

Investigating environmental contaminants and health: Insights from population-based studies in Northern Norway

Therese Haugdahl Nøst, PhD

Associate Professor, Department for Community Medicine, UiT The Arctic University of Norway Researcher, HUNT Research Centre, NTNU Norwegian University of Science and Technology



Acknowledgements

- Long-term collaborations representing also work lead by colleagues
- Made possible due to that surveys started collecting and biobanking blood in the 1970s
- NILU's environmental chemistry research group in Tromsø in 1994
- A continuum of research projects



Outline

- Lessons learned in our population-based studies
- Investigation of human exposures
 - Two longitudinal designs
- Investigation of human health effects
 - Specifically: Type 2 Diabetes Mellitus
 - One cross-sectional study
 - One longitudinal study



Human exposures to environmental contaminants





Environmental contaminants

In the past

Now



123

219 million organic substances, alloys, coordination compounds, minerals, mixtures, polymers, and salts disclosed in publications since the early 1800s.



Persistent organic pollutants

 Organic chemical substances produced or bi-products of human activity released into the environment and that:



- remain intact for exceptionally long periods of time;
- become widely distributed throughout the environment as a result of natural processes involving soil, water and, most notably, air;
- accumulate in the living organisms including humans, and are found at higher concentrations at higher levels in the food chain; and
- are toxic to both humans and wildlife.



PCBs= polychlorinated biphenyler, DDT= 1,1,1-trichloro-2,2-bis(p-chlorophenyl)ethane, PFAS= polyfluoroalkyl substanser



Exposure – who and how?



WHO (2010) WHO Human Health Risk Assessment Toolkit / ww.unep.org/topics/chemicals-and-pollution-action/pollution-and-health/

Human monitoring studies



WHO (2010) / WHO Human Health Risk Assessment Toolkit

Population-based surveys at UiT



The Tromsø Study

Tromsø, 45000 at least once, 7 surveys so far

1974	1979-80	1986-87	1994-95	2001	2007-08	2015-06	2025-26		
The Norw	e Norwegian Women and Cancer Study National, 174000								
			1991 -			2017	2025		
The Saminor Study Sami municipalities, 28000 at least once, 2 surveys so far									
				200	3-04 20)12-14	2023-25		
The Fit Futures Study					Troms county, youth, 1200, 3 surveys				
					201011				

Time trends of environmental contaminants in Northern Norway



Human exposures and age

- Trends of POPs in humans with respect to time
- «Increase with age»
- «Effect of age»
- «Positively correlates with age»
- Longitudinal study Intraindividual changes
- Analyze a broad range of POPs in blood samples in the period 1979-2007
- Examine trends with respect to age, birth cohort and exposure history
- Validation of human exposure model



The Tromsø Study 1979-2007 - Study 1

- Archived serum samples of high quality in the Tromsø Study
- 5 repeated blood samples from 54 men over a 30 year period







Time trends for over 50 components

• Different trends for different components



Dynamic serum POP burden



Nøst et al. Int J Hyg Environ Health 220 2017

Good news about old sins



The Tromsø Study blood samples

2001

2007

Good news about old sins

800 • DDT 600 400 bg/g serum Emissions 200 0 1979 1986 1994 1970: Banned in Norway and Sweden 2001: Banned in the Stockholm Convention 1958 1972 1986 2000 2014 2028 1930 1944

Today

The Tromsø Study blood samples



Good news also about more recent sins

The Tromsø Study blood samples



Not good news for newer sins

- PFNA
- Emission history not quantified
- Not banned at the time

The Tromsø Study blood samples



Dynamic and complex burden reflects trends in emissions? PCB-153



Breivik et al. 2010 Environ Int / Schenker et al. 2008 ES&T / Paul et al. 2009 ES&T / Nøst et al. Int J Hyg Environ Health 2017

Emission-based modelling

- CoZMoMAN, NILU
- Inventories of global emissions



Environmental concentrations follow emissions





Breivik et al. 2010 Environ Int

Model predictions for the Tromsø men

Observed results



Predicted results

Human burden reflects trends in emissions





Breivik et al. 2010 Environ Int





Nøst et al. Environ Health Perspect 2016

The Tromsø Study – Study 1&2





• Age – within and between persons



The Tromsø Study – Study 2







Nøst et al. Environ Res 2019 / Berg et al. Environ Sci Pollut Res 2021

The Tromsø Study – Study 1&2



Nøst et al. Environ Res 2019

The Tromsø Study – Longitudinal study 1&2

- Study designs:
 - Longitudinal studies repeated observations
 - Same overall trends, different design and age groups
- Components of time in human studies



Sampling years:

Emissions are time-variant and compound-specific

Time trends in cross-sectional studies?

- The Northern Norway mother and child contaminant cohort study
 - Recruitment period: 2007-2009
 - 2nd trimester (n=391)
 - Blood sampling period: 2.3 years





POPs exposures and 'omics data

- Study designs:
- Cross-sectional studies one time point



- Genetic variants associated with 57 essential and non-essential trace elements in HUNT, some also in MoBa and PIVUS
 - Among the non-essensial: Arsenic, cadmium, and lead
- DNA methylation and gene expression profiles and PFAS concentrations
 - Few strong markers consistently indicated across comparisons

Human health effects of environmental contaminants



Human health effects of POPs

- Most established health effects:
 - Endocrine disruption
 - Increased cancer risks
 - Reproductive disorders
 - Immune system alterations
 - Neurobehavioral impairment
 - Genotoxicity



- Typically:
 - Expensive-limited number of samples
 - Often only one sample = cross-sectional
 - Limited knowledge about molecular mechanisms of POPs and mixtures of POPs
 - Limited knowledge about etiological relevant time periods for exposure

T2DM studies in the Tromsø Study

- An example of research on the relation of POP exposure and risk of Type 2 Diabetes Mellitus (T2DM)
- Rapid increase in T2DM and obesity globally
- T2DM prevalence in Norway: 4.8%
- Strong effect sizes related to POPs in previous studies



- Study 1: Cross-sectional study including mechanistic modelling
- Study 2: Longitudinal study using repeated measurements from the same persons

Study 1: Cross-sectional design - T2DM

• A case-control study of POPs and prevalent T2DM in Norwegian women



Associations for many POPs

- Strong associations for prevalent T2DM and β -HCH and p,p'-DDE
- Similar patterns for PCBs and PFAS but lower ORs

	POP ^a		Crude OR (95% CI)	Adjusted OR ^b (95% CI)
	НСВ	1Q	1.00	1.00
		2Q	1.34 (0.56, 3.20)	3.03 (0.71, 13.0)
		3Q	3.52 (1.47, 8.43)	3.19 (0.84, 12.1)
		4Q	6.74 (2.47, 18.4)	7.00 (1.59, 30.8)
	<i>β</i> -HCH	1Q	1.00	1.00
		2Q	4.21 (1.38, 12.9)	3.63 (0.67, 19.7)
		3Q	18.8 (4.44, 79.7)	16.8 (2.00, 141)
		4Q	136.2 (21.0, 882)	203.8 (11.5, 3620)
diaa	t-NC	1Q	1.00	1.00
lies		2Q	1.80 (0.81, 4.02)	2.22 (0.53, 9.35)
		3Q	2.39 (1.11, 5.15)	5.06 (1.21, 21.1)
		4Q	4.11 (1.65, 10.2)	6.56 (1.57, 27.5.)
	oxy-CD	1Q	1.00	1.00
		2Q	1.02 (0.47, 2.23)	1.33 (0.37, 4.8)
		3Q	2.64 (1.16, 6.01)	3.61 (0.96, 13.6)
		4Q	4.12 (1.64, 10.31)	7.22 (1.60, 32.58)
	p,p'-DDE	1Q	1.00	1.00
		2Q	2.68 (1.05, 6.83)	1.58 (0.44, 5.63)
		3Q	4.68 (1.74, 12.6)	3.44 (0.87, 13.66)
		4Q	15.4 (5.06, 46.6)	11.3 (2.55, 49.9)

Crude and adjusted Odds Ratios (OR) for risk of type 2 diabetes mellitus according to lipid-normalized POP concentrations.

- In agreement with prev. studie
- Confounding by lipids?

Rylander et al. 2015 Environ Res

Modelling applied in health effect study

Combined cross-sectional plasma measurements PCB-153 with emission-based modeling



Rylander et al. 2015 Environ Res

Study 2: Longitudinal design - T2DM

- A longitudinal, nested case-control study with samples before diagnosis
- Examine the associations with T2DM prospectively and cross-sectionally in the same individuals
- Compare the time trends of PCBs, OCPs, PFAAs, and PBDEs between T2DM cases and controls





Study 2: Longitudinal design - T2DM



Charles et al. 2022 Environ Res

Study 2: Associations to T2DM

T1 (19	986/87)	T2 (1994/95)			T3 (2001)		
Compounds	Odds Ratio (95% CI)	Compounds		Odds Ratio (95% CI)	Compounds		Odds Ratio (95% CI)
ΣDL-PCBs –	1.16 (0.87, 1.56)	ΣDL-PCBs		1.23 (0.91, 1.65)	ΣDL-PCBs		1.29 (0.97, 1.71)
ΣPCBs —	1.08 (0.80, 1.45)	ΣPCBs		1.17 (0.87, 1.59)	ΣPCBs		1.35 (0.95, 1.92)
β-НСН —	1.06 (0.81, 1.38)	β-НСН	+	1.01 (0.74, 1.37)	β-ΗCΗ	—	1.16 (0.85, 1.60)
Trans-nonachlor —	1.06 (0.81, 1.39)	Trans-nonachlor		1.25 (0.91, 1.72)	Trans-nonachlor	—	1.34 (0.93, 1.94)
Cis-nonachlor —	1.10 (0.84, 1.44)	Cis-nonachlor		1.28 (0.94, 1.73)	Cis-nonachlor		- 1.98 (1.27, 3.08)
Oxychlordane	0.97 (0.72, 1.31)	Oxychlordane		1.15 (0.82, 1.60)	Oxychlordane	—	1.33 (0.89, 1.98)
Cis-heptachlorepoxide	1.39 (1.04, 1.87)	Cis-heptachlorepoxide		— 1.84 (1.34, 2.53)	Cis-heptachlorepoxide		1.72 (1.22, 2.41)
НСВ ——	0.95 (0.70, 1.28)	HCB		1.20 (0.88, 1.64)	HCB		1.33 (0.95, 1.86)
p,p'-DDE	1.04 (0.79, 1.38)	p,p'-DDE		1.07 (0.80, 1.46)	p,p'-DDE	- - -	1.15 (0.87, 1.53)
p,p'-DDT -	1.18 (0.90, 1.53)	p,p'-DDT		1.54 (1.18, 2.00)	p,p'-DDT		1.33 (0.97, 1.83)
.5	1 2	.5	1 2		.25	1	4



Adjustments were made for BMI, weight change, total lipids, sex, age, parity, breastfeeding, and physical activity.

Charles et al. 2022 Environ Res

Study 2: Associations to T2DM









Study 2: Associations to T2DM

T2 (1994/95) T1 (1986/87) T3 (2001) Odds ratio Odds ratio Odds ratio Compounds (95% CI) (95% CI) (95% CI) Compounds Compounds PFHpA 1.07 (0.80, 1.43) PFHpA 0.78 (0.50, 1.20) PFHpA 1.30 (0.96, 1.76) PFOA 1.05 (0.84, 1.31) PFOA 0.87 (0.55, 1.37) PFOA 1.06 (0.79, 1.42) PFNA 1.03 (0.79, 1.34) PFNA 0.89 (0.62, 1.28) PFNA 1.15 (0.86, 1.54) PFDA 1.10 (0.86, 1.40) PFDA PFDA 0.94 (0.67, 1.32) 0.95 (0.69, 1.31) PFUnDA 0.93 (0.69, 1.24) PFUnDA PFUnDA 0.94 (0.76, 1.26) 0.92 (0.67, 1.27) PFDoDA 0.90 (0.70, 1.17) **PFDoDA** 0.67 (0.40, 1.12) PFDoDA 0.80 (0.59, 1.10) 0.65 (0.49, 0.87) PFTrDA 0.95 (0.73, 1.24) PFTrDA PFTrDA 0.87 (0.63, 1.19) PFHxS 1.30 (0.76, 2.22) PFHxS 0.97 (0.71, 1.33) PFHxS 1.77 (1.13, 2.76) **PFHpS** 1.18 (0.84, 1.66) PFHpS 1.05 (0.79, 1.40) PFHpS 1.35 (1.02, 1.81) PFOS PFOS 0.96 (0.69, 1.32) 1.01 (0.77, 1.33) PFOS 1.09 (0.81, 1.45) PFOSA 0.92 (0.70, 1.21) PFOSA 0.76 (0.57, 1.02) PFOSA 1.14 (0.86, 1.50) .5 2 .5 2 .5 2

T5 (2015/16)

T4 (2007/08)





Study 2: Time trends in cases and controls



Study 2: Time trends in cases and controls



The Tromsø Study – T2DM study 1&2

- Study designs:
- Cross-sectional study one time point
- Longitudinal study repeated observations
- Up to three measurements before clinical diagnosis of T2DM in cases.
- The observed consistently strong associations between cis-heptachlor epoxide and T2DM
 - Higher in cases compared to controls and slower declines in cases in pre-diagnostic time points





Recent simulation study

Environment International 192 (2024) 109056



Short communication

How well does a single blood sample represent long-term exposure for epidemiological studies of PFOA among men in the general population?

Scott M. Bartell^{a,*}, Mark P. Purdue^b, Jongeun Rhee^b, Therese H. Nøst^{c,d}, Jennifer Rusiecki^e, Kyle Steenland^f

^a Department of Environmental and Occupational Health, Department of Statistics, and Department of E Irvine, CA, USA

^b Occupational and Environmental Epidemiology Branch, Division of Cancer Epidemiology and Genetics, ^c Department for Community Medicine, UIT The Arctic University of Norway, Tromsø, Norway

^d HUNT Research Centre, NTNU Norwegian University of Science and Technology, Trondheim, Norway

^e Department of Preventive Medicine and Biostatistics, Uniformed Services University of the Health Science and Services University of the Health Ser

^f Dept. of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, GA, USA

"Using data based on studies of men, single baseline serum samples ... were not always reliable surrogates for average exposure over 3 decades, during which time PFOA exposure levels in the general population have changed substantially."



Fig. 1. Temporal patterns in serum PFOA concentrations for the 3 studies (PLCO, Air Force, and Norwegian). Geometric mean serum PFOA concentration (points) with 1 geometric standard deviation (error bars) are shown for each time point.

A summary



Designing human exposure monitoring

- Aspects of time when investigating human exposures
 - Sampling year and emissions
 - Birth cohort
 - Age (inter-individually and intra-individually)



- Cross-sectional studies: good range of birth years
- Exposure misclassification when based on one blood sample
- How much of lifetime exposure is reflected in a blood sample depends on compound-specific past emission histories relative to birth years



Using both measurements and modelling

• Modelling increased our understanding of human exposure



Effect studies using repeated measurements

• Prospective associations rarely studied



- PCBs and OCPs slower declines in T2DM cases, strong positive associations with T2DM for some OCPs
- Slower decline \rightarrow increased POP concentrations \rightarrow positive associations?
- Complex health endpoints and causality difficult to evaluate

The importance of international regulations

- Currently listings in the Stockholm Convention on POPs:
- The Basel Convention
- The Rotterdam Convention
- EU's European Chemicals Agency (ECHA)
- EU's Registration, Evaluation, Authorisation and restriction of Chemicals (REACH)



www.unep.org/topics/chemicals-and-pollution-action/pollution-and-health/persistent-organic-pollutants-pops/why

Important to remember

• Focus today: Norwegian studies

Historic use of PCBs



Electronic waste today



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Thank you for your attention!

Therese Haugdahl Nøst, PhD

Associate Professor, Department for Community Medicine, UiT The Arctic University of Norway Researcher, HUNT Research Centre, NTNU Norwegian University of Science and Technology



Take home visuals:







Questions?

therese.h.nost@uit.no

