



Environment, Health and Justice: The Power of Community and Inter-disciplinary Science

Ana Navas-Acien, MD, PhD

Environmental Health Sciences

Columbia University Mailman School of Public Health





Design: Tammy Granados

Mission: integrate systems science,

innovative technology and

Indigenous knowledge to protect the

Northern Plains water resources and

communities from hazardous metals



National Institute of Environmental Health Sciences Superfund Research Program

P42ES033719



Indigenous principles that motivate our work and partnership

- Collective leadership
- Value traditional knowledge
 - Water is life (Mní wičhóni)
 - 7 generations principle
 - Relationality connections in a circular rather than linear process
- Accept research codes the tribes have developed:
 - Sovereignty and data ownership
 - Tribes RRBs and Indian Health Service IRBs
 - Protocols, publications, lay summaries
 - Communication of study findings (individuals, community)







MISSOURI BREAKS Creating Opportunities for Health



COLUMBIA

MAILMAN SCHOOL OF PUBLIC HEALTH LAMONT-DOHERTY EARTH OBSERVATORY COLUMBIA CLIMATE SCHOOL Climate, Earth, and Society















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Data ownership and data sharing

• Who owns the data?

• Who allows data sharing and in which terms?

• Who profits from research



Data ownership and data sharing

"Data are not a gift. At best, they are 'on loan', and hence revocable if misused. Data are a responsibility. Not an entitlement."

- Tsosie, Fox and Yracheta.

Nature 2021



Krystal Tsosie



Keolu Fox



Joseph Yracheta







El Ejido, Almeria, South East Spain



Aljibe in El Ejido, Almeria Traditional water collection system





Centro Nacional de Epidemiología



Marina Pollán Cancer and Environmental Epidemiology



Madrid, Spain

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE 42:214–227 (2002)

Occupation, Exposure to Chemicals and Risk of Gliomas and Meningiomas in Sweden

Ana Navas-Acién, мд, мрн,¹ Marina Pollán, мд, рнд,¹* Per Gustavsson, мд, рнд,^{2,3} and Nils Plato, рнд^{2,3}

	OC	Not ad other	ljusted for chemicals	Adjusted for other chemical exposures		
Occupational	2 465	DD	05% 01	DDC	05%/01	
	2,403	nn	3 3 //01	nn	55 %GI	
Arsenic						
No exposure	2,401	1.00		1.00		
Possible	34	1.62	1.15-2.27	1.61	1.12-2.32	
Probable	—			_		
Asbestos						
No exposure	2,233	1.00		1		
Possible	194	0.91	0.79-1.06	0.91	0.75-1.11	
Probable	38	0.78	0.56-1.07	0.78	0.56-1.07	
Chromium/nickel						
No exposure	2,382	1.00		1.00		
Possible/probable ^e	83	1.12	0.90-1.39	1.17	0.86-1.60	
Lead						
No exposure	2,455	1.00		1.00		
Possible	10	1.08	0.58-2.01	1.08	0.58-2.01	
Probable	_	_		_		
Mercury						
No exposure	2,453	1.00		1.00		
Possible	_			_		
Probable	12	1.68	0.95-2.96	1.76	0.99-3.14	

First first author paper

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Eliseo Guallar

Ellen Silbergeld

Cardiovascular and Metal Epidemiology



Baltimore, MD, USA

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Ellen Silbergeld

Eliseo Guallar

Cardiovascular and Metal Epidemiology



Baltimore, MD, USA

Lead, Cadmium, Smoking, and Increased Risk of Peripheral Arterial Disease

Ana Navas-Acien, MD, MPH; Elizabeth Selvin, MPH; A. Richey Sharrett, MD, DrPH; Emma Calderon-Aranda, PhD, MD; Ellen Silbergeld, PhD; Eliseo Guallar, MD, DrPH

Circulation. 2004;109:3196-3201

Blood Lead and PAD – Odds Ratio (95% CI) NHANES 1999-2000





- Adjusted for age, sex, race, education, body mass index, alcohol intake, hypertension, diabetes, hypercholesterolemia, glomerular filtration rate and C-reactive protein
- Further adjusted for smoking status (never/former/current) and serum cotinine



Indigenous communities in the US suffer from an epidemic of cardiovascular disease and diabetes

- Highest coronary heart disease rates in the US
 - Over 1/3 of deaths occur before the age of 65 years
 - Diabetes burden is 3x higher than in White communities
- European colonization and US policies have contributed to these inequalities
- Sovereignty, cultural resilience, and traditional knowledge: core values and positive influences

Breathett et al. Circulation 2020



Arsenic in US drinking water





Annie Nigra

Maya Spaur



Nigra et al. EHP 2020 Spaur et al. STOTEN 2021 COLUMBIA | MAILMAN SCHOOL OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SCIENCES

Mining and metal exposures in Indigenous Communities







Ravalli et al. Lancet Public Health 2022

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Lewis et al. Current Environmental Health Reports 2017

Arsenic and uranium spatially correlate in water samples Strong Heart Water Study communities in South Dakota





STRONG HEART

Water Study

Marisa Sobel



Ben Bostick



Sobel et al. Environ Pollution 2021

Conceptual framework





Strong Heart Study

Funded by the National Heart, Lung and Blood Institute since 1988 and the National Institute of Environmental Health Sciences since 2012

N = 7,600 adults

13 tribes and communities



http://strongheart.ouhsc.edu/



SHS field team, South Dakota



SHS annual Steering Committee meeting, Eagle Butte, SD 2015



ENVIRONMENTAL HEALTH SCIENCES





Contents lists available at ScienceDirect

Environmental Research

journal homepage: www.elsevier.com/locate/envres

Metal mixtures in urban and rural populations in the US: The Multi-Ethnic Study of Atherosclerosis and the Strong Heart Study $\stackrel{\star}{\approx}$

Yuanjie Pang^{a,*}, Roger D. Peng^b, Miranda R. Jones^a, Kevin A. Francesconi^c, Walter Goessler^c, Barbara V. Howard^{d,e}, Jason G. Umans^{d,e}, Lyle G. Best^f, Eliseo Guallar^{a,g,h}, Wendy S. Post^{a,g,h}, Joel D. Kaufmanⁱ, Dhananjay Vaidya^h, Ana Navas-Acien^{a,g,j}





CrossMark



- Arsenic, tungsten and uranium levels higher in SHS participants than MESA participants
- Cluster of these 3 metals in the SHS supports water as a source of contamination
- Private well and community water systems in the SHS contribute to **46% of variation** in urinary As levels in SHS (Spaur et al. 2023)
- Community water systems As and U in MESA contribute to 30% and 49% of variation in As in U, respectively (Spaur et al. 2023)

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Arsenic and Cardiovascular Disease

• Strong Heart Study participants 45-74 y.o. at baseline (Moon et al. 2013)







Arsenic and Cardiovascular Disease

• Strong Heart Study participants 45-74 y.o. at baseline (Moon et al. 2013)



• Strong Heart Family Study participants 14-49 y.o. at baseline (Pichler et al. 2019)







Arsenic and Cardiovascular Disease

• Strong Heart Study participants 45-74 y.o. at baseline (Moon et al. 2013)



• Strong Heart Family Study participants 14-49 y.o. at baseline (Pichler et al. 2019)





- Consistent findings in rural Colorado: San Luis Valley Diabetes Study (James et al. EHP 2015)
- Consistent findings in a ApoE-/- model





Koren Mann



25

of Participants



Tap water arsenic for 13 weeks

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Impact of reducing lead exposure in systolic blood pressure

- 278 participants with repeated blood lead measures
- Lead modeled as changes from 1997-1999 to 2006-2009
- Primary outcome: changes in systolic blood pressure levels from 2001-2003 to 2006-2009
- Adjusted for sex, age, center, BMI, years of education, smoking status, estimated glomerular filtration rate, hypertension treatment, and baseline systolic blood pressure levels

Change in systolic blood pressure by changes in blood lead from 1997-99 to 2006-2009 (n=278)



Lieberman-Cribbin et al. JAHA In press

COLUMBIA | MAILMAN SCHOOL OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SCIENCES Temporal changes in lead and cadmium exposure and the reduction in CVD mortality observed in the US



6

Maria Tellez Plaza



Figure 1. Age-, sex- and race-adjusted geometric mean blood lead and urine cadmium concentrations and cardiovascular disease (CVD) mortality rates across 1988–2004 National Health and Nutrition Examination Survey phases. Vertical bars show 95% confidence intervals based on 15 000 boot-strap re-samples.

Ruiz-Hernandez et al. Int J Epidemiol 2017

COLUMBIA MAILMAN SCHOOL OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SCIENCES Temporal changes in lead and cadmium exposure and the reduction in CVD mortality observed in the US





Maria Tellez Plaza



Ruiz-Hernandez et al. Int J Epidemiol 2017



Prevention and control strategies

Main objective:

• Prevent / reduce exposure to metals in the environment

Other strategies:

- Mitigate health effects of toxic metals: nutrition
 - Folic acid and arsenic
 - Zinc and cadmium
 - Calcium and lead
 - Selenium and arsenic
- Eliminate metals from the body: chelation





http://rapidcityjournal.com/news/local/mni-wiconi-water-reaching-pine-ridge-reservation/article_ca0ce382-c709-5082-8c63-5f2e827ef24a.html

Mni Wiconi water reaching Pine Ridge reservation

Gathering heralds arrival of lines that carry clean water

Mary Garrigan, Journal staff Aug 19, 2008





Workers for S.J. Louis, a construction company out of St. Paul, Minn., dig a trench Wednesday for pipe west of Wanblee. When finished, this pipeline will bring water from the Missouri River to Potato Creek, Kyle and Red Shirt. (Photo by Ryan Soderlin, Journal staff)

WANBLEE - Words of congratulations and gratitude for the arrival of Missouri River water to the Pine Ridge Indian Reservation flowed freely at a Mni Wiconi connection dedication here Wednesday. But the people who live in this small community on the reservation's northeastern edge will have to wait a few more months for the water itself to begin flowing into their homes.

About 250 people gathered in the Crazy Horse School gymnasium to mark a milestone for the rural water project, whose Lakota name translates to "Water is life."



Superfund Research Program



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P42ES033719

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Strong Heart Water Study for Private Wells

- Participatory randomized trial in South Dakota
- Filters installed to eliminate arsenic in drinking water
- Education intervention vs. standard information









Thomas et al. Sci Tot Environ 2019 George et al. EHP under 3rd review

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The Strong Heart Water Study Multi-Level Conceptual Framework



Thomas et al. Sci Tot Environ 2019

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Christine George



Design: Annie Chasing Hawk











Christine George



Design: Annie Chasing Hawk









Marcia O'Leary Tracy Zacher



Metallomics

Collective characterization and quantification of metal and metalloid molecules that translate into the structure, dynamics and function of an organism or system



ICPMS: Inductively couple plasma mass spectrometry HPLC: High performance chromatography MC: multi-collector to measure ions



Periodic Table of Elements

Н

He

Li	Be								В	С	Ν	0	F	Ne			
Na	Mg								Al	Si	Ρ	S	Cl	Ar			
K	Ca	Sc	Ті	V	Cr	Mn	Fe	Со	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr
Rb	Sr	Y	Zr	Nb	Мо	Тс	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Те	Т	Хе
Cs	Ва		Hf	Та	W	Re	Os	Ir	Pt	Au	Hg	τl	Pb	Bi	Ρο	At	Rn
Fr	Ra		Rf	Db	Sg	Bh	Hs	Mt	Ds	Rg	Cn	Nh	Fl	Мс	Lv	Ts	Og
			La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Но	Er	Tm	Yb	Lu
			Ac	Th	Ра	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	Lr
Alkali Metals Alkali Earth Metals Transition Metals Post-transition Metals																	
Metalloids Reactive Nonmetals Noble Gases Lanthanides & Actinides																	



The metallo	ome in the hu	ıman body
a loval	Element	mg-level

Element	g-level
Phosphorus	780
Potassium	140
Sulfur	140
Sodium	100
Chlorine	95
Magnesium	19
Iron	4.2
Fluorine	2.6
Zinc	2.3
Silicon	1

Others = 36 elements (essential and non-essential)

Essential Non-essential

Element	mg-level
Rubidium	680
Strontium	320
Bromine	260
Lead	120
Copper	72
Aluminum	60
Cadmium	60
Barium	22
lodine	20
Nickel	15
Selenium	15
Chromium	14
Manganese	12
Arsenic	7
Lithium	7
Cesium	6
Mercury	6
Molybdenum	5
Cobalt	3
Antimony	2

Element	µg-level
Tellurium	800
Lanthanum	700
Uranium	100
Vanadium	100
Tungsten	200

Biological samples

- Urine
- Whole blood
- Serum

Courtesy: Kathrin Schilling

Metal analysis in MESA urine

Exam 1: n = 6,814 (collected in 2000-2002)

Exam 5: n = 943 (collected in 2010-2011)

Elements: As, Ba, Cd, Co, Cs, Cu, Gd, Mn, Mo, Ni, Pb, Se, Sr, Tl, U, W, Zn

Arsenic species: inorganic As (iAs), methylarsonate (MMA), dimethylarsinate (DMA), arsenobetaine (AB), unknown species

Selenium species: trimethylselenonium ion (TMSe), selenite, other



R01ES028758



Kathrin Rony Schilling Glabonjat Chiugo Olgica Izuchukwu Balac

Columbia METALab Team

Urinary metals and incident cardiovascular disease

Do not distribute

Metals modeled as restricted cubic splines with 10th percentile as the reference

Adjusted for age, sex, race, eGFR, smoking status, BMI and strata for study center

Further adjusted for diabetes status, SBP, antihypertensive treatment, total cholesterol, HDL, lipid-lowering medication ENVIRONMENTAL HEALTH SCIENCES

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Urinary metals and total mortality

Do not distribute

Metals modeled as restricted cubic splines with 10th percentile as the reference

Adjusted for age, sex, race, eGFR, smoking status, BMI and strata for study center

Further adjusted for diabetes status, SBP, antihypertensive treatment, total cholesterol, HDL, lipid-lowering medication ENVIRONMENTAL HEALTH SCIENCES

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Cadmium-Metallothionein Complex

Cadmium Toxicity

Figure by Koren Mann

Ujueta et al. Tox Sci 2021

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Conceptual framework

Arsenic and cardiovascular disease: mediation via epigenetic mechanisms

N=2321 participants

• 847 (36.4%) cases of incident CVD through 2009

Domingo-Relloso et al. Circ Res 2022

Arsenic and cardiovascular disease: mediation via epigenetic mechanisms

Domingo-Relloso et al. Circ Res 2022

Arsenic and cardiovascular disease: mediation via epigenetic mechanisms

Arce Domingo

APO E-/- model exposed to arsenic in drinking water in utero onwards

CpGs associated with As and As-mediated CVD with supportive mouse liver DNAm data from Koren Mann's lab

Tagged gene	Function	As	As-med. CVD	Exp. data
SLC7A11	GSH biosynthesis	Х	Х	
SLC7A5	GSH biosynthesis	Х		Х
PKN3	DNA repair and apoptosis	Х	Х	Х
CSNK1D	DNA repair and apoptosis	Х		*
ATG16L2	Autophagy pathway (diabetes)	Х	Х	Х
APBB2	Beta cell function (diabetes)	Х	Х	Х
ТҮМР	Angiogenesis, endothelial cell growth	Х	Х	Х
COL1A1	Type 1 collagen	Х	Х	*
TXNIP	Thioredoxin interacting protein	Х	Х	Х
МАРК8	Mitogen-activated protein kinase 8	Х	Х	Х

*Other models different from K. Mann's lab.

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Domingo-Relloso et al. Circ Res 2022

Metals and epigenetic age acceleration

Change in epigenetic age acceleration for the joint distribution of urinary metals using Bayesian kernel machine regression

Adjusted for sex, estimated cell type proportions (CD4T, CD8T, NK, Monocytes, and B cells), genetic principal components, education level, smoking status, EpiSmokEr probability values, study center, BMI, estimated glomerular filtration rate and fasting plasma glucose.

Kaila Boyer

Allison Kupsco

R01ES032638 R25ES025505

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Prevention and control strategies

Main objective:

• Prevent / reduce exposure to metals in the environment

Other strategies:

- Mitigate health effects of toxic metals: nutrition
 - Folic acid and arsenic
 - Zinc and cadmium
 - Calcium and lead
 - Selenium and arsenic
- Eliminate metals from the body: chelation

Can chelation reduce cardiovascular disease by increasing the elimination of divalent toxic metals?

Lead

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Effect of Disodium EDTA Chelation Regimen on Cardiovascular Events in Patients With Previous Myocardial Infarction The TACT Randomized Trial

Gervasio A. Lamas, MD Christine Goertz, DC, PhD Robin Boineau, MD, MA Daniel B. Mark, MD, MPH Theodore Rozema, MD Richard L. Nahin, PhD, MPH Lauren Lindblad, MS Eldrin F. Lewis, MD, MPH Jeanne Drisko, MD Kerry L. Lee, PhD for the TACT Investigators

REATMENT OF LEAD TOXICITY with chelation was first reported with EDTA in the early 1950s.¹ Apparent success in reducing metastatic calcium deposits² led Clarke et al³ in 1956 to treat angina pa-

EDTA: Placebo

HR (95% CI) 0.82 (0.69, 0.99)

P = 0.035

Importance Chelation therapy with disodium EDTA has been used for more than 50 years to treat atherosclerosis without proof of efficacy.

Objective To determine if an EDTA-based chelation regimen reduces cardiovascular events.

Design, Setting, and Participants Double-blind, placebo-controlled, 2×2 factorial randomized trial enrolling 1708 patients aged 50 years or older who had experienced a myocardial infarction (MI) at least 6 weeks prior and had serum creatinine levels of 2.0 mg/dL or less. Participants were recruited at 134 US and Canadian sites. Enrollment began in September 2003 and follow-up took place until October 2011 (median, 55 months). Two hundred eighty-nine patients (17% of total; n=115 in the EDTA group and n=174 in the placebo group) withdrew consent during the trial.

Interventions Patients were randomized to receive 40 infusions of a 500-mL chelation solution (3 g of disodium EDTA, 7 g of ascorbate, B vitamins, electrolytes, procaine, and heparin) (n=839) vs placebo (n=869) and an oral vitamin-mineral regimen vs an oral placebo. Infusions were administered weekly for 30 weeks, followed by 10 infusions 2 to 8 weeks apart. Fifteen percent discontinued infusions (n=38 [16%] in the chelation group and n=41 [15%] in the placebo group) because of adverse events.

Main Outcome Measures The prespecified primary end point was a composite of total mortality, recurrent MI, stroke, coronary revascularization, or hospitalization for angina. This report describes the intention-to-treat comparison of EDTA chelation vs placebo. To account for multiple interim analyses, the significance threshold required at the final analysis was P=.036.

Effect of Disodium EDTA Chelation Regimen on Cardiovascular Events in Patients With Previous Myocardial Infarction The TACT Randomized Trial

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EDTA: Placebo

HR (95% CI) 0.82 (0.69, 0.99)

P = 0.035

With Diabetes:

HR (95% CI) 0.59 (0.44, 0.79)

P = 0.002 (Bonferroni adjusted)

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Gervasio (Tony) Lamas Mount Sinai Medical Center Miami, USA, TACT2 PI

Regina Santella Columbia University

National Heart, Lung, and Blood Institute

NIH NIEHS

- 1000 participants randomized
- Study will be unblinded in the next few months
- Blood and urine metals measured at the CDC at infusions 1, 5, 20, and 40:
 - Evaluate their role as potential mechanisms for the cardiovascular benefits of EDTA
 - Conduct risk stratification pre-specified analyses

ABCDE for CVD prevention

Credit: Roger Blumenthal (based on the American College of Cardiology and American Heart Association Primary Prevention Guidelines)

Add E for *Environment*:

Arnett et al. Circulation 2019

ABCDE for CVD prevention

Add E for *Environment*:

Credit: Roger Blumenthal (based on the American College of Cardiology and American Heart Association Primary Prevention Guidelines)

Arnett et al. Circulation 2019

Journal of the American Heart Association

Volume 12, Issue 13, 4 July 2023 https://doi.org/10.1161/JAHA.123.029852

CLINICAL STATEMENTS AND GUIDELINES

Contaminant Metals as Cardiovascular Risk Factors: A Scientific Statement From the American Heart Association

Gervasio A. Lamas, MD, FAHA; Aruni Bhatnagar, PhD, FAHA; Miranda R. Jones, MHS, PhD; Koren K. Mann, PhD; Khurram Nasir, MD, MPH, FAHA; Maria Tellez-Plaza, MD, PhD; Francisco Ujueta, MD, MS; Ana Navas-Acien, MD, PhD; the American Heart Association Council on Epidemiology and Prevention; Council on Cardiovascular and Stroke Nursing; Council on Lifestyle and Cardiometabolic Health; Council on Peripheral Vascular Disease; and Council on the Kidney in Cardiovascular Disease

- Contaminant metal exposures are widespread affecting all populations
 - Disproportionately affect rural and Indigenous communities near abandoned mines
- Metals are cardiovascular risk factors
 - Full characterization is pending
 - Gene-metal interaction and –omics analyses require large consortia and experimental work
- Caution: interpretation of metal biomarkers is complex
- Metallomics provide exciting new opportunities for prevention, interventions, and diagnosis to improve patients and populations' health

Acknowledgements:

• Study participants, communities, and funding organizations that make research possible

R01HL090863 (completed) R01ES021367 (completed) R01ES025216 (completed) R01ES032638 75N92019D00023

P30ES009089

R01ES028758

CKDu CURE 🗞 🔊

U01DK130058

R01AT009273 UH3AT009149

National Heart, Lung, and Blood Institute NIH

National Center for

Complementary and Integrative Health

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R01ES029967 R01HL155576

Drive, talent and creativity move science and public health forward

Maria Tellez-Plaza, Scientist, ISCIII

Miranda Jones, Assist. Prof., Hopkins

Matt Gribble Assoc. Prof., U. Alabama

Laura Zheng Data Scientist, Aetna

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Will Lieberman-Cribbin PhD student CU

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