Folate and childhood ALL

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Background

- Childhood ALL: biologically heterogeneous disease characterized by chromosomal breakage and abnormalities.
- Folate deficiency has been associated with chromosomal breakage and abnormalities, and is a potential causal agent in childhood ALL
- Epidemiologic studies of maternal folate intake during pregnancy (diet and supplements) have been mixed; recent meta-analysis indicates little to no effect of folate supplementation ^a
- A child's exposure to folate prior to diagnosis is modulated by several factors....

Potential exposure periods for folate



NCCLS

Northern California Childhood Leukemia Study

- Population-based case-control study
- Cases: incident ALL <15 years</p>
- Controls: matched to cases
 - >40% Hispanic
- In-person interviews used to elicit information on maternal pre-pregnancy dietary folate intake and supplement use, as well as child's early diet (prior to age 2)
- Included subjects were those enrolled 1995-2002



Child's Folate Metabolism genes

- Candidate gene approach:
 72 htSNPs in 10 genes
 - Illumina Goldengate
- Haplotype sliding window analysis
- Sample size: 377 cases, 448 controls

CBS
DHFR
FOLH1
MTHFD1
MTRR
MTRR
SHMT1
SLC19A1

TYMS

CBS in Hispanics



CBS Remarks

- Overexpression of CBS decreases levels of homocysteine, inducing functional folate deficiency ("folate trap")
- Because homocysteine is at the intersection of the DNA synthesis and repair pathway and the DNA methylation pathway, overexpression of CBS may lead to alteration in these functions
- CBS is over-expressed in children with trisomy 21
 - Cellular lesions caused by the "folate trap" may relate to leukemia risk in children with Down syndrome.
- Future studies should investigate whether specific CBS alleles are overrepresented in the additional chromosome 21 within hyperdiploid leukemias

Potential exposure periods for folate In-utero environment Child's Mother's folate Mother's Child's post-natal **Future** intake/ folate folate ALL risk? folate supplementation genes genes intake



Neonatal DBS folate

Study subjects

Children with available dried blood spot (DBS) collected at birth by the California Department of Public Health (California births only)

Sample size

313 ALL cases, 405 controls

Folate (FOL) assays ^a

 Performed on DBS specimens, normalized for Hemoglobin (Hb): HbFOL (nmol/g) = FOL_{DBS} (nmol/L) / Hb_{DBS} (g/L)
 2 replicates per DBS

Neonatal folate results for ALL

| | Ν | Mean (SD) * | р |
|-------------------|-----|-------------|-------|
| All birth periods | | | 0.941 |
| Case | 313 | 2.82 (1.02) | |
| Control | 405 | 2.81 (1.02) | |

- In addition to null effects for total ALL, no associations were observed after stratifying for:
 - Pre-pregnancy supplement use
 - Hispanic ethnicity
 - Major ALL subtypes, including overall B-cell ALL, B-cell hyperdiploid ALL, and B-cell ALL with structural abnormalities (translocations, deletions)

*HbFOL in nmol/g, adjusted for income, race/ethnicity (H, NHW, NHO), sex, and age; back-transformed from log(HbFOL)

Neonatal folate Remarks

- Robust assay methodology, large sample size
- Results do not support an association between blood folate levels at birth and risk of childhood ALL
 - Together with inconsistent findings for maternal folate supplementation and dietary intake, these findings suggest that folate exposures <u>before</u> birth may not play a role in risk of childhood ALL
- However, our results do not rule out a role for:
 - Folate exposures <u>after</u> birth, or
 - Modification of birth folate effects by other factors, including child's genetic susceptibility and post-natal exposures

Child's early diet Previous findings*

- Oranges/Bananas: OR_{regular vs rare}=0.49 (0.26-0.94)
- Orange juice: OR_{regular vs rare}=0.54 (0.31-0.94)
- Other food groups assessed (with no association)
 - Apples/Grapes
 - Beef
 - Hot dogs/Deli meat
 - Other fruit juice
 - Soda
 - Vegetables

Child's early diet and neonatal folate

- Test for interaction between neonatal folate levels (tertiles) and food group intake (LR test)
- Strongest observed interaction was with Oranges/Bananas
 - Reduced risk main effect largely limited to low folate tertile

| Food group | Neonatal folate (tertiles) | | | |
|--|----------------------------|-------------|-------------|--|
| | Low | Med | High | |
| Oranges/Bananas | | | | |
| Rare/None | 1 | 1 | 1 | |
| and the second | (reference) | (reference) | (reference) | |
| Occasional | 0.53 | 1.64 | 0.81 | |
| | (0.24-1.16) | (0.75-3.61) | (0.39-1.69) | |
| Regular | 0.28 | 0.69 | 0.84 | |
| | (0.11-0.70) | (0.28-1.66) | (0.38-1.90) | |
| | | | | |
| | | | | |

Child's early diet and neonatal folate: Remarks

- Absence of interaction effect with "vegetable" food group
 - Variety of vegetables included in this group
- Oranges/bananas are high in folate...
 - Could children with lower folate levels at birth experience a benefit from other sources of folate in early life?
- Biologically intriguing, but still an exploratory analysis → requires confirmation and followup

Future directions

 Predictors of newborn folate levels, incorporating multiple factors discussed here

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