



University of California
San Francisco

The Search for Gene*Environment Interactions in Parkinson's Disease

*Samuel M. Goldman, MD, MPH
Emeritus Professor*

*Division of Occupational, Environmental, and Climate Medicine
& Department of Neurology
University of California San Francisco*

Disclosures: None

Parkinson Disease

Clinical Syndrome: *Parkinsonism*

Bradykinesia, resting tremor, rigidity,
postural reflex impairment

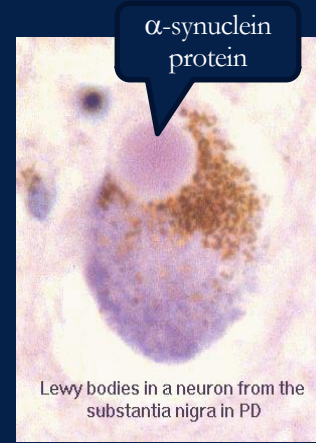
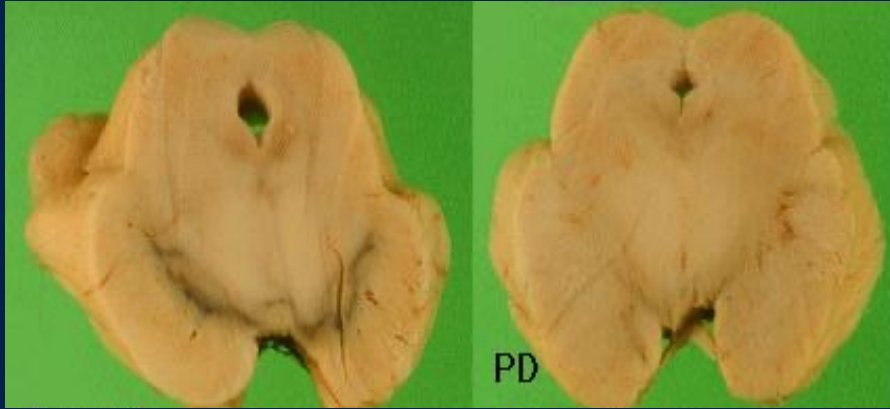
Neural substrate: Nigrostriatal system,
disrupted dopaminergic transmission

Tremor

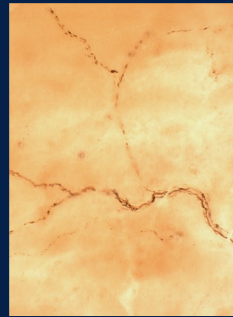
Akinesia

**Loss of
Postural Reflexes**

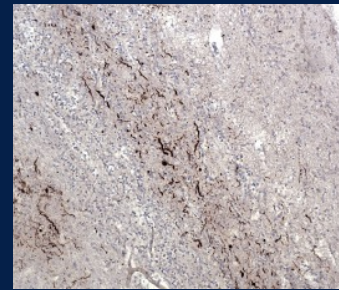
PD Pathology: Loss of Pigmented Dopaminergic Neurons in the *substantia nigra pars compacta*



But...PD is a systemic disease



Synuclein pathology in myenteric plexus

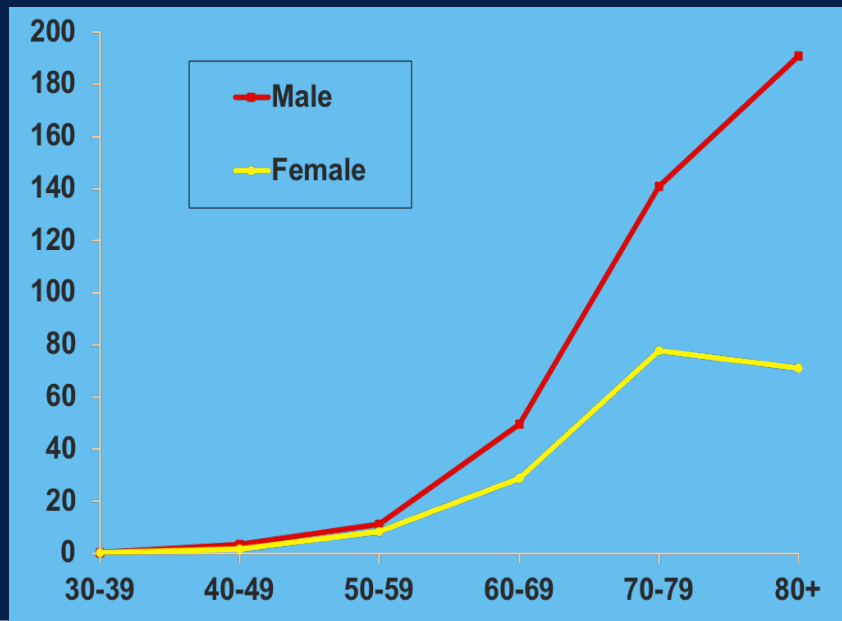


Synuclein pathology in olfactory bulb

Parkinson's Disease: Overview

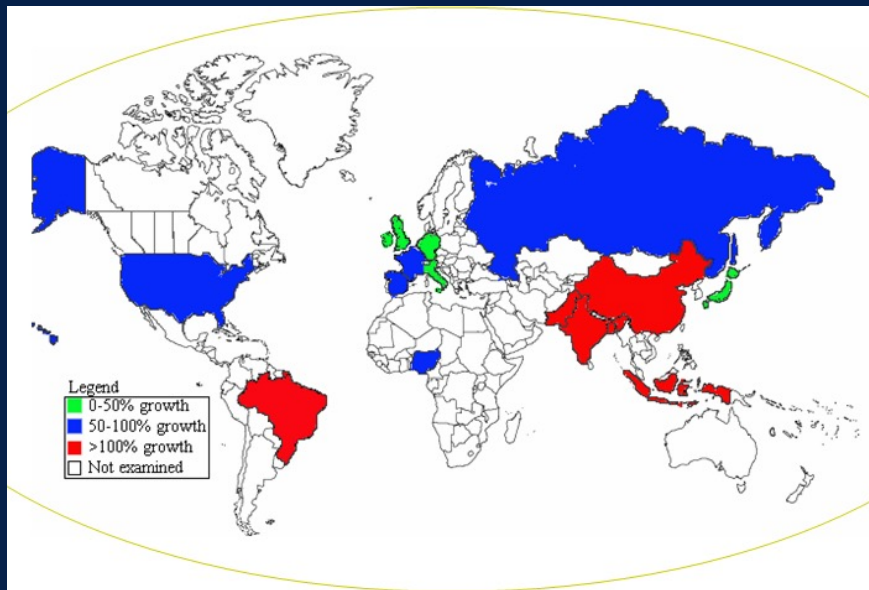
- Most common cause of parkinsonism
- Depicted in ancient texts:
 - Maimonides 1200s Spain
 - “kampavata” in Indian Ayurveda
- Described by James Parkinson 1817
- Affects ~ 1 million in U.S.
- ~ 2% prevalence > 65 years of age
- Men > Women
- Whites > Blacks

Van den Eeden et al, Am J Epi, 2003



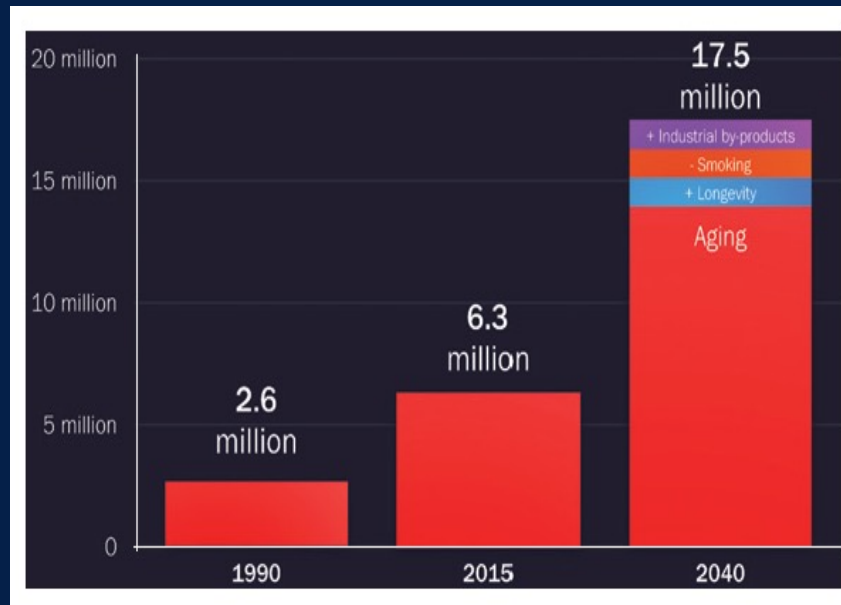
The Global Burden of PD: Projected Increases

Change in number of people with PD in the world's most populous nations from 2005 to 2030



Dorsey et al, *Neurology* 2007;68:384-6;
Dorsey et al, *JPD* 2018;S3-S8.

Projected global burden of PD



PD Genetics vs. Environment Debate

“...paralysis agitans is not a family disease”

Charcot, 1877

*“Many patients with the disease have a strong
family history...”*

Gowers, 1888

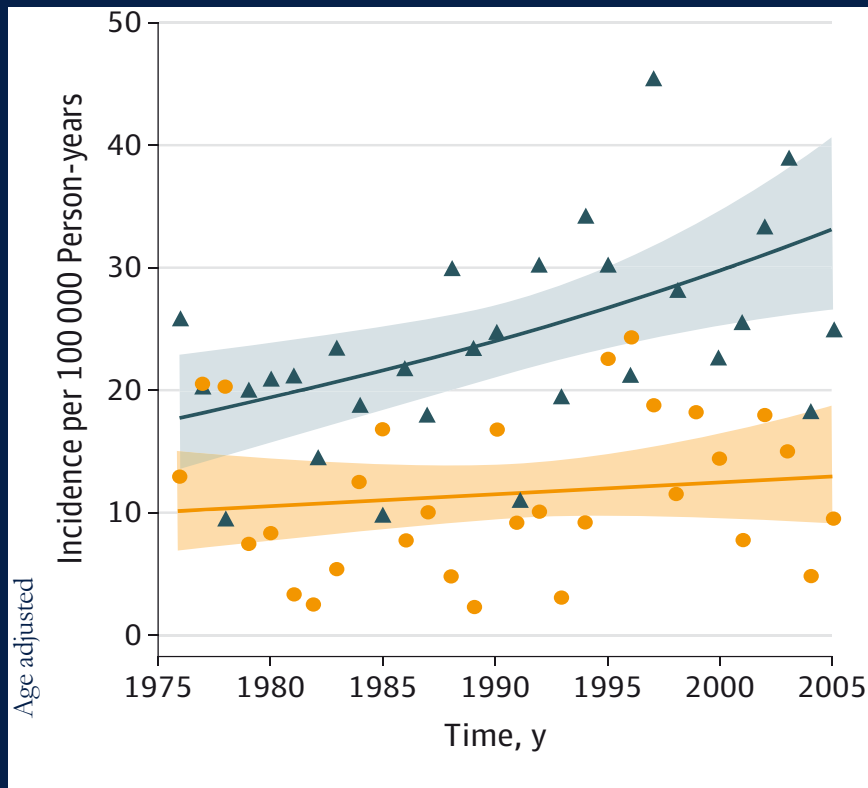
PD Age-Adjusted Incidence Is Increasing

Parkinson's disease incidence
in Olmstead County, MN
1976-2005

Increase per decade

Men: 26%

Women: 12%



Savica et al, JAMA Neurol, 2016

Twins: Nature's Controlled Study

Tanner, et al, JAMA 1999; Goldman, et al, Ann Neurol 2019



NAS/NRC WWII
VETERAN TWINS ROSTER
31,848 TWINS BORN 1917 - 1927

- Identical twins share 100% of genes
- Fraternal twins share ~ 50% of genes

Hypothesis: If PD is primarily genetic, MZ concordance should be >> DZ concordance

Results: Similar concordance in MZ & DZ twin pairs
80% Heritability \leq age 50
19% Heritability $>$ age 50

Conclusion:

- Environment is the major contributor to typical PD
- 13% concordance in DZ twins is 3x higher than typical sibs: shared early environment!

Name This Disease



Mechanism of MPTP Toxicity

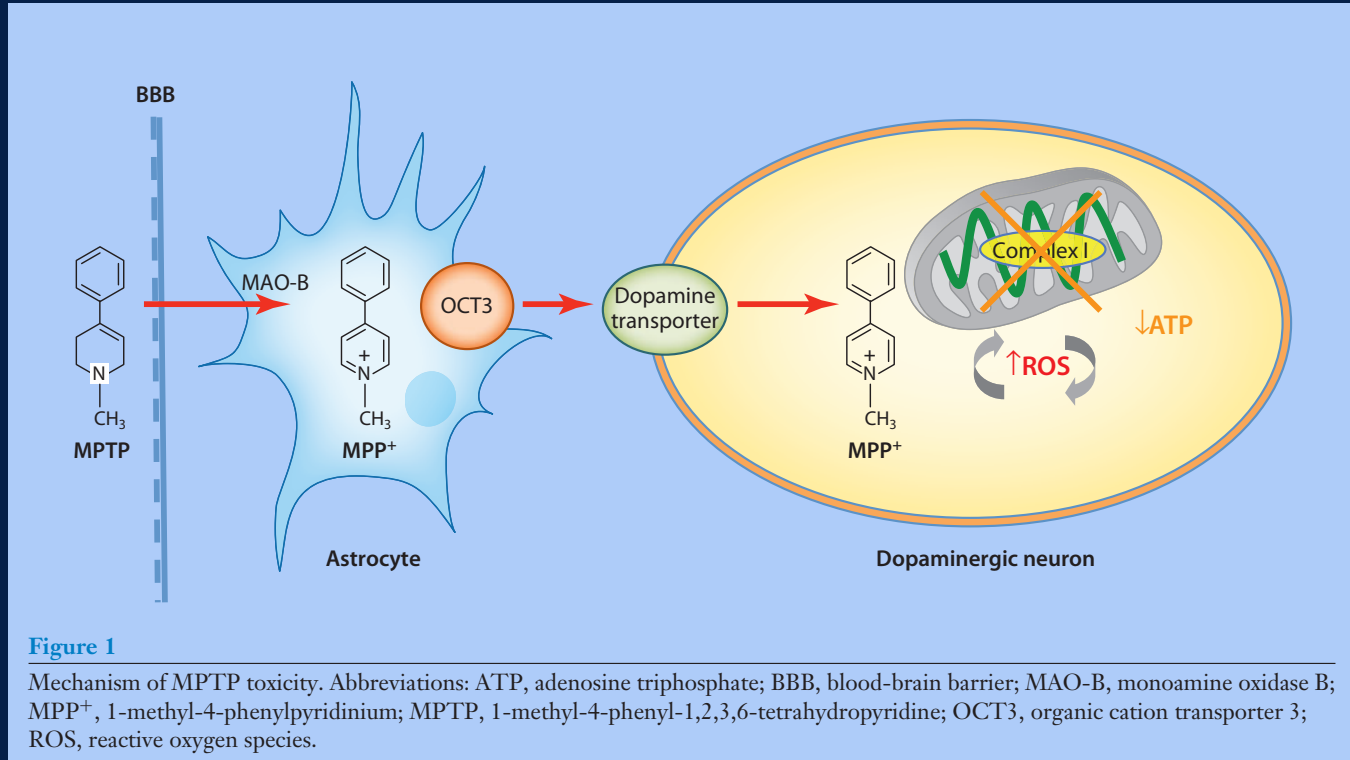
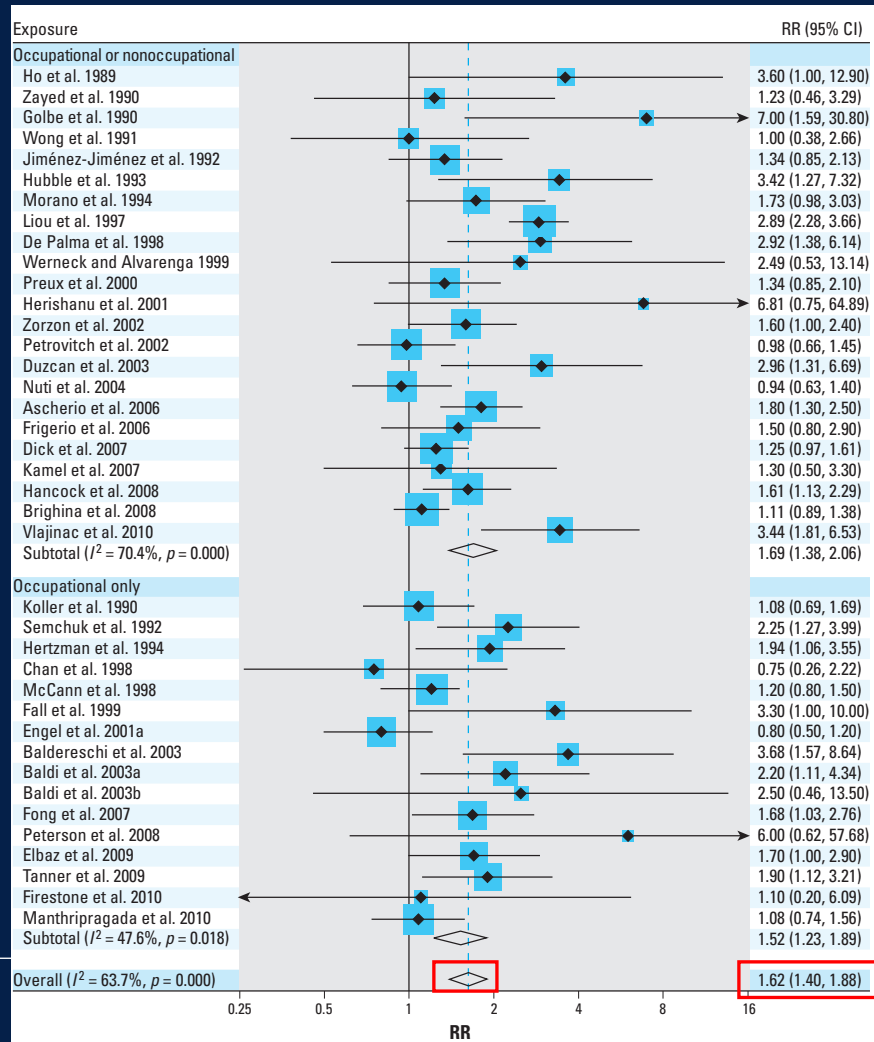


Figure 1

Mechanism of MPTP toxicity. Abbreviations: ATP, adenosine triphosphate; BBB, blood-brain barrier; MAO-B, monoamine oxidase B; MPP⁺, 1-methyl-4-phenylpyridinium; MPTP, 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine; OCT3, organic cation transporter 3; ROS, reactive oxygen species.

Pesticides & PD

- Pesticide use associated in >50 studies worldwide
- Specific compounds rarely studied



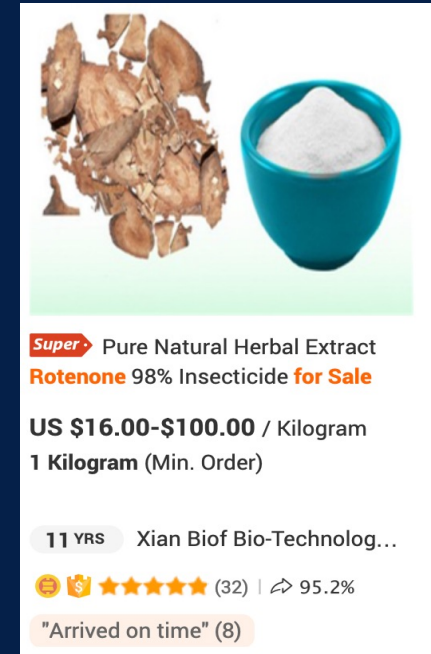
Van der Mark et al, EHP, 2012

FAME Study: PD in Agricultural Health Study

Tanner, et al, EHP, 2011

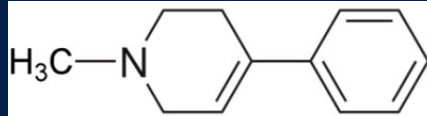
- Professional pesticide applicators (mostly farmers) & spouses
- 110 PD cases, 358 controls
- Asked about use of 31 specific pesticides
- Very good historians!
- Only 2 pesticides significantly associated

| Pesticide | PD Risk | P-value |
|-----------|---------|---------|
| Rotenone | 2.8 | 0.005 |
| Paraquat | 2.5 | 0.004 |

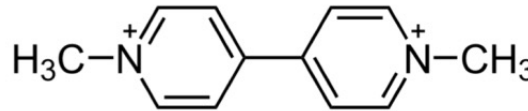


Common Toxic Mechanisms

| | MPTP | Paraquat | Rotenone |
|---------------------------------|------|----------|----------|
| Mitochondrial poison | + | + | + |
| Oxidative stress | + | + | + |
| Generates an animal model of PD | + | + | + |



MPTP



Paraquat

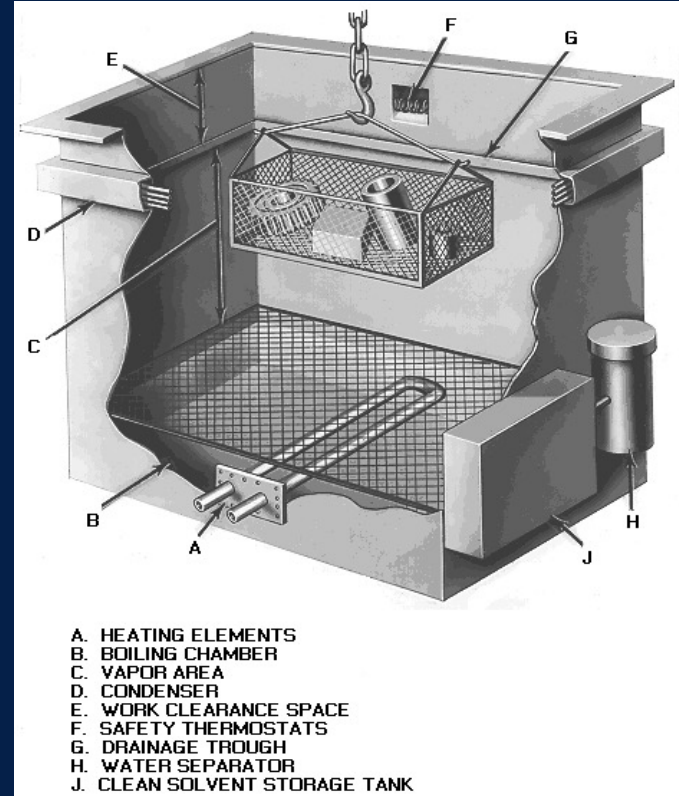
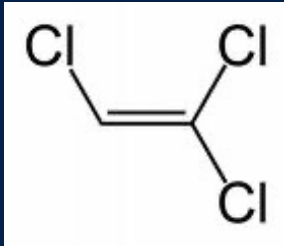
Solvents & Parkinson's Disease?

- Acute solvent intoxications can cause parkinsonism
 - Methanol, n-hexane, hydrocarbon mixtures....
 - Carbon disulfide in rubber and rayon manufacturing (Delpech, 1850s; Hamilton, 1930s)
- Associations with *Parkinson's Disease* not consistent
- Specific solvents rarely studied

A PD Cluster

Gash et al, Ann Neurol, 2008

- Small Kentucky industrial plant with 30 employees
- PD in 3 co-workers
- mild parkinsonian signs/symptoms in 14 others
- Open vapor-degreasing vat containing trichloroethylene (TCE)



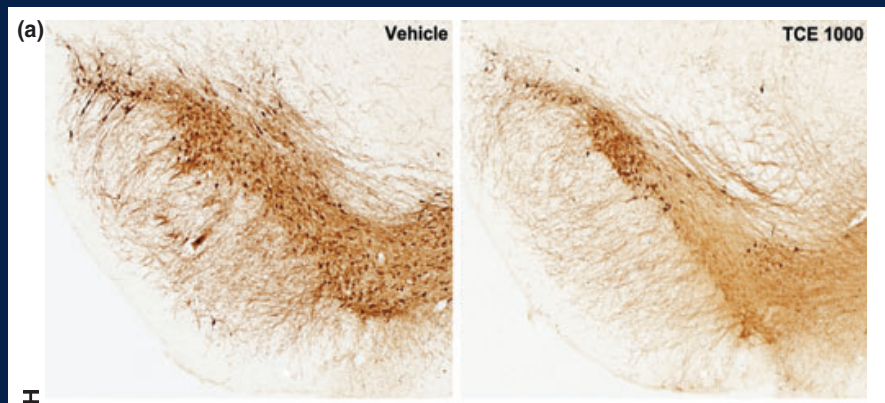
Occupational Solvent Exposures in PD-Discordant Twins

Goldman, Tanner, et al, *Ann Neurol*, 2012

- 99 male twin pairs discordant for PD
- Lifelong job-task-specific occupational history
- Exposure assigned by industrial hygienist unaware of case status

| Compound | Odds ratio ever/never | 95% Confidence Interval | p-value |
|------------------|-----------------------|-------------------------|--------------|
| N-hexane | 1.3 | 0.40-4.1 | 0.69 |
| Toluene | 1.3 | 0.49-3.3 | 0.61 |
| Xylene | 2.2 | 0.43-12 | 0.34 |
| CCl ₄ | 2.3 | 0.88-6.1 | 0.088 |
| TCE | 6.1 | 1.2-33 | 0.034 |
| PCE | 10.5 | 0.97-113 | 0.053 |

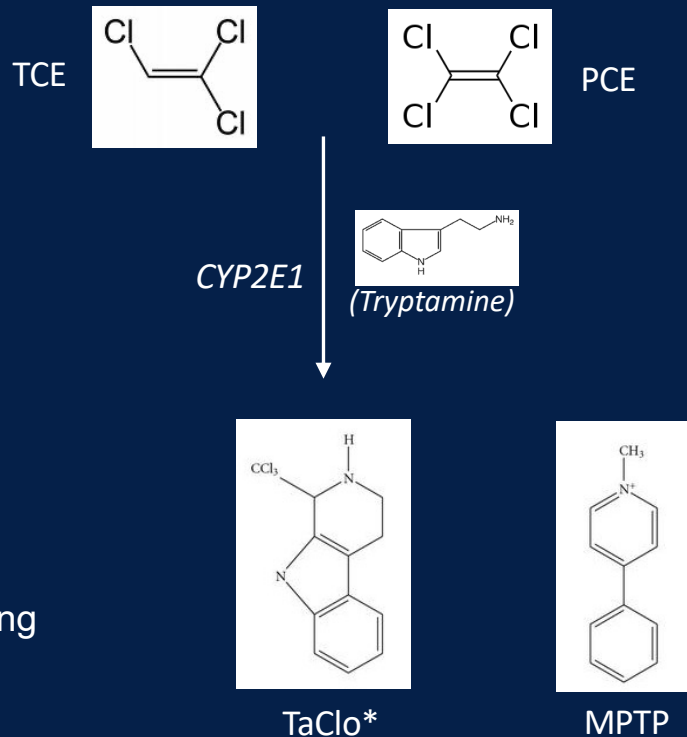
Oral TCE causes selective dose-related degeneration of dopaminergic neurons in rat substantia nigra



Liu, et al, J Neurochem, 2010

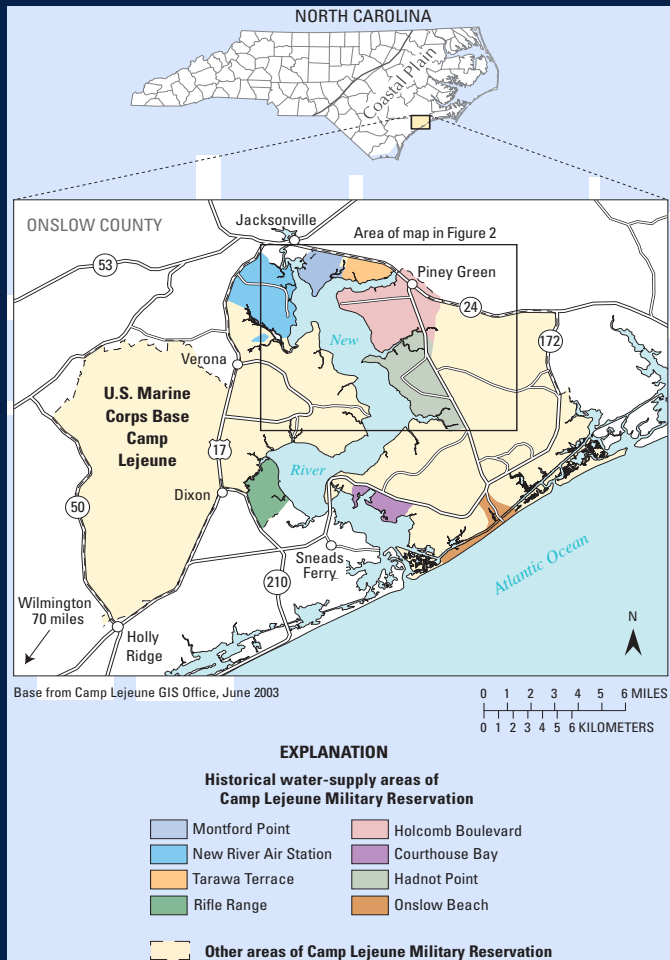
TaClo forms spontaneously in rat brain after TCE dosing

Liu, et al, Mol Neurobiol, 2017



*1-trichloromethyl-1,2,3,4-tetrahydro-β-carboline

Camp Lejeune, NC



History

- 1953 onward: wells contaminated with TCE (on-base dumping), PCE (off-base dry-cleaner)
- 1987: Contaminants discovered, wells closed
- 1989: EPA Superfund site

Median water levels 1975-85 (EPA MCLs 5ug/l):
TCE 366 ug/l; PCE 85 ug/l

Sources of exposure: Drinking water (oral), cooking (oral, inhalation), bathing (inhalation, dermal), swimming/recreation (inhalation, dermal)

Risk of Parkinson Disease Among Service Members at Marine Corps Base Camp Lejeune

Samuel M. Goldman, MD, MPH; Frances M. Weaver, PhD; Kevin T. Stroupe, PhD; Lishan Cao, MS; Beverly Gonzalez, PhD; Kalea Colletta, DO; Ethan G. Brown, MD; Caroline M. Tanner, MD, PhD

- Cohort established by Agency for Toxic Substances and Disease Registry (ATSDR)
- All servicemembers stationed during 1975-1985 at:
 - Camp Lejeune, NC (water contaminated), n=172,128
 - Camp Pendleton, CA (water uncontaminated), n=168,361
- VHA & Medicare (1999-2021) ICD code search: inpatient, outpatient, pharmacy
- Diagnoses validated by review of all medical records (n > 1500)

Results: PD risk

- 430 PD cases ascertained: 398 diagnosed in VHA EMR; 32 Medicare data only
- 57 other neurodegenerative parkinsonism (no differences between camps)

| | n | PD n (%) | Adjusted OR (95%CI) |
|------------------|--------|------------|-------------------------|
| Lejeune | 84,824 | 279 (0.33) | 1.70 (1.39-2.08) |
| Pendleton | 73,298 | 151 (0.21) | Ref |

- Prodromal diagnoses also more common in Lejeune (tremor, olfaction, ED....)

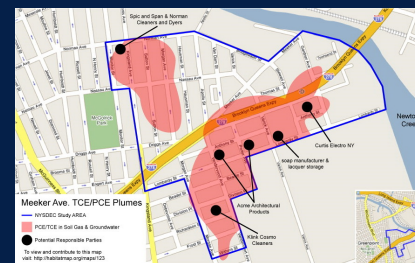
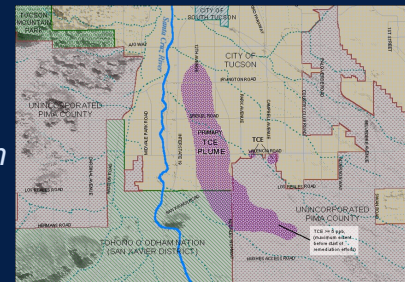
TCE (trichloroethylene)

Common exposures since the 1920s

- Degreasing metal parts (85%), computer circuits
- Dry-cleaning
- Surgical anesthetic (until 1977)
- Decaffeinated coffee (until 1977)
- Typewriter correction fluids, adhesives, paints, carpet cleaners, spot removers.....



Tucson



Brooklyn



Dayton

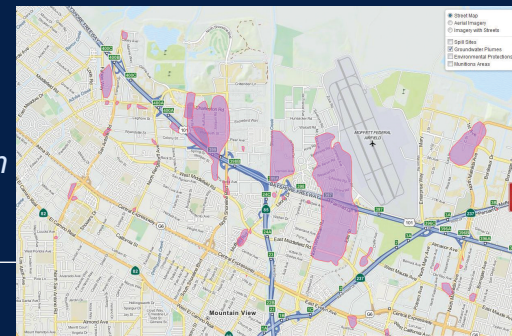
Most frequently reported organic contaminant in groundwater: detected in up to 33% of US water supplies

Subsurface “plumes” common, with vapor intrusion into homes through foundations

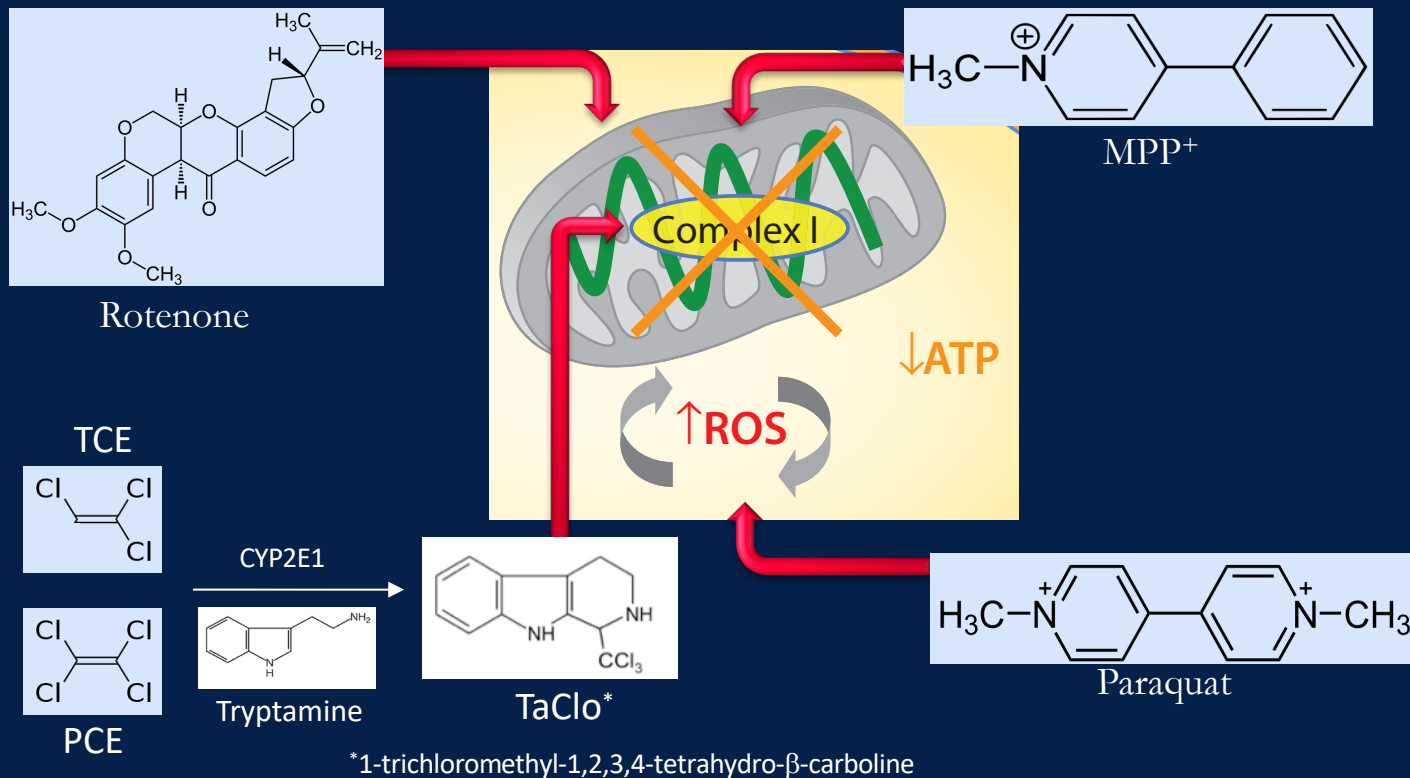
Minneapolis



Mountain View



Toxicants Associated with PD: Mechanistic & Structural Similarity



PD Environmental Associations

Increased Risk

Head trauma

Diet: dairy products, animal fats

Environmental exposures

MPTP

Pesticides (paraquat, rotenone, others)

Industrial agents (PCBs)

Solvents (TCE, PERC)

Metals (lead, iron)

Rural residence

Drinking well water

Occupations: health care, teaching,
carpentry, lawyer, clergy, **farming**

Reduced Risk

Cigarette smoking

Coffee and tea drinking

Diet

“Mediterranean” diet

polyunsaturated fats

uricogenic diet

Physical activity

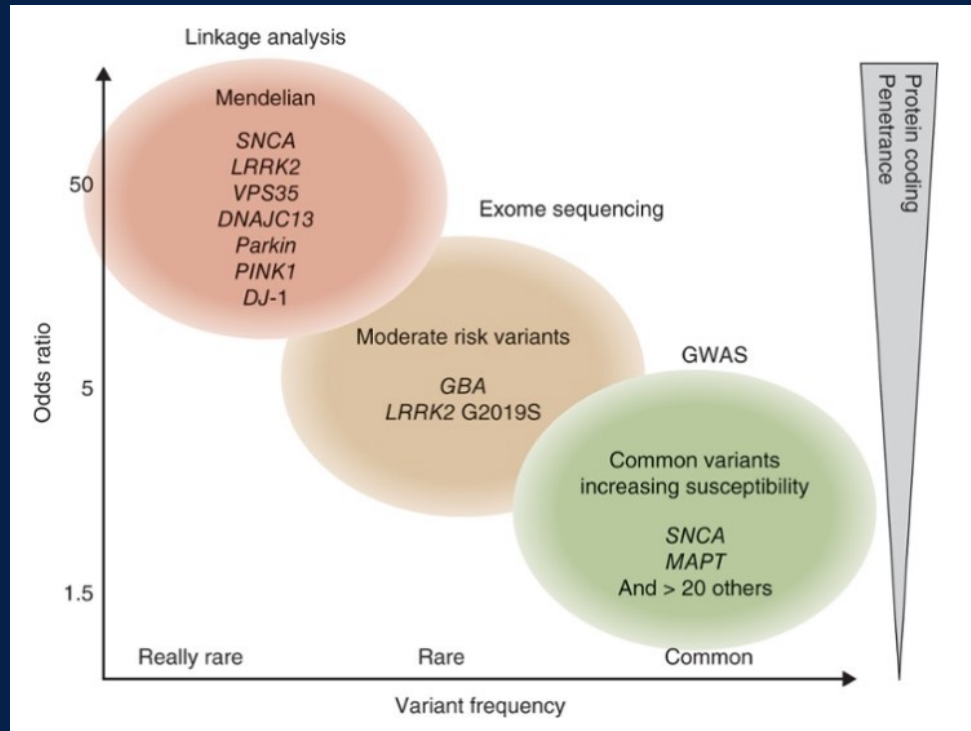
Medications

Calcium-channel blockers

NSAIDs

Statins

Mendelian variants are rare causes of PD. Individually, most common variants impart very modest increases in risk.



Meanings of the Term “Interaction” in Epidemiology

Biological interaction:

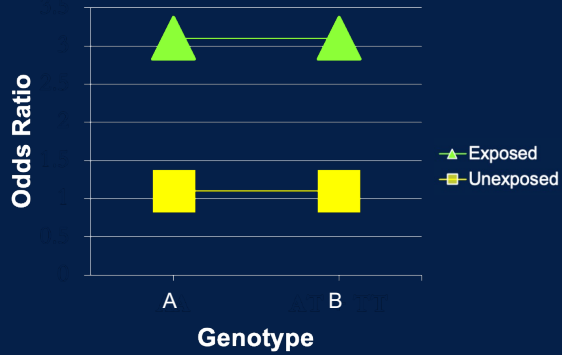
- act on the same or intersecting pathophysiologic pathways
- may involve multiple environmental, genetic, epigenetic factors
- this is what we really care about and hope to measure

Statistical interaction:

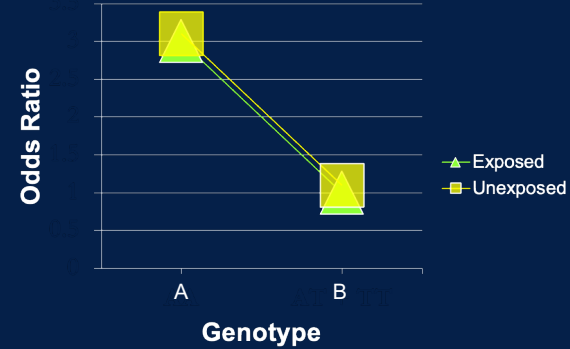
- deviation of a model from the expected joint effects of two or more factors
- this is what we actually measure in epi studies

Gene-Environment Interaction in Epidemiologic Studies

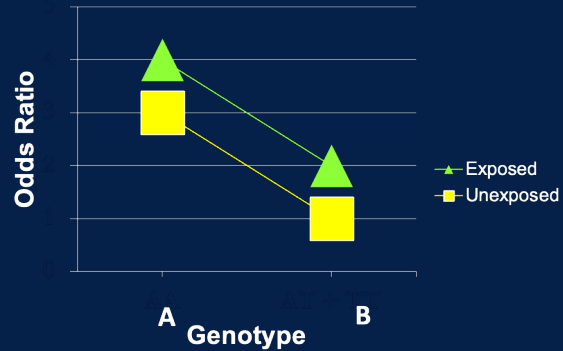
Environment association, no genotype association



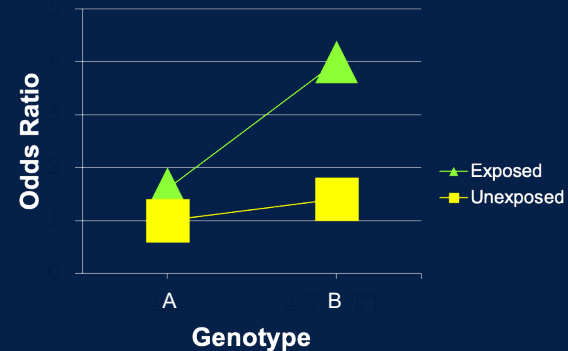
Genotype association, no environment association



Environment association, genotype association: no interaction



Environment association, genotype association: Synergistic statistical interaction



Challenges in Studying Gene-Environment Interactions

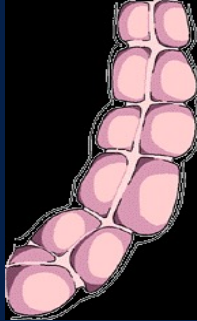
- Biological:
 - Mechanistic effects of genes & exposures often poorly understood
 - “Pathways” likely more relevant than single genes
 - Environmental exposures don’t occur in isolation
- Epidemiological:
 - PD is difficult to diagnose
 - Exposure measurements imprecise, highly variable across studies
 - Population heterogeneity may limit replication
- Statistical: sample size!
 - Allele prevalence = 0.1, exposure prevalence = 0.1
 - Odds ratio of interaction = 4 (this is high!)
 - ~ 700 cases & 700 controls needed for 80% power

Practical Examples of G*E: Pharmacogenetics

- Pythagoras noted that some persons became ill after eating fava beans (hemolytic anemia in G6PD deficiency)
- Numerous modern examples:
 - Isoniazid * *NAT2*: peripheral neuropathy, hepatitis
 - Anti-depressant * *CYP2D6*: efficacy/toxicity
 - Anti-neoplastics * *ABCB1*: efficacy/toxicity
- Due to variation in “ADME” genes: absorption, distribution, metabolism, excretion



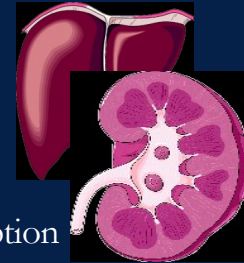
Some Potential Biological Mechanisms of Gene * Environment Interaction



Toxicant

- Transporters (*OCT3*)
- Metabolism (*CYP2D6*)
- Injury Protection (*SOD1*)
- Injury Response (*COX2*)
- Repair/plasticity (*BDNF*)
- Protein expression (*SNCA*)

Absorption
Distribution
Metabolism
Excretion

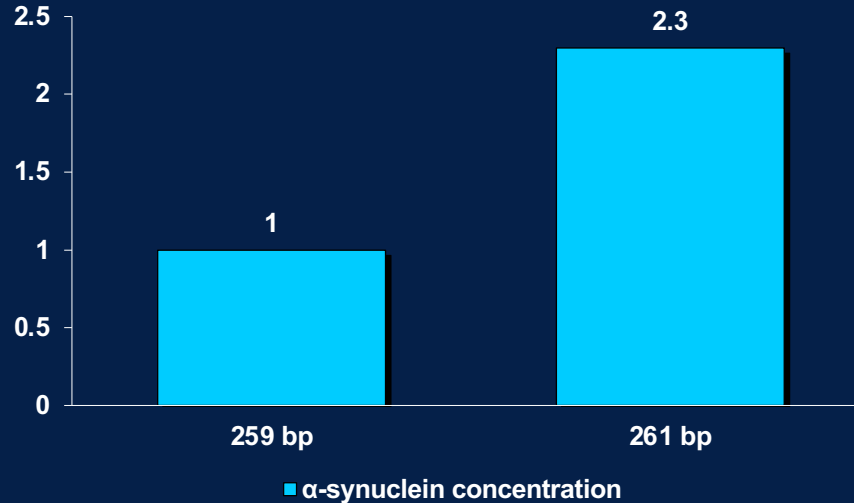


Example 1: Gene*Environment Interaction in PD

Gene: *SNCA* (alpha synuclein)

Environment: Head injury

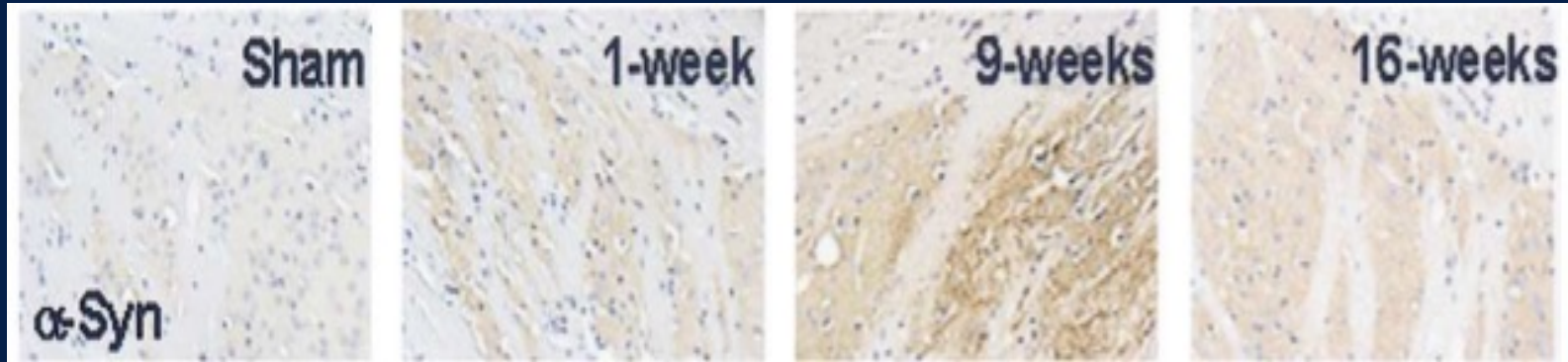
In rodent, SNCA Rep1 expansion increases α -synuclein expression in brain



Cronin, et al, Human Molecular Genetics, 2009

Rodent Models of Moderate Head Injury

Percussive TBI increases α -synuclein immunoreactivity and kills dopaminergic neurons in mouse striatum



Uryu, et al, Experimental Neurology, 2003

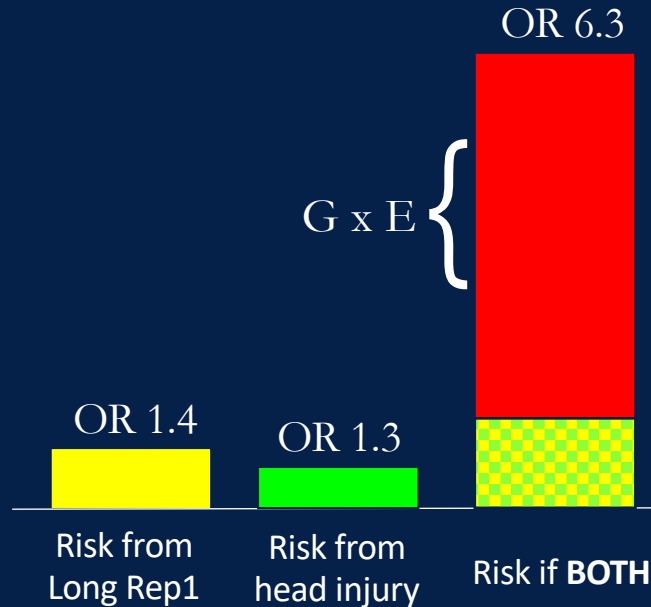
Research Question

Does SNCA Rep1 length modify the effect of head injury on PD risk?

Head Injury & SNCA Rep1 length

Goldman, Tanner et al, *Ann Neurol*, 2012

- Study population: 2 large case-control studies (n=964)



Example 2: Gene*Environment Interaction in PD

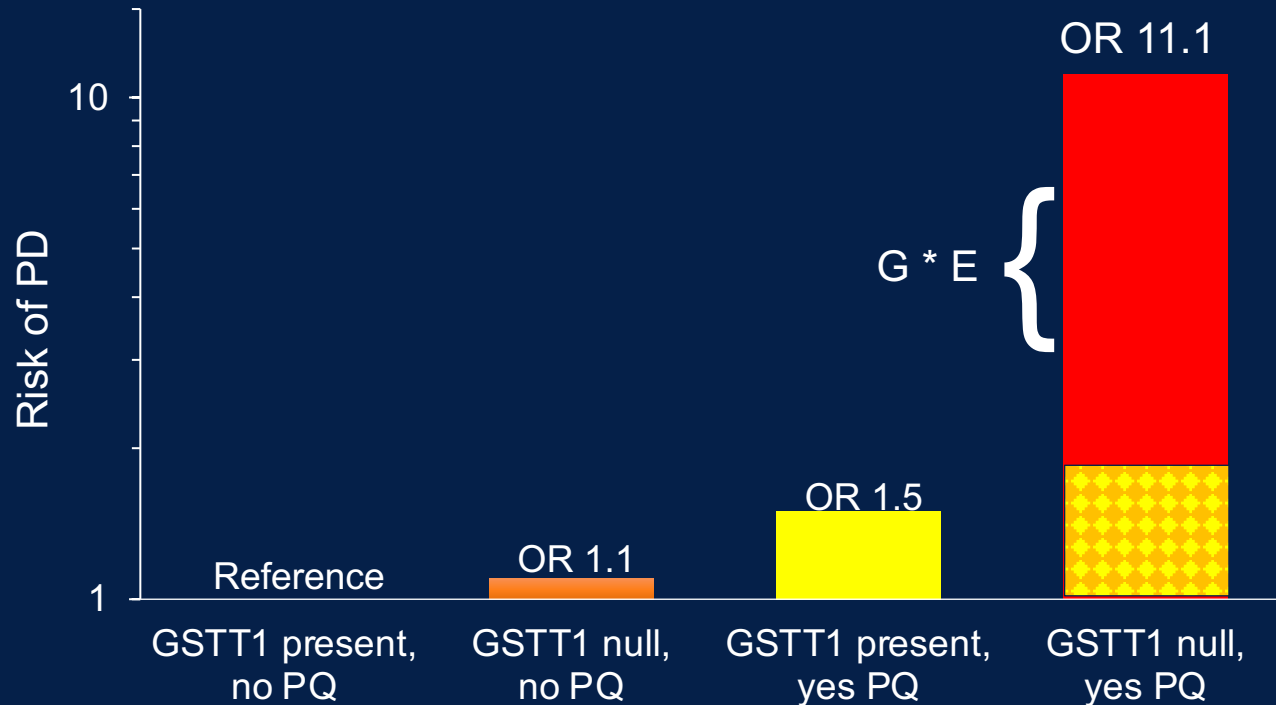
Gene: *GSTT1* (glutathione-S-transferase T1)

Environment: Paraquat

Paraquat and *GSTT1* Gene

Goldman, Tanner, et al, Movement Disorders, 2012

- Paraquat: animal model, redox-cycling, oxidative stress, associated in several human studies
- Glutathione-S-transferase T1: anti-oxidant, glutathione reduced in PD, 20% homozygous null



Example 3: Environment in a genetically at-risk cohort

Gene: *LRRK2*

Environment: NSAIDs

NSAIDs & LRRK2-PD

San Luciano et al, Movement Disorders, 2020

- All participants (n=577) carry *LRRK2* mutations (30% penetrant)
- Regular NSAID use (at least twice weekly > 6 months) prior to index date
- Is NSAID use associated with penetrance?

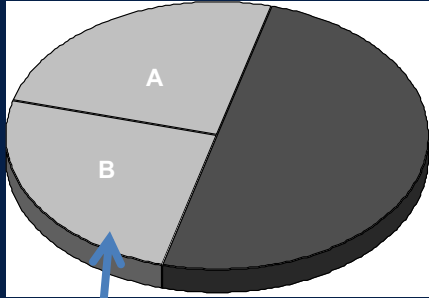
| Regular Use of NSAIDs | | | |
|-----------------------|------|-----------|---------|
| NSAID | OR | 95%CI | p |
| Any NSAID | 0.38 | 0.21-0.67 | < 0.001 |
| Ibuprofen | 0.19 | 0.07-0.50 | < 0.001 |
| Aspirin | 0.79 | 0.38-1.67 | 0.5 |

G*E Associations in PD

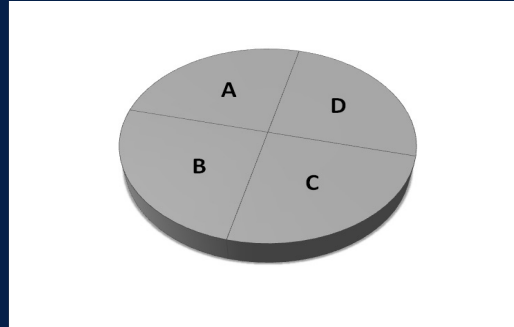
| Exposure | Gene | Risk variant ^{&} | Design for interaction | PD | CT | Interaction (<i>p</i>) | Joint effect OR [95% CI] or (SE) |
|------------------|-----------------------------|--|------------------------|---------|---------|----------------------------------|--|
| Pesticides | <i>ABCB1</i> | rs1045642 C>T, p.Ile1145Ile | Case-only | 415 | — | — | 4.74 [1.01–22.31] |
| Organochlorines | <i>ABCB1</i> | rs2032582 G>[A,T], p.Ser893Ala/Thr | Case-only | 207 | — | — | 5.4 [1.1–27.5]* 1 allele 2.1 [1.3–3.2]* |
| Organophosphorus | <i>ABCB1</i> | rs1045642 C>T, p.Ile1145Ile rs2032582 G>[A,T], p.Ser893Ala/Thr | Case-control | 350 | 724 | NA | Both alleles 3.7 [2.0–7.0]* |
| Diazinon | <i>PONI</i> | rs854560 T>A, p.Leu55Met (SM) | Case-control | 351 | 363 | NA | 2.2 [1.1–4.5] |
| Chlorpyrifos | <i>PONI</i> | rs854560 T>A, p.Leu55Met (SM) | Case-control | 357 | 807 | NA | 2.6 [1.3–5.4] |
| Organophosphates | <i>PONI</i> | rs854560 T>A, p.Leu55Met (SM) | Case-control | 357 | 807 | NA | 2.62 [1.4–4.8] |
| Pesticides | <i>CYP2D6</i> | rs3892097 G>A, null allele (PM) | Case-control | 190 | 419 | 0.02 | 4.74 [1.29–17.45] |
| Pesticides | <i>CYP2D6</i> | rs3892097 G>A, null allele (PM) | Case-control | 393 | 389 | 0.05 | 8.41 [1.01–69.76] |
| Caffeine | <i>CYP1A2</i> | rs762551 C>A rs2470890 C>T, p.Asn516Asn | Case-control | 925 | 1249 | 0.05 0.04 | 0.33 [0.16–0.68] [§] 0.43 [0.27–0.69] [§] |
| Paraquat | <i>GSTT1</i> | Null allele | Case-control | 87 | 343 | 0.027 | 11.1 [3.0–44.6] |
| Solvents | <i>GSTM1</i> | Null allele | Case-only | 959 | — | — | 2.34 [1.08–4.62] |
| Smoking | <i>GSTP1</i> | GSTP1* C haplotype | Case-only | 400 | — | — | 2 [1.1–3.60] |
| Pesticides | <i>SLC6A3</i> | 5' A clade and 3' VNTR 9-repeats | Case-control | 178 men | 239 men | 0.02 | 5.66 [1.73–18.53]* |
| Paraquat, maneb | <i>SLC6A3</i> | 5' A clade and 3' VNTR 9-repeats | Case-control | 324 | 334 | <0.001 | 4.53 [1.70–12.09] |
| Smoking | <i>MAO-B</i> | rs1799836 A>G | Case-control | 82 | 118 | NA | 0.24 [0.10–0.55] [§] |
| Pesticides | <i>MnSOD</i> <i>NQO1</i> | rs4880 T>C p.Val16Ala rs1800566 C>T p.Pro153Ser | Case-control | 153 | 155 | <0.001 | 2.49 [1.18–5.26] 2.42 [1.16–4.76] |
| Pesticides | <i>NOS1</i> | rs12829185 T>C rs10774910 T>C rs2682826 A>G rs2314810 G>C | Case-control | 156 | 174 | 0.034 0.026 0.028 0.024 | 3.12 [1.71–5.71] [§] 4.15 [1.85–9.34] [§] 3.52 [1.78–6.95] [§] 0.56 [0.34–0.92] [§] |
| Smoking | <i>NOS2A</i> | rs2248814 A>G rs1060826 T>C | Case-control | 179 | 204 | 0.021 0.013 | 0.23 [0.09–0.59] [§] 0.17 [0.06–0.49] [§] |
| Caffeine | <i>GRIN2A</i> | rs4998386 C>T | GWAIS + replications | 2472 | 2848 | 3 × 10 ⁻⁵ | 0.41 (0.05) |
| Caffeine | <i>GRIN2A</i> | rs4998386 C>T | Case-control | 193 | 377 | <0.001 | 0.38 [0.20–0.70] |

Causation: What determines “penetrance” in the individual?

Disease: A Broken Wrist



Component cause



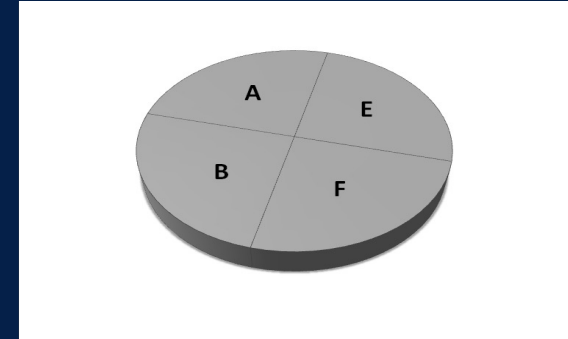
Sufficient cause 1:

A = stairs

B = ice

C = osteoporosis

D = porch light burned out



Sufficient cause 2:

A = stairs

B = ice

E = high heels

F = alcohol

Predicting Individual Risk for PD

- DoD funded ongoing work
- FAME study of professional pesticide applicators
 - Whole-genome sequencing
 - Gene burden tests of deleterious rare variants
 - Exposed-only analyses identify genes interacting with paraquat, rotenone, permethrin, dieldrin
 - Machine learning to derive pesticide-specific cumulative interaction risk scores
- CRISPR to knock down suspect genes in iPS-derived dopamine neurons
 - Test neuron sensitivity to the specific pesticides

ML-based gene-burden tests with Rotenone

- Highest importance gene*E

| | |
|---------|----------|
| CYP1B1 | 0.150696 |
| GLRX | 0.053897 |
| CTNS | 0.049122 |
| ABCB1 | 0.04593 |
| NQO1 | 0.044611 |
| CEP68 | 0.030758 |
| CYP2S1 | 0.03039 |
| NXN | 0.029461 |
| TXNDC11 | 0.028275 |
| ABCB11 | 0.025 |

- ROC AUC predictive accuracy:
0.83



Current Directions for G*E Studies of PD

- Old-school hypothesis-driven “candidate” mechanistic approaches
- Genome-wide gene-environment studies (GEWIS)
 - Power is a major limitation
 - Exposure data rarely collected or inconsistent quality
- GWAS in exposed populations (e-GEWIS): ongoing work in our group
 - Can validate in vitro
- EWAS in populations defined by G
 - How E affects penetrance of Mendelian forms (e.g., NSAIDS in LRRK2-PD)
 - Can extend to animal models
- Individual susceptibility
 - Burden tests, ML

Our Collaborators

UCSF & SFVAMC

Carlie Tanner

Ethan Brown

Marta San Luciano

Patricia Quinlan

Kathleen Comyns

Cheryl Meng

Monica Korell

Farah Kausar

Raymond Swanson

VA Pacific Islands Healthcare

G. Webster Ross

Helen Petrovitch

Robert Abbott

German Center for Neurodegenerative Diseases (DZNE)

Sarah Jewell

Dino DiMonte

Toronto Western Hospital

Connie Marras

Anthony Lang

Univ of Lübeck

Meike Kasten

Gladstone Institute

Julia Kaye

Steve Finkbeiner

Leandro Lima

Kaiser Permanente DOR

Stephen Van Den Eeden

Kathleen Albers

NIEHS

Freya Kamel

Jane Hoppin

David Umbach

Marie Richards

Dale Sandler

Stanford University

Lorene Nelson

J. William Langston

Birgitt Schüle

James Tetrud

Columbia University

Ruth Ottman

Richard Mayeux

Karen Marder

Capital Univ Med Sci

Piu Chan

Kitty Gu

Favaloro University

Anabel Chade

Buddhist Tzu Chi Hospital

Raymond Lo

University of Pennsylvania

Jonas Ellenberg

IND

Kenneth Marek

University of Rochester

David Oakes

Ray Dorsey

Hines VA

Frances Weaver

Kevin Stroupe

Lishan Cao

Beverly Gonzalez

Kalea Colletta

NCI

Aaron Blair

NIA

Andrew Singleton