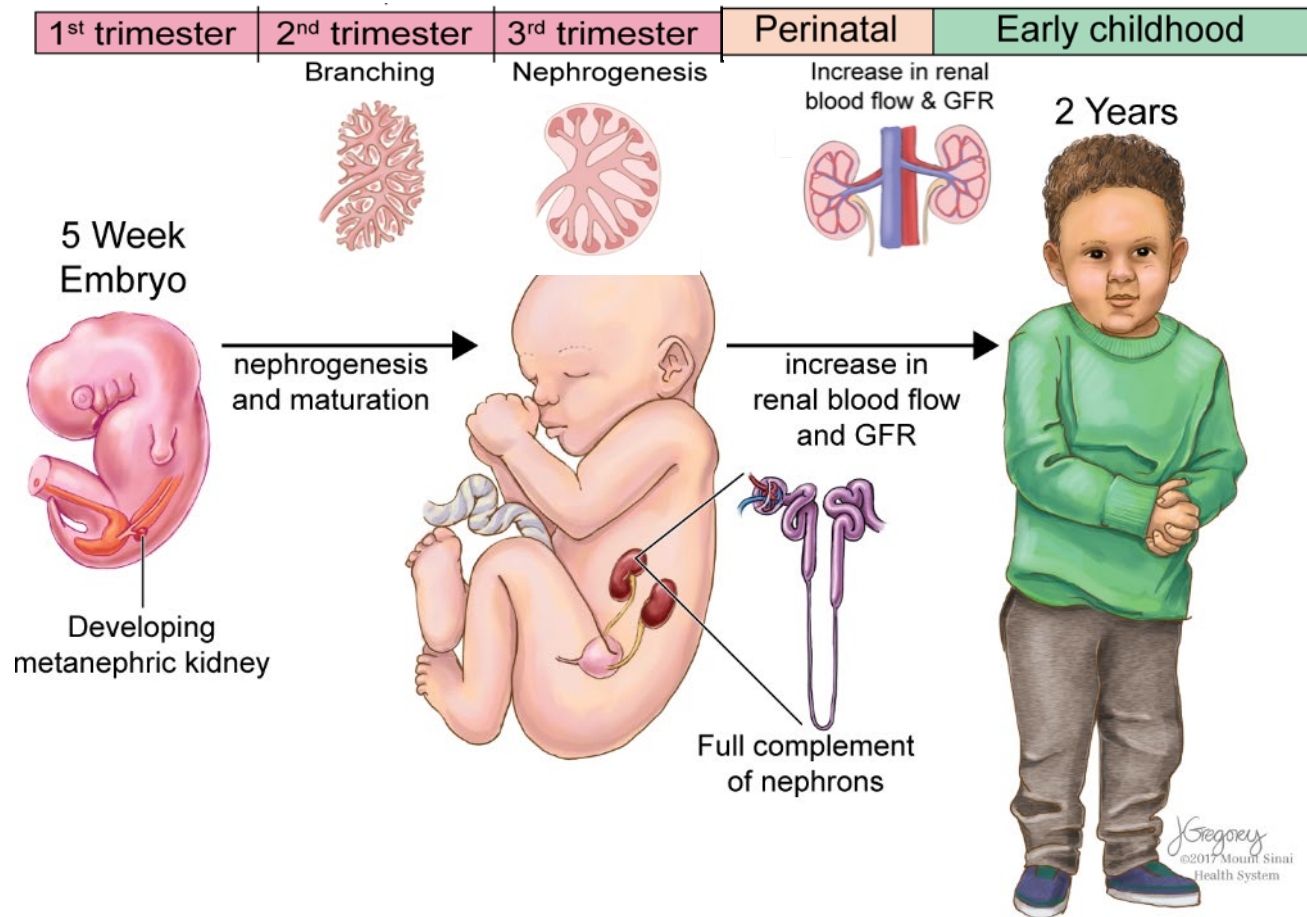
# Critical windows of kidney development



- ▶ Environmental insults during susceptible periods of renal development may program later life kidney disease or hypertension

Sanders et al. *Ped Res* 2018

# Critical windows of kidney development

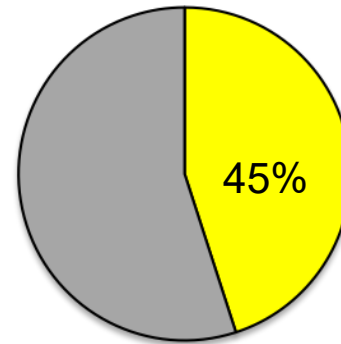


- ▶ Environmental insults during susceptible periods of renal development may program later life kidney disease or hypertension

Sanders et al. *Ped Res* 2018

## Public health need

- ▶ How the ~~fetal~~ **perinatal** kidney environment contributes to the origins of CKD and adult disease is a critical research need
  
- ▶ Identification of early life risk factors and intervention wield immense potential in clinical and public health practice.
  - Hypertension
  - Chronic kidney disease
  - End-stage renal disease



>100 million US adults

## Toxic metals are paradigm nephrotoxicants

- ▣ Nephrotoxic metals: As, Pb, Cd, Cr, and Li
  - Prevalent environmental exposures, occur concomitantly, mixed sources
  - Proximal and glomerular toxicants
  - Associated with adult chronic cardiorenal diseases

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Environment International 131 (2019) 104993



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Environment International

journal homepage: [www.elsevier.com/locate/envint](http://www.elsevier.com/locate/envint)



Combined exposure to lead, cadmium, mercury, and arsenic and kidney health in adolescents age 12–19 in NHANES 2009–2014



Alison P. Sanders<sup>a,b,\*</sup>, Matthew J. Mazzella<sup>a</sup>, Ashley J. Malin<sup>a</sup>, Gleicy M. Hair<sup>a</sup>, Stefanie A. Busgang<sup>a</sup>, Jeffrey M. Saland<sup>b</sup>, Paul Curtin<sup>a</sup>

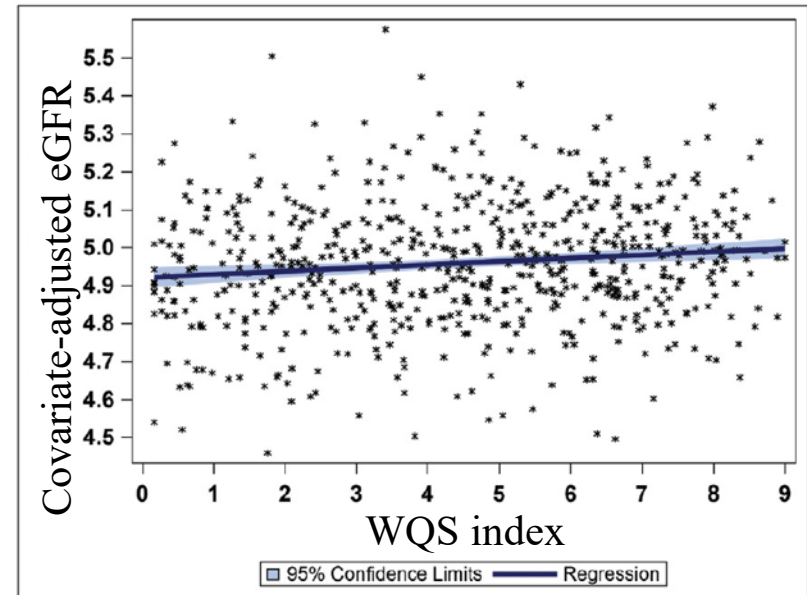
<sup>a</sup> Department of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai, New York, NY, USA

<sup>b</sup> Department of Pediatrics, Icahn School of Medicine at Mount Sinai, New York, NY, USA

# Metal mixtures and adolescent kidney parameters

- ▶ NHANES 2009-2014
- ▶ Metals assessed in **urine** and blood (n=2709)
- ▶ Average age: 15.4 years (n=2709)
- ▶ Outcomes: estimated glomerular filtration rate (eGFR), BUN, albumin

<u>Metal Mixture</u>	
Hg	61%
Cd	17%
As	13%
Pb	9%



Sanders et al. *Env Int* 2019

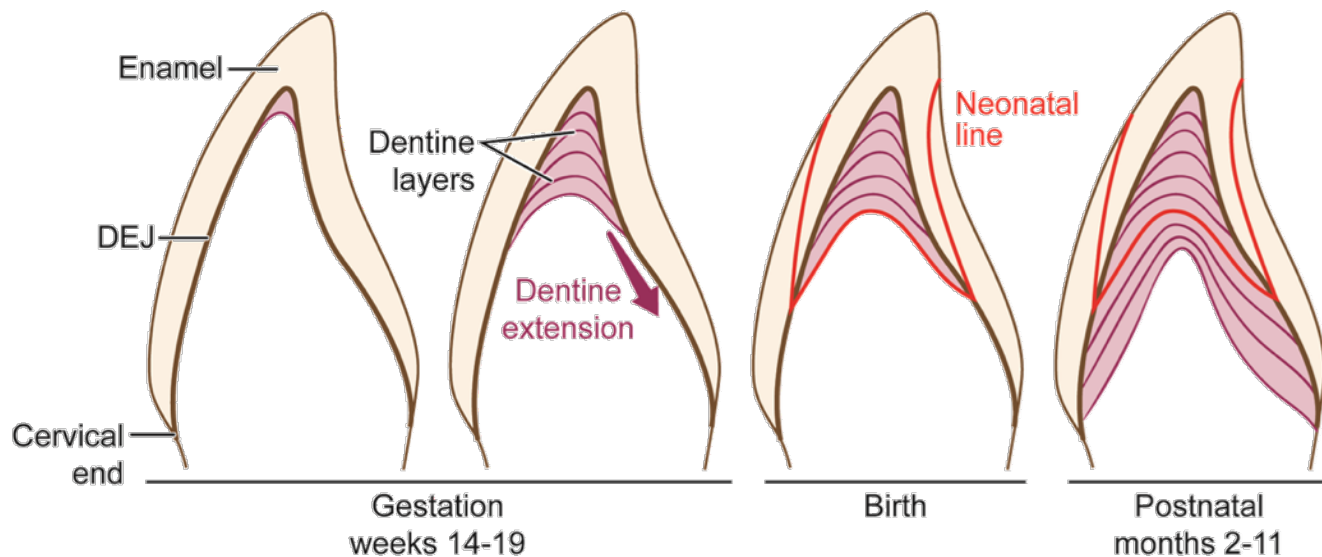


## Toxic metals are paradigm nephrotoxicants

- ▶ Nephrotoxic metals: As, Pb, Cd, Cr, and Li
  - Prevalent environmental exposures, occur concomitantly, mixed sources
  - Proximal and glomerular toxicants
  - Associated with adult chronic cardiorenal diseases
  
- ▶ Toxic metals can disrupt:
  - nephrogenesis
  - primary developmental processes vital for maintaining nutrient and waste product homeostasis
  
- ▶ Research need: to fully account for nephrotoxic exposures that *predate* the onset of subclinical kidney disease.
  - How can we assess metal exposure longitudinally with **weekly** temporal resolution?
    - Tooth biomarker

## Why Teeth?

- ▶ Commence development prenatally
- ▶ Grow incrementally (growth rings like a tree)
- ▶ Non-invasive collection from 6 to 13 years of age
- ▶ Hydroxyapatite incorporates many chemicals



J Gregory ©2015 Mount Sinai Health System

[Slide from Dr. C. Austin]

# Study Aim

To evaluate the relationship between perinatal toxic metals exposure assessed longitudinally in our tooth biomarker with children's kidney function at ages 8-10 years old.

- a) Individual metals
- b) Metal mixtures

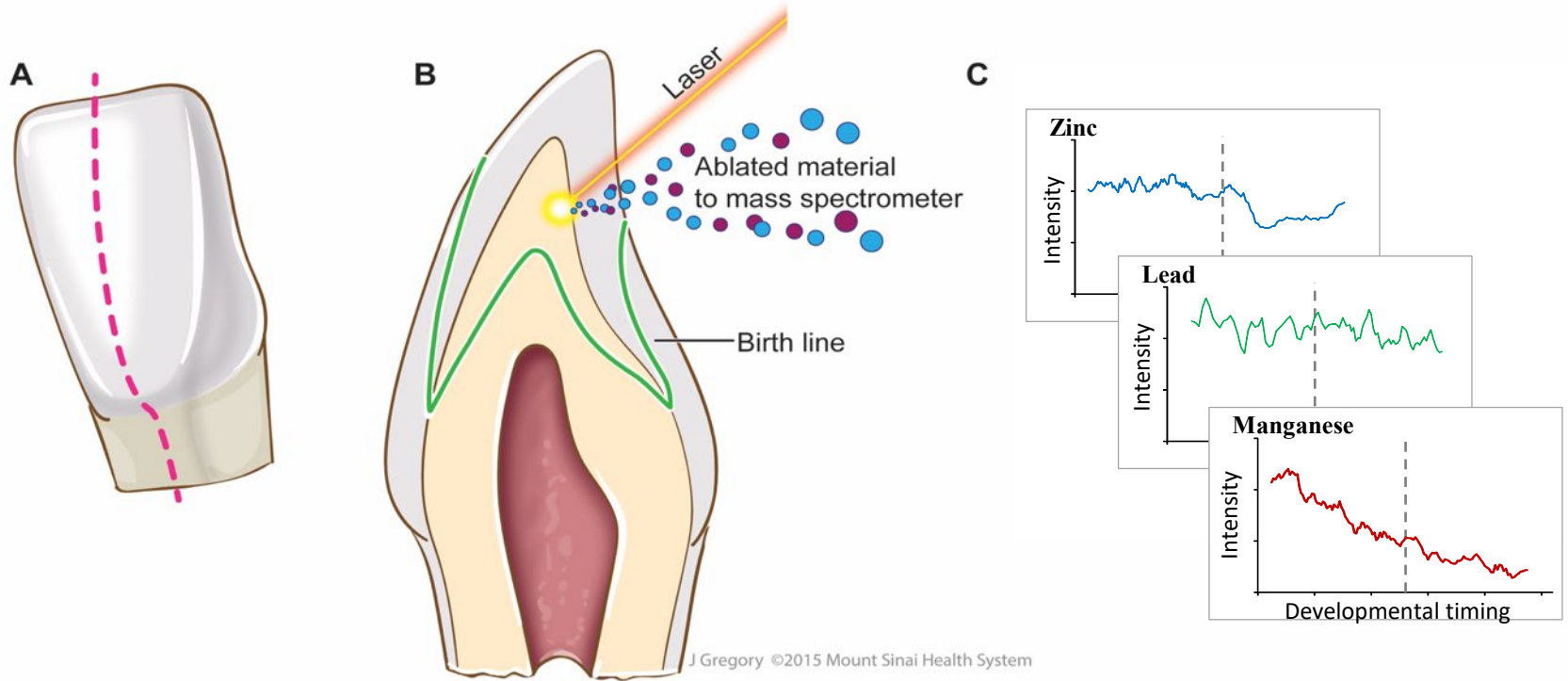
## PROGRESS birth cohort



- ▶ Mexico City
- ▶ Enrolled pregnant women during the 2<sup>nd</sup> trimester (n=948)
- ▶ Infants followed into childhood (~10 yrs)
- ▶ ~700 active mother-child pairs
  - Preliminary subset: n = 253



# Methods



# Methods

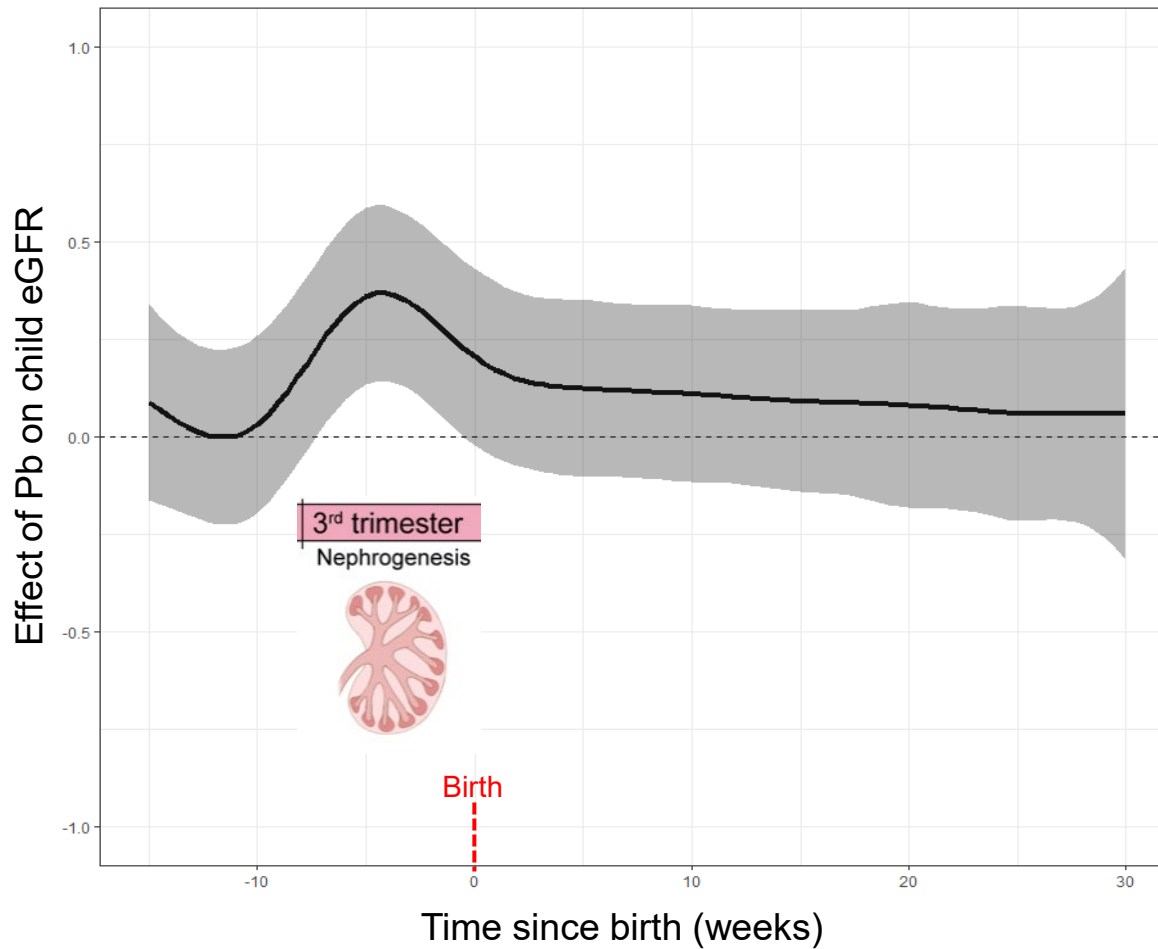
- ▶ Estimated glomerular filtration rate (eGFR) assessed by serum cystatin C:
  - $eGFR_{CKiD\ 2012}: 70.69 * (Cystatin\ C)^{-0.931}$
- ▶ We used reverse distributed lag models (rDLMs) to examine time-varying associations between weekly perinatal metal concentrations and children's eGFR
  - adjusting for child's age, sex, BMI z-score, SES and prenatal exposure to tobacco smoke in the home.
- ▶ To examine effects of time-varying metal mixtures, we then applied lagged Weighted Quantile Sum (WQS) regression.

Schwartz et al. *Kidney Int* 2012  
Gennings et al. *Env Res* 2020

## Demographics (n=253)

	<b>Arithmetic mean (SD) or Percentage of Sample</b>
Age, years	9.6 [9.1, 10.3]
Male sex, %	51%
Socioeconomic status	
Low	55%
Medium	36%
High	9%
Smoke exposure in the home (2T)	30%
Child BMI	
Normal Weight	53%
Overweight	24%
Obese	23%
eGFR <sub>CysC2012</sub> (mL/min/1.73m <sup>2</sup> )	120.7 [92.2, 149.1]

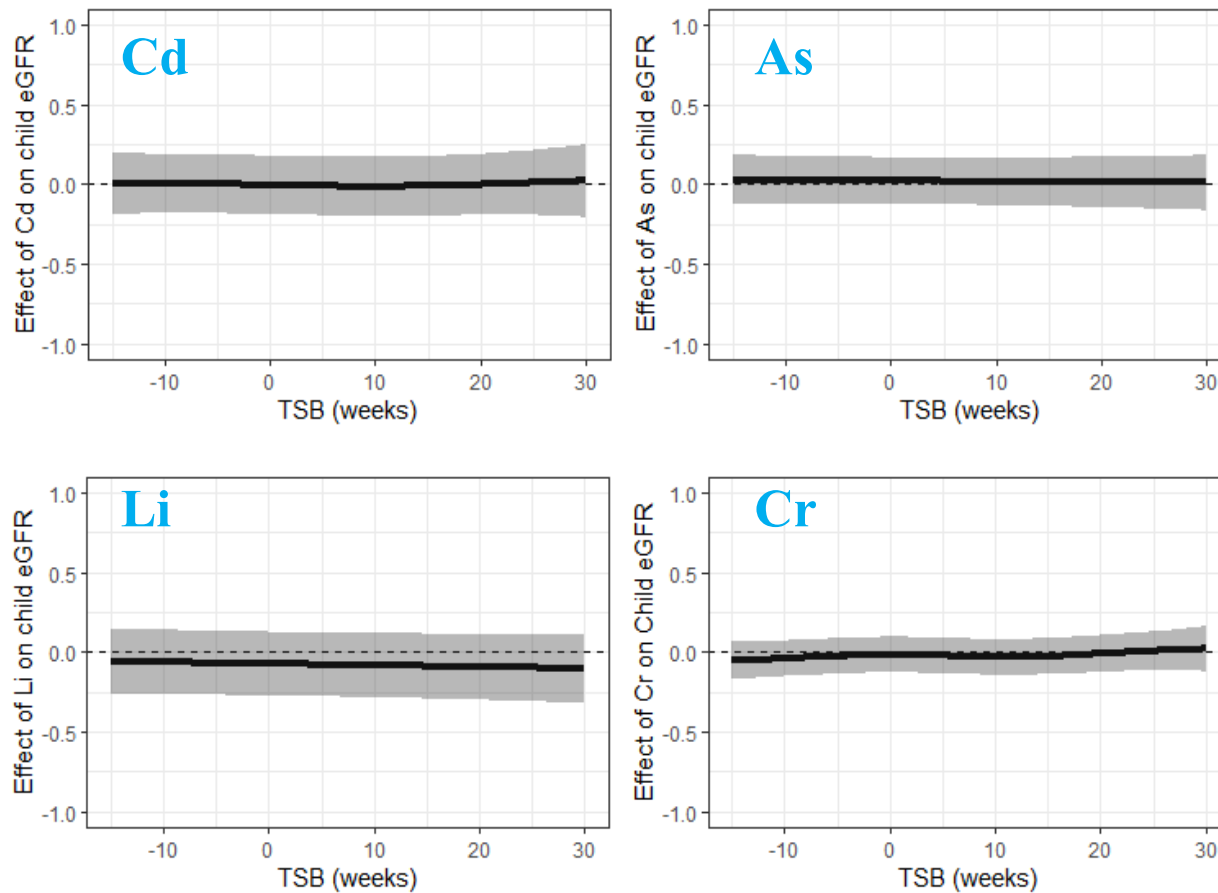
# Results



Prenatal Pb exposure during the 7 weeks prior to birth was associated with increased eGFR at 8-10 years.

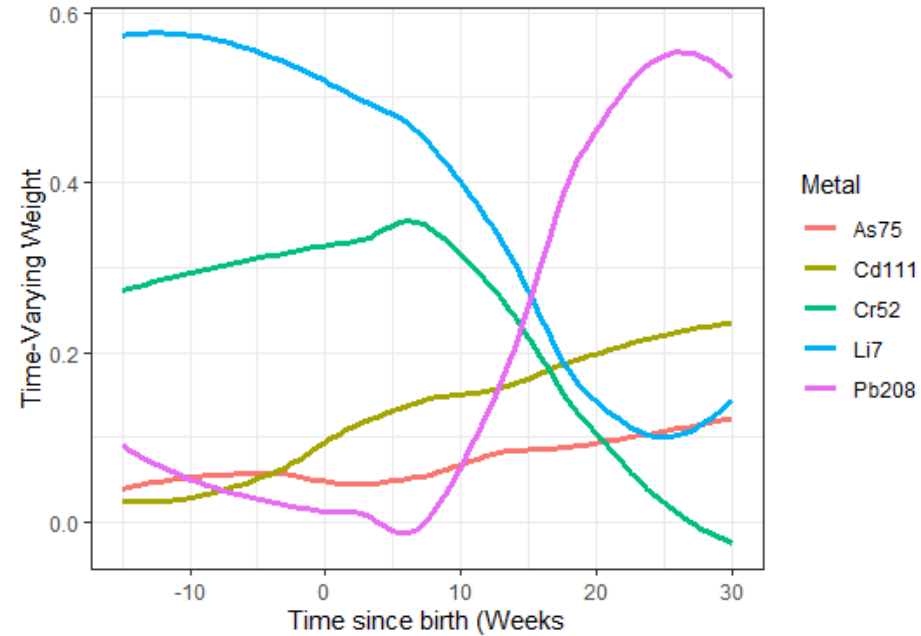
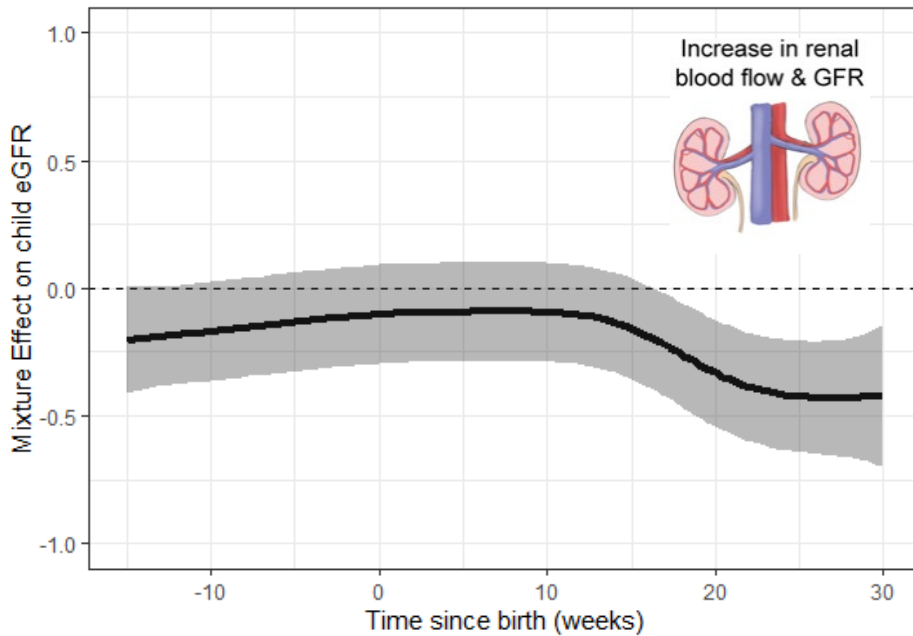


# Results



No significant associations were observed between single-metal Cd, As, Li, or Cr exposures and eGFR at age 8-10 years.

# Results



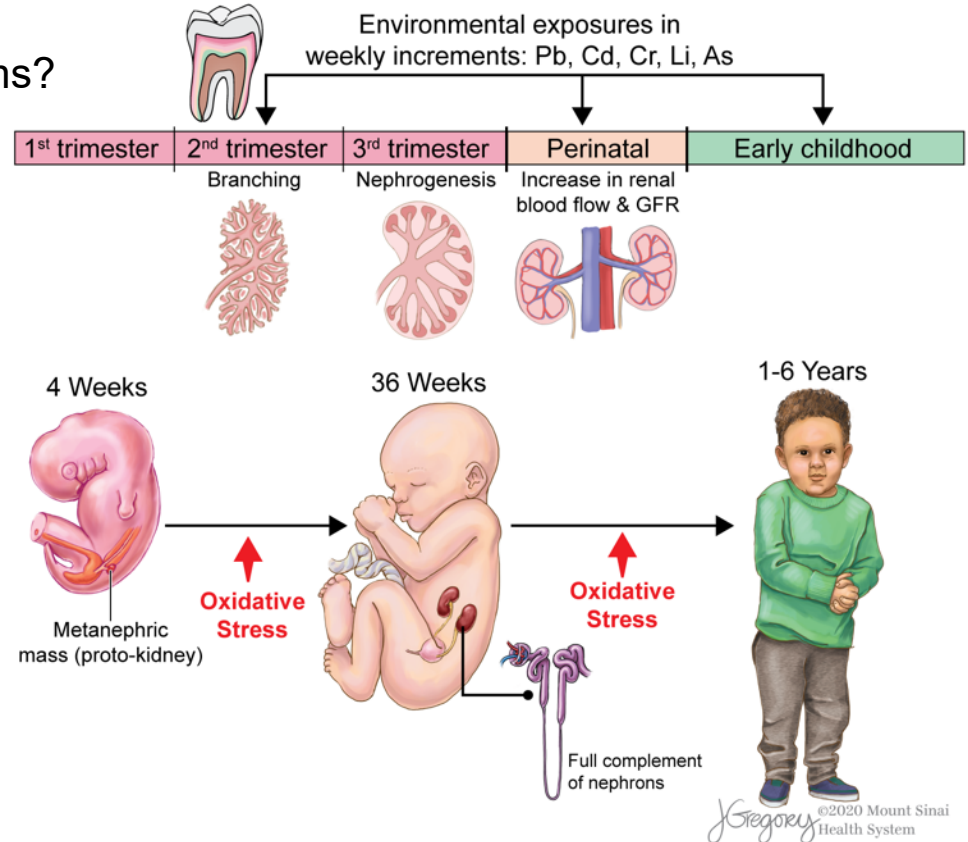
Postnatal metal mixture exposure 16-30 weeks after birth was associated with decreased eGFR at 8–10 years.

Highest weighted metals in this window: **Pb**, Li, Cd, Cr, As

# Far-reaching implications of early life exposures

▣ Longitudinal follow-up will assess kidney function trajectories predictive of later life kidney disease

- Will include glomerular, tubular and vascular kidney damage indicators
- Potential unifying mechanisms?



What about other early life environmental exposures?

# Fluoride exposure in the US

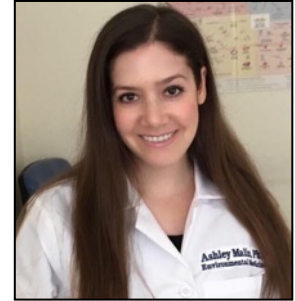
Environment International 132 (2019) 105012



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Dr. Ashley Malin

Fluoride exposure and kidney and liver function among adolescents in the United States: NHANES, 2013–2016



- ▶ NHANES 2013-2016
- ▶ Fluoride assessed in plasma (n=1983) and water (n=1742)
- ▶ Average age: 15.4 years

A 1  $\mu\text{mol/L}$  increase in plasma fluoride was associated with a 10 mL/min/1.72m<sup>2</sup> lower eGFR

Malin et al. *Env Int* 2019

## Early life fluoride and preadolescent kidney function

- ▶ PROGRESS birth cohort
- ▶ 438 children
- ▶ Urine fluoride assessed at age 4 yrs
- ▶ eGFR, BUN and BP at age 8-10 yrs



Charlie Saylor  
3<sup>rd</sup> year med student

No significant association between urine fluoride and subsequent eGFR

-2.2 mL/min (-5.8, 1.4) p=0.2

Among children with obesity (n=103), we observed a marginally significant inverse relationship.

-4.8 mL/min (-10.2, 0.6) p=0.08

Saylor et al. in submission.

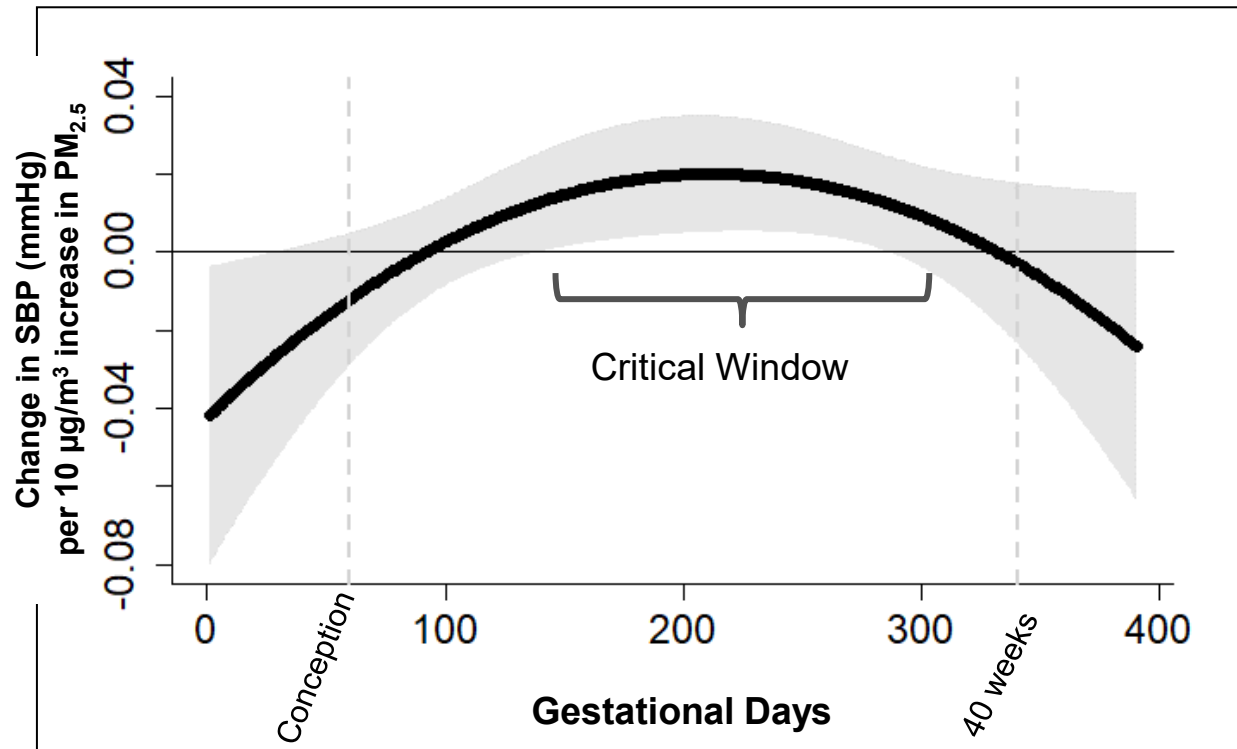
# Perinatal air pollution and children's BP



Dr. Maria José Rosa

- ▶ PROGRESS dyads (n=537)
- ▶ Satellite-based spatio-temporal model (Just *et al.* 2015)
- ▶ Early childhood BP: age 4 to 6 years
- ▶ Examined windows of susceptibility using daily resolution.

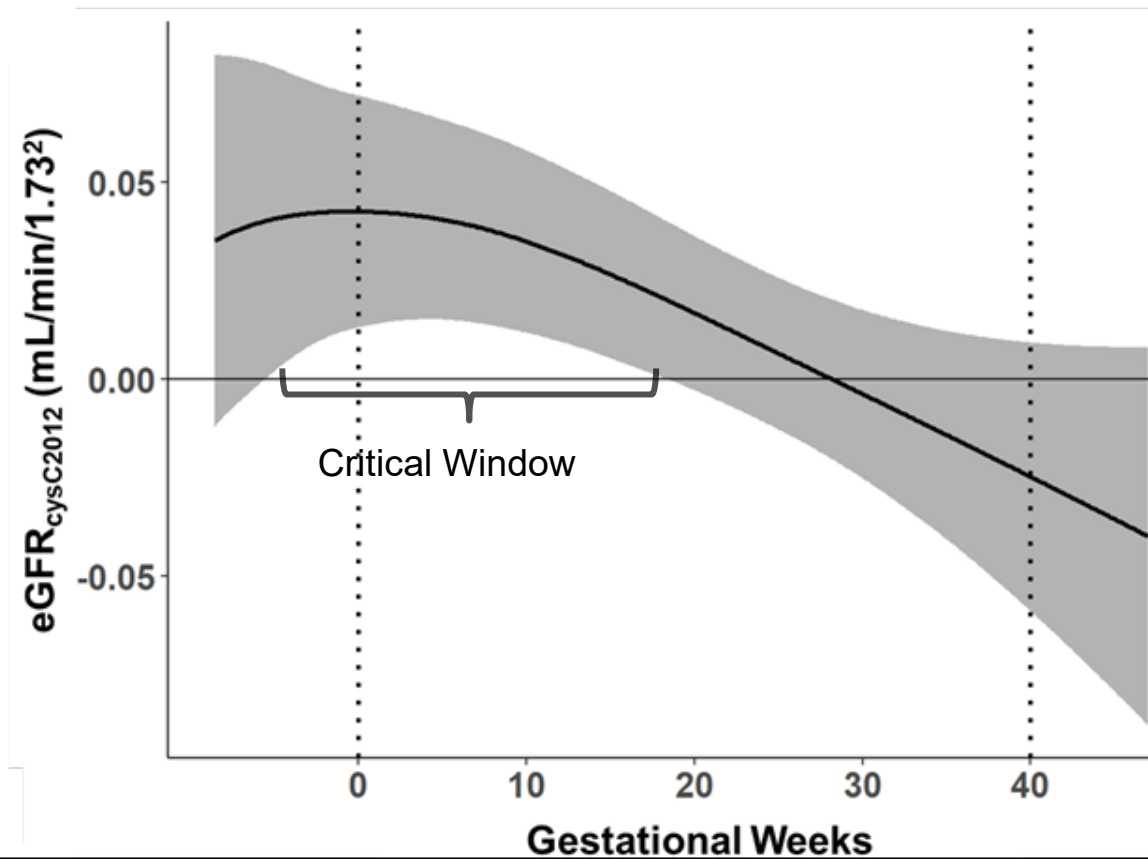
## Prenatal PM<sub>2.5</sub> predicts early childhood BP



PM<sub>2.5</sub> exposure between weeks 11-32 of gestation was associated with increased BP at age 4-6 years.

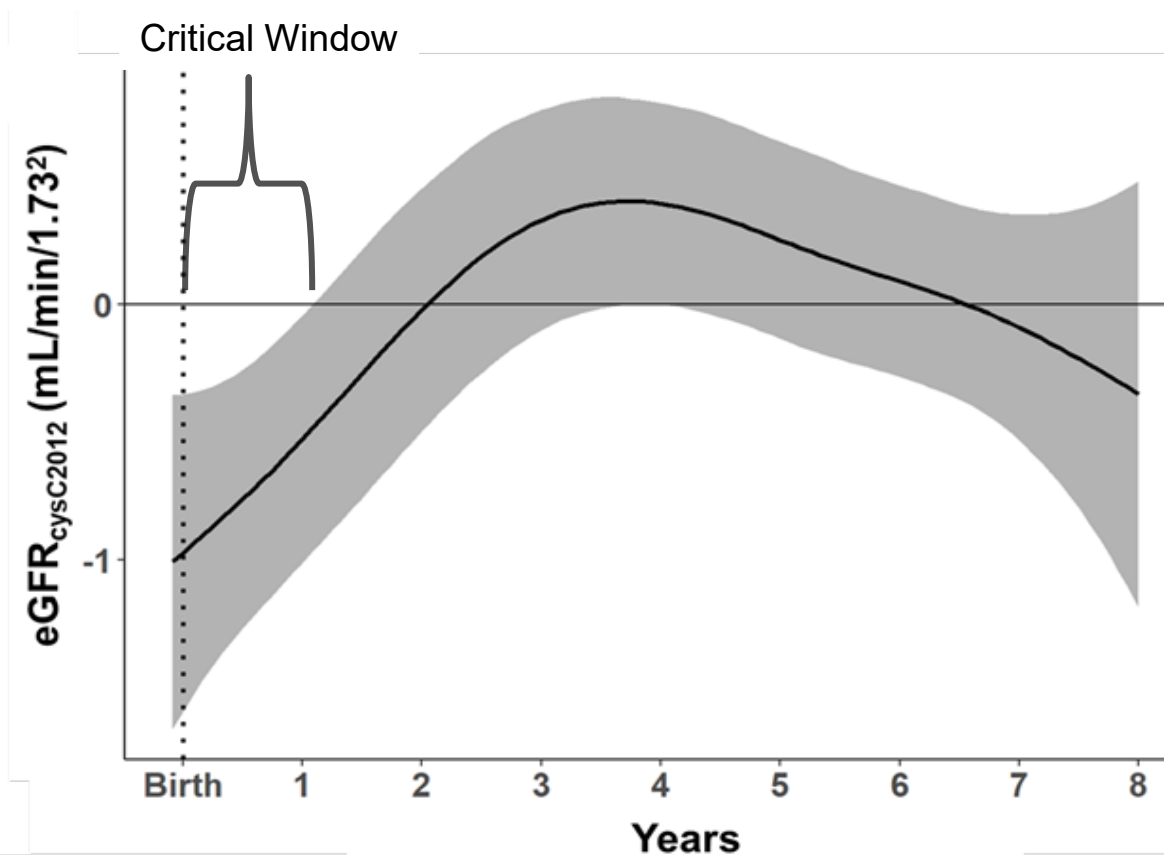


## Prenatal PM<sub>2.5</sub> predicts preadolescent eGFR



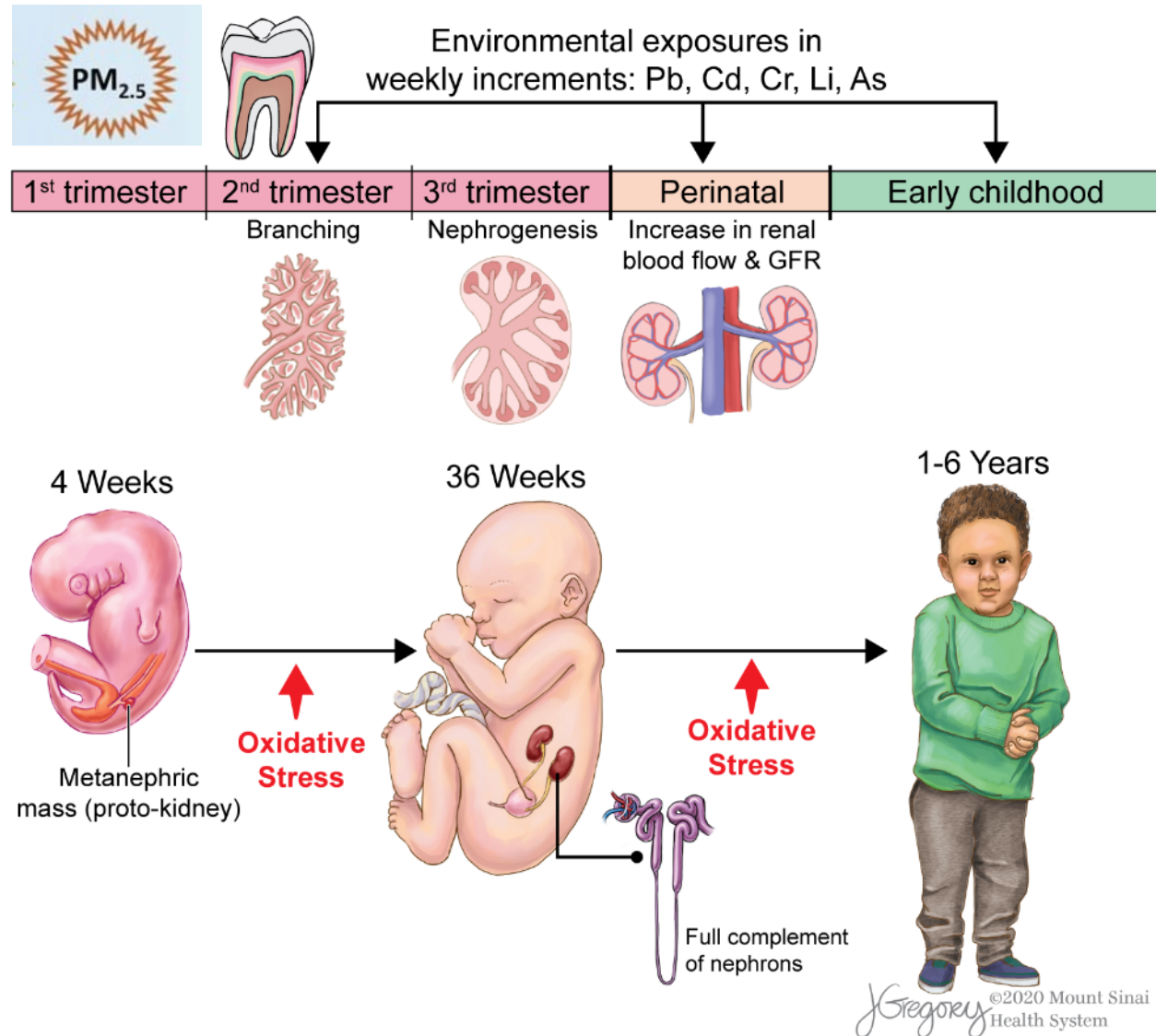
PM<sub>2.5</sub> exposure between weeks 1-18 of gestation was associated with increased eGFR at age 8-10 years.

## Prenatal PM<sub>2.5</sub> predicts preadolescent eGFR



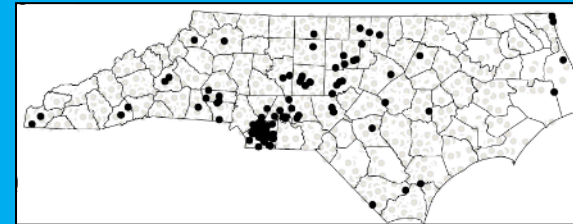
PM<sub>2.5</sub> exposure in months 1-14 were associated with **reduced** eGFR at age 8-10 years.

# Potential unifying mechanisms?



# Toxic metals and early life health effects

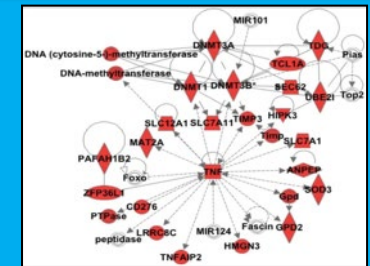
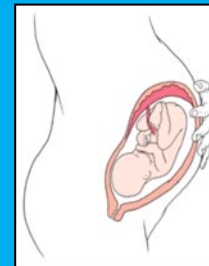
1. Metals are widespread toxicants
2. Early life exposures may program renal health
3. **Novel kidney biomarkers**



Exposure

Health Effects

Biomarkers



## Towards better biomarkers of kidney health

▣ NIDDK: To discover new biomarkers or rigorously validate existing biomarkers of kidney disease

- Cell-based/functional
- Proteomic
- Metabolomic
- Epigenetic
- RNA-based



▣ Extend this goal into children's environmental health.

# Towards better biomarkers of renal health: microRNAs

## microRNA expression in the cervix during pregnancy is associated with length of gestation

Alison P Sanders<sup>1,#</sup>, Heather H Burris<sup>2,#,\*</sup>, Allan C Just<sup>3</sup>, Valeria Motta<sup>4,5</sup>, Katherine Svensson<sup>1</sup>, Adriana Mercado-Garcia<sup>6</sup>, Ivan Pantic<sup>4,7</sup>, Joel Schwartz<sup>3</sup>, Martha M Tellez-Rojo<sup>6</sup>, Robert O Wright<sup>1</sup>, and Andrea A Baccarelli<sup>3,4</sup>

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### Bacterial and cytokine mixtures predict the length of gestation and are associated with miRNA expression in the cervix

**Aim:** Bacterial vaginosis may lead to preterm birth through epigenetic programming of the inflammatory response, specifically via miRNA expression. **Methods:** We quantified bacterial 16S rRNA, cytokine mRNA and 800 miRNA from cervical swabs obtained from 80 women at 16–19 weeks' gestation. We generated bacterial and cytokine indices using weighted quantile sum regression and examined associations with miRNA and gestational age at delivery. **Results & discussion:** Each decile of the bacterial and cytokine indices were negatively associated with length of gestation.

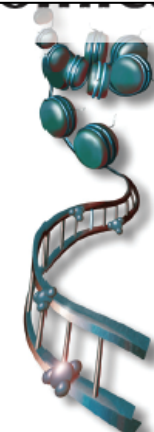
were negatively associated with length of gestation. **Conclusion:** The

### Epigenomics



Alison P Sanders<sup>1</sup>, Chris Gennings<sup>1</sup>, Katherine Svensson<sup>1</sup>, Valeria Motta<sup>2,3</sup>, Adriana Mercado-Garcia<sup>4</sup>, Maritsa Solano<sup>4</sup>, Andrea A Baccarelli<sup>2,6</sup>, Martha M Tellez-Rojo<sup>4</sup>, Robert O Wright<sup>1</sup> & Heather H Burris<sup>\*6,8,9</sup>

### Epigenetics



Alison P Sanders<sup>1</sup>, Heather H Burris<sup>\*1,2</sup>, Allan C Just<sup>3</sup>, Valeria Motta<sup>4,5</sup>, Chitra Amarasiriwardena<sup>1,4</sup>, Katherine Svensson<sup>1</sup>, Emily Oken<sup>6</sup>, Maritsa Solano-Gonzalez<sup>7</sup>, Adriana Mercado-Garcia<sup>7</sup>, Ivan Pantic<sup>4,8</sup>, Joel Schwartz<sup>3</sup>, Martha M Tellez-Rojo<sup>7</sup>, Andrea A Baccarelli<sup>3,4</sup> & Robert O Wright<sup>1</sup>

## microRNA expression in the cervix during pregnancy is associated with length of gestation

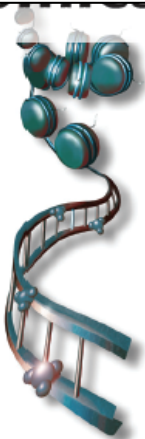
Alison P Sanders<sup>1,#</sup>, Heather H Burris<sup>2,#,\*</sup>, Allan C Just<sup>3</sup>, Valeria Motta<sup>4,5</sup>, Katherine Svensson<sup>1</sup>, Adriana Mercado-Garcia<sup>6</sup>, Ivan Pantic<sup>4,7</sup>, Joel Schwartz<sup>3</sup>, Martha M Tellez-Rojo<sup>6</sup>, Robert O Wright<sup>1</sup>, and Andrea A Baccarelli<sup>3,4</sup>

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Epigenomics



Epigenetics



Intracellular → Extracellular

Bacterial and cyto  
the length of gest  
with miRNA expres

**Aim:** Bacterial vaginosis may lead to preterm birth through epigenetic programming of the inflammatory response, specifically via miRNA expression. **Methods:** We quantified bacterial 16S rRNA, cytokine mRNA and 800 miRNA from cervical swabs obtained from 80 women at 16–19 weeks' gestation. We generated bacterial and cytokine indices using weighted quantile sum regression and examined associations with miRNA and gestational age at delivery. **Results & discussion:** Each decile of the bacterial and cytokine indices were negatively associated with toenail methylcytosine levels, and toenail 8-oxodG levels were associated with decreased expression of miR-575 and miR-4286. **Conclusion:** The

Alison P Sanders<sup>1</sup>, Chris Gennings<sup>1</sup>, Katherine Svensson<sup>1</sup>, Valeria Motta<sup>2,3</sup>, Adriana Mercado-Garcia<sup>4</sup>, Maritsa Solano<sup>4</sup>, Andrea A Baccarelli<sup>2,6</sup>, Martha M Tellez-Rojo<sup>4</sup>, Robert O Wright<sup>1</sup> & Heather H Burris<sup>\*,6,8,9</sup>

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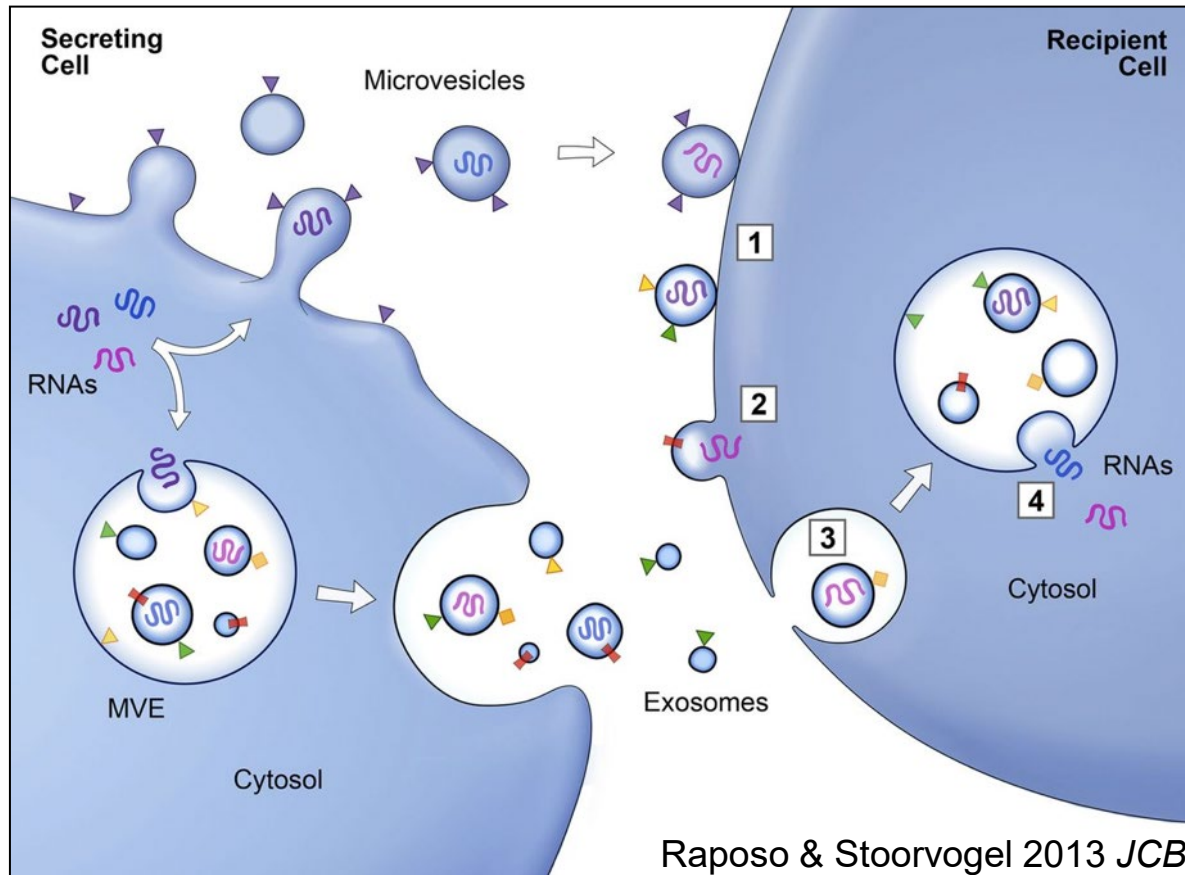


## Towards better biomarkers of renal health: extracellular urinary microRNAs

### **microRNAs (miRNAs)**

- 20-24 nucleotide, single-stranded RNA
- Post-transcriptional regulation that typically results in gene silencing
- Selectively bind and target hundreds of mRNA (~60% of genes)

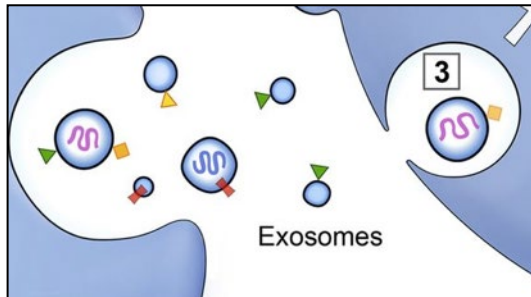
# Extracellular vesicles (EVs) transport cell-cell information



- **Microvesicles:**  
<math><1\mu\text{m}</math>
- **Exosomes:**  
30-150 nm
- Transfer mRNA, **microRNA**, lncRNA, proteins, etc.
- 

- Travel in body fluids: blood, breast milk, **urine**

## Why exosomes?



- ▶ Urinary exosomes reflect intrarenal signaling
- ▶ Contain miRNA from the glomerulus & all sections of the nephron.
- ▶ Can measure >750 miRNA in a single assay.

**May serve as biomarkers of kidney dysfunction or nephrotoxicant exposure.**

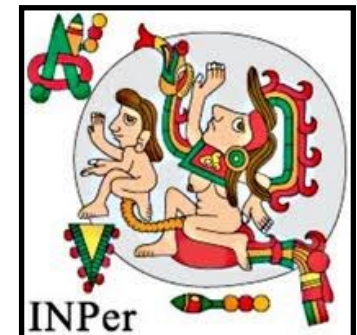
# Study Aim

To evaluate relationships between urinary exosomal microRNA with cardiorenal parameters in early childhood.

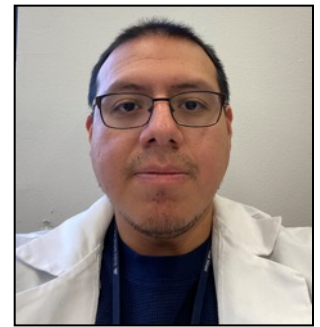
## PROGRESS birth cohort



- ▶ Mexico City
- ▶ Enrolled pregnant women during the 2<sup>nd</sup> trimester (n=948)
- ▶ Infants followed into childhood (~10 yrs)
- ▶ ~700 active mother-child pairs
  - P30 pilot subset: n = 105



# Methods



Dan Flores

## Sample Preparation

10 mL urine sample  
thawed and gently  
vortexed



## Exosome Isolation

Sample washed and  
centrifuged at three  
speeds to pellet  
exosomes



## miRNA Isolation

- miRNeasy Kit
- MinElute cleanup
- Bioanalyzer  
picochip



Taqman  
OpenArray  
qPCR



## Exosome visualization

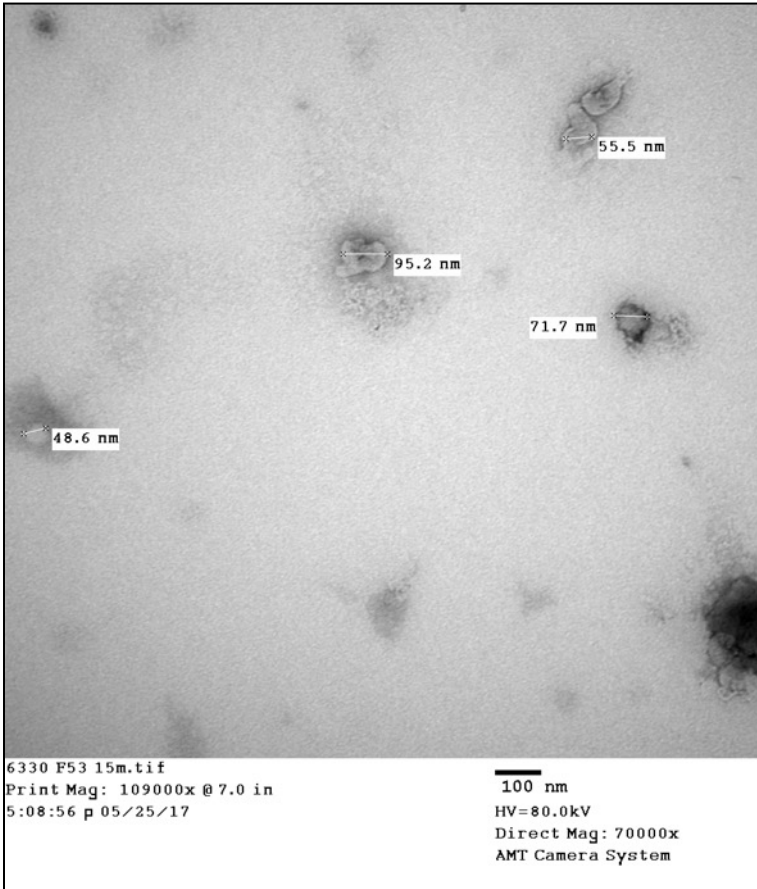
Sample added to  
paraformaldehyde-  
coated copper grid  
and stained



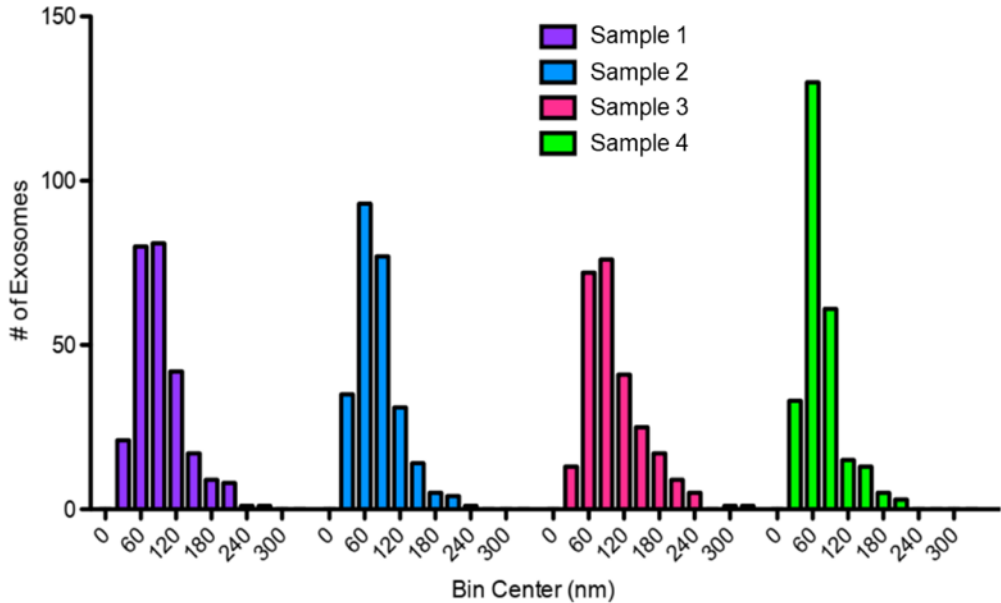
Transmission electron  
microscopy (TEM)

# Exosome visualization

TEM: exosomes isolated from 4-year-old urine



### Exosome size distribution



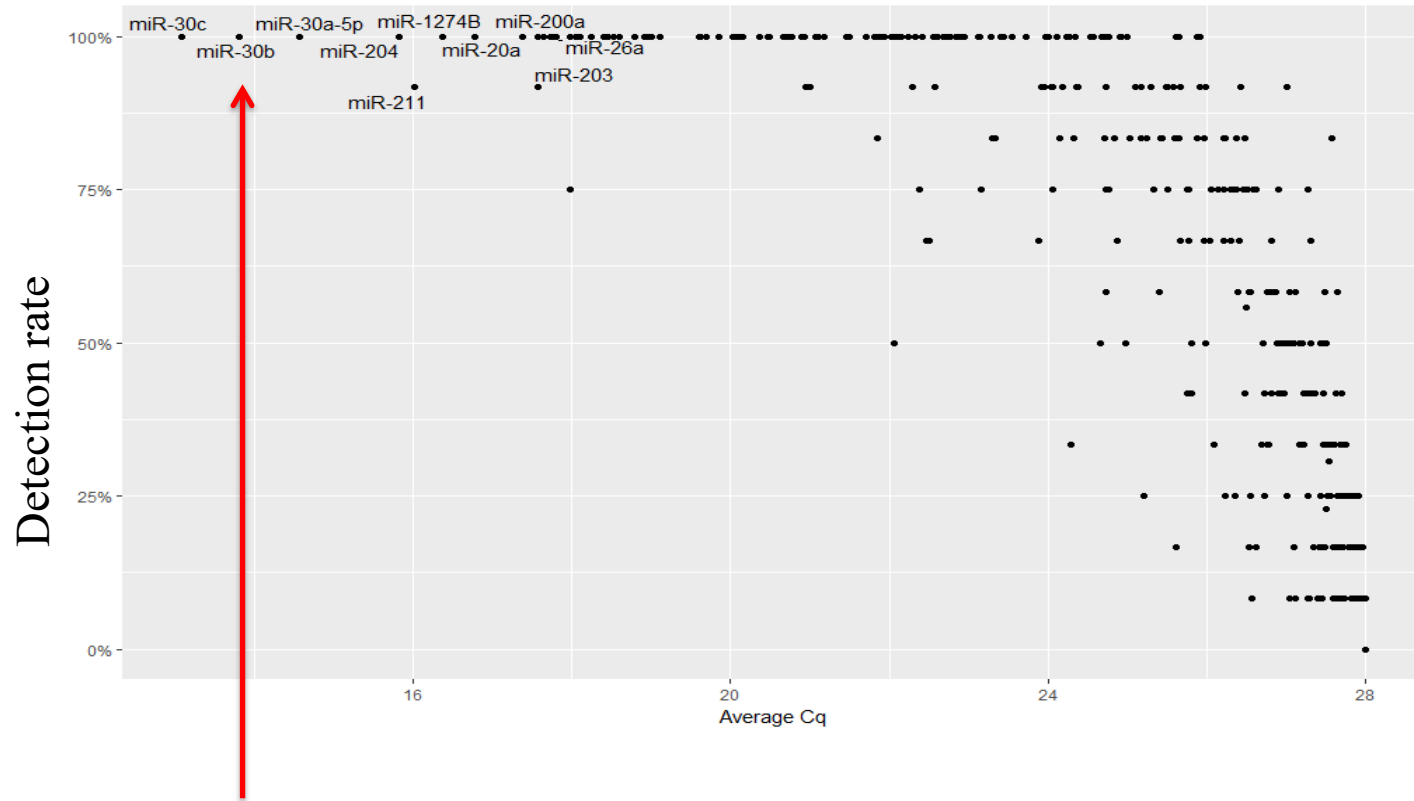
# Methods

- Measured 754 miRNAs using OpenArray qPCR
- Relative quantification cycle (Cq) values were calculated by QuantStudio software.
- Signal  $\geq$  70% samples
- Normalized by using the deltaCq method of the NormqPCR R package, with U6 RNA selected as an appropriate normalization control



# Exo-miR Identification

Detected over 150 extracellular microRNAs



Several members of miR-30 & miR-200 family were among the top hits.

# Methods

- ▶ Measured spot urine sodium and potassium, calculated Na:K ratio
- ▶ BP assessed at age 4, using an automated SpaceLabs monitor
- ▶ Estimated glomerular filtration rate (eGFR) at age 8, assessed by serum cystatin C:

$$eGFR_{\text{CKiD 2012}}: 70.69 * (\text{Cystatin C})^{-0.931}$$

Schwartz et al. *Kidney Int* 2012

- ▶ We used linear regression to examine associations between 193 exo-miRs and children's BP, urinary electrolytes, and eGFR
  - adjusting for child's age, sex, BMI z-score, urine specific gravity, SES and prenatal exposure to tobacco smoke in the home.
  - Applied a false-discovery rate (FDR) threshold of  $q < 0.1$
- ▶ We applied functional network and pathway analysis to identified miRNA and their target genes

## Demographics (n=88)

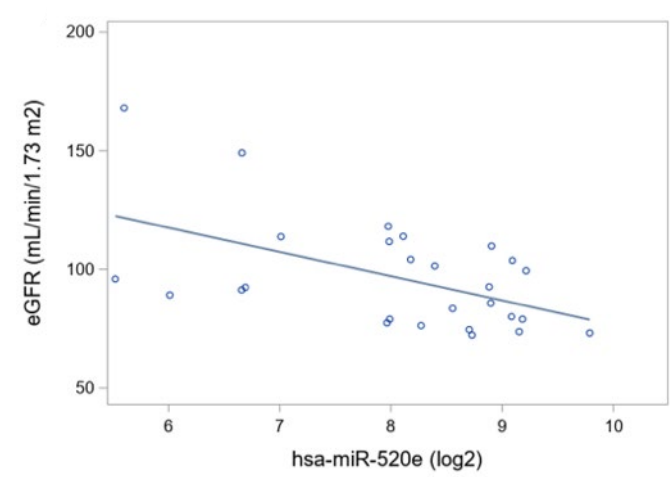
	<b>Arithmetic mean (SD) or Percentage of Sample</b>
Age, years	4.7 (0.5)
Male sex, %	47%
Socioeconomic status	
Low	52%
Medium	40%
High	8%
Smoke exposure in the home (2T)	32%
Child BMI	
Normal Weight	65%
Overweight	15%
Obese	8%
eGFR <sub>CysC2012</sub> (mL/min/1.73m <sup>2</sup> )	99.3 (24.3)

# Results

- ▶ Exo-miRs passing FDR correction
- ▶ Urine sodium (3): miR-1180, miR-34a, miR-32
  - A doubling of expression of each miRNA was associated with a 10-20 mmol/L unit increase in urine Na.
- ▶ Na:K ratio (17)
  - Indicator of risk for cardiovascular disease
- ▶ SBP or DBP (0)
  - Greater expression of miR-27a was associated with both lower SBP and DBP ( $p < 0.05$ )
- ▶ eGFR at age 8-10 (4 years later): miR-520e
  - A doubling of miR-520e expression was associated with a 12 ml/min decrease in eGFR



Dr. Yuri Levin-Schwartz



## Results - Biological functions of Na-associated exo-miRs and gene targets

- ▶ Exo-miRs involved in disrupted ion transport and endothelial injury/inflammation
- ▶ 343 mRNA targets identified

### Top nephrotoxic pathways:

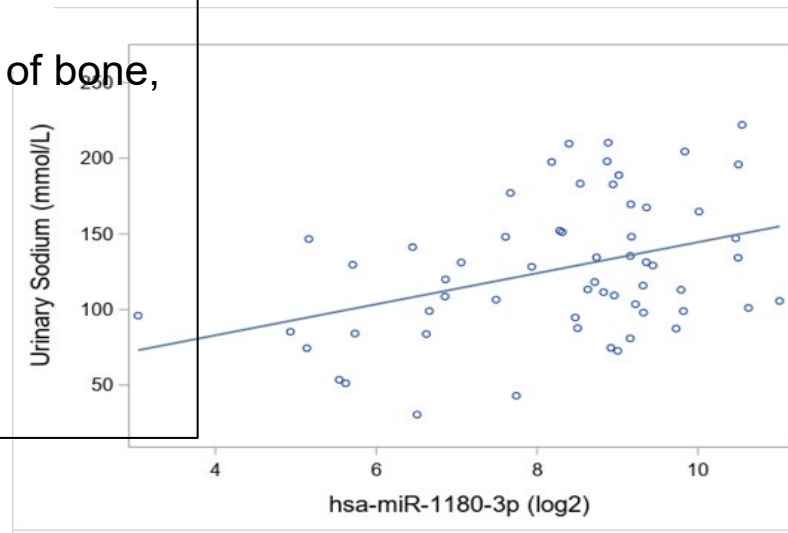
- renal necrosis/cell death, glomerular injury, renal proliferation, and renal hyperplasia/hyperproliferation.

The top identified regulator network enriched for diseases and functions:

- cell death of kidney cell lines, mineralization of bone, development of connective tissue

mRNA targets involved in:

- **insulin** and **aldosterone** receptor signaling pathways.

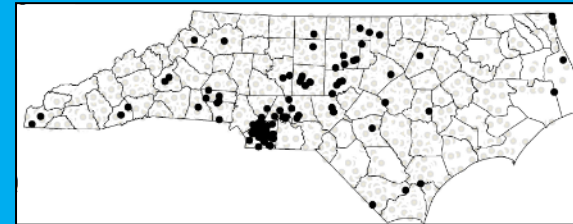


# Discussion

- ▶ These exploratory findings highlight exosomal miRNAs as potential non-invasive biomarkers of early life cardiorenal parameters.
  - Findings in-line with prior studies
  
- ▶ To our knowledge, no previous studies have identified exo-miRs associated with BP, eGFR or urine biomarkers in healthy children.
  
- ▶ This was an observational study. Requires replication in other cohorts and clinically-relevant populations to assess reproducibility & generalizability of the findings.
  
- ▶ Methodological considerations: flow cytometry/ immunolabeling of protein markers to distinguish cell type; RNAseq platform & pipeline; study design (case-control, older age, based on trajectory profiles)

# Toxic metals and early life health effects

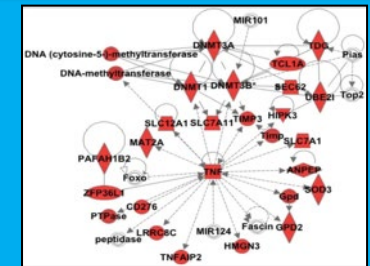
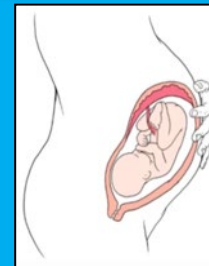
1. Metals are widespread toxicants
2. Early life exposures may program renal health
3. **Novel kidney biomarkers**



Exposure

Health Effects

Biomarkers



# Acknowledgments

- ▶ Mount Sinai (New York, USA)
  - Christine Austin
  - Paul Curtin
  - Manish Arora
  - Chris Gennings
  - Lisa Satlin
  - Robert Wright (PROGRESS PI)
  - Yuri Levin-Schwartz
  - Katherine Svensson
  - Ashley Malin
  - Maria Jose Rosa
  - Charlie Saylor
  - Vasily Aushev
- ▶ National Institute of Public Health (Cuernavaca, MX)
  - Mara Tellez-Rojo (PROGRESS PI)
- ▶ National Council of Science and Technology (Mexico City, MX)
  - Marcela Tamayo-Ortiz
- ▶ National Institute of Perinatology (Mexico City, MX)
  - Guadalupe Estrada-Gutierrez
  - Ivan Pantic
  - Mari Cruz Tolentino
- ▶ Columbia University (New York, USA)
  - Andrea Baccarelli
- ▶ This work was funded in part by NIH/NIEHS under award numbers R00ES027508, K99ES027508, R00HD087523, R01ES026033, R01ES014930, R01ES013744, R01ES020268, R24ES028522 and P30ES023515.
- ▶ Mount Sinai Children's Center Foundation



**Questions?**

## Future Directions

### ▶ Child/maternal cardiorenal health

- Nephrotoxic exposures: mixtures, fluoride, radon, PM, [bluespace/greenspace; nutrition]
  - Stress: heat, psychosocial, disordered sleep
  - Biomonitoring/Well water assessments
- Longitudinal dyad cohorts recruited from EHR
  - Childhood lead levels; gestational age/BW; longitudinal BP; weight patterns
  - Tooth biomarker collection program
  - Banked serum samples for creatinine & cystatin C (eGFR)
  - Novel urinary biomarkers (EVmiRNA, metabolomics)

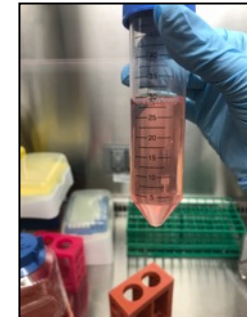
### ▶ Chronic disease comorbidities

- Chronic kidney disease (pending R01, scored 11<sup>th</sup> percentile) APOL1 high risk variants
- Obesity
- Bladder cancer
- Lung cancer/respiratory health
- Agricultural workers with CKDu (Funded P30 pilot)
- Appalachia (smokers, SES, racial disparities, proximity to coal mines/unconventional natural gas)

## Future Directions

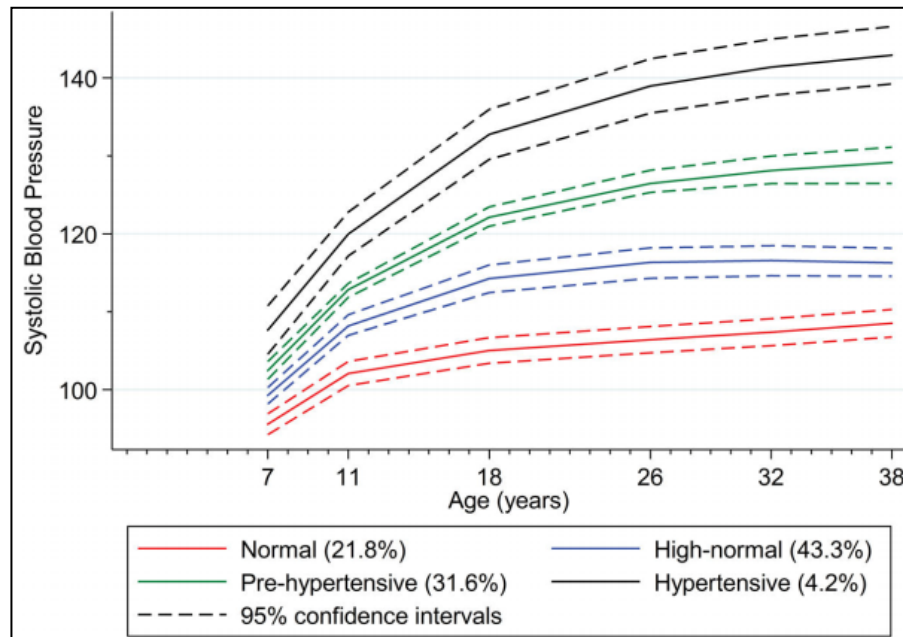
### ▣ In vitro / in vivo validation

- Laboratory for Environmental Nephrotoxicology (Sanders Lab)
- Mount Sinai zebrafish laboratory (Zhou lab) (Funded P30 pilot)
- Renal Molecular Physiology Laboratory (Satlin Lab)
- Pittsburgh Developmental Biology (Hukreide Lab)
- UPMC Pediatric Nephrology (Kleyman Lab)



# Does Pb exposure program hypertension or CKD?

- ▶ HTN prevalence: 45% US adults (~100 million)
  - 3.5% children
  - Rises to 3.8%–24.8% among overweight and obese adolescents
- ▶ Childhood BP predicts adult BP



Flynn *et al.* 2017

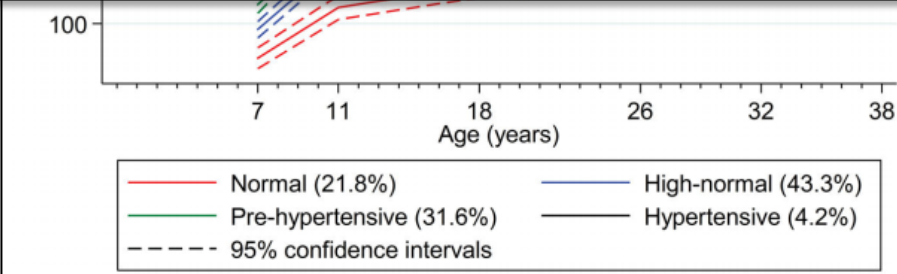
Theodore *et al.* 2015

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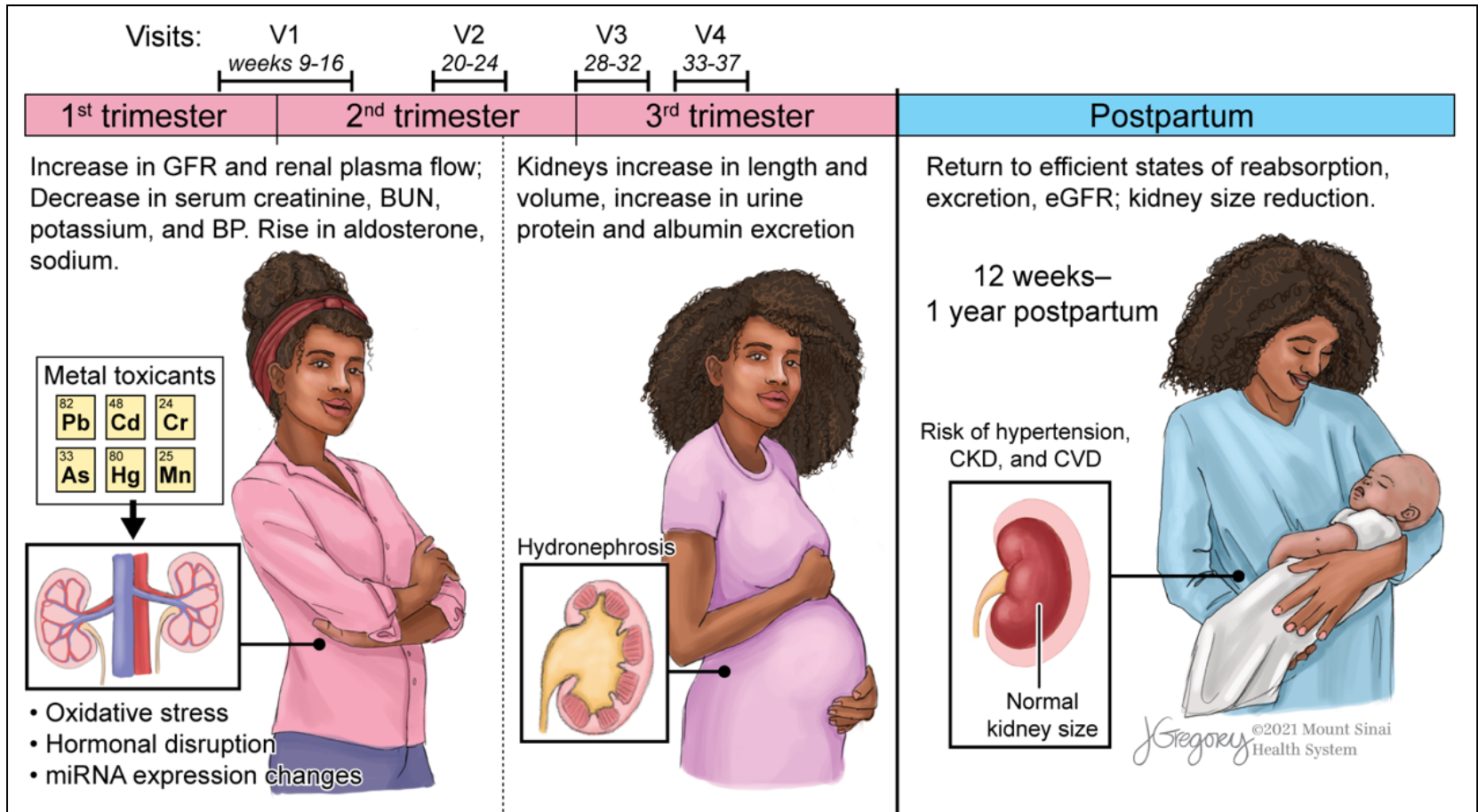
In adults, Pb is estimated to account for 5% of the US population attributable risk for high BP. Shiue and Hristova 2014



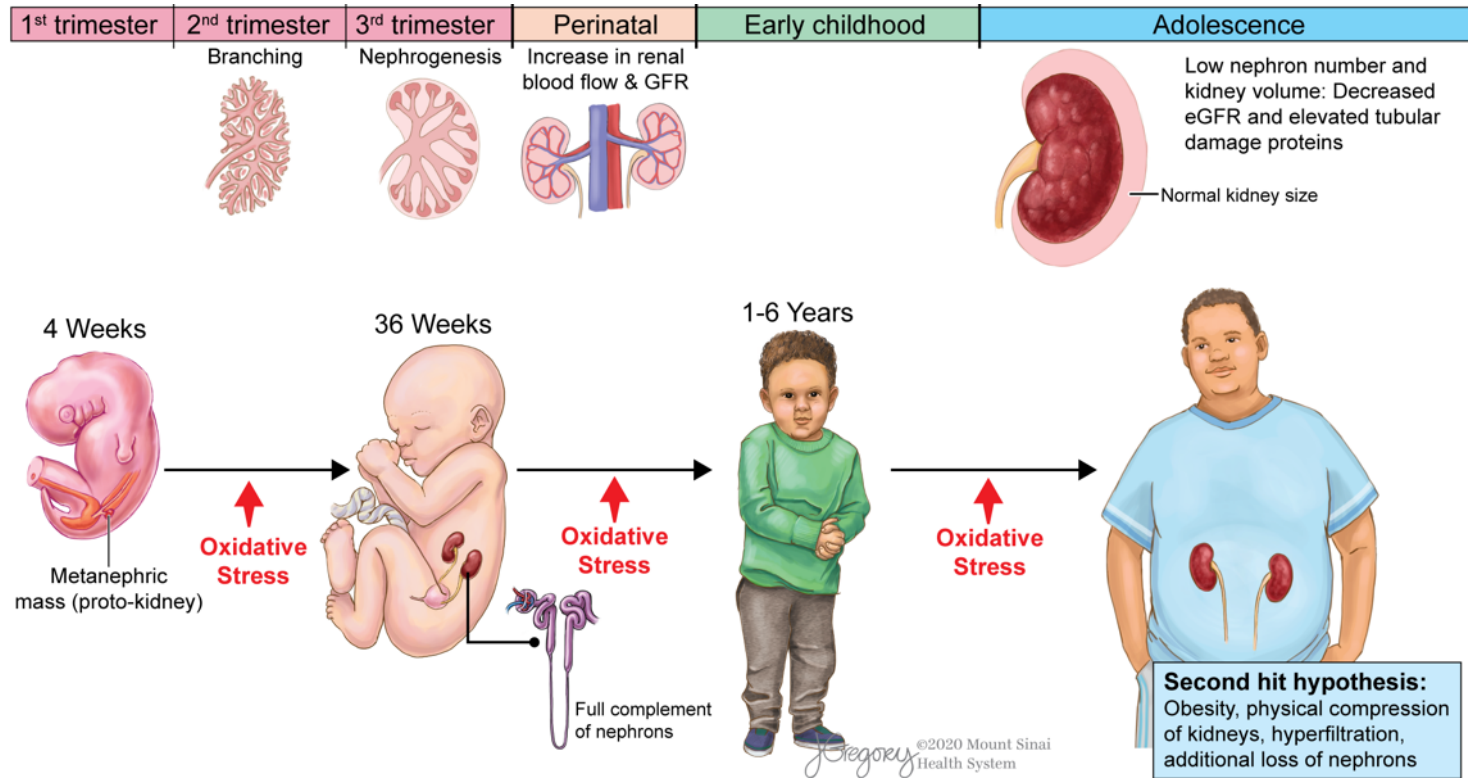
Flynn *et al.* 2017

Theodore *et al.* 2015

# Maternal cardiorenal health equity



# Effect modification by BMI

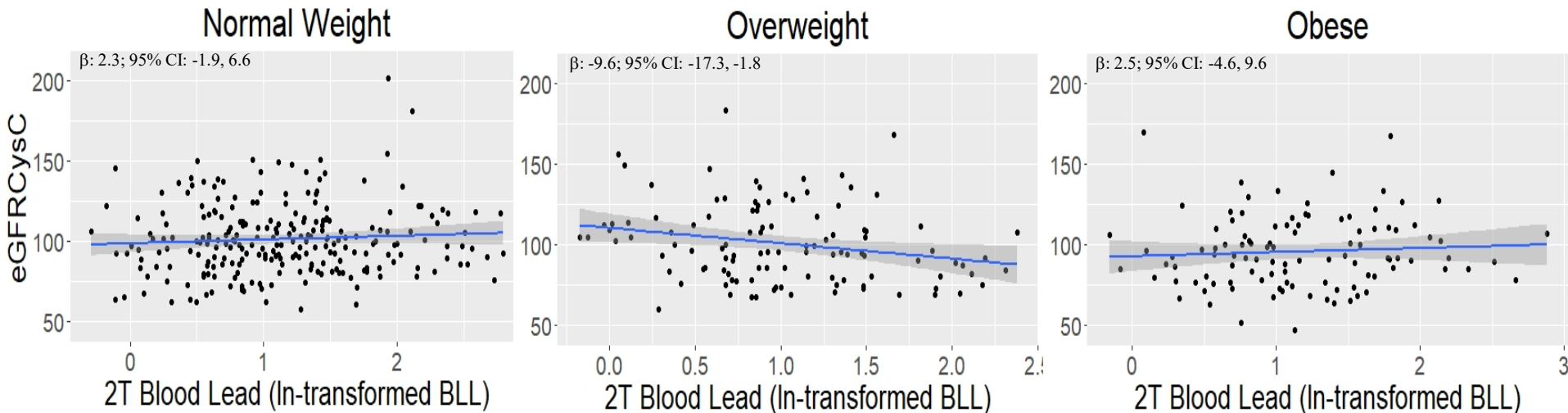


## Effect modification by BMI?

- ▶ Observed null direct relationship between lead and eGFR



Charlie Saylor  
3<sup>rd</sup> year med student



Among overweight children, a unit increase in 2<sup>nd</sup> trimester BLL was associated with a 10.5 unit decrease in eGFR at age 9 years.



## Are there susceptible subgroups?

- ▶ Prior studies of Pb exposure and childhood BP report mixed findings
  
- ▶ Our data show no direct association between prenatal BLL and altered:
  - BP
  - eGFR
  - urinary markers of tubular damage

## Are there susceptible subgroups?

**Low Birth Weight and Nephron Number** working group (2017):

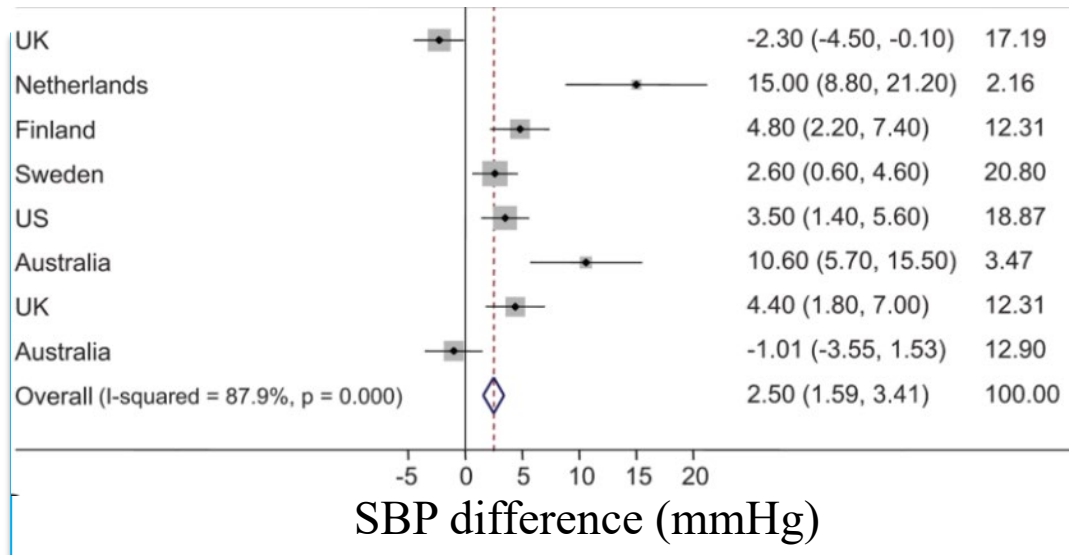
“the need to act early to prevent CKD and other related noncommunicable diseases later in life by reducing low birth weight, small for gestational age, prematurity, and low nephron numbers at birth through coordinated interventions”

**American Academy of Pediatrics** updated BP guidelines (Flynn et al. 2017):

the need to evaluate “children with a history of prematurity, an identified risk factor for HTN and CVD in adults”.

## Are there susceptible subgroups?

- ▶ Preterm infants have higher childhood BP



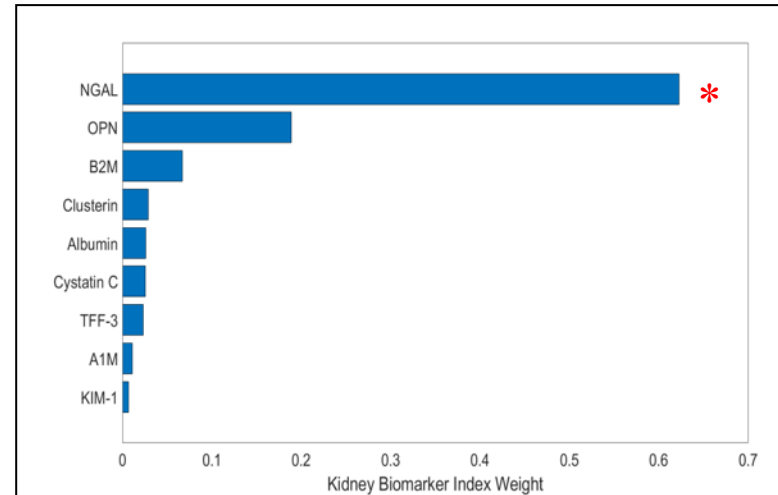
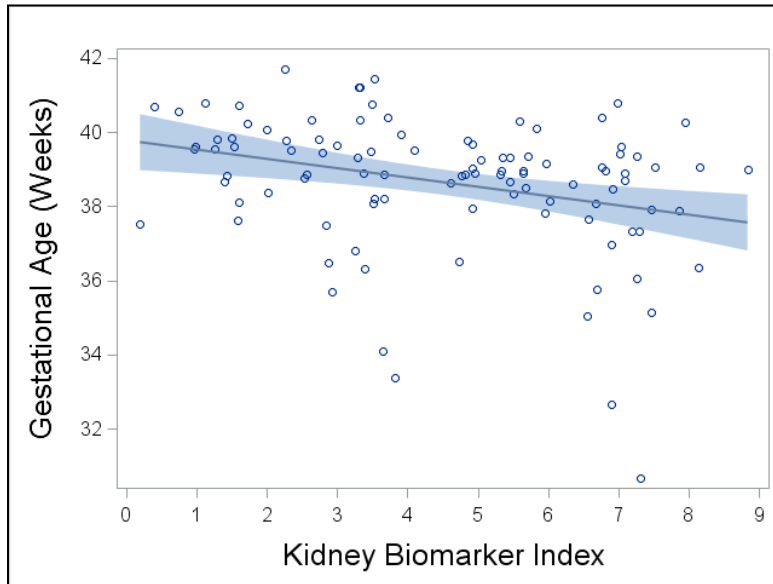
de Jong et al. 2012

## Shorter gestations associated with higher protein levels

- ▶ PROGRESS (n=103)
- ▶ Average age: 4.7 years



Dr. Yuri Levin-Schwartz



Levin-Schwartz *et al.* PLoS ONE 2019

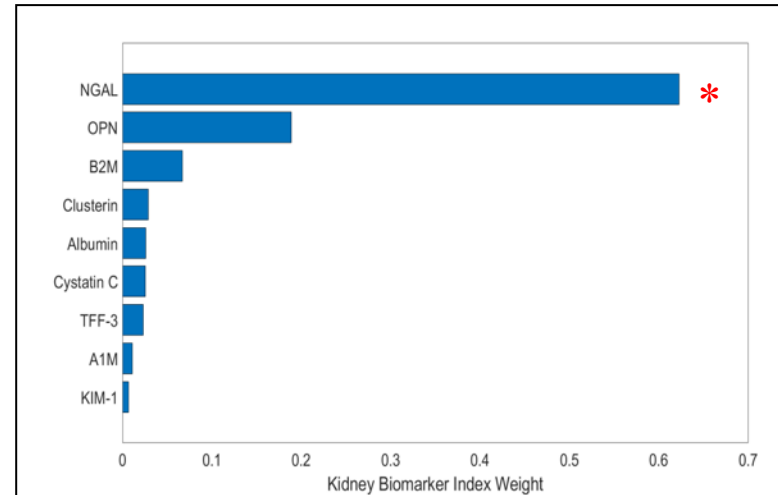
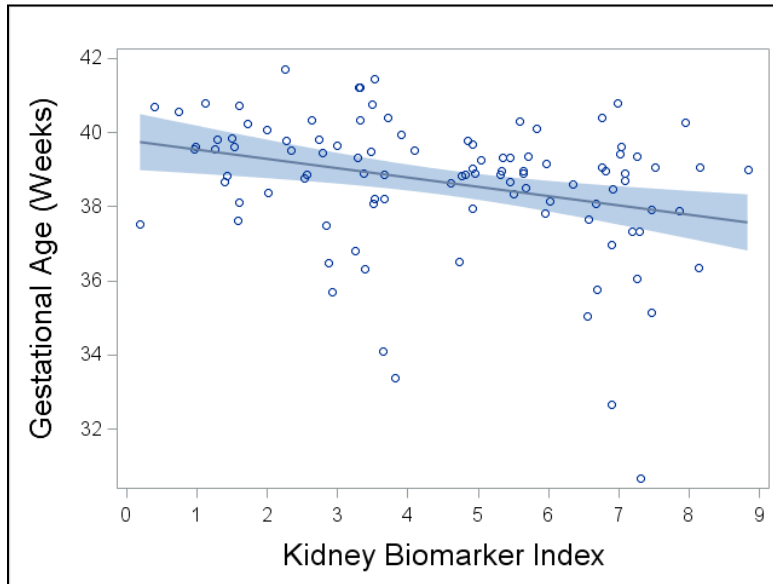
\*All models adjusted for child's age, sex, BMI, and urinary creatinine

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- ▶ Average age: 4.7 years



Dr. Yuri Levin-Schwartz

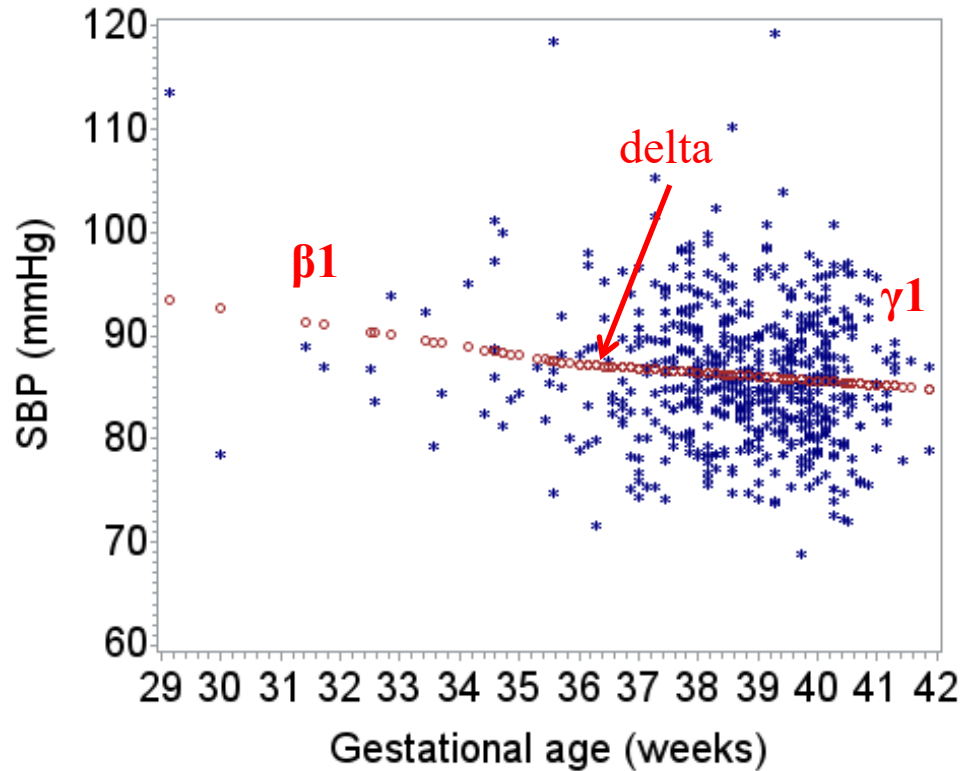


Levin-Schwartz *et al.* PLoS ONE 2019

Even children 4-6 years old, had elevated biomarkers of subclinical kidney damage.

# Evidence of nonlinear relationships between shorter gestation and SBP

- ▶ PROGRESS (n=565)
- ▶ Average age: 4.8 years



**$\beta_1$**  (95% CI): -0.9 (-2.3, 0.5)  
 **$\gamma_1$**  (95% CI): -0.4 (-0.9, 0.06)  
**delta** (95% CI): 35.9 (28.8, 43.0)

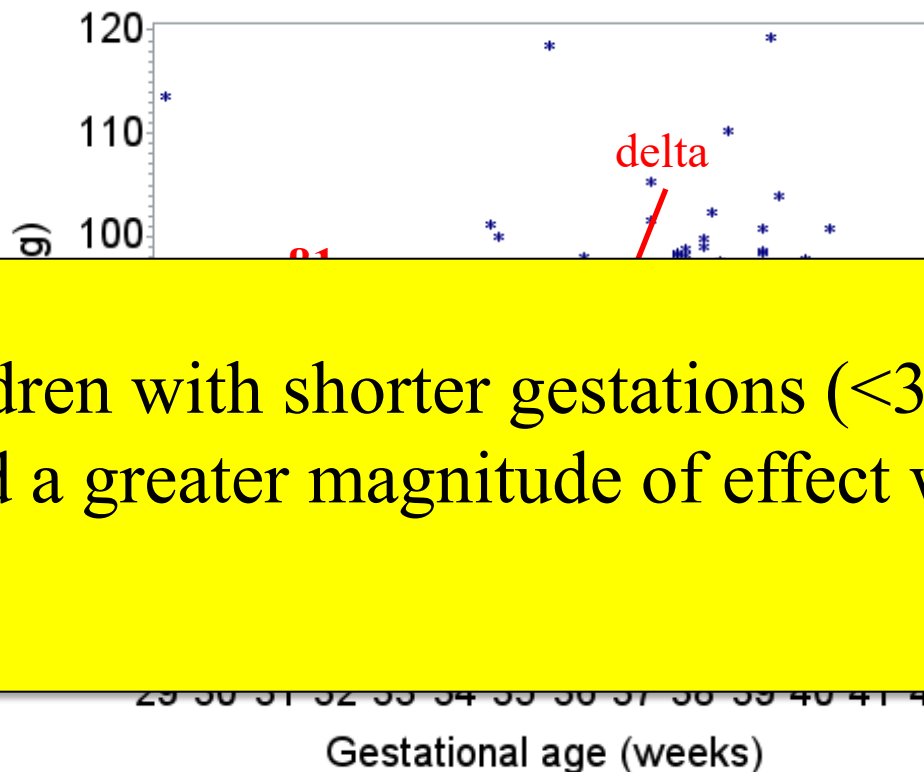
Overall p-value: 0.02



Katherine Svensson  
PhD Candidate

## Evidence of nonlinear relationships between shorter gestation and SBP

- ▶ PROGRESS (n=565)
- ▶ Average age: 4.8 years



Among children with shorter gestations (<36 weeks), we observed a greater magnitude of effect with SBP.

$\beta_1$  (95% CI): -0.9 (-2.3, 0.5)  
 $\gamma_1$  (95% CI): -0.4 (-0.9, 0.06)  
**delta** (95% CI): 35.9 (28.8, 43.0)

Overall p-value: 0.02

Environmental insults during susceptible periods of kidney development may program later life disease.



## Lead (Pb) exposure occurs worldwide

- ▶ Pb is a developmental toxicant:
  - central nervous system & kidneys
- ▶ Ingestion or inhalation
  - Pb-based paint, gasoline
  - Leaded pipes for drinking water
  - Cosmetics, home remedies
  - Pb-glazed pottery
- ▶ CDC blood Pb reference level
  - 10  $\mu\text{g}/\text{dL}$  in adults
  - 5  $\mu\text{g}/\text{dL}$  in pregnant women & children
- ▶ There is no safe level of Pb exposure

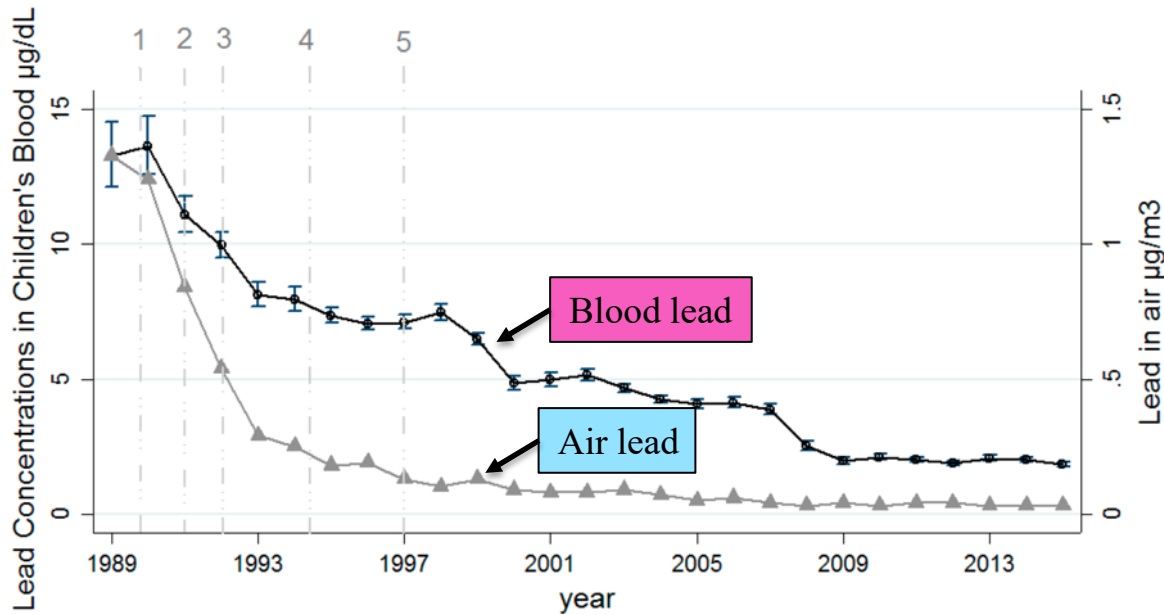
82	2
	8
<b>Pb</b>	18
	32
	18
Lead	4
207.2	



# Lead level decline in Mexico

Trend of Lead Concentration in Air and in Children's Blood from 5 Cohorts in Mexico City

Cohort A (1988-1998), Cohort B (1995-1999), Cohort C (1998-2007), Cohort D (2002-2008) Cohort E (2008-2015)



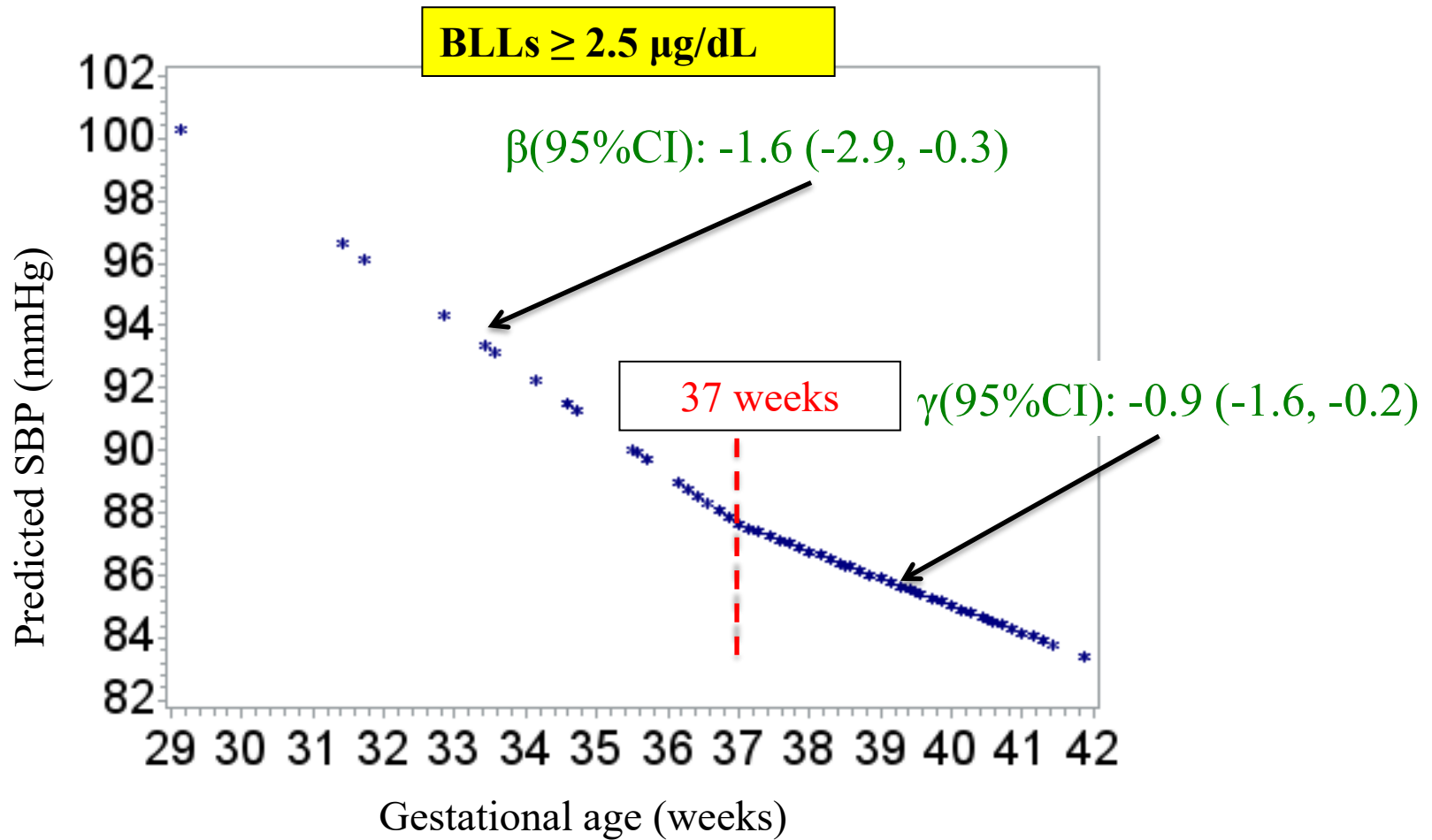
Pantic et al. 2018



Tamayo-Ortiz et al.  
2016; 2018; 2020

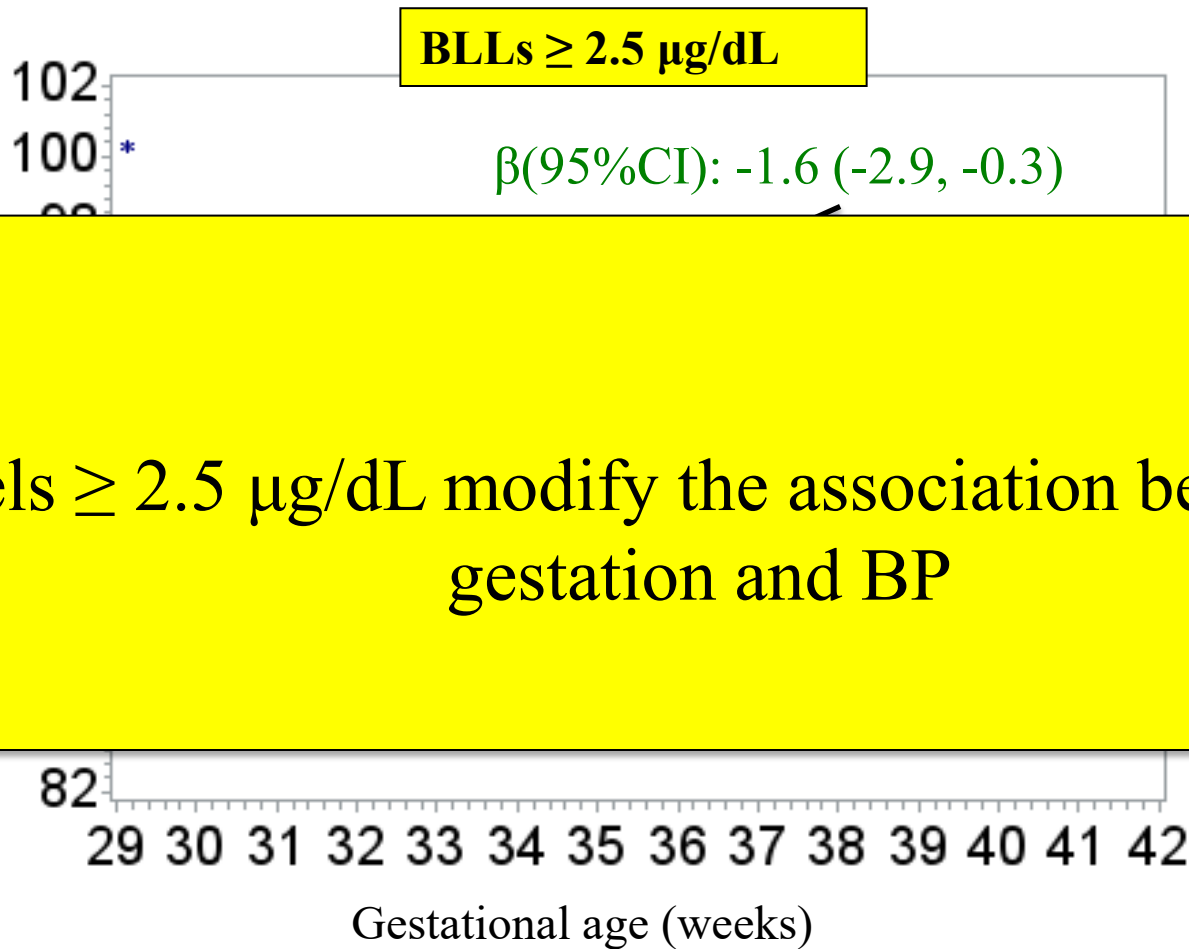
**Percentage of children with BLLs  $\geq 5 \mu\text{g/dL}$  decreased from 92 to 8%.**

# Prenatal lead exposure modifies the association between shorter gestation and SBP



Overall model p-value is  $p < 0.0001$

# Prenatal lead exposure modifies the association between shorter gestation and SBP



Overall model p-value is  $p < 0.0001$