Session III-2

Molecular Epidemiological Study on Environmental and Genetic Risk Factors of Pediatric Cancer in Korea*

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*funded by Korea Electrotechnology Research Institute, Changwon, Korea (2003-2006)

Backgrounds

- · second most frequent cause of death among infants or children aged 1 or more (cf. first one is accident and poisoning)
- cured childhood cancer cases need continuous health. care
- etiology of childhood cancer remains to be elucidated
- ethnic diversity in genetic composition and environmental exposure warrants epidemiolgical study on childhood cancer in Korean population

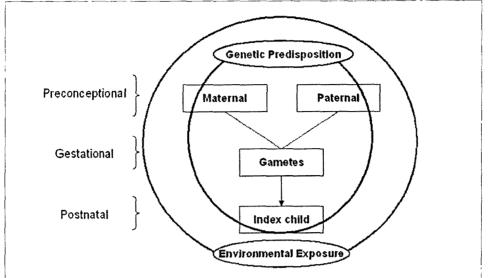
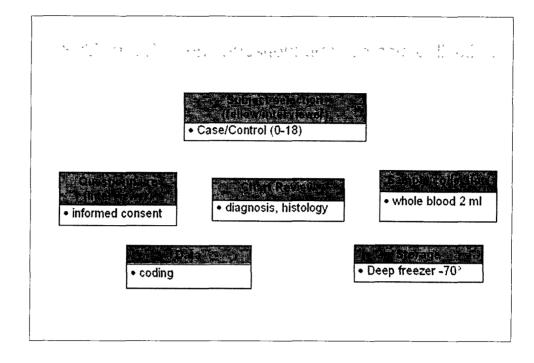


Figure 1. Etiology of childhood cancer: Environmental exposure and genetic predisposition

Objectives

- to evaluate the association between environmental factors and childhood cancer
- to evaluate the association between CYP1A1 haplotype and childhood cancer
- to evaluate the interaction between parental smoking and CYP1A1 haplotype on the development of childhood cancer



Subjects (Arp/2003~May/2005)

- Cases (n=284)
 - recruited from the Department of Pediatrics in SNUH, SMC and AMC
 - leukemia (63%, n=178), brain tumor (22%, n=62) and lymphoma (16%, n=44)
 - age: 0-18
- Controls (n=298)
 - non-cancer controls (acute gasteroentritis (11%), hernia (10%), peumonia (8%), LCP (5%), fracture, infectious diseases etc.)
 - recruited from SNUH, SMC, and Borame Hospital
 - age: 0-18
- Informed consent (reviewed by IRB of each hospital)

Table 1. Age distribution of subjects

Age	Leukemia	Brain tumor	Lymphoma	All cases	Controls
<1	12 (5)	2 (3)	2 (5)	13 (5)	39 (13)
1~4	59 (33)	20 (32)	10 (23)	89 (31)	125 (42)
5~9	55 (31)	19 (31)	15 (34)	89 (31)	78 (26)
10~14	48 (27)	17 (27)	15 (34)	80 (28)	50 (17)
15+	7 (4)	4 (6)	2 (5)	13 (5)	6 (2)
Total	178 (100)	62 (100)	44 (100)	284 (100)	298 (100)

Histology of childhood cancer

- · Leukemia
 - acute lymphoblastic leukemia (ALL) (66%)
 - acute myeloid leukemia (AML) (21%)
 - acute biphenotypic leukemia (9%)
- Brain tumor
 - medulloblastoma (40%)
 - germ cell tumor (26%)
 - primitive neuroectodermal tumor (21%)
- Lymphoma
 - B-cell (including Brukitt's lymphoma) (65%), T-cell (23%), and Hodgikin's disease (12%)

Questionnaire

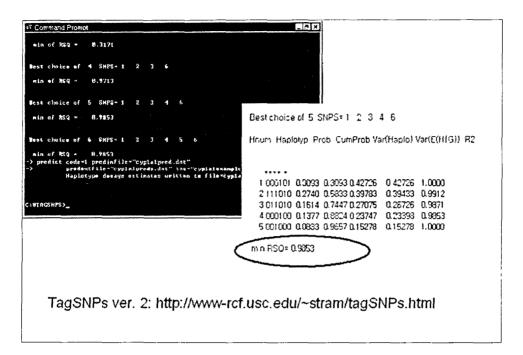
- · interview with mother
- collected information
 - child: gender, birth order, birth weight, duration of breast feeding
 - farther & mother: education, smoking status & habit, alcohol consumption, occupation one year before the birth of the child
 - mother: medication of supplements during pregnancy, oral contraceptives
 - others: family history of cancer, family income, distance to transmission line, electric appliances at home (duration and frequency of the use), pesticide use, history of hospitalization of the child for 3 days or more

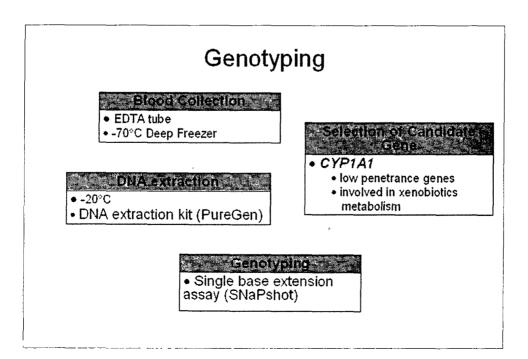
Selection of SNPs in CYP1A1

- CYP1A1
 - Phase I enzyme: activation of PAHs
- SNP searching
 - SNP500Cancer/JSNP/NCBI SNP database
 - minor allele frequency > 10%
 - 10 locus
- 5 tagSNPs selected from 48 genotype data
 - min RSQ>0.98

Table 2. Selected haplotype tagging SNP of CYP1A1 with minor allele frequency more than 10%

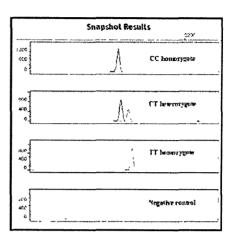
No.	rs#	Locus
1	rs2472299	5'-region
2	-	5'-region
3	rs1048943	exon7
4	rs4646903	3'-region
5	rs2198843	3'-region





Single base extenstion assay

- PCR
 - PTC-225 Thermal cycler (MJ Research, MA)
- Primer extension
 - ABI 3800 DNA analyzer (ABI, USA)
- Quality Control
 - 5*5 QC samples
 - 124/125=99% concordance rate



Statistical Analysis

- frequency matching for sex and age (SAS proc surveyselect)
 - age: 0, 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, _15
 - Leukemia: 166/166; Brain tumor: 62/62, Lymphoma: 44/44
- multiple logistic regression: OR (95% CI)
 - adjusted for age of child, father's education, and birth weight
- CYP1A1 haplotype estimation
 - Bayesian method: PHASE ver. 2.0.2
- · diplotype analysis: multiple logistic regression

Results

Table 3. Characteristic of childhood leukemia and controls

		Cases	Controls	P-value/ OR (95% CI)
sex, N (%)	male	103 (62.1)	103 (62.1)	1.00
	female	63 (37.9)	63 (37.9)	
age, mean (±	SD)	7.00 (±4.32)	7.11 (±4.39)	0.82
birth weight (k mean (±SD)	g).	3.38 (±0.46)	3.18 (±0.53)	<0.01
	<3.25	62 (37,4)	96 (57.8)	1.0 (ref.)
	3.25~3.7	55 (33.1)	46 (27.7)	1.9 (0.12-3.07)
	3.7⊆	49 (29.5)	24 (14.5)	3.2 (1.76-5.67)
	p-for trend			<0.01

Table 4. Medicine during pregnancy and childhood leukemia

		Case	Controls	OB (050) 004	
		N (%) N (%)		OR (95% CI)*	
	no	81 (50.3)	86 (52.4)	1.00 (ref.)	
iron supplements	yes	80 (47.6)	78 (47.6)	1.1 (0.70-1.74)	
medicine during	no	151 (93.8)	161 (98.2)	1.00 (ref.)	
pregnancy	yes	10 (6.2)	3 (1.8)	4.6 (1.19-17.7)	

^{&#}x27;adjusted for age of child, father's education, and birth weight

Table 5. Paternal smoking and childhood leukemia

		Cases N (%)	Controls N (%)	OR (95% CI)
Paternal smo	king status			
	400≤cigarettes	34 (10.5)	42 (25.5)	
	>400 cigarettes	132 (89.5)	123 (74.5)	1.3 (0.73-2.26)
Paternal smo	king at home			
	no	89 (53.9)	106 (65.8)	
	yes	76 (46.1)	55 (34.2)	1.7 (1.04-2.66)
Paternal smo	king at home at the p	resence of child		
	no	127 (77.0)	135 (83.9)	
	yes	38 (23.0)	26 (16.2)	1.5 (0.83-2.69)

^{&#}x27;adjusted for age of child, father's education, and birth weight

Table 6. CYP1A1 haplotype distributions in childhood brain tumor cases and control subjects

111-4	Brair	Brain tumor		ntrols	P-value
Haplotype'	N	%	N	%	$(\chi^2$ -test)
TGATG	37	30.8	36	30.0	0.20
CAGCC	26	21.7	34	28.3	
CGATG	21	17.5	16	13.3	
CGACC	12	10.0	20	16.7	
CGATC	19	15.8	9	7.5	
Others	5	3.3	5	4.2	
Total	120	100	120	100	

^{&#}x27;estimated by Bayesian method using PHASE ver. 2.0.2: composed of four polymorphic sites: rs2472299 (C>T), rs4646903 (T>C), rs2198843 (C>G), and -9893G>A

Table 7. Interactive effect between paternal smoking and *CYP1A1* diplotypes and in childhood leukemia cases and control subjects

		CGACC containing diplotypes	Other diplotypes*	OR (95% CI)†
All		34/47‡	123/116	1.5 (0 68-2 52)
Paternal smol	ang status			
	400≤cigarettes	8/8	24/32	0 7 (0 17-2 68)
	>400 cigarettes	26/39	99/83	1.9 (1 03-3 39)
	p-for interaction			0.11
Paternal smol	ang at home			
	no	20/24	65/80	1 1 (0 53-2 19)
	yes	14/21	57/33	2.3 (1.03-5.32)
	p-for interaction			0 12
Paternal smol	ang at home at the pres	ence of child		
	no	26/36	94/96	1 5 (0 81-2 72)
	yes	8/9	28/17	1 4 (0 43-4 81)
	p-for interaction			0.99

^{&#}x27;other than CGACC combination; †adjusted for age of child, father's education, and birth weight; ‡no. of cases/no. of controls

Table 8. Interactive effect between paternal smoking and CYP1A1 diplotypes in childhood brain tumor cases and control subjects

		Other diplotypes*	CGATC Containing diplotypes	OR (95% CI)†
All		43/52 [‡]	17/3	2.8 (1 06-7 41)
Paternal smoking	status			
	400≤cigarettes	10/4	4/5	0 5 (0 07-3 68)
	>400 cigarettes	33/48	13/3	6.1 (1 56-24 0)
	p-for interaction			0.01
Paternal smoking	at home			
	no	21/26	6/7	1 5 (0 37-5 70)
	yes	22/26	11/1	13.3 (1.49-119)
	p-for interaction			0.07
Paternal smoking	at home at the pres	sence of child		
	no	35/36	11/7	2 2 (0 72-7 07)
	yes	8/16	6/1	14.6 (0 88-241)
	p-for interaction			0 24

^{&#}x27;other than CGATC combination; †adjusted for age of child, father's education, and birth weight; ‡no. of cases/no. of controls

Table 9. Interactive effect between paternal smoking and CYP1A1 diplotypes in childhood lymphoma cases and control subjects

		CGACC containing diplotypes	Other diplotypes*	OR (95% CI)†
All		8/12 [‡]	34/31	1.5 (0 48-4 63)
Paternal smoking	status			
	400≤cigarettes	3/1	4/9	0 1 (0 01-6 10)
	>400 cigarettes	5/11	30/22	2.7 (0 68-10 8)
	p-for interaction			0.03
Paternal smoking	at home			
	no	4/6	14/21	0 9 (0 18-4 21)
	yes	4/6	20/8	3.4 (0 40-28 0)
	p-for interaction			0 28
Paternal smoking	at home at the pres	sence of child		
	no	6/7	26/25	1 2 (0 31-4 24)
	yes	2/5	8/4	5.5 (0 29-105)
	p-for interaction			0 35

^{&#}x27;other than CGACC combination; †adjusted for age of child, father's education, and birth weight; #no. of cases/no. of controls

Summary

- birth weight & childhood leukemia (p-for trend<0.01)
- · medication during conception & childhood leukemia (OR = 4.6)
- · Paternal smoking at home & childhood leukemia (OR = 1.7)
- Effect of genetic polymorphisms of CYP1A1 was modified by the paternal smoking status & habit in a dose-response manner