



# Tabagisme maternel et méthylation de l'ADN placentaire

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# Early environmental exposures and the DOHaD

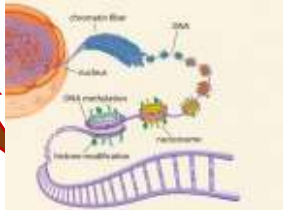
Urban exposome: air pollution, temperature, greenness

Endocrine disruptors

Smoking

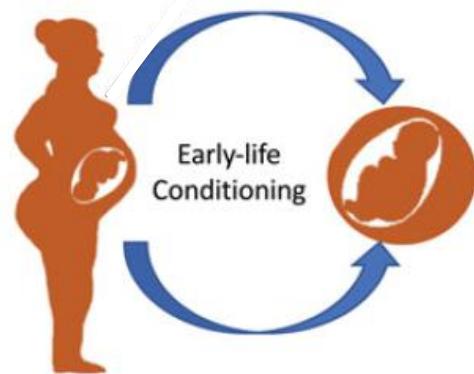


Epigenome : adaptation, deregulation



Modifiable (reprogramming, environment)

Persist, even in the absence of the cause that established them



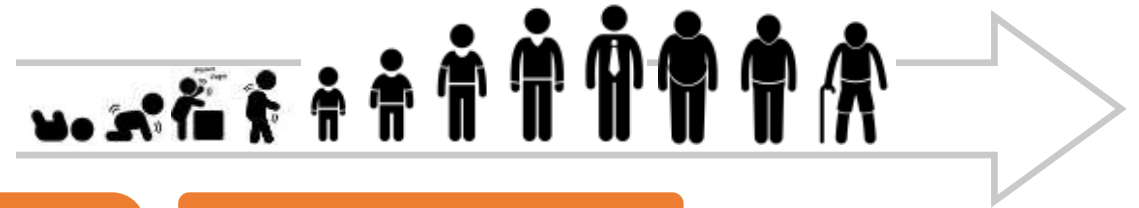
Environmental exposure in Infancy

Pregnancy outcomes  
(birth weight, etc)

Cardio metabolic health

respiratory health

neurodevelopment



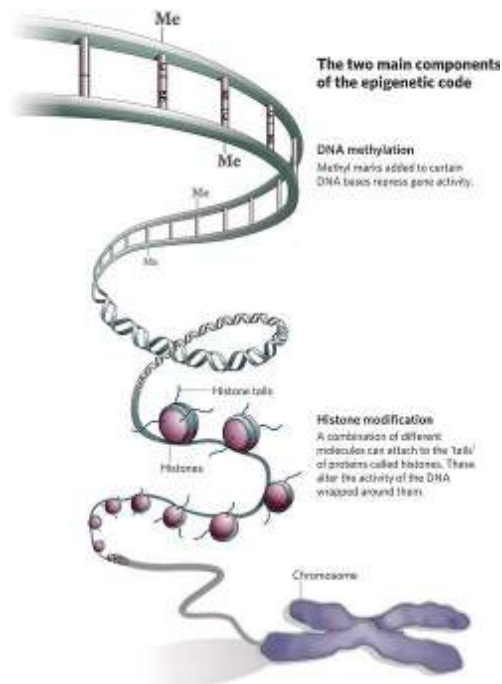
# Epigenetic marks

## Gene expression mechanisms

- Does not depend on the DNA code
- Relatively stable over time
  - Mitosis (cell division)
  - Meiosis (transgenerational, limited evidence)

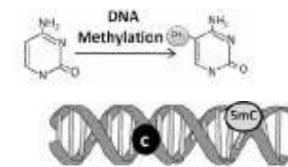
Usually, **lower methylation associated with higher expression**

- Most well known epigenetic mechanisms
- Reliable techniques
- Can use existing DNA collections



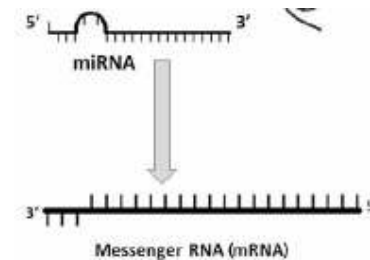
### DNA methylation

Methyl marks added to certain DNA bases that repress gene transcription



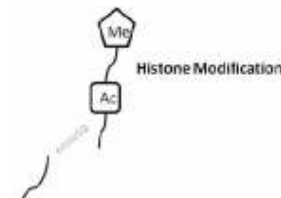
### Micro RNA

Small non-coding RNA that block translation of messenger RNAs into proteins



### Histone modifications

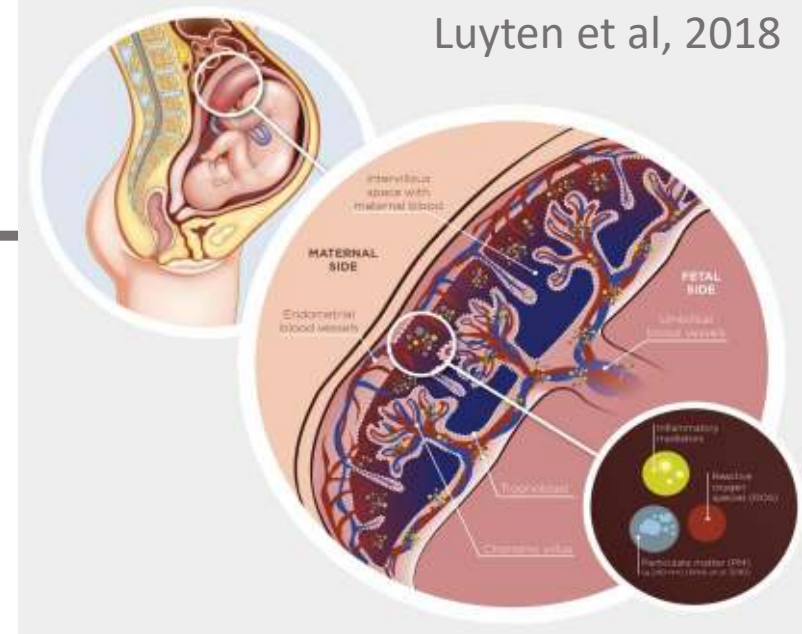
Different molecules that can attach to histone tails and alter the activity of DNA



*Adapted from Qiu, Nature, 2006*

# Why focusing on placenta ?

- Tobacco smoking can cross the placenta and expose the developing fetus (Valentino et al., 2016; Wick et al., 2010)
- The placenta plays a key role in fetal programming:
  - support mother's health and the development of the fetus
  - conveys nutrients and oxygen to the fetus, regulates gas and waste exchanges, hormone interactions (Murphy et al., 2006)
- The placenta may provide a unique record of exposures occurring during pregnancy
- Most literature focused on cord blood (Joubert 2012, Joubert 2016, Kupperts 2015, Miyake 2018), a few epigenome wide studies on placenta (Morales et 2016, Cardenas 2019, Chhabra 2014), reviewed by Nakamura 2021
- No study on women who stop smoking before pregnancy



# Aim

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- identifying cigarette-induced alterations in placental DNA methylation
  - ▣ in women currently smoking during pregnancy
  - ▣ in women who quit in anticipation of pregnancy

# EDEN mother-child cohort

Recruitment: 2003 to 2006 (University hospitals, Poitiers and Nancy)

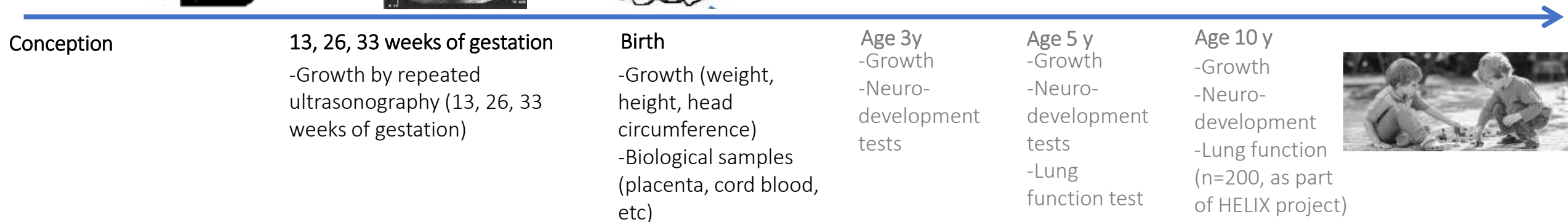


Heude B, Int J Epid, 2015

Recruitment, n=2002  
(before week 24)



- 5mm x 5mm samples in the middle of the placenta
- Fetal side
- Collected at birth and frozen -80°C
- n=568 samples
- Illumina 450k beadchip ≈ 480 000 CpG sites
- **Global methylation**, repetitive *Alu* and *LINE-1*



Conception

13, 26, 33 weeks of gestation

-Growth by repeated ultrasonography (13, 26, 33 weeks of gestation)

Birth

-Growth (weight, height, head circumference)  
-Biological samples (placenta, cord blood, etc)

Age 3y

-Growth  
-Neuro-development tests

Age 5 y

-Growth  
-Neuro-development tests  
-Lung function test

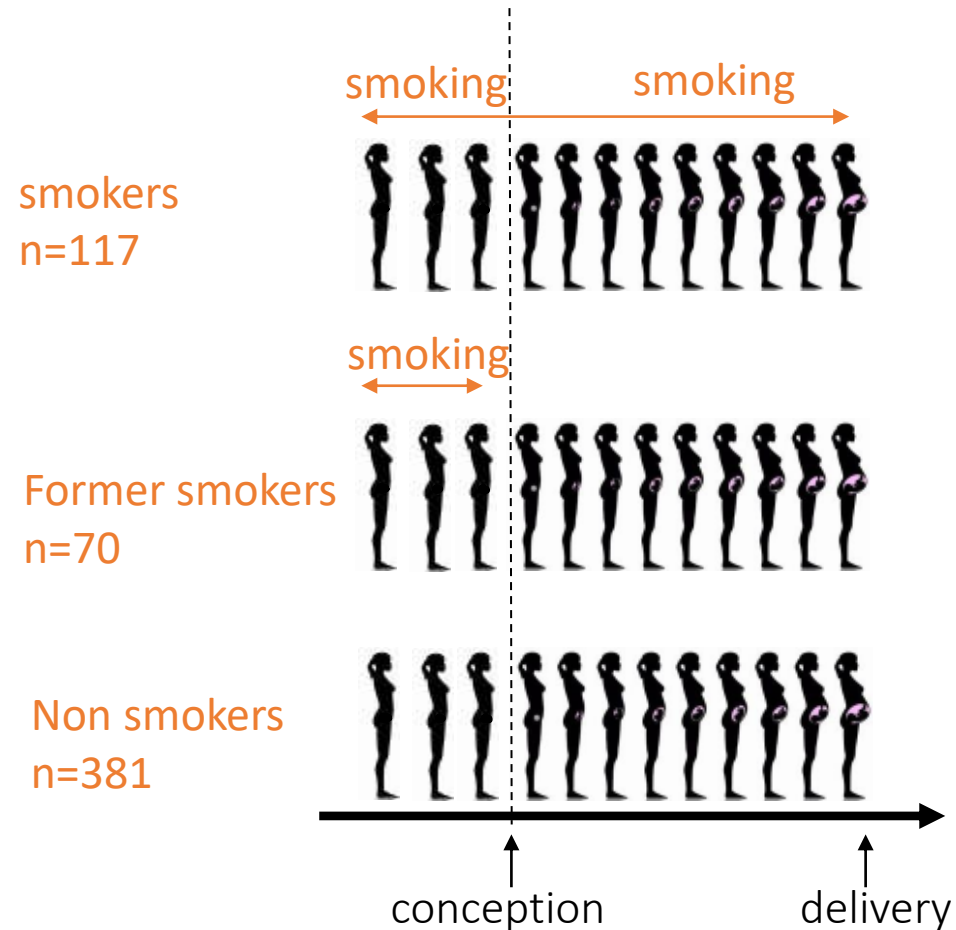
Age 10 y

-Growth  
-Neuro-development  
-Lung function (n=200, as part of HELIX project)



Interviews and questionnaires : including data on socio-demographic factors

# Study sample : 568 women with placental DNA methylation measured

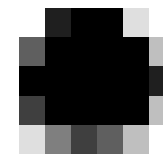


smokers  
n=117

Former smokers  
n=70

Non smokers  
n=381

	Mean	±SD
Birth weight (g)	3304	488
Gestational age (weeks)	39.8	1.7
Maternal age (yrs)	29	5
BMI	22.9	4.2
Cigarettes /day	1.7	3.5



	Category	%
<b>Centre</b>	Poitiers vs. Nancy	43% vs. 57%
<b>Sex</b>	Male vs. Female	52% vs. 48%
<b>Parity</b>	Primipare	45
	1 child	38
	≥2 children	17
<b>Education</b>	<High school	37
	High school	23
	≥High school+2 years	41

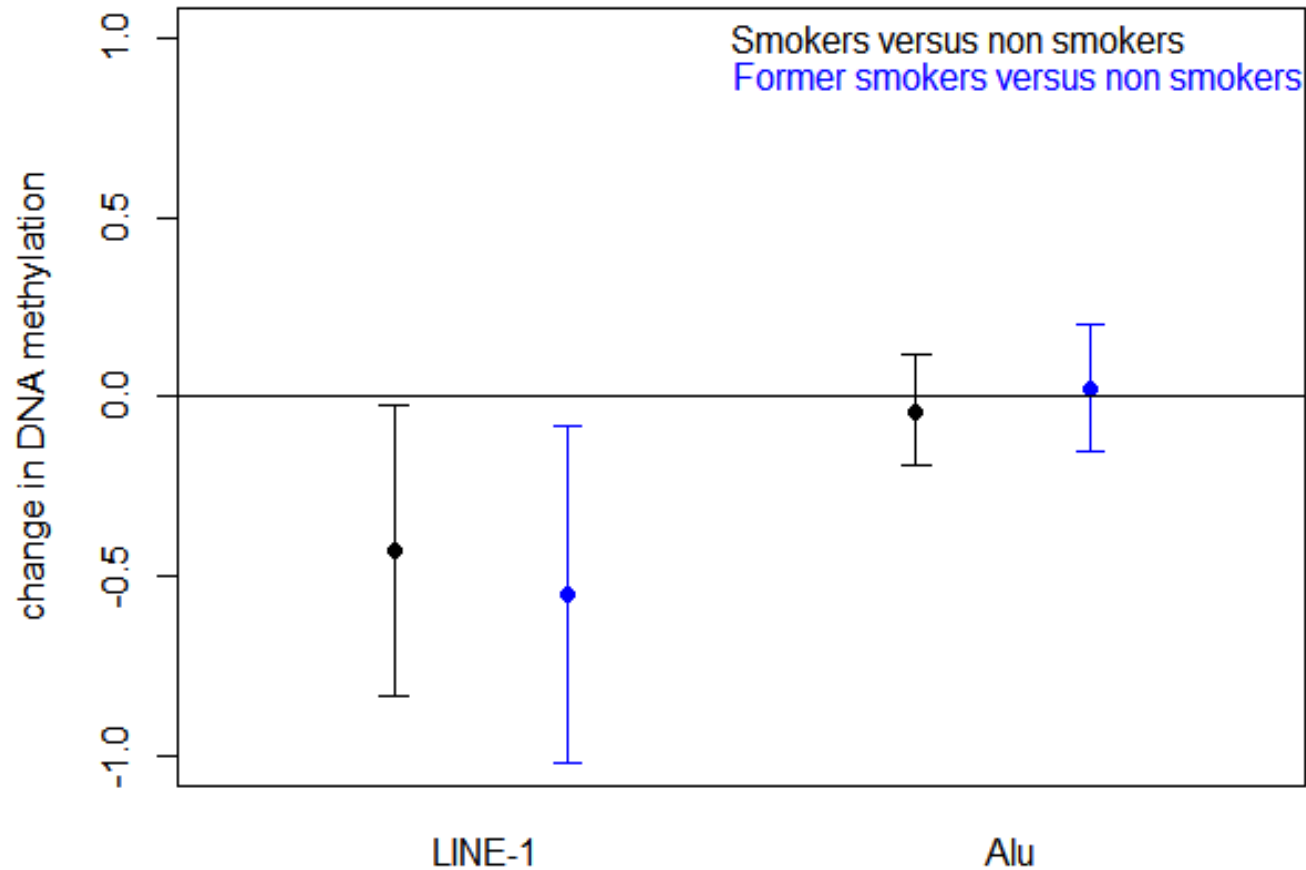


# Association between maternal smoking and DNA methylation

- 425 878 (after QC) CpG specific analyses
  - Robust linear regression
  - False Discovery Rate correction (Benjamini and Hochberg, 1995 )
  - All models adjusted for:
    - Maternal age, BMI, education, parity, centre
    - Paternal smoking status at conception
    - Gestational duration, season of conception, sex of the baby
    - Technical factors: batch, plate, chip
    - Cell type proportions according to a ref-free method (Houseman et al 2016)
- Differentially Methylated Regions (DMR):
  - Comb-p (Pedersen et al., 2012 )
  - Regions enriched for low p-values
  - Corrects for autocorrelation within 500 bp
  - Adjust for multiple testing
  - At least 2 probes per region



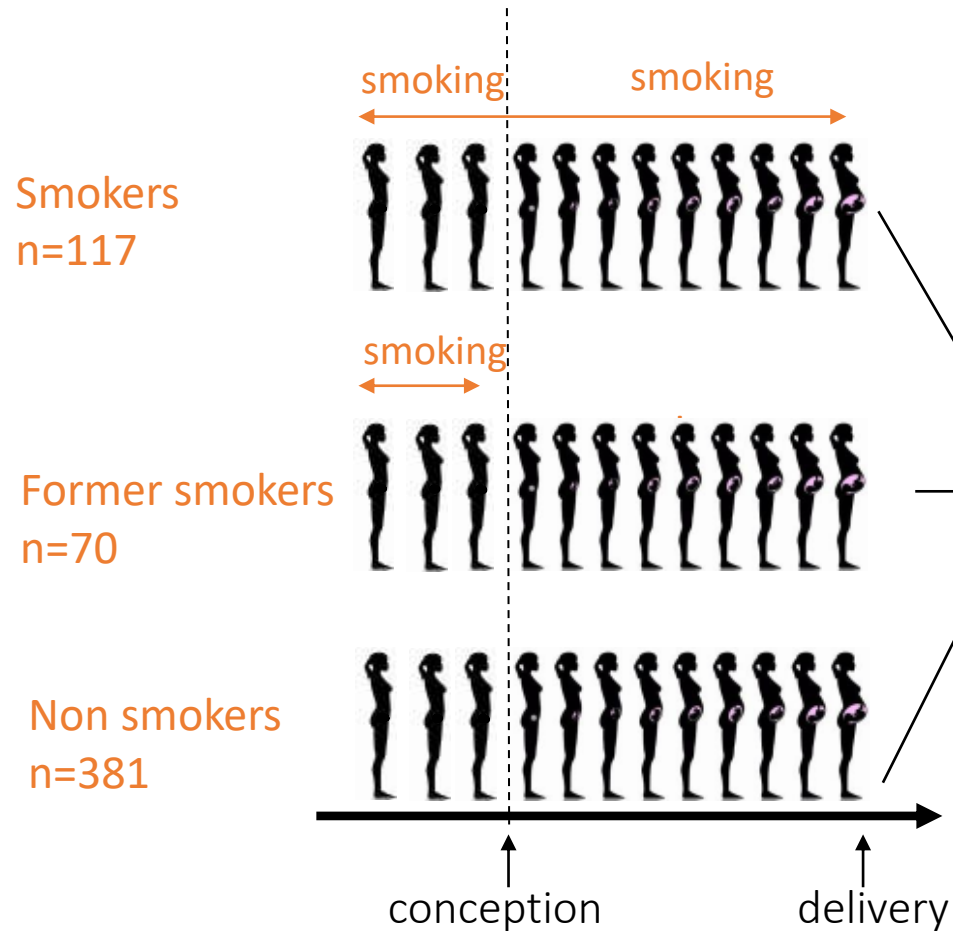
# Maternal smoking status and global DNA methylation



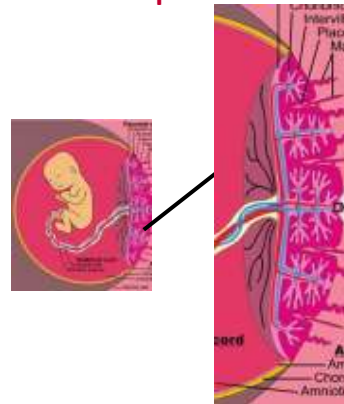
Average methylation level  
26.1 ( $\pm 1.9$ ) for *LINE-1*  
16.1 ( $\pm 1.0$ ) for *Alu*

Armstrong et al 2016 (n=96, maternal side of placenta): no difference in placenta methylation for *LINE-1*

# Epigenetic memory of former smoking



Placenta  
samples



**152** differentially methylated regions only present in the placenta of current smokers: **“reversible” alterations of DNA methylation,**

**26** differentially methylated regions in former smokers : **“persistence”** in the placenta of former smokers, supports the hypothesis of an **“epigenetic memory”**

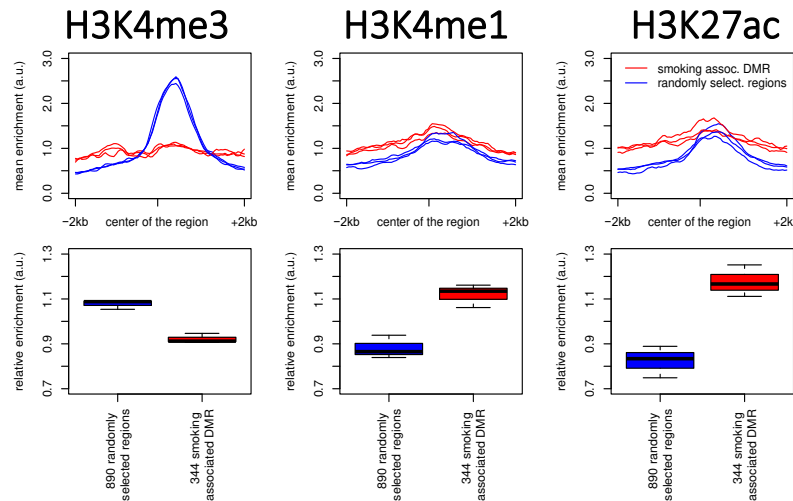
# DMR sensitive to exposure to tobacco are enriched in enhancer histone marks

203 differentially methylated regions

(with at least 2 CpGs within a 2000 bp window) including 1023 CpGs



Using available ENCODE ChIPseq data obtained for placenta.

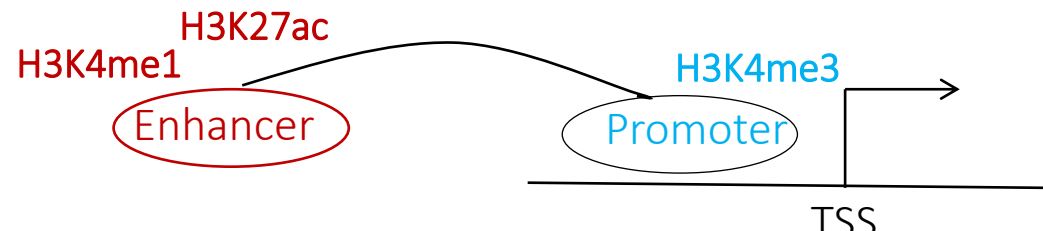


203 DMR associated with pregnancy smoking status

420 randomly selected regions

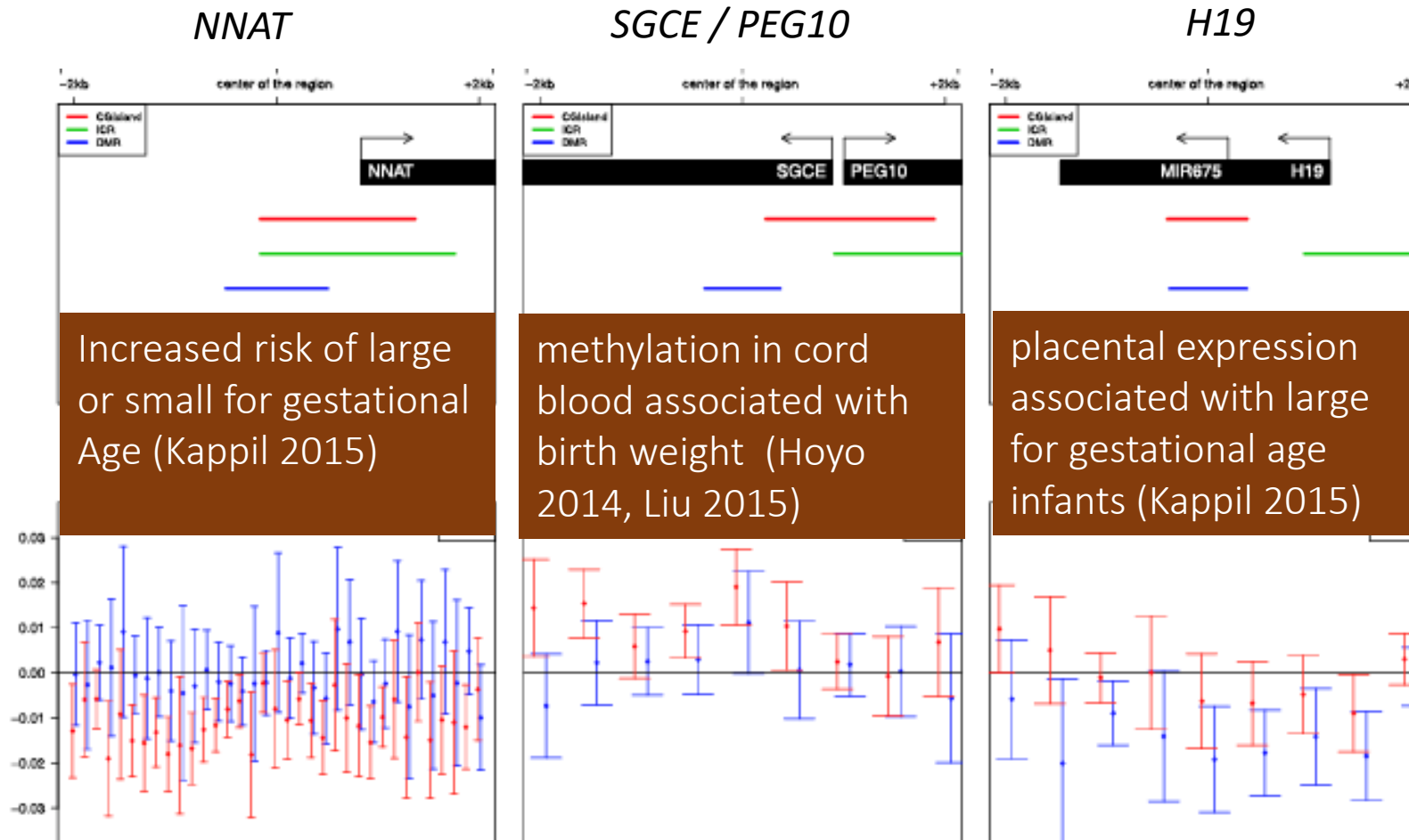
TSS less represented

Enrichment in enhancers histone marks



# Enrichment in imprinted genes

The 203 DMRs included 10 imprinted genes



## Take-home messages

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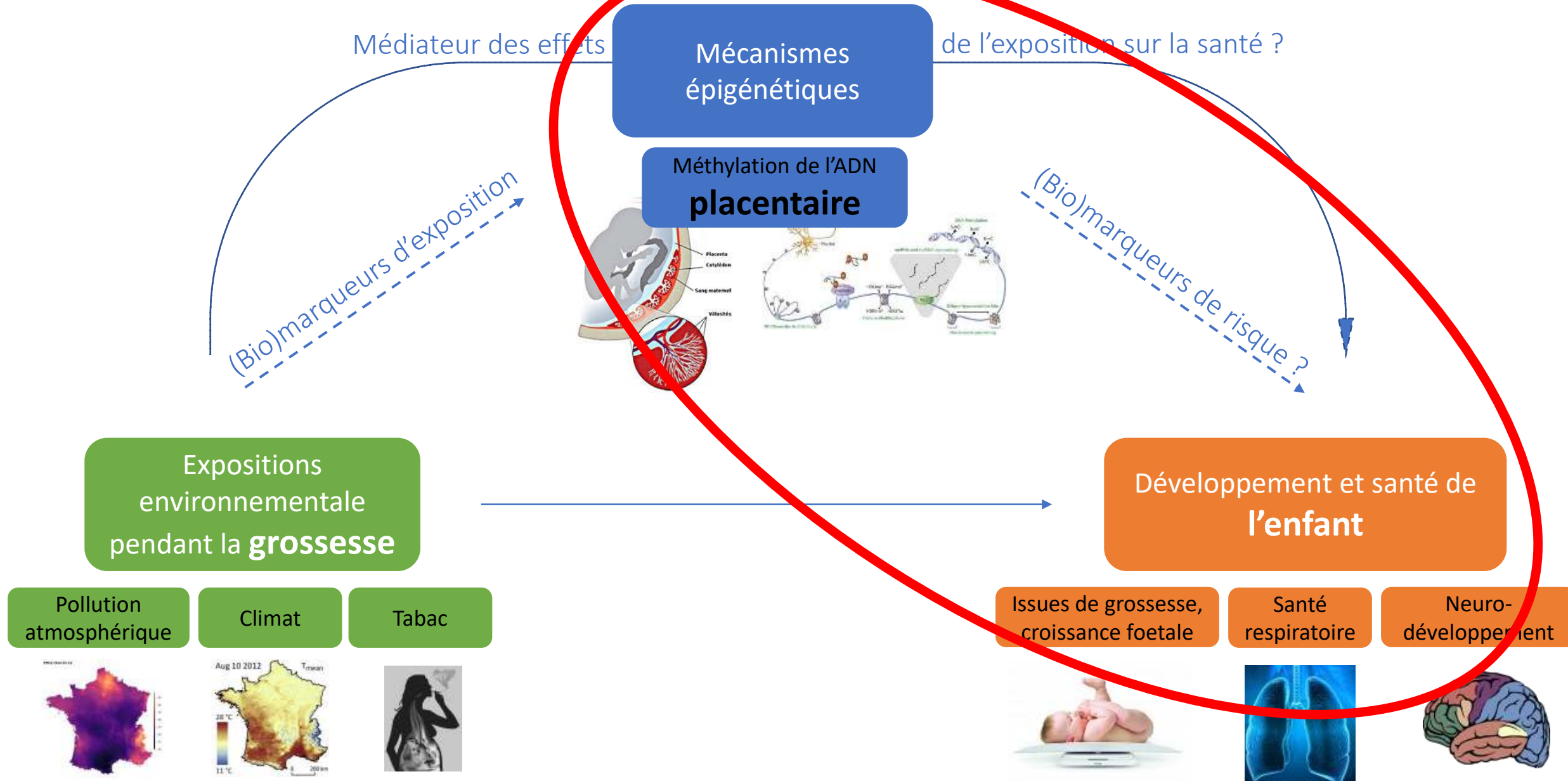
- Suggest epigenetic memory of maternal tobacco smoking
- Gene promoter regions little impacted by maternal smoking
- Imprinted genes and enhancers preferentially affected by maternal smoking

# Conclusions

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- Epigenetic epidemiology : investigate and suggest biological mechanisms behind epidemiological associations
  - Biomarker of exposure and / or disease, mediator, adaptative mechanisms
  - In collaboration with experimental studies
  - Association → mechanisms → causation
- Limits :
  - Evidence for causation is limited
  - Subtle signal
  - Functional consequences, whole epigenetic machinery: histones, micro RNAs
  - Covering parts of the genome (450k, EPIC)
  - Consortium

# Future steps





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