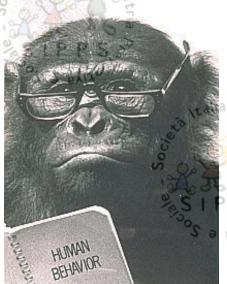
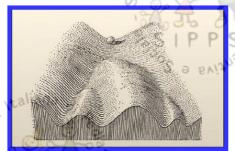


## From GENETICS to EPIGENETICS









ERNESTO BURGIO
ISDE Scientific Committee
ECERI - European Cancer and
Environment Research Institute





Prevenzione (pre)primaria delle patologie complesse: dalla genetica

all'epigenetica

E Burgio

Punto 1 Slides 2-8 (1 minuto)

PUB MED (incremento esponenziale pubblicazioni su:

Epigenetics/Cancer Genomics/Obesity/Autism/Microbiome/ EDCs

Punto 2 Slides 9-11 (2 minuti)

The 7 Key Words from genetics to EPIGENETICS

Punto 3 Slides 12-25 (2 minuti)

The Epidemiological Transition

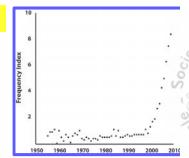
Punto 4 Slides 26-37 (2 minuti)

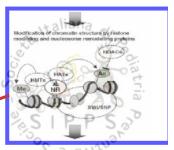
The other 6 words: from genetics to epigenetics to DOHaD

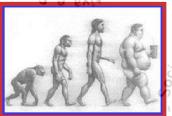
(Developmental Origins of Health and Diseases)

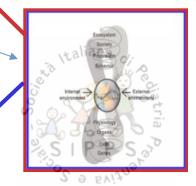
Punto 5 Slides 38-40 (1 minuto)

From DOHaD to Primary Prevention

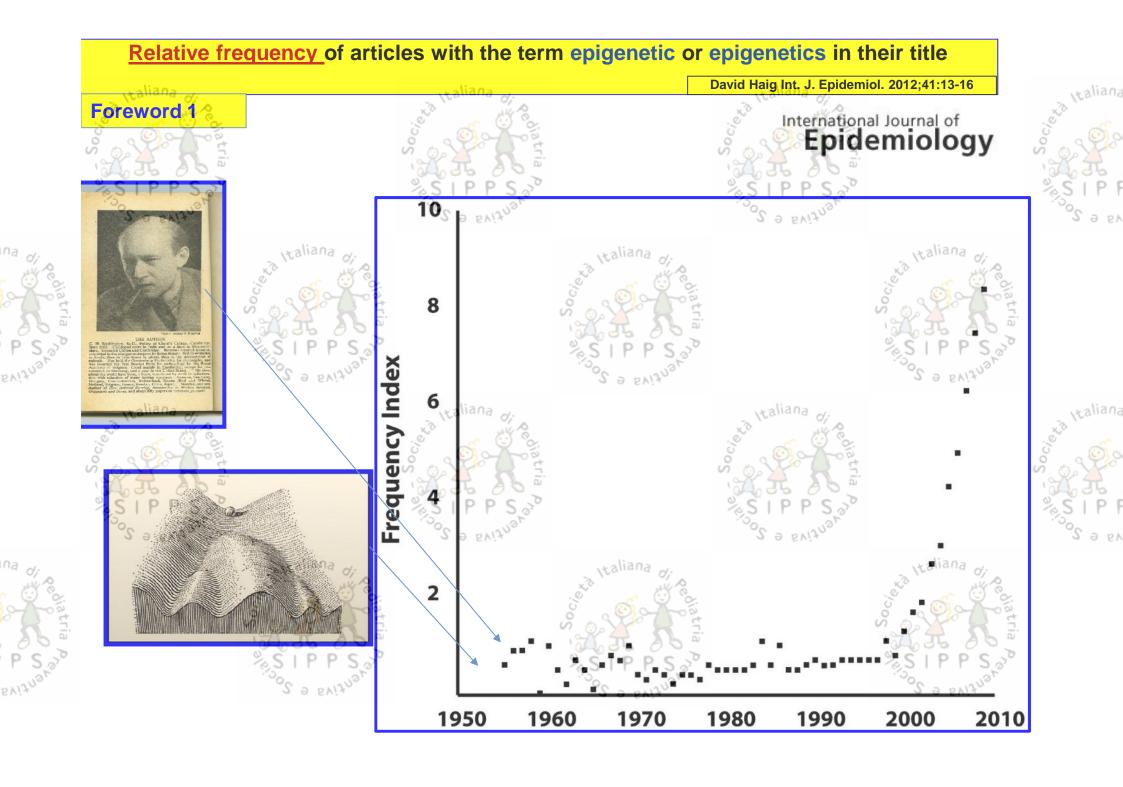


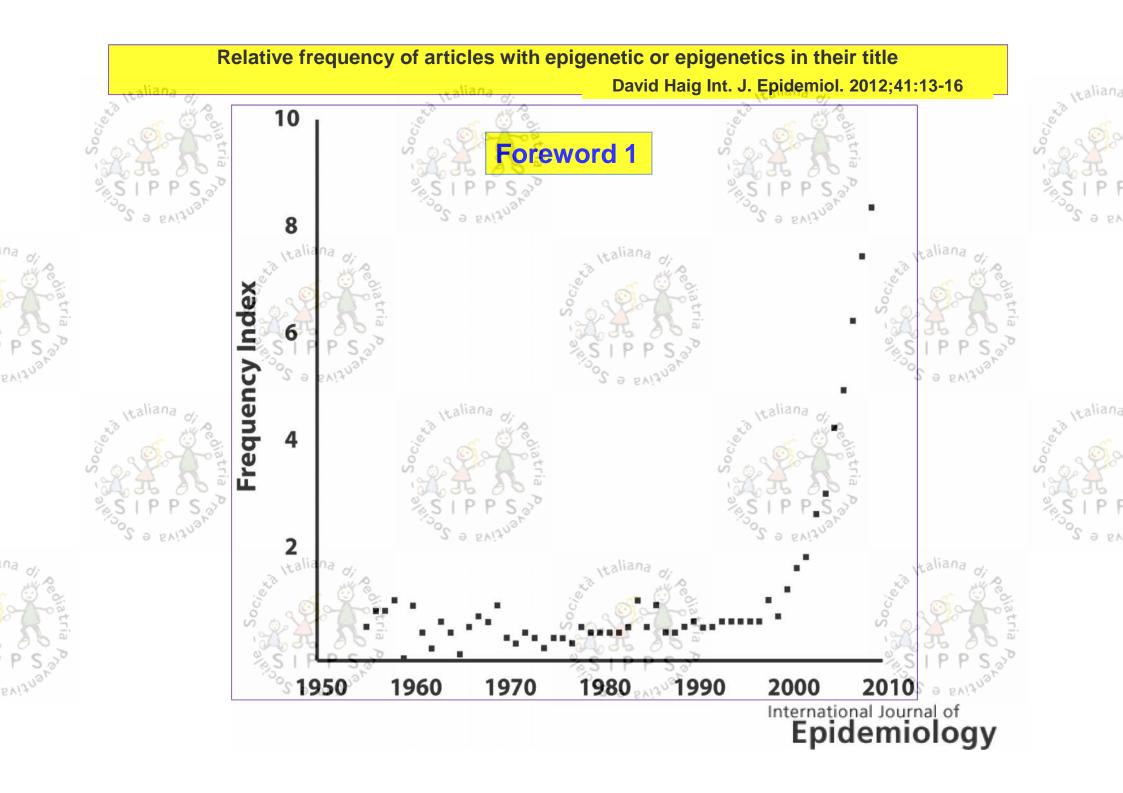


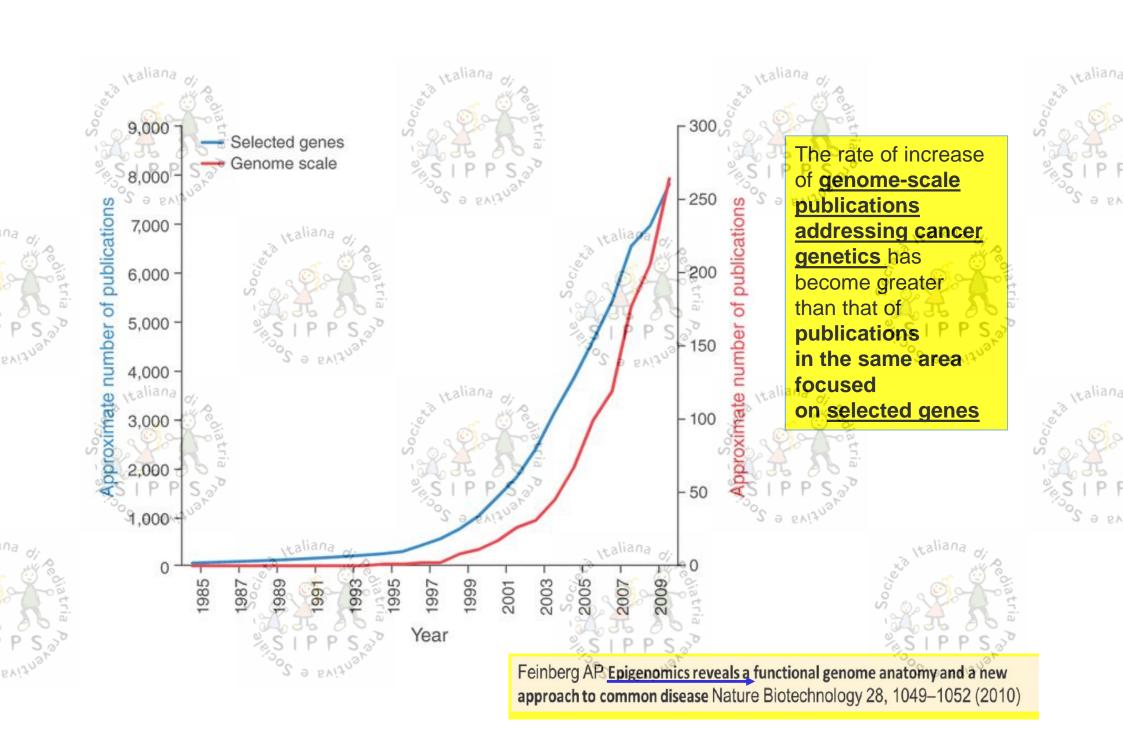


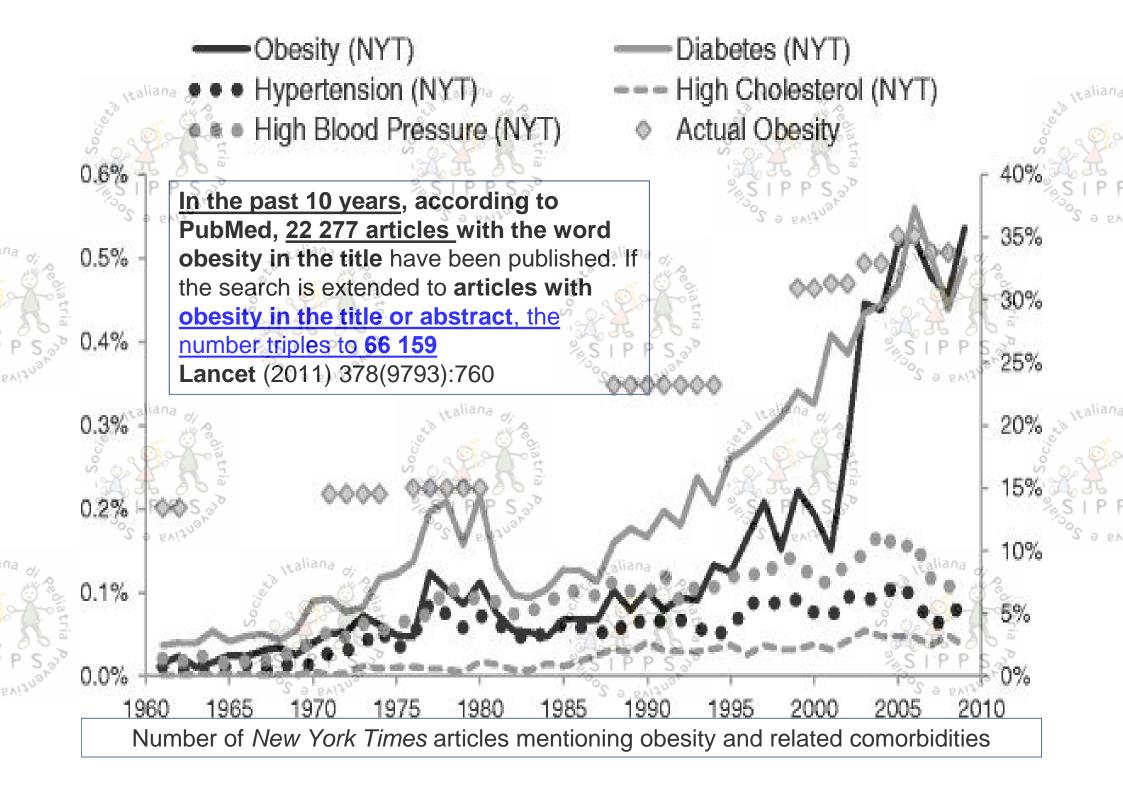


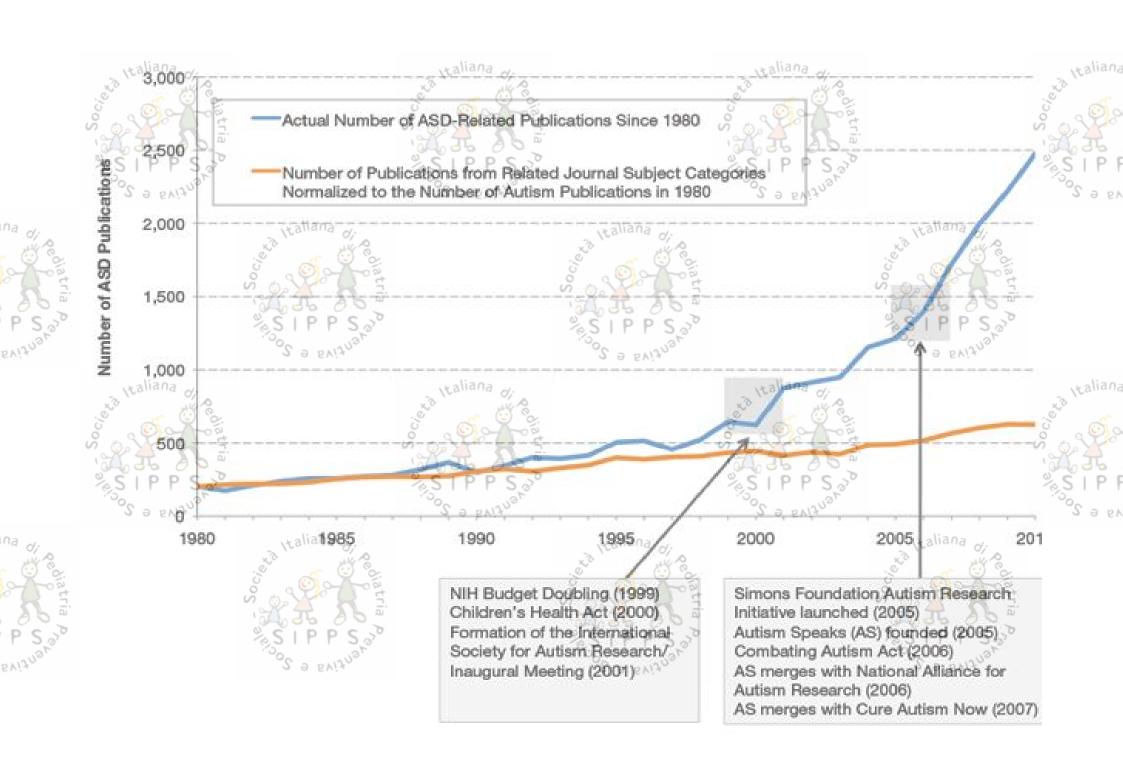




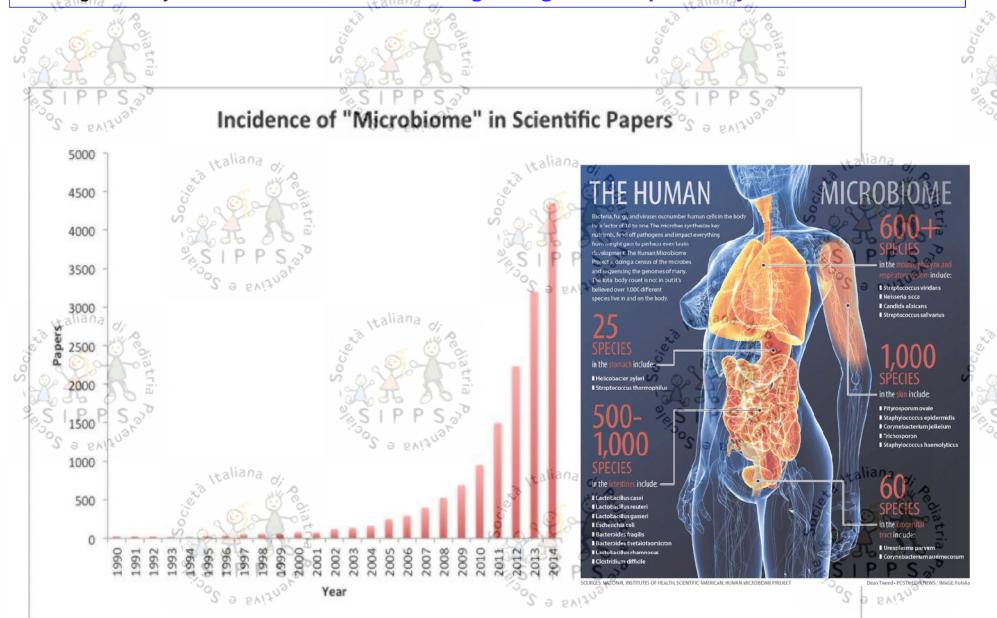


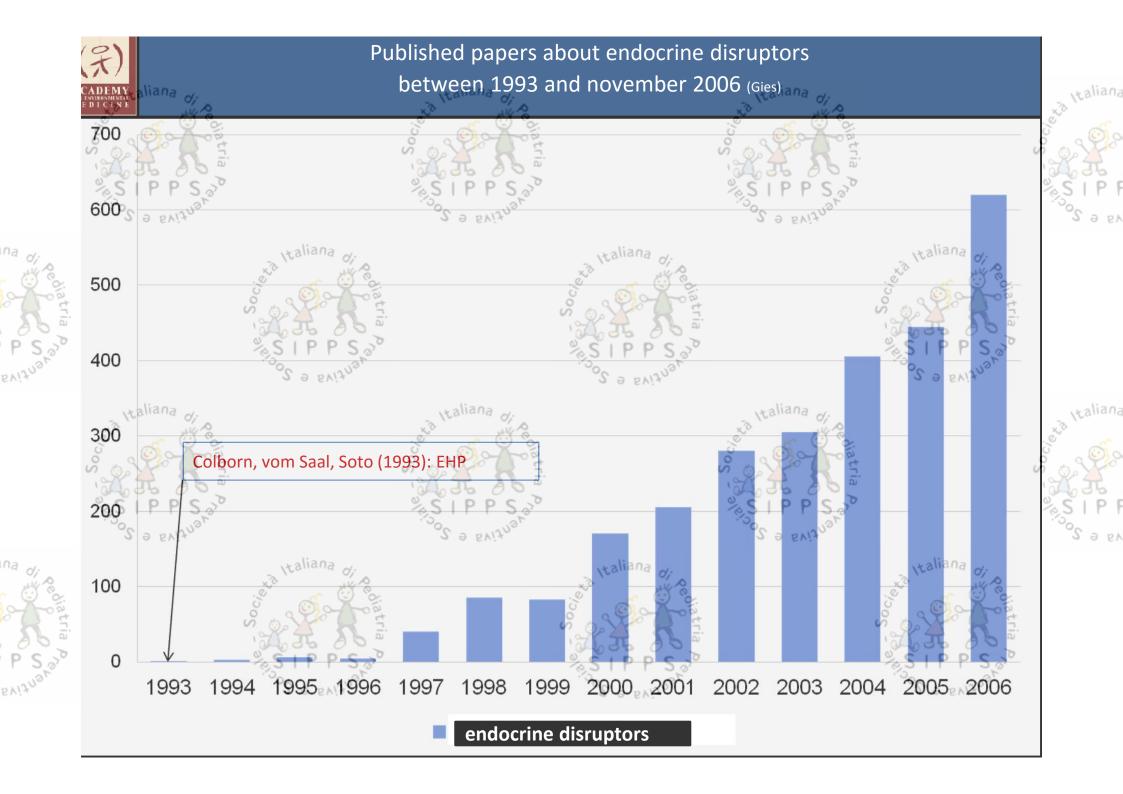






A quick search for "Microbiome" in scienctific journals online demonstrates how significantly this field of research has been growing over the past ten years





5. Paradigm 1. Normal
Change Science

The Kuhn
Cycle 2. Model
Revolution
3. Model
Cricis

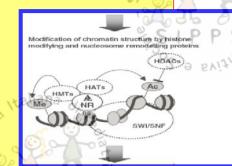
For the last 50 years it was agreed to consider **DNA as the code** and the key project for the assembly of our phenotype.

In the last ten years and especially since the appearance of the first molecular epigenetic studies we have begun to understand

that the construction of the phenotype is the result of the interaction between the information coming from the environment

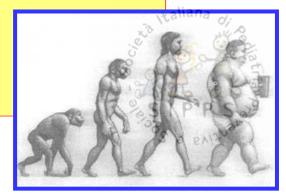
and the information deeply inscribed inside the DNA

thanks to a very complex molecular network surrounding the DNA: the epigenome



Therefore it can be argued that there is no stable change in our phenotype (both physiological and pathological) which is not

- environmentally induced
- <u>modulated</u> by the epigenome
- **conditioned** by the DNA

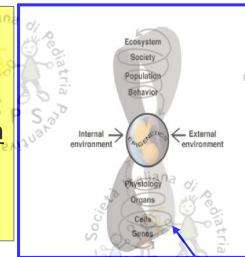


Other key concepts (obviously interdependent) are:

- developmental plasticity
- fetal programming

allow ing us to understand how the fetus epigenetically program (for life) all its cells in a predictive and adaptive way

responding to information coming from the <u>environment</u> (through the <u>mother bias</u> )



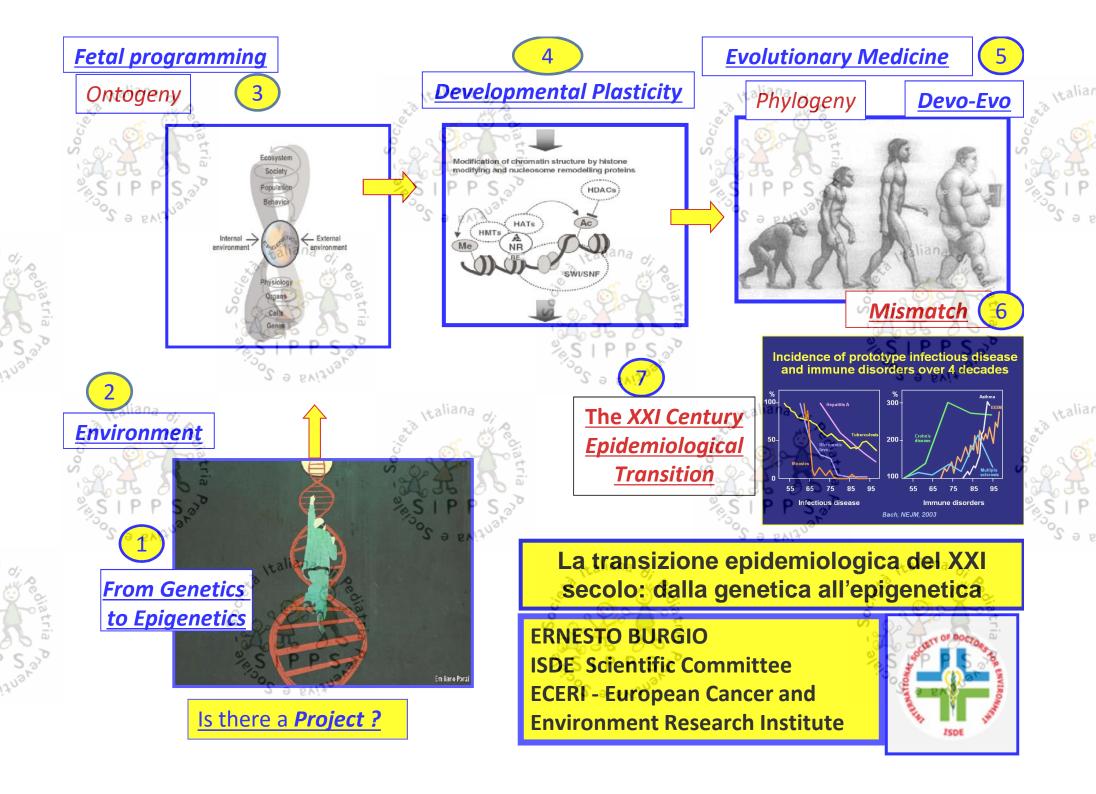
It is important to note that during this period

incorrect information (pollutants, endocrine disruptors ..) and /or

<u>discrepancies</u> between the **information** that the baby receives before and after birth (mismatch)

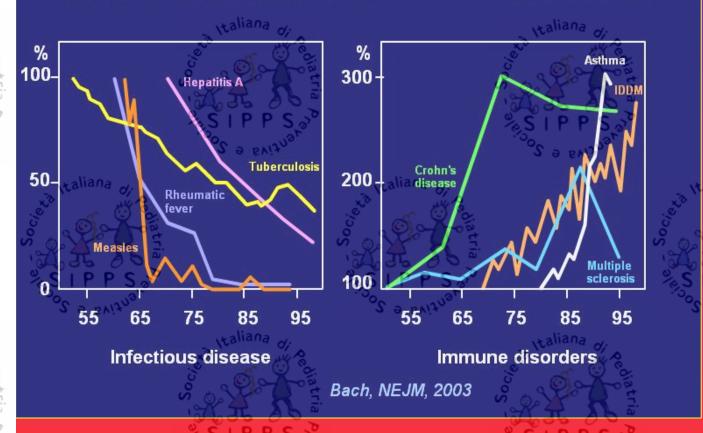
may create epigenetically bad programmed cells (including gametes), thus causing chronic diseases in adulthood or even in subsequent generations

This theory (DOHaD Developmental Origins of Health and Disease) could help us to explain the current epidemiological transition ...



### Le septième mot clé: La transition épidémiologique du XXI siècle





Pandemie d'obésité, syndrome métabolique diabète II

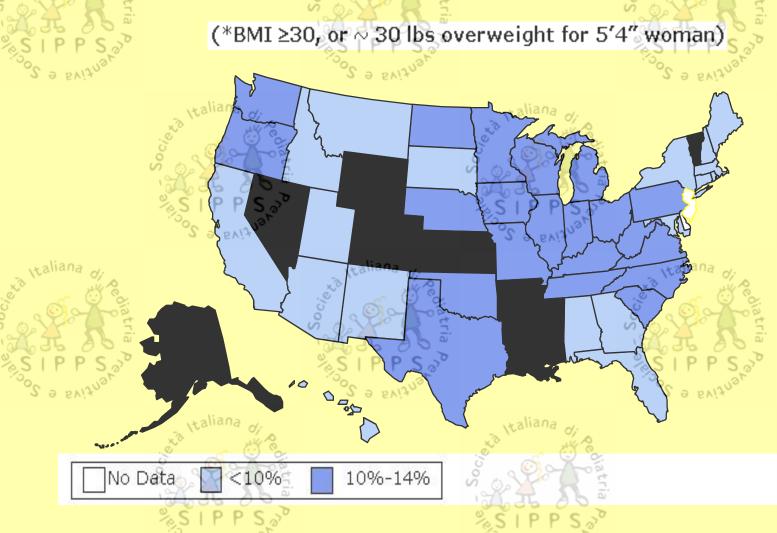
Allergies
maladies
auto-immunes
(diabète de type I,
maladie coeliaque),

Athérosclérose

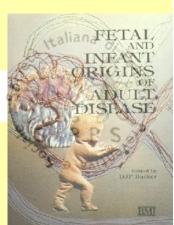
Troubles du neurodéveloppement neurodegeneratives

Cancer.

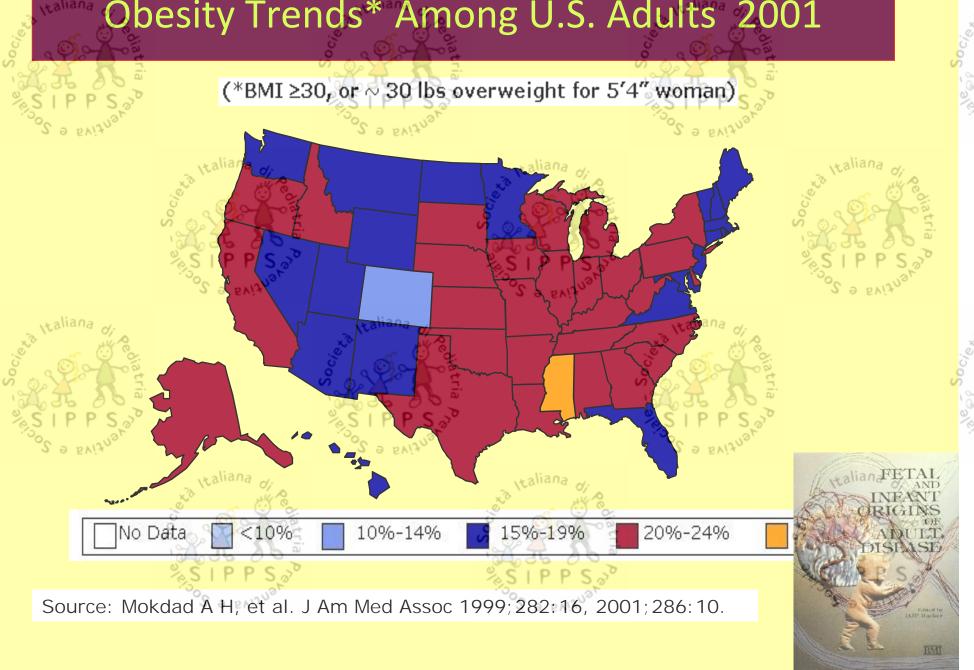
## Obesity Trends\* Among U.S. Adults 1989

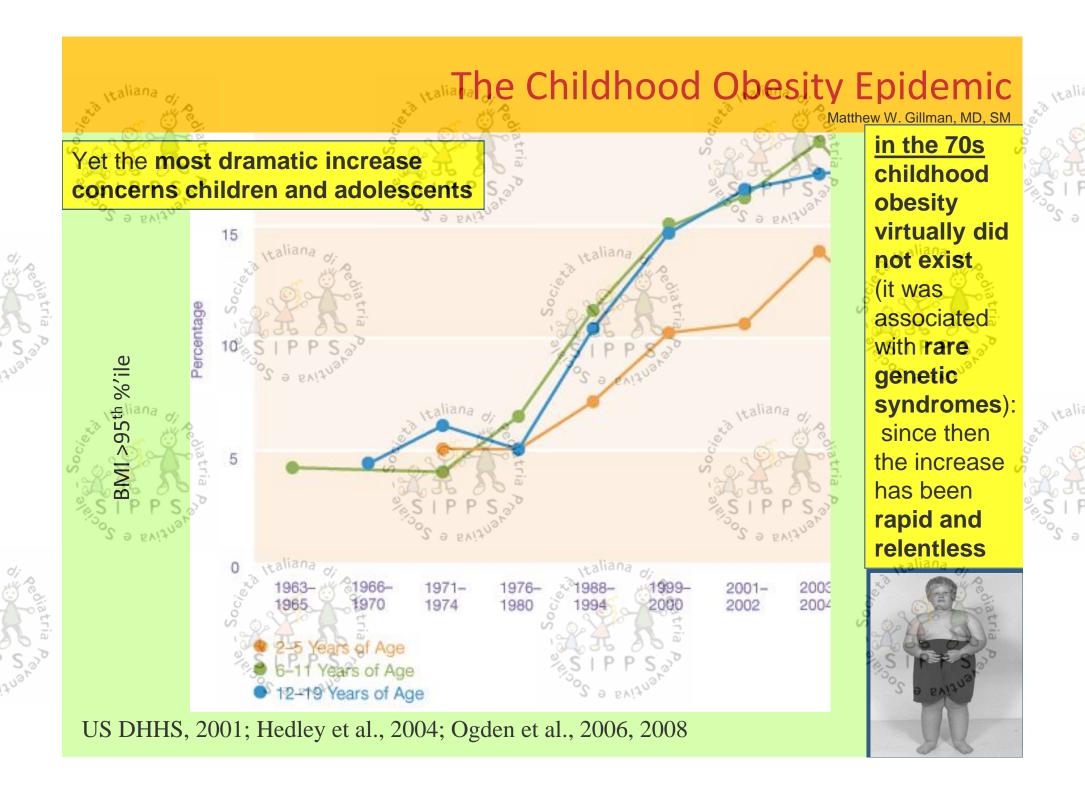


Source: Mokdad A H, et al. J Am Med Assoc 1999; 282:16, 2001; 286:10.



## Obesity Trends\* Among U.S. Adults 2001







## autism the great modern health concern



Autism spectrum disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral People with ASDs handle information in their brain differently than other people. ASDs are "spectrum disorders." That means ASDs affect each different ways, and can range from very mild to severe. There are three different types of ASDs: Autistic Disorder (also called "classic" autism). Asperger Syndrome and Pervasive Developmental Disorder - Not Otherwise Specified (PPD-NOS; also called "atypical autism")

1980 1:1500

#### Autistic Disorder

What most people think of when hearing the word "autism." People with autistic disorder usually have significant language delays, social and communication challenges and unusual behaviors and interests.

#### Asperaer Syndrome

Usually have some milder symptoms of autistic disorder. They might have social challenges and unusual behaviors and interests. However, typically do not have problems with language or intellectual disability.

#### Pervasive Developmental Disorder

The symptoms might cause only social and come challenges. People with PDD-NOS usually have for milder symptoms than those with autistic disorder.

2006 1:110

2014 1:68

mesining

of the population of children aged 3-17 have an ASD

with

ASDs 4 to 7 times more likely to occur in BOYS than in GIRLS



2008 1:88

There is no medical test to diagnose ASDs, doctors look at the child's behavior and development to make a diagnosis.



About half of parents of children with ASD notice their child's unusual behaviors by age 18 months



2003

about four-fifths notice by age 24 months

A person with an ASD might:

Not respond to their name by 12 months & Avoid eye contact and want to be alone | Have delayed speech and language skills Repeat words or phrases over and over (echoissa) | Give unrelated answers to questions | Get upset by minor changes

2014 1:68

ASDs are the fastest-growing developmental disability

10-17% annual growth

Reports of autism cases per 1,000 children

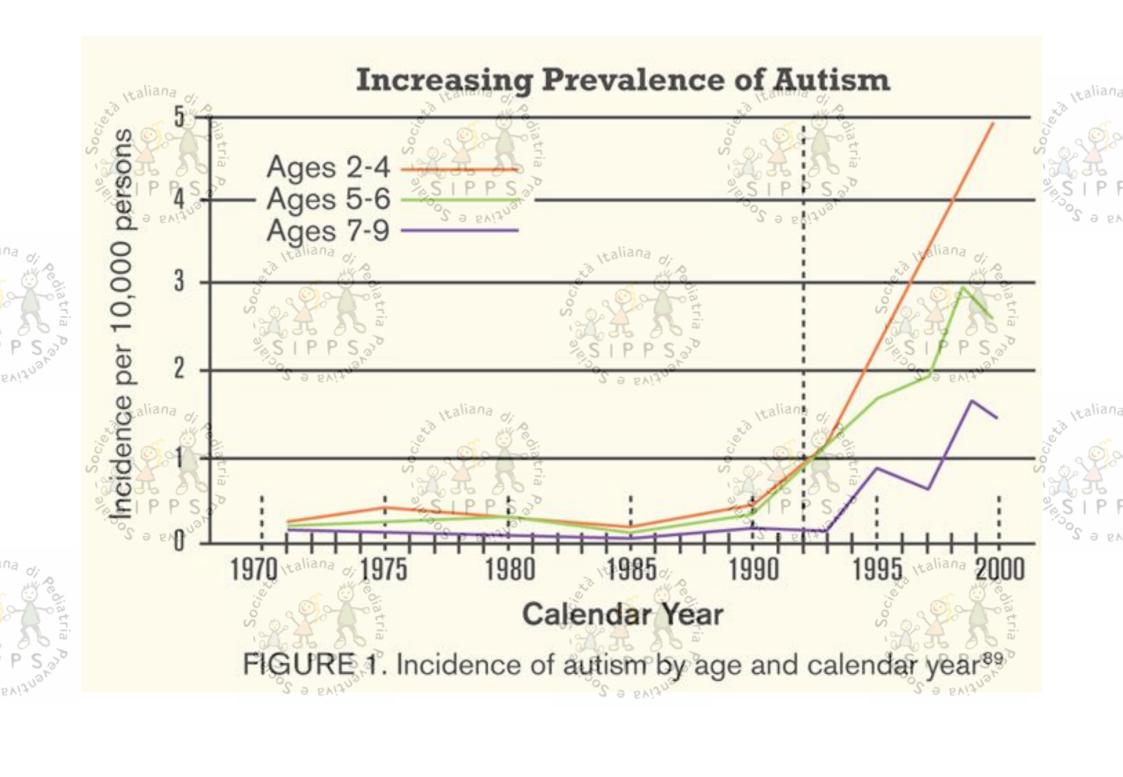
Lifetime cost to care for an individual with an ASD Estimated from recent studies.

\$4,110-\$6,200 per year

of medical expenditures for an individual with an ASD S than one without

2005

http://arstechnica.com/science/2012/04/new-autism-studies-find-new-mutations-many-genes-behind-the-disorder/

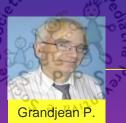


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## **A Silent Pandemic**

**Industrial Chemicals Are Impairing** The Brain Development of Children Worldwide

For immediate release: Tuesday, November 7, 2006



#### Developmental neurotoxicity of industrial chemicals

P Grandiean, PH andrigan

Neurodevelopmental disorders such as autism, attention deficit disorder, mental retardation, and cerebral palsy are common, costly, and can cause lifelong disability. Their causes are mostly unknown. A few industrial chemicals (eg., lead, methylmercury, polychlorinated biphenyls [PCBs], arsenic, and toluene) are recognised causes of neurodevelopmental disorders and subclinical brain dysfunction. Exposure to these chemicals during early fetal development can cause brain injury at doses much lower than those affecting adult brain function. Recognition of these risks has led to evidence-based programmes of prevention, such as elimination of lead additives in petrol. Although these prevention campaigns are highly successful, most were initiated only after substantial delays. Another 200 chemicals are known to cause clinical neurotoxic effects in adults. Despite an absence of systematic testing, many additional chemicals have been shown to be neurotoxic in laboratory models. The toxic effects of such chemicals in the developing human brain are not known and they are not regulated to protect children. The two main impediments to prevention of neurodevelopmental deficits of chemical origin are the great gaps in testing chemicals for developmental neurotoxicity and the high level of proof required for regulation. New, precautionary approaches that recognise the unique vulnerability of the developing brain are needed for testing and control of chemicals.

A few industrial chemicals (eg, lead, methylmercury, polychlorinated biphenyls [PCBs], arsenic, and toluene) are recognised causes of neurodevelopmental disorders and subclinical brain dysfunction.

Seven years ago two well known experts in Environmental Health, a pediatrician and an epidemiologist, launched an alarm from the pages of the Lancet, saying that a silent pandemic of ADHD, autism and other neurodevelopmental disorders was spreading also due to the shortage of funds in this area of research





## Neurobehavioural effects of developmental toxicity

Lancet Neurol 2014; 13: 330-38

Published Online February 15, 2014 http://dx.doi.org/10.1016/ 51474-4422(13)70278-3

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Philippe Grandjean, Philip J Candigan P

Neurodevelopmental disabilities, including autism, attention-deficit hyperactivity disorder, dyslexia, and other cognitive impairments, affect millions of children worldwide, and some diagnoses seem to be increasing in frequency. Industrial chemicals that injure the developing brain are among the known causes for this rise in prevalence. In 2006, we did a systematic review and identified five industrial chemicals as developmental neurotoxicants: lead, methylmercury, polychlorinated biphenyls, arsenic, and toluene. Since 2006, epidemiological studies have documented six additional developmental neurotoxicants—manganese, fluoride, chlorpyrifos, dichlorodiphenyltrichloroethane, tetrachloroethylene, and the polybrominated diphenyl ethers. We postulate that even more neurotoxicants remain undiscovered. To control the pandemic of developmental neurotoxicity, we propose a global prevention strategy. Untested chemicals should not be presumed to be safe to brain development, and chemicals in existing use and all new chemicals must therefore be tested for developmental neurotoxicity. To coordinate these efforts and to accelerate translation of science into prevention, we propose the urgent formation of a new international clearinghouse.

Since 2006, epidemiological studies have documented <u>six additional developmental</u> <u>neurotoxicants — manganese, fluoride, chlorpyrifos, tetrachloroethylene, dichlorodiphenyltrichloroethane,, and the polybrominated diphenyl ethers.</u>
We postulate that even more neurotoxicants remain undiscovered



#### I TUMORI IN ITALIA ODOCUMENTO AIRTUM 2009

## Il rischio di ammalarsi di tumore

The risk of developing cancer



### RISCHIO CUMULATIVO

OGNI QUANTE PERSONE UNA È DESTINATA AD AMMALARSI O MORIRE DI CANCRO?

Soci	UOMĮŘÍ SS		DONNE	
S iria	INCIDENZA	MORTALITÀ	INCIDENZA	MORTALITÀ
Totale (escluso epiteliomi della cute)	2	%S3PP	500 2	6
Prostatas a enizua	7	339 EVIS	134	
Mammella	liana 614		8	aliana 33
Cute non melanomi	8.0		14 🔊	WY PO
Polmone	900	10	40 0	48 0 0
Colon Retto	F 316 3.	26	17	46 5
Vescica SI	P P 20 00	55	122 S	1 P 3365
Stomaco	5 6 VIJ 26	38	53	9 EV81







1 uomo su 2 e 1 donna su 2 saranno colpiti da tumore nel corso della vita

2. 9 BVis

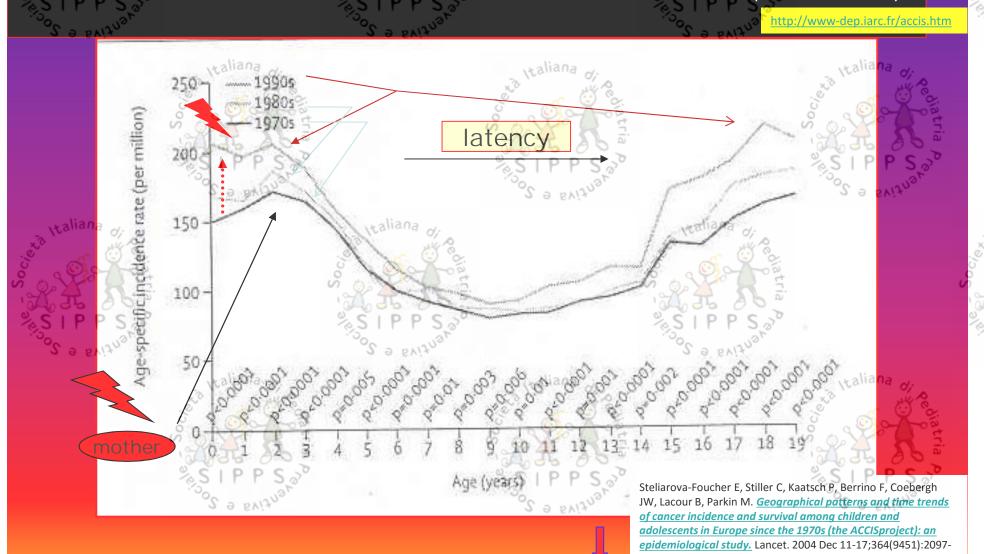
1 uomo su 3 e 1 donna su 6 ne moriranno s





A first draft of the report, published on the Lancet in 2004, demonstrated an annual increase of 1-1,5% for all cancers (with more marked increases in lymphomas, soft tissue sarcomas, tumours of the nervous system...). But the most troubling was the increase - almost the double - for all cancers in the very first year of life (apparently due to transplacental or even trans-generational exposure)

## CA incidence in childhood and adolescence IN EUROPE (1970-1999)





## (5) Pro-leukemic translocations in foetuses



## In utero origins of childhood leukaemia

#### Mel Greaves\*

Abstract Chimaeric fusion genes derived by chromosome translocation are common molecular abnormalities in paediatric leukaemia and provide unique markers for the malignant clone. They have been especially informative in studies with twins concordant for leukaemia and in retrospective scrutiny of archived neonatal blood spots. These data have indicated that, in paediatric leukaemia, the majority of chromosome translocations arise in utero during foetal haemopofesis. Chromosomal translocations and preleukaemic clones arise at a substantially higher frequency (-100×) before birth than the cumulative incidence or risk of disease. reflecting the requirement for complementary and secondary genetic events that occur postnatally. A consequence of the latter is a very variable and occasionally protracted postnatal latency of disease (1-15 years). These natural histories provide an important framework for consideration of key aetiological events in paediatric leukaemia.

Chromosomal translocations and preleukaemic clones arise at a substantially higher frequency (~100 X) before birth than the cumulative incidence or risk of disease, reflecting the requirement for complementary and secondary genetic events that occur postnatally. A consequence of the latter is a very variable and occasionally protracted postnatal latency of disease (1—15 years).

.. the first unambiguous evidence for a prenatal origin of leukaemia was derived from studies in identical twins with leukaemia. A case of identical (monozygotic) infant twins with leukaemia was recorded in 1882, and, since that time, more than 70 pairs have been published albeit in variable detail ...

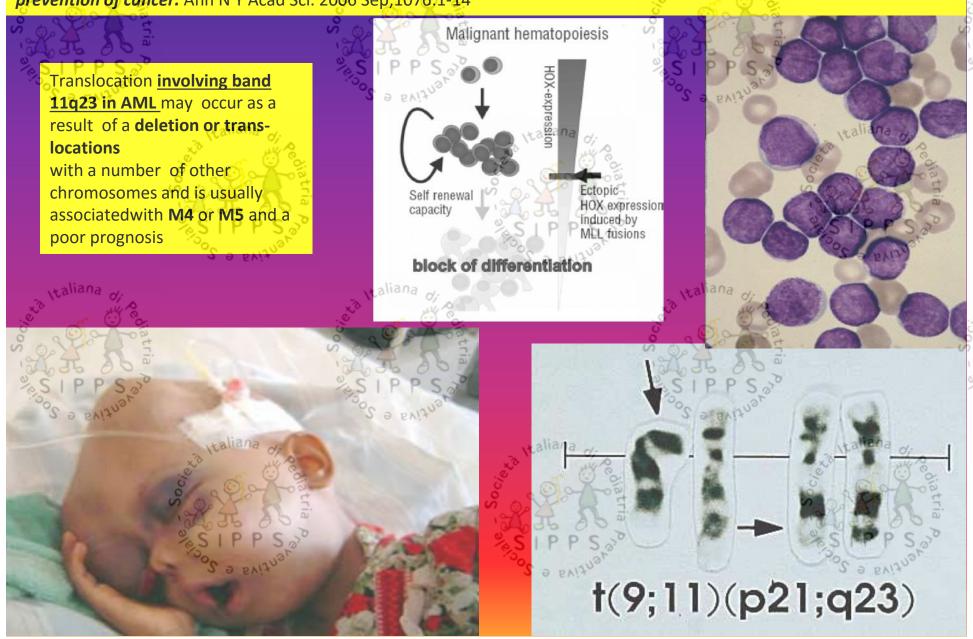
The concordance rate of leukaemia varies according to subtype and age. For infants with ALL, the rate is exceedingly high (> 50%), for "COMMON" child-ALL, is ~10%.

Adult leukaemia (ALL/ AML), in contrast, has a very low rate of concordance (< 1%).





~1% of newborns had TEL-AML1 positive B lineage clones... which represents 100 times the incidence of TEL-AML1 positive ALL (~1 in 12,000). <u>Translocations typical of myeloid leukaemia, probably due to maternal exposure to some toxic compound</u>, were shown to be <u>present at birth in children who developed the disease years later</u> (while not sufficient per se to cause the disease, they might increase the risk for leukaemia by inducing genomic instability) <u>Tomatis L.</u> *Identification of carcinogenic agents and primary prevention of cancer.* Ann N Y Acad Sci. 2006 Sep;1076:1-14



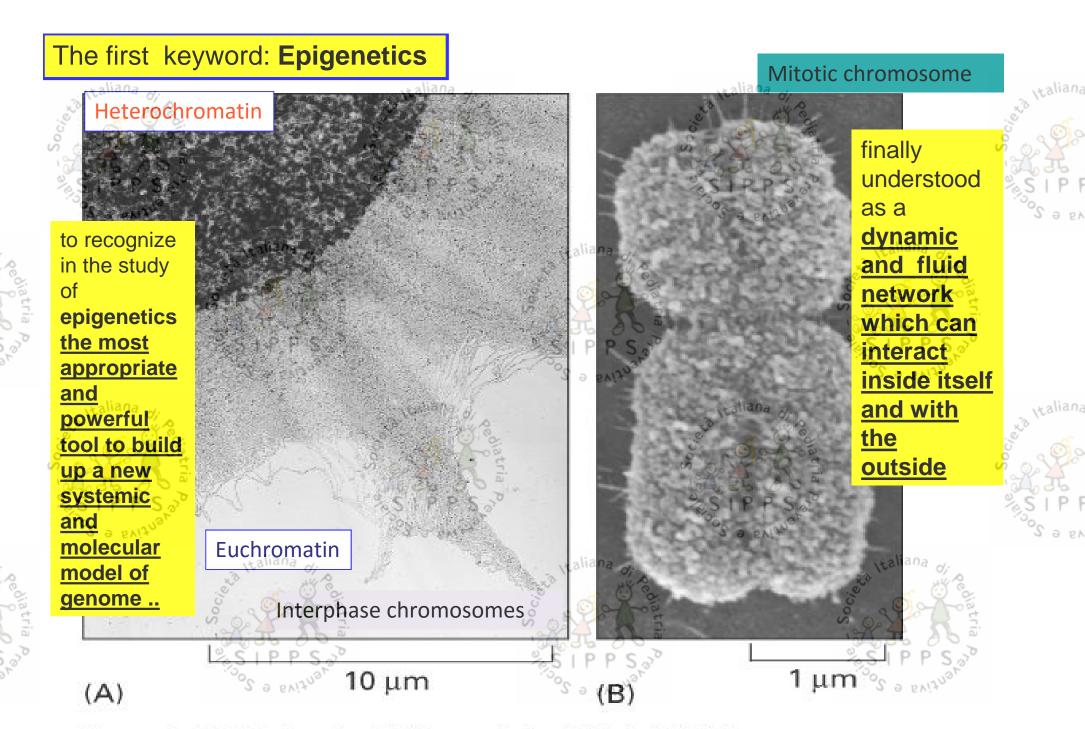


Figure 4-21. Molecular Biology of the Cell, 4th Edition.

# nature biotechnology PUBLICATIONS A-Z INDEX > BROWSE BY SUBJECT > SEARCH This journal PUBLICATIONS A-Z INDEX > BROWSE BY SUBJECT > SEARCH This journal On the publication of the publ

pp © 1997 Nature Publishing Group http://www.nature.com/naturebiotechnology

#### COMMENTARY

EPIGENESIS AND COMPLEXITY

Le **Dogme Central de Crick**: Une fois l'information a pénétré dans une protéine ne peut pas sortir à nouveau (one direction-linear flow of information)

## The coming Kuhnian revolution in biology

Richard C. Strohman

The Watson-Crick era,
which began as a narrowly
defined and proper theory
and paradigm of the gene,
has mistakenly evolved into
a revived and thoroughly
molecular form of genetic
determinism.

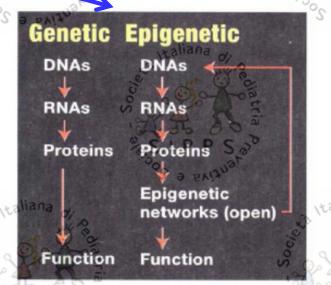


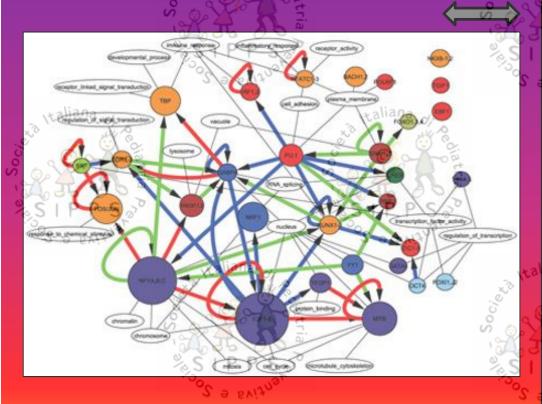
Figure 1. Genetic and epigenetic theories of information processing.

Pour citer le biologiste moléculaire Richard C. Strohmann : <u>l'ère de Watson et Crick, qui a commencé comme une théorie du gène a évolué à tort dans une théorie et le paradigme de la vie</u>: c'est a dire, <u>dans une forme revivifiée et soigneusement moléculaire du déterminisme génétique</u>



From directing the fate of stem cells to determining how.. we grow, the genes in our body act in complex networks.. the whole *Genome* is a Complex and highly dynamic molecular Network of *interacting Genes* and *non-codifying sequences*.. and *proteins* 

....Genes Know How to Network...BUT...

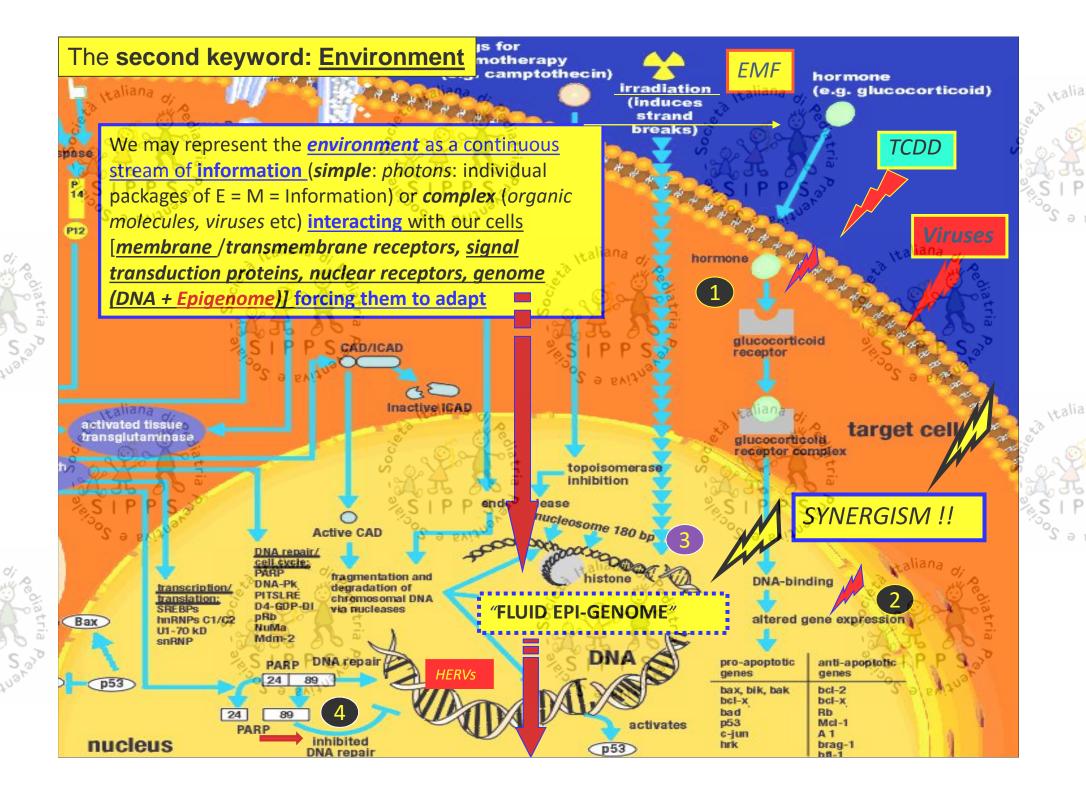


IN FACT Genes need to be told to switch "off" and "on":

- Genes need to be told how much expression (protein) is required and where.
- Genes need to be regulated this regulation is not performed by DNA but by many other controls arranged in a complex network
- DNA has been called the *Book of Life* by the *Human Genome Project* scientists, but many other biologists consider <u>DNA to be simply a random collection of words from which a meaningful story of life may be assembled...</u>
- In order to assemble that meaningful story, a living <u>cell uses a second</u> informational system. (...) The key concept here is that <u>these dynamic-epigenetic</u> networks have a life of their own —they follow network-rules not specified by DNA

http://news.sciencemag.org/sciencenow/2009/04/21-03.html

Strohman R., April 2001 Beyond genetic determinism



The "meeting-point" between the information coming from the environment and the information encoded in the DNA (hardware) is the epigenome (software): mimetic molecules (EDCs) and other pollutants or danger-signals induce the epigenome to change

Histone Acetyltransferases; Histone Methyltransferases Histone Deacetylases. Histone Lysine Acetylation H3-K9 Αc HATs H3-S10 **HMTs** Me NR SWI/SNF **ATP-dependent Nucleosome** Remodeling Complex **Nuclear Receptor** 

Chromatin itself is the direct target of many toxicants \* ... toxicant-induced perturbations in chromatin structure may precipitate adverse effects.. Forcing genome to change

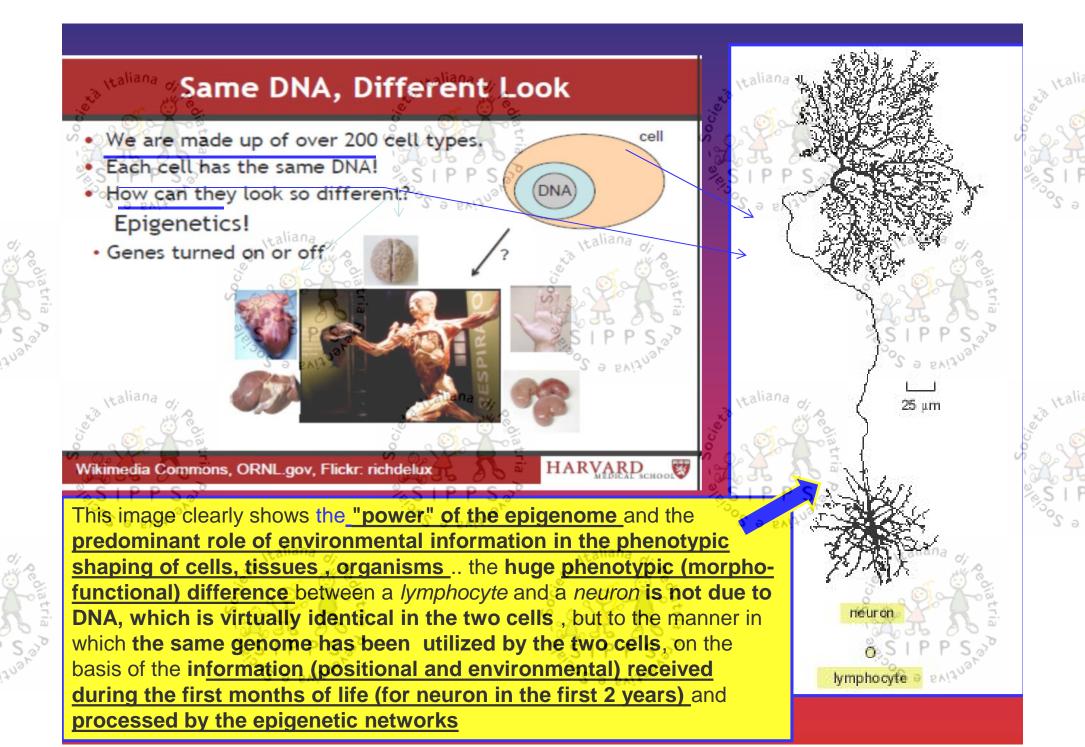
Many toxicants cause rapid alterations in gene expression by activating protein kinase signaling cascades.

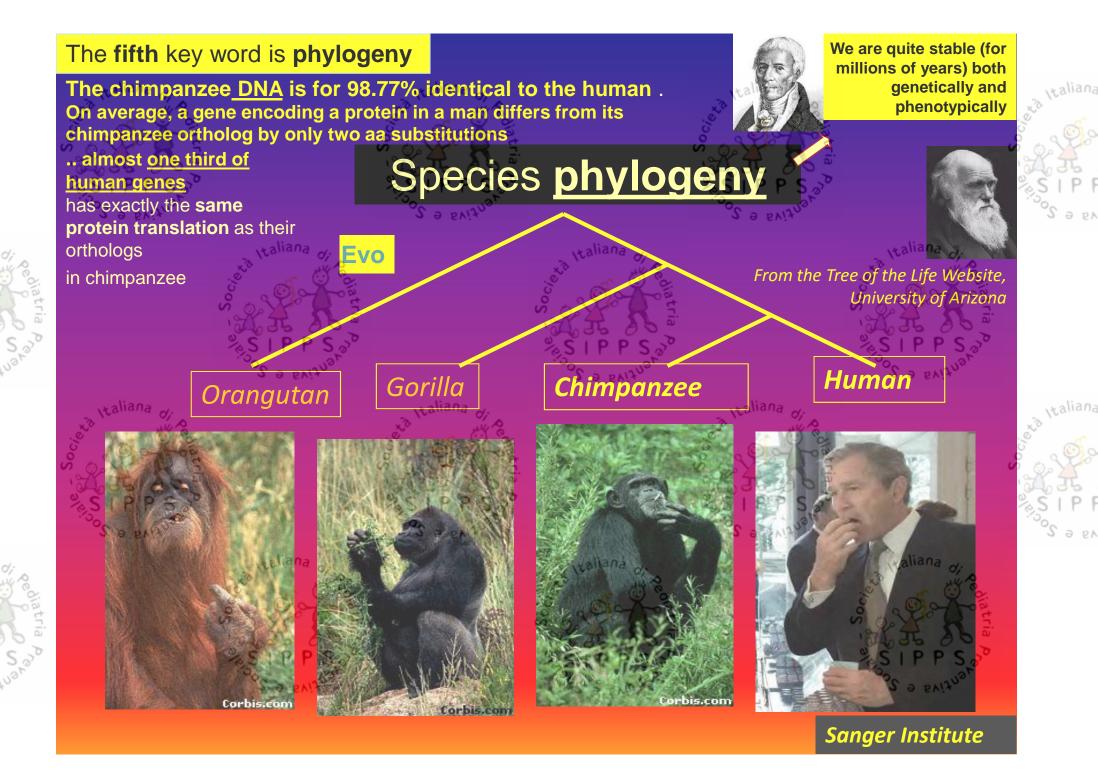
The resulting rapid, defensive alterations in gene activity require the transmission of a signal directly to the histones present in the chromatin of stress response genes:

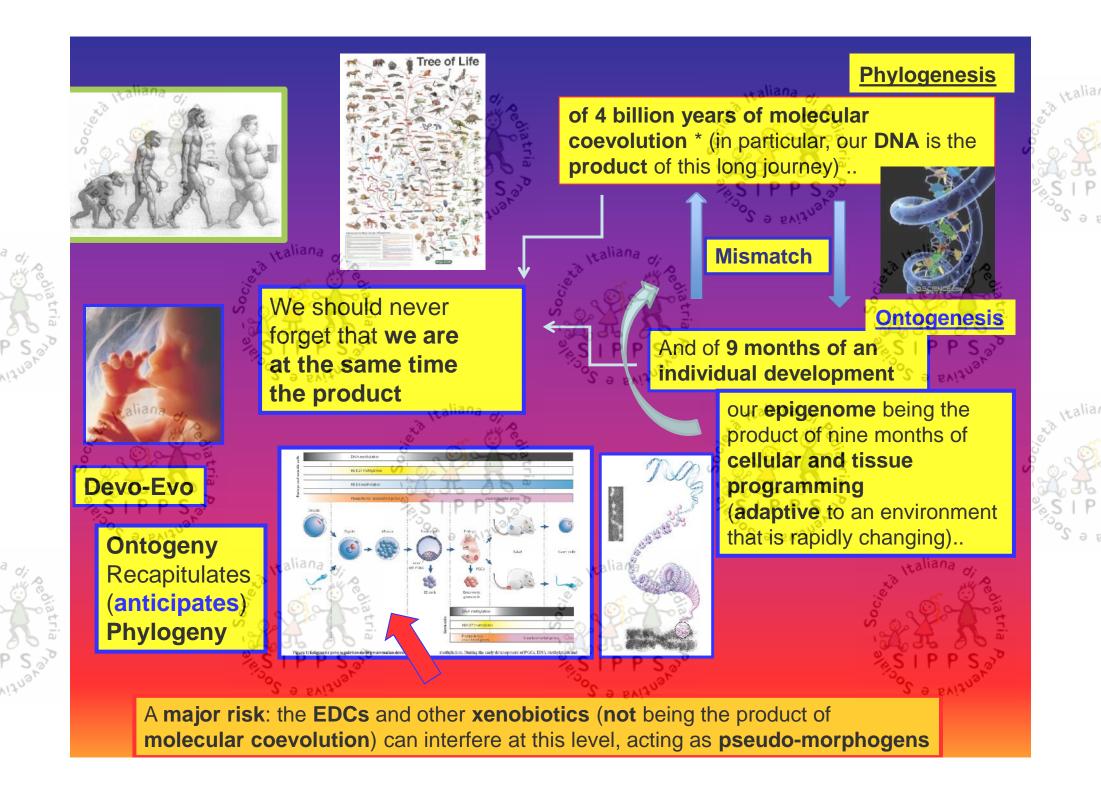
within minutes
of exposure
the phosphorylation of
serine 10 of histone H3
and the
acetylation
of lysines 9 and/or 14
take place

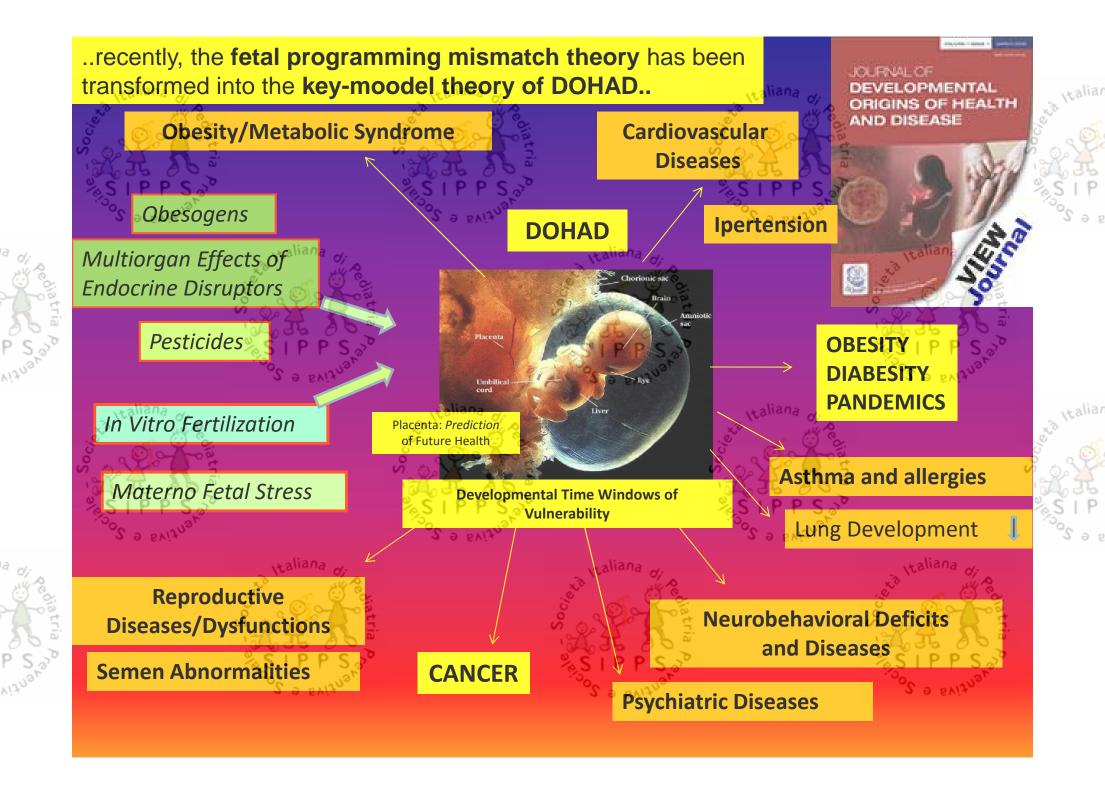
#### this is not a generic concept, The third key word is **fetal programming** concerning the way in which the "genetic program" Polycyclic Aromatic Ecosystem? (Ultra)-fine Hydrocarbons (PAH) contained in DNA is particles translated, during the nine Society months of the ontogenetic Heavy Metals Population process, in a specific Benzene Dioxin and complex phenotype. Behavior Dioxin-like on the contrary, this is a precise molecules **MATERNAL** technical term that refers to **STRESS** the ability, and at the same time to the necessity, of External embryo-fetal cells to define environment environment their epigenetic setting in adaptive (and predictive) response to the information **ONTOGENY** Physiology coming from the mother and, through her, from the outer Organs 9 world. Fig. 1. The fetus is particularly vulnerable to changes in the external and internal environments, which interact to influence fetal development and have both immediate and life-long consequences. Such environmentally induced changes can occur at all levels of biological organization, from the molecular to the organism's behavior and place DISEASE in society, and tend to be amplified in their consequences as they ascend through these levels. Ultimately, these influences may be Œ epigenetic in nature, inducing mitotically heritable alterations in gene expression without changing the DNA. BMI

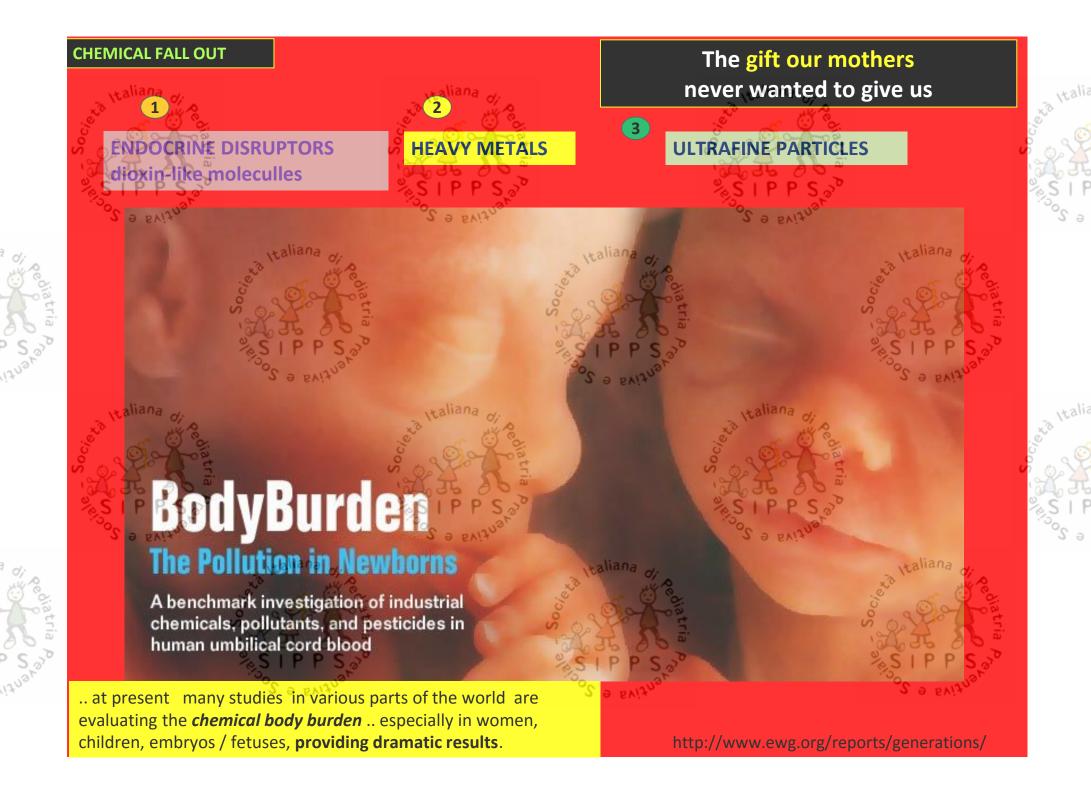
### The fourth keyword is developmental plasticity The actual genetic program of a particular individual is actually the Stability and flexibility of epigenetic gene product of nine months of epigenetic adaptive-predictive regulation in mammalian development "formatting" of billions of cells)... Nature 447, 425-432 (24 May 2007) H3K27 methylation H3K4 methylation Pluripotency-associated genes Developmental genes Oocyte Differentiation **Fetal** Programming Morula Germ cells **PLASTICITY** Emb ryonic germ cells DNA methylati epi-mutations This is the stage of life which is far more sensitive to H3K27 methylation information coming from the environment Pluripotency-Developmental genes (particularly to maternal-fetal stress, to nutritional associated genes errors, to pollutants ..) methylation. During the early development of PGCs, DNA methylation and

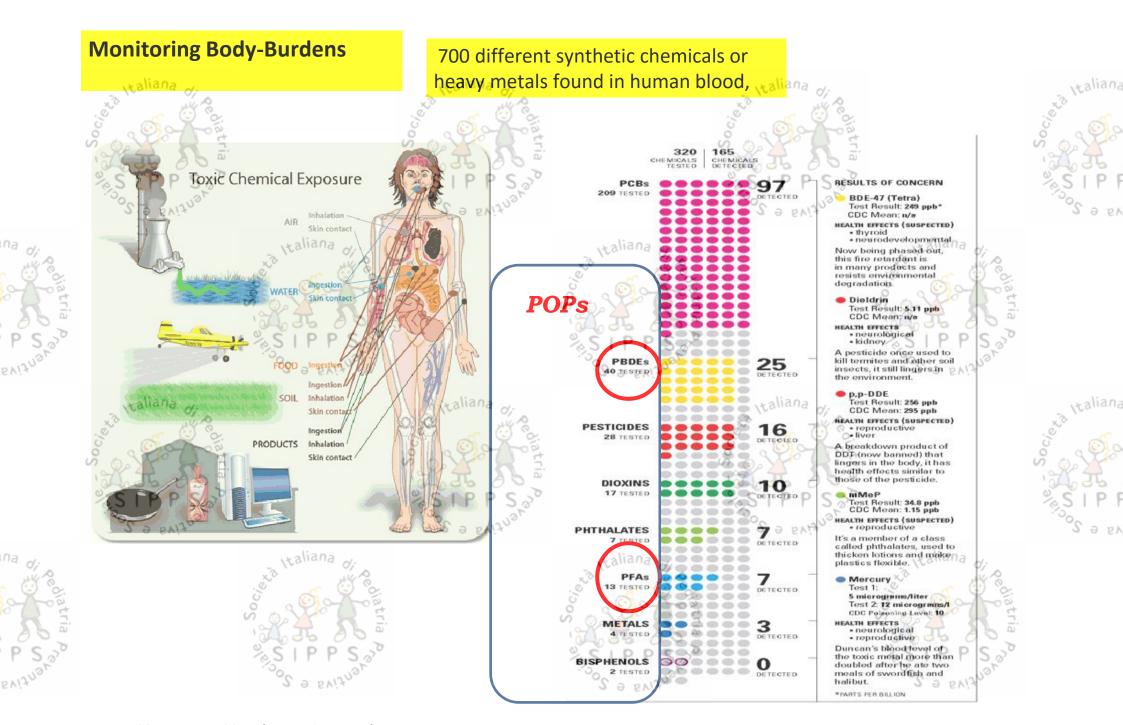




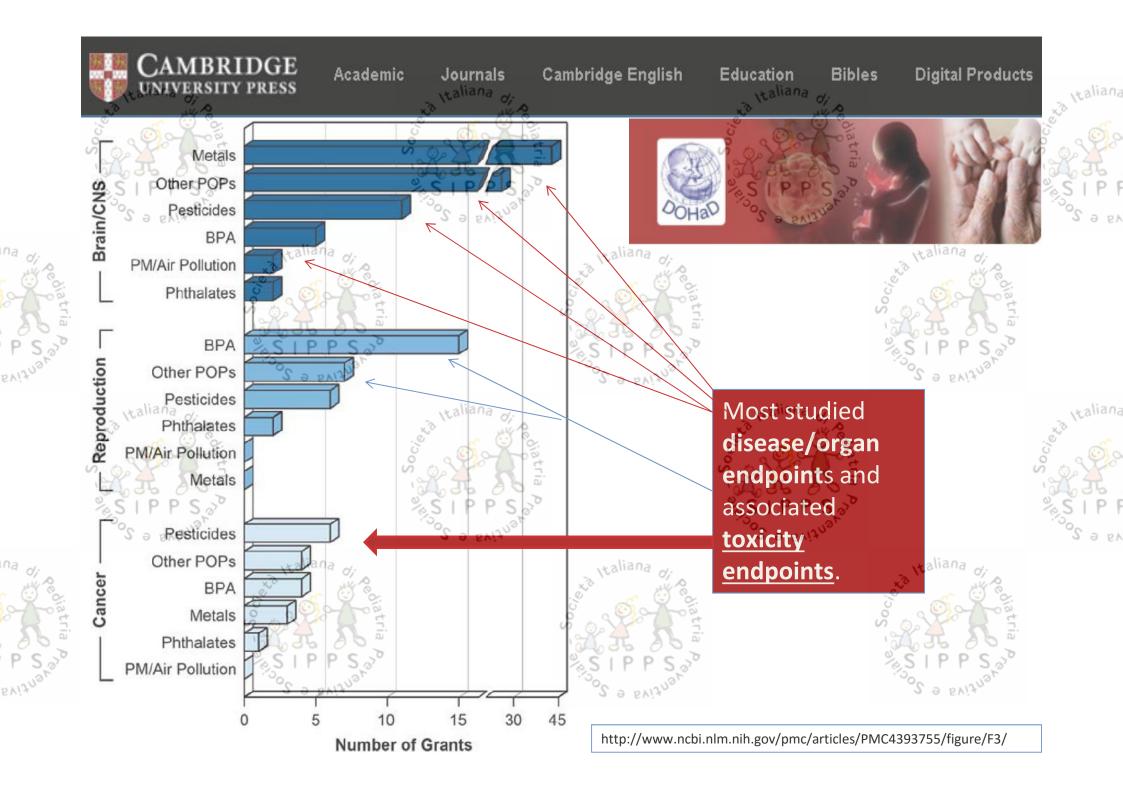


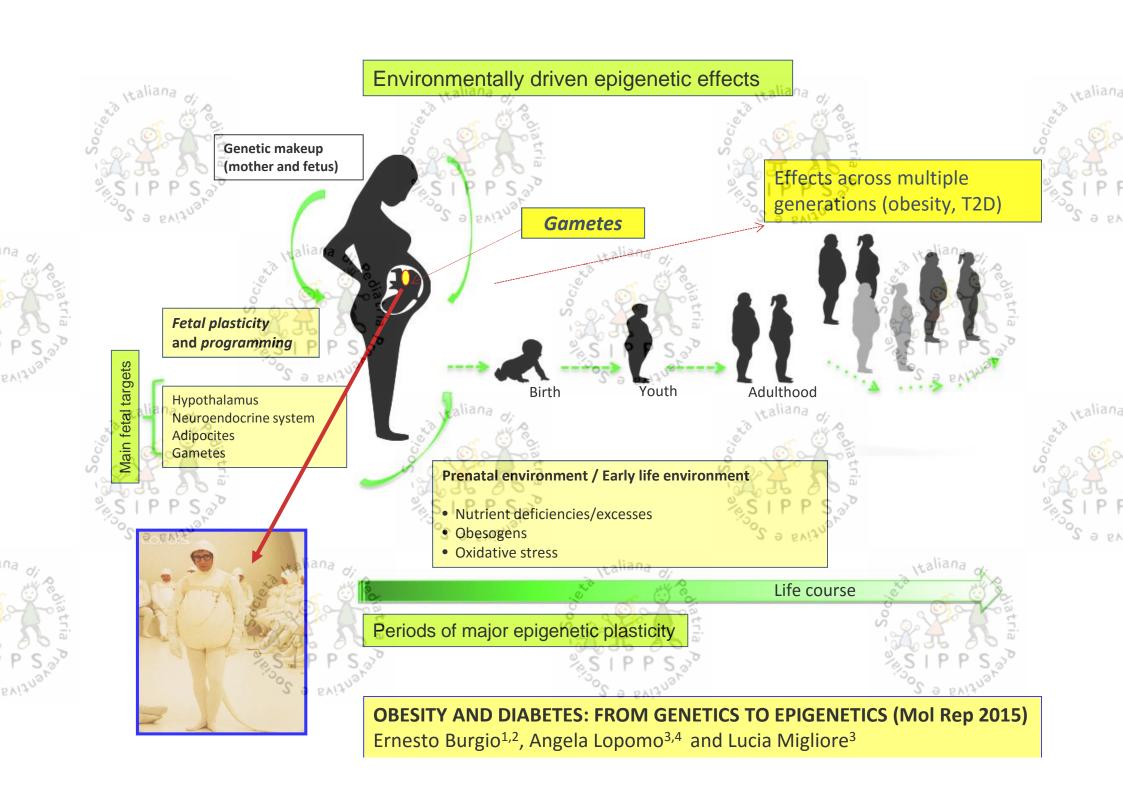


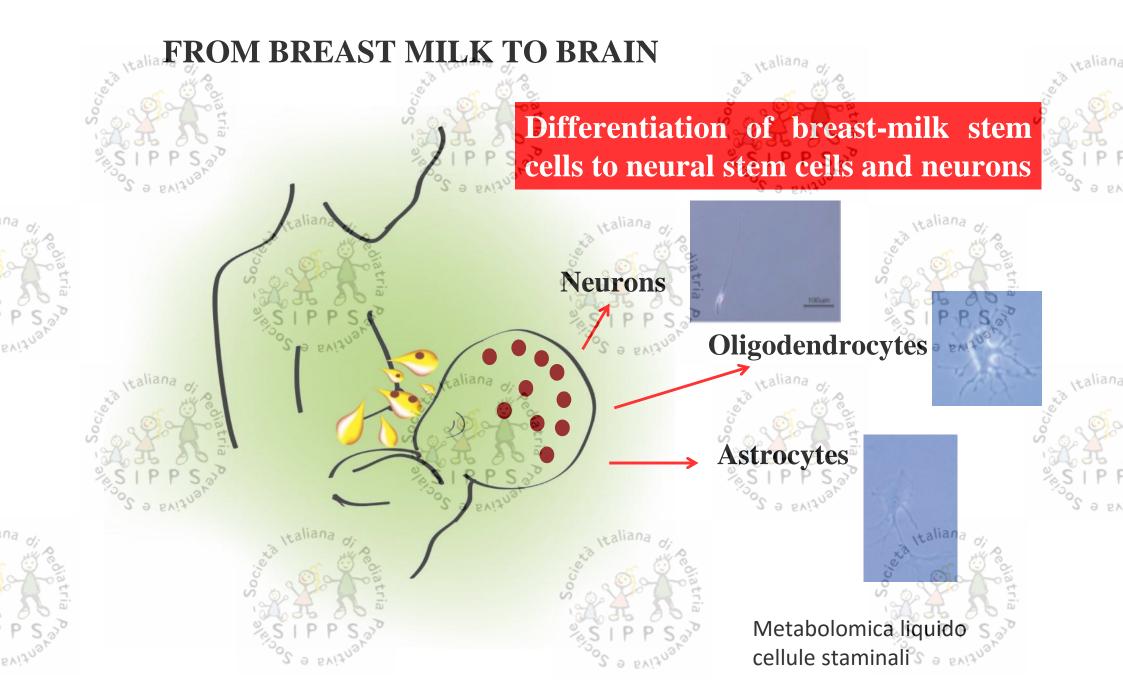




Giuseppe Giordano ISDE Palermo







Hosseini SM Neurol Res Int 2014



www.jpnim.com Open Access elSSN: 2281-0692

Journal of Pediatric and Neonatal Individualized Medicine 2015;4(2):e040237

doi: 10.7363/040237, aliana

Received: 2015 Sept 21; accepted: 2015 Oct 10; published online: 2015 Oct 26

Editorial

# Environment and fetal programming: the origins of some current "pandemics"

**Ernesto Burgio** 

"The womb may be more important than the home"

David Barker

ECERI - European Cancer and Environment Institute, Bruxelles, Belgium

ISDE - International Society of Doctors for Environment (Scientific Office), Arezzo, Haly

This new paradigm is important not only to explain in a more exhaustive way the embryo-foetal origins of all the above mentioned disorders and their dramatic increase over the last decades, but also to try to effectively face this epidemiological transition. The key-term in this context is certainly primary prevention: only by reducing the maternal-foetal factors of distress and the exposure of the foetus (and of its gametes) to pollutants, it would be possible to protect the correct programming of cells, tissues and organs.



The key-term in this context is certainly **primary prevention** 



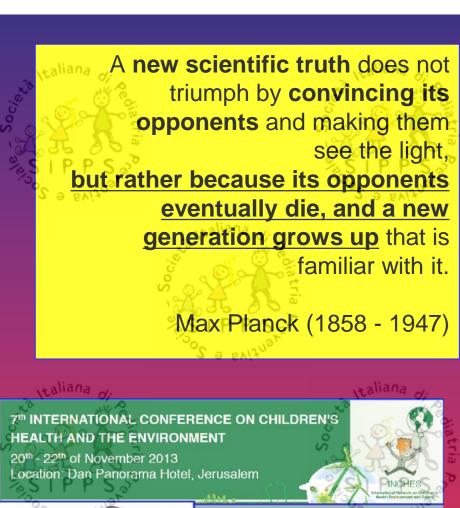


- Baseline Blood/ Hair Sample
- \*Fasting Blood sample
- Psychosocial Stress Assessment
- Neuropsychological Battery
- •Fetal Ultrasound
- \*Cervicovaginal Swabs
- Anthropometric Measures
- •4 Day Ambulatory Period:
  - Diurnal Salivary Cortisol (7 per day)
  - Actiheart Device
  - Electronic Diary (Smart Phone)
  - 2 Random Dietary Recall Assessments
  - •24 hr Urine S a PAIR

- \*Neonatal Brain MRI (structural MRI, DTI, resting state fMRI) \*Neonatal Motor
- Neonatal Motor Performance (TIMP)
- Infant Cognitive,
   Motor & Emotional
   Behavior (Bayley's)
   Infant Home
- EnvironmentMother/InfantInteractions
- Infant Stress
  Reactivity

- •Infant Brain MRI (structural MRI, DTI, resting state fMRI)
- Infant Cognitive,
   Motor & Emotional Behavior (Bayley's)
- •Mother/Infant Interactions

The key-term in this context is certainly <u>primary prevention</u> the role of <u>pediatricians</u>, <u>neonatologists</u>, <u>gynecologists</u> will be <u>strategic</u> in the coming years





WORLD FOR

**OUR CHILDREN** 

