



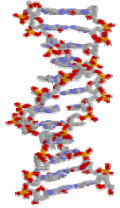
Department of Human Nutrition



## ***The multiple facets of diet-gene and gene-diet interactions***

*Lars O. Dragsted – Dept. Human Nutrition/ Life Sciences/  
University of Copenhagen*

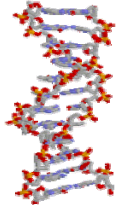




# The Human Genome

- ~ 30,000 genes
- ~  $3 \times 10^9$  base pairs (A, C, G, T)
- ~  $3 \times 10^6$  Single Nucleotide Polymorphisms (SNPs)





# Human Genetic Variation

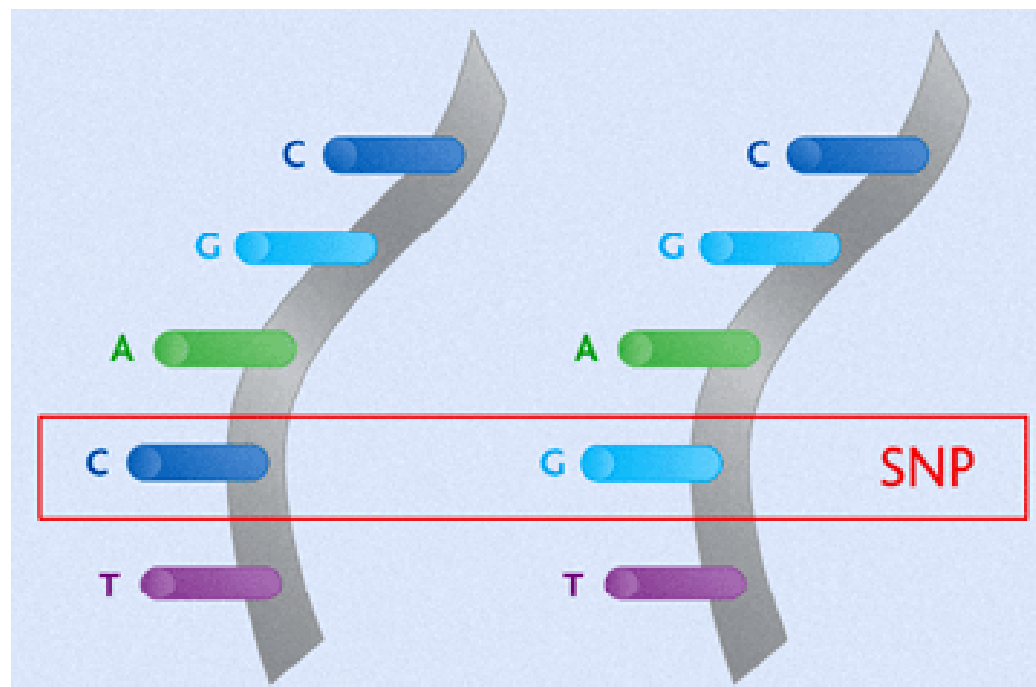


# Human Genetic Variation

- Single Nucleotide Polymorphisms (SNPs)
- Copy Number Variants (CNVs)
- Nucleotide Repeats
- Insertions/Deletions



# Single Nucleotide Polymorphism (SNP)



CC

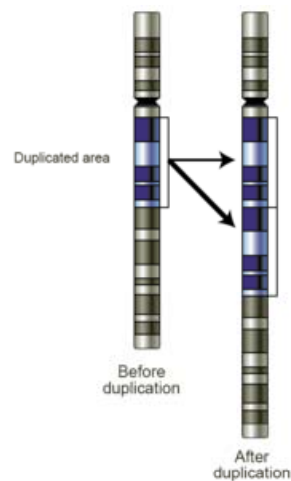
CG

GG



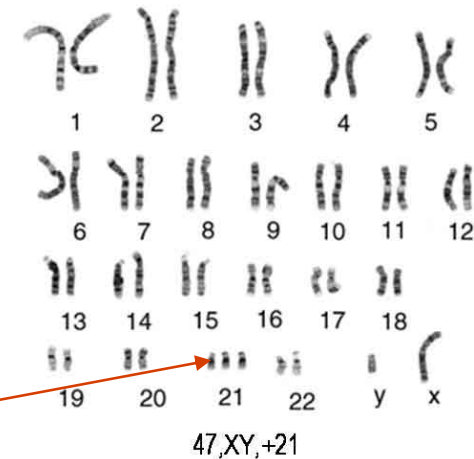
# Individual genetic code changes

Copy number variant (gene duplication)



Microsatellite repeats

Trisomy (triple chromosome variants)



SNP      MICROSATELLITE

Male 1 GTACTAGACTACTACTACTACTACTGGTG...  
5 repeats

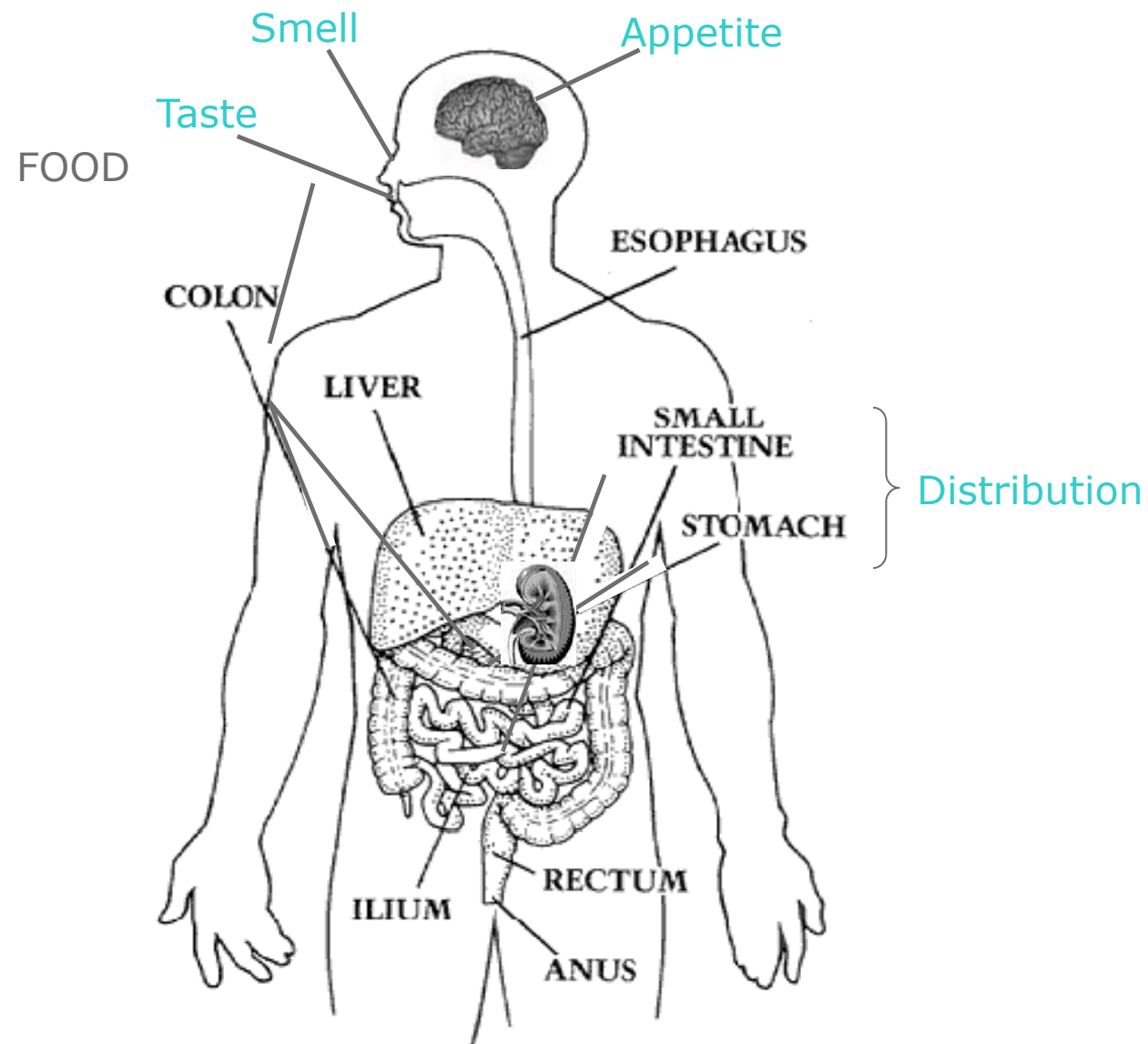
Male 2 GTACAGACTACTACTACTACTACTACTGGTG...  
6 repeats

Male 3 GTACAGACTACTACTACTACTACTACTACTGGTG...  
7 repeats

[http://www.le.ac.uk/ge/maj4/SNP\\_STR.jpg](http://www.le.ac.uk/ge/maj4/SNP_STR.jpg)



# Genetic variation can affect....



## Types of diet - gene interactions

1. Dietary factors causing somatic or germline mutations
2. Interactions between dietary factors and genetic polymorphisms (including SNP's)
3. Dietary factors interacting with gene expression (induction / repression)





## Gene variant-disease studies are often disappointing...

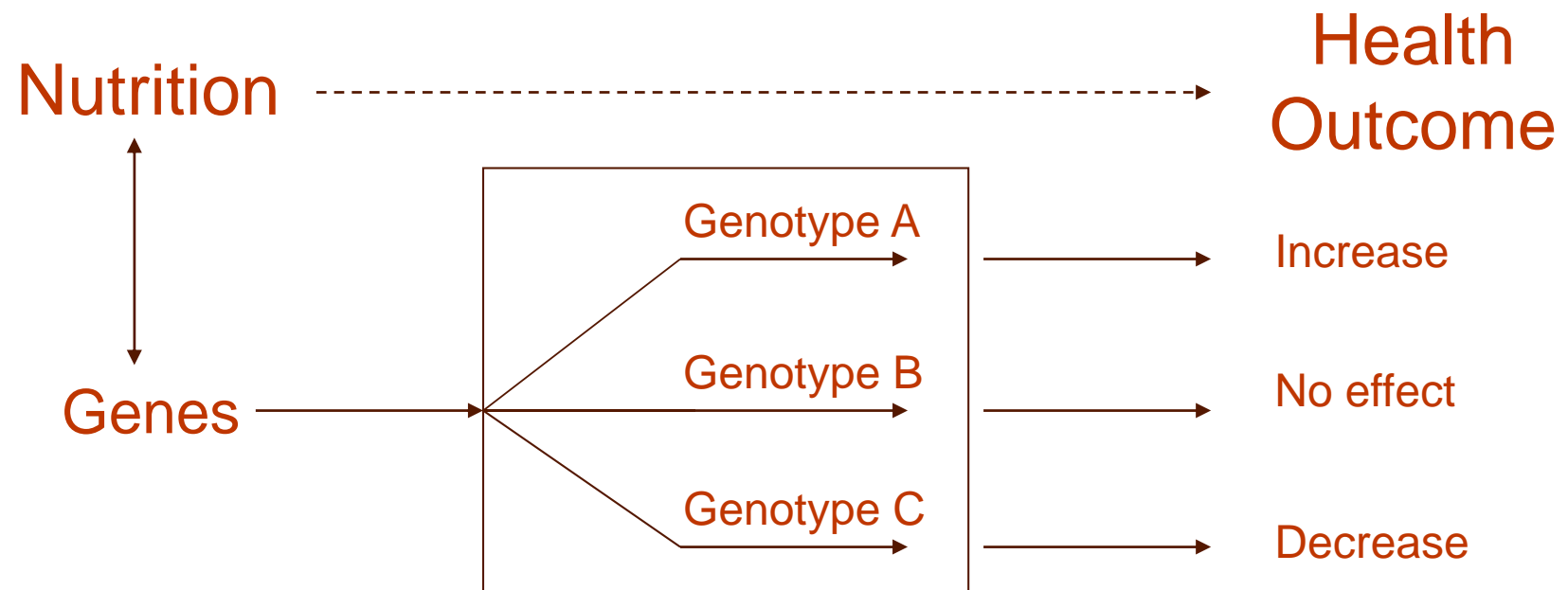
Polymorphic gene	Function / coding for	Meta-analysis outcome
<i>c-Ha-ras</i> and <i>L-myc</i>	Proto-oncogenes	<u>Not consistent</u> (all cancers, 1991)
ACE	Angiotensin-converting enzyme	<u>Not consistent</u> (diabetic neuropathy, 1998)
apo (var epsilon)	Apo E variants	<u>Not consistent</u> (CVD, 2002)
p53 (Arg72Pro)	Tumor suppressor gene	<u>Not consistent</u> (cervical cancer, 2004)
CYP1B1 (Val432Leu)	Estrogen oxidative metabolism	<u>Not consistent</u> (breast cancer, 2007)
HMTFR (677 C>T)	Folate metabolism	<u>Not consistent</u> (Congenital heart defects, 2007)
COMT (Val158Met)	Catechol metabolism	<u>Not consistent</u> (mental disorders, 2007)



## And many dietary factors also show variable relationships with disease

- **(FRIED/CURED) MEAT**: associates with colon cancer risk
- **FRUIT and VEGETABLES** : weak association with cancer, stronger with CVD
- **CRUCIFERS / BROCCOLI**: Association with CRC possibly stronger than for F&V
- **FATS, SUGARS, ENERGY**: Inconsistent associations with cancers and CVD
- **FOLATE**: controversial effects on colon cancer risk and CVD risk
- **COFFEE**: controversial CVD effects of coffee/caffeine consumption
- **ALCOHOL**: mostly consistent with increased breast cancer risk



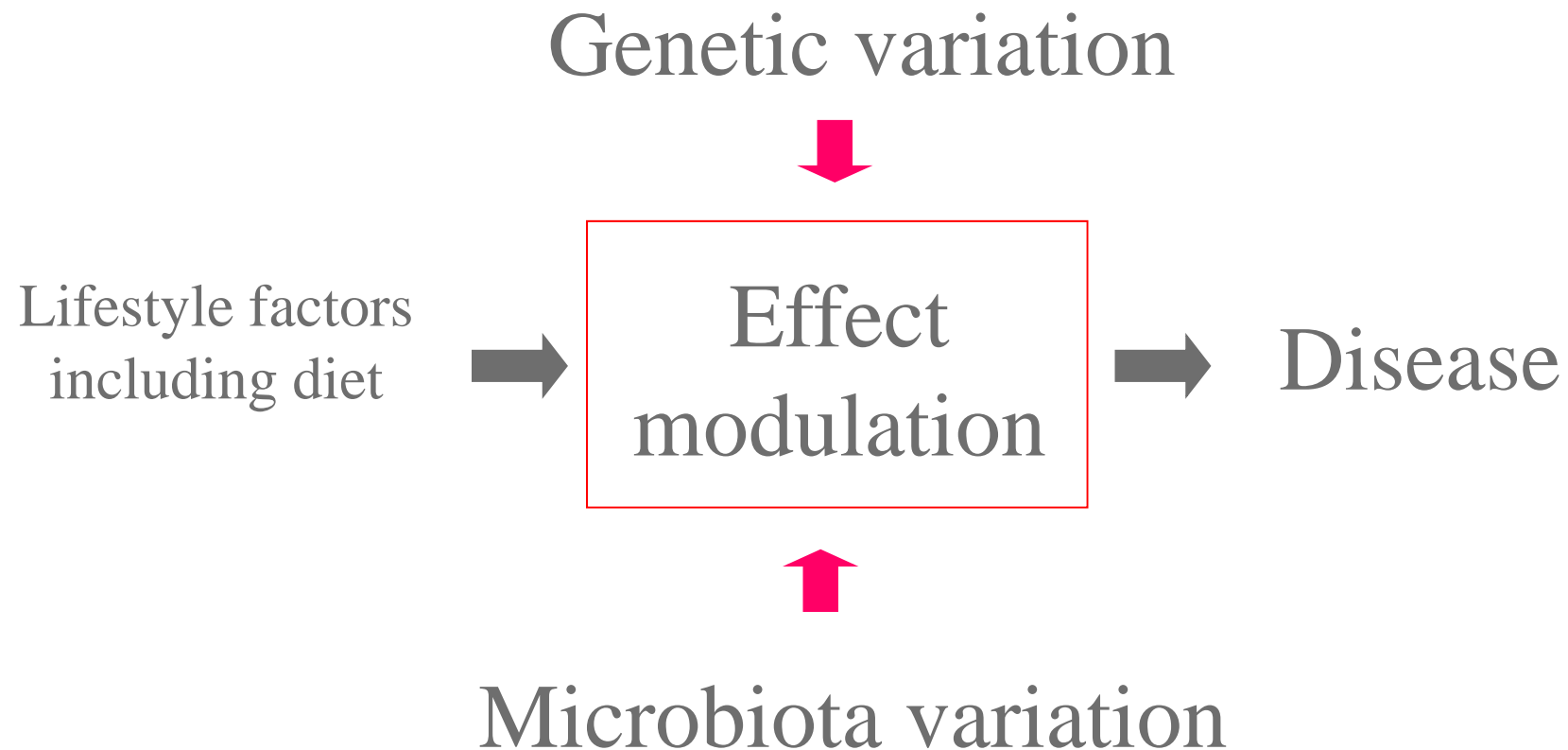


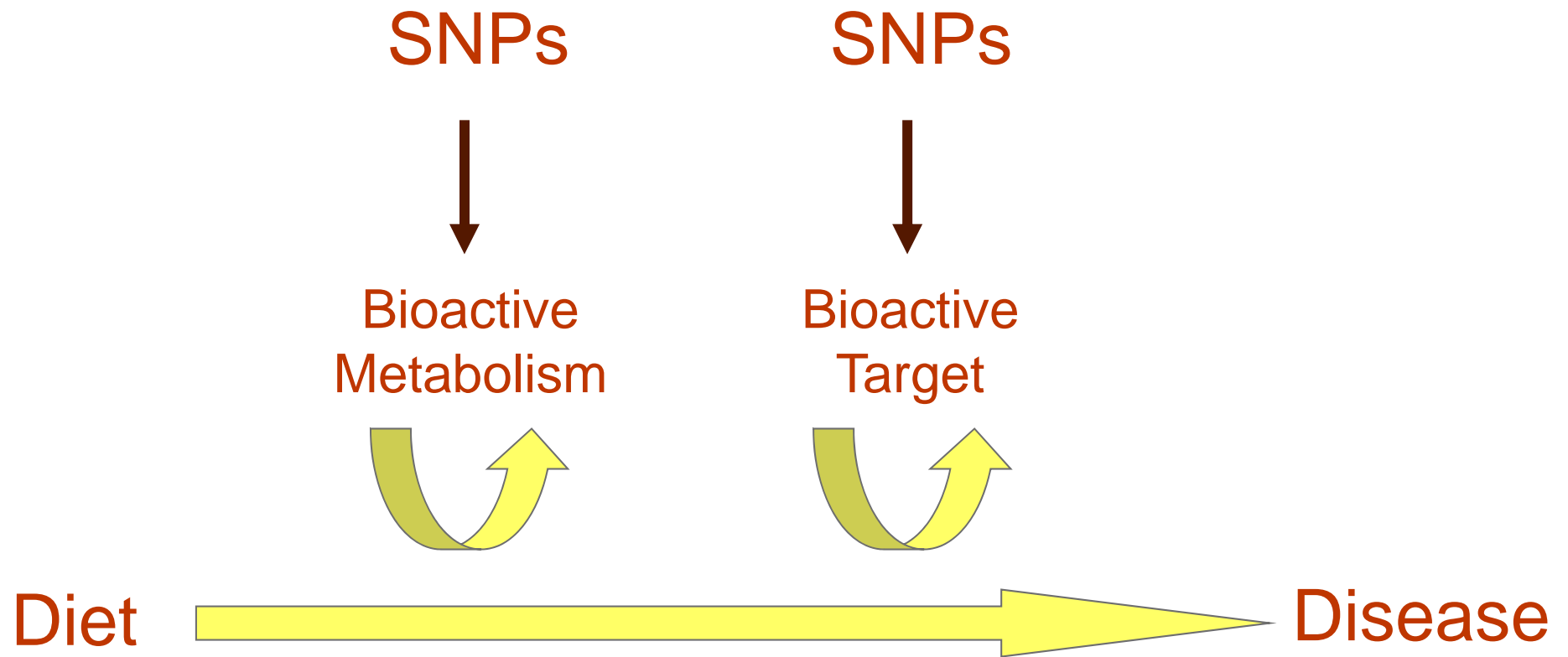
## But gene-diet studies may be more promising

- **COFFEE**: CYP1A2 fast/slow predicts CVD effects of coffee/caffeine consumption
- **FOLATE**: HMTFR 677 C>T predicts colon cancer risk and CVD risk in low folate diets (low fruit and vegetables, high alcohol)
- **FRIED MEAT**: CYP1A2, NAT2, and GSTA may predict colon cancer risk in high fried meat consumers
- **OXIDATIVE STRESS**: Gpx Pro198Leu may predict breast cancer in individuals with high alcohol, low fruit&vegetable consumption
- **BROCCOLI**: GSTM1+T1 null may increase the cancer preventive action of broccoli
- **TOBACCO**: GSTP1 Ile105Val may increase tobacco-induced bladder cancer
- **ALCOHOL**: PPAR $\gamma$  Pro12Ala may predict alcohol-induced breast cancer risk



Hypothesis: Few foods or gene variants are risk factors per se, risks emerge as interactions





# Is Coffee associated with heart disease?

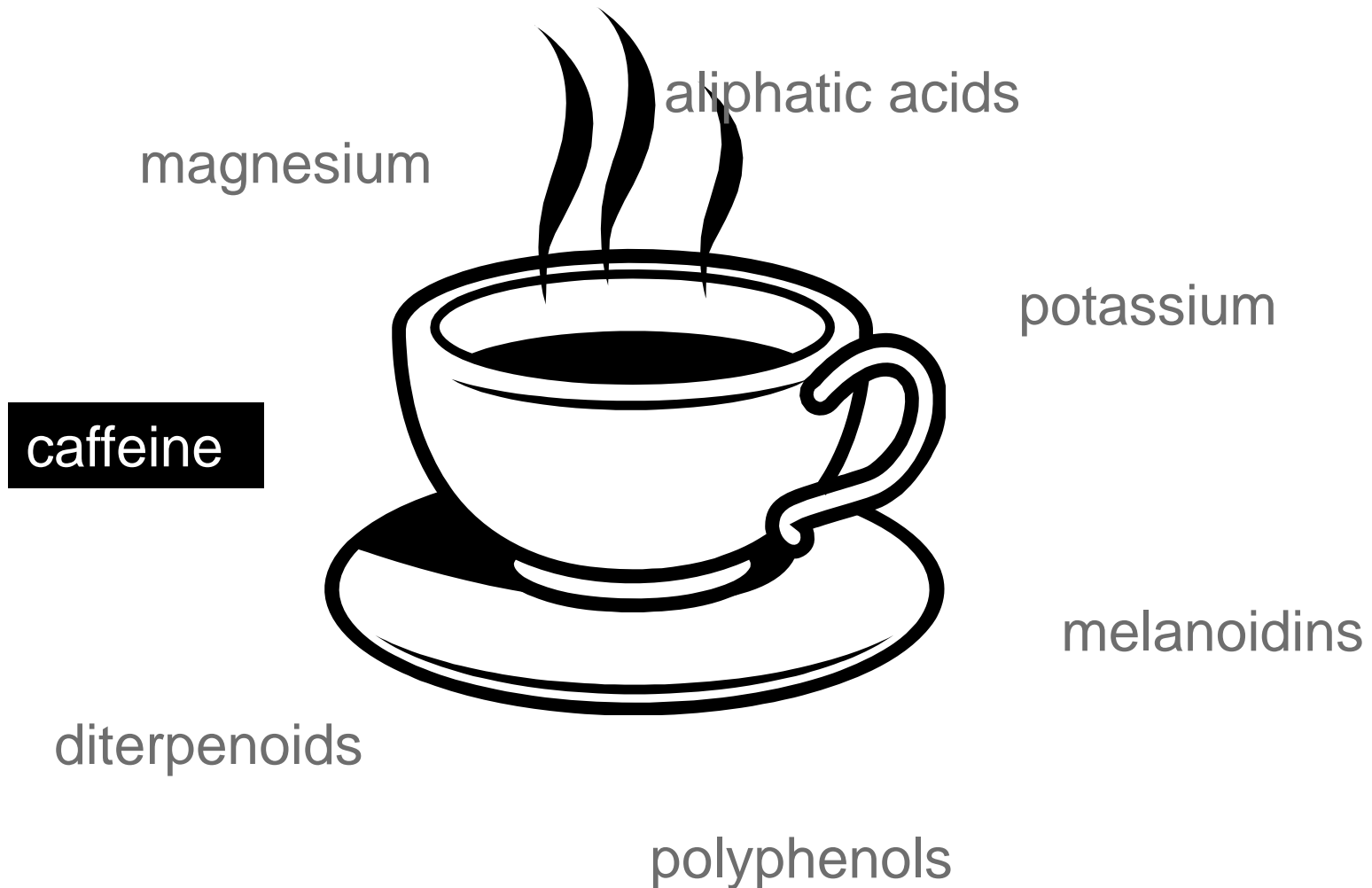
↑ Risk

No Effect

↓ Risk

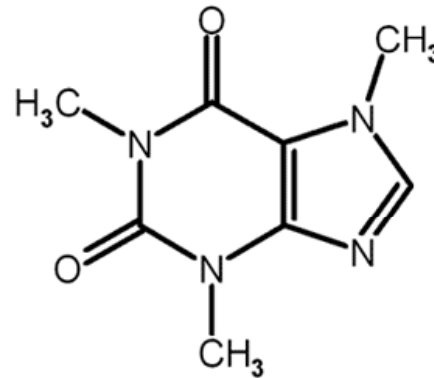


# Bioactives in coffee

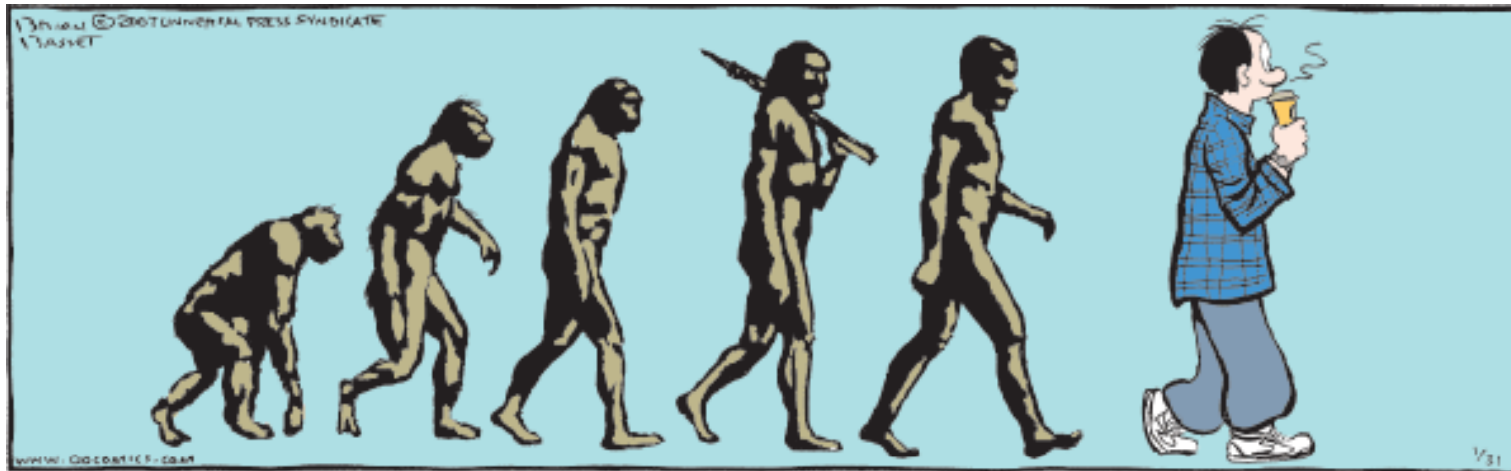




# Caffeine (1,3,7-trimethylxanthine)



Caffeine ( $C_8H_{10}N_4O_2$ )  
Image by Erowid, © 2001 Erowid.org



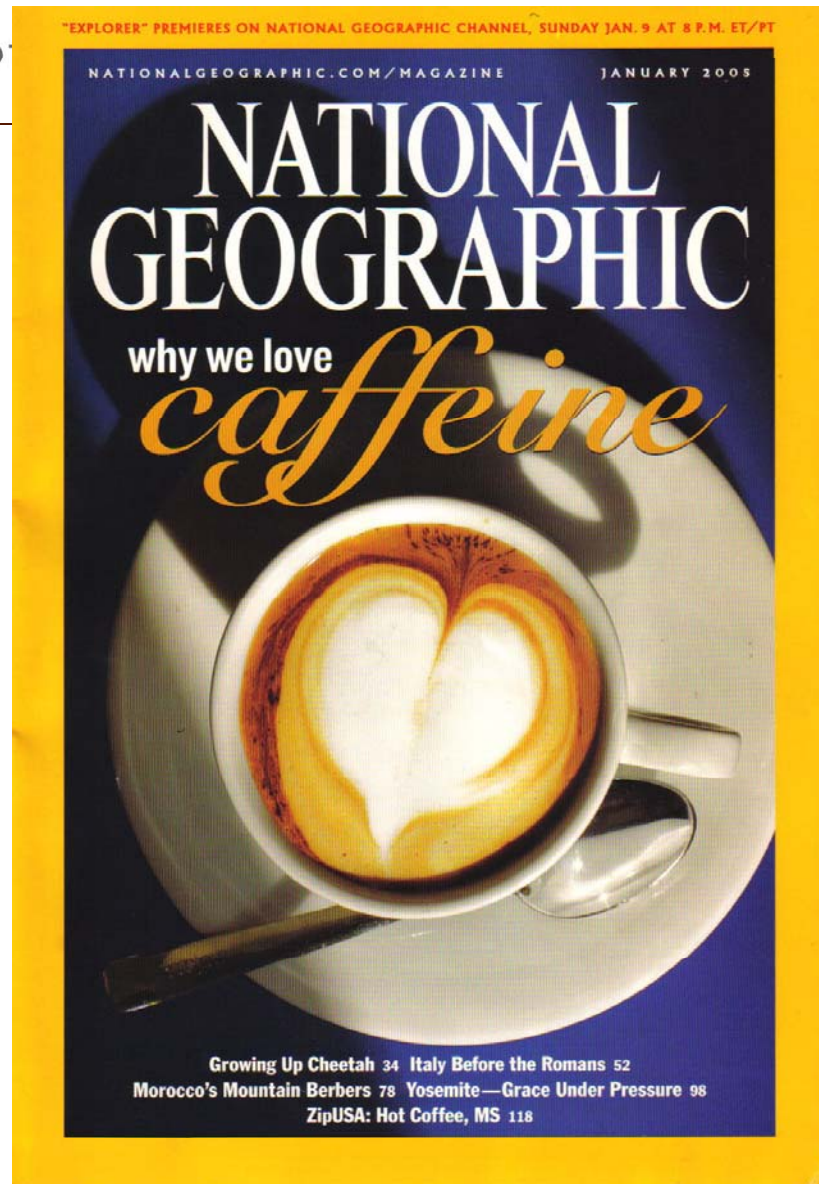


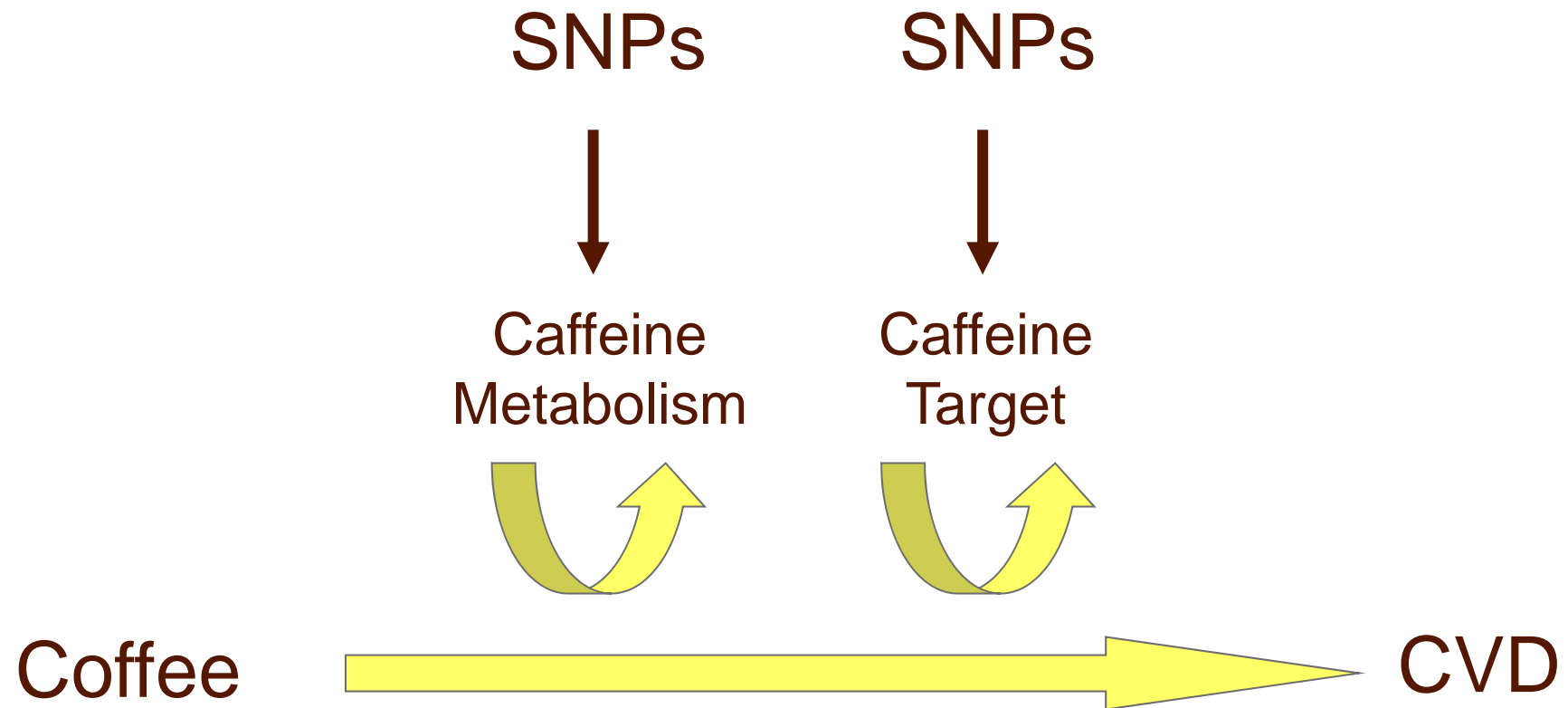
# "The Legal Alternative"

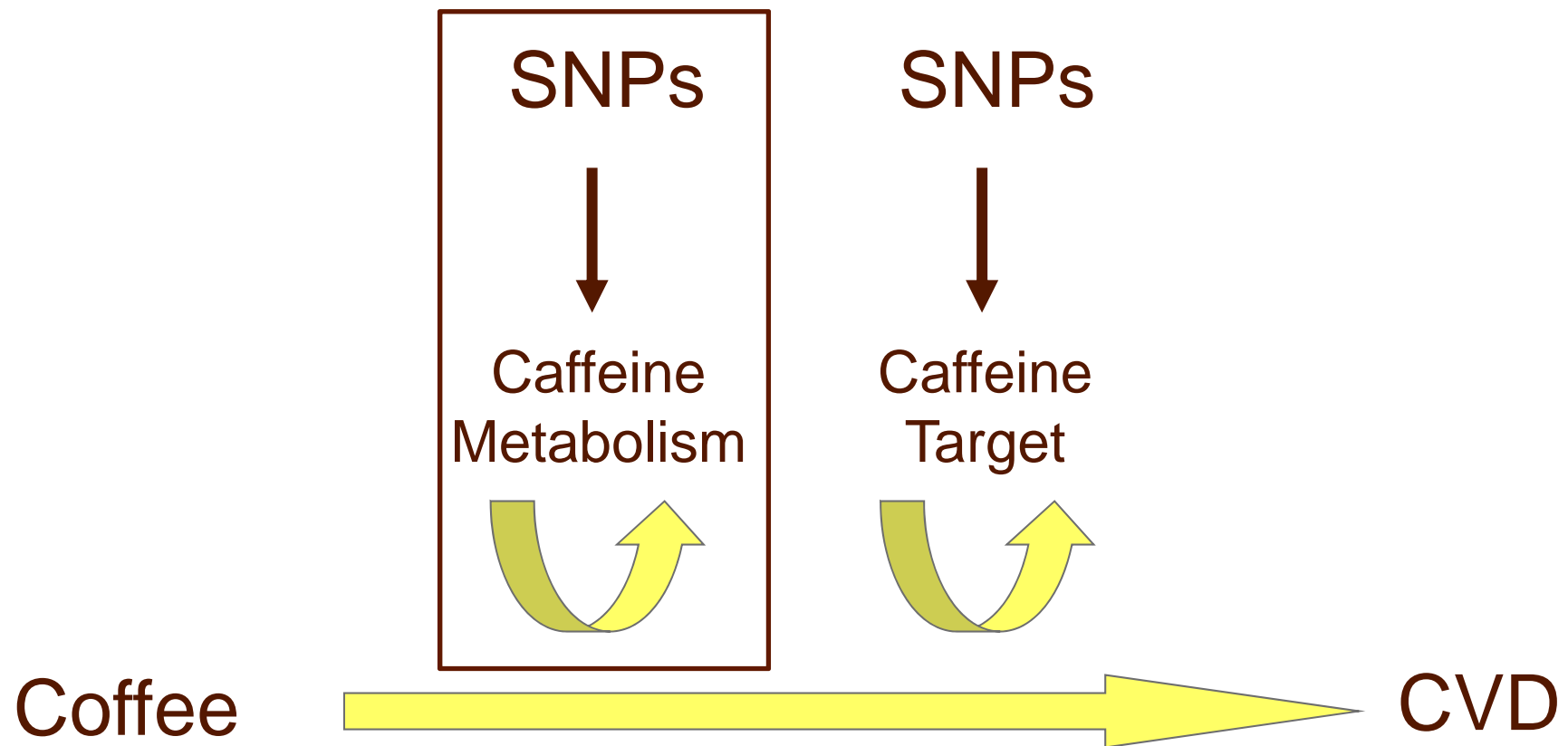




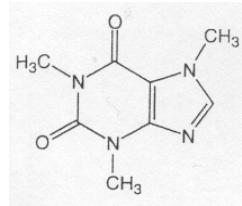
Department of



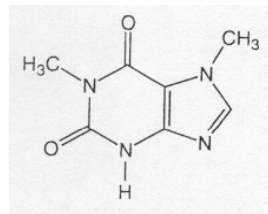




# Caffeine



*CYP1A2*



## Paraxanthine

1,7-dimethyluric acid



1-methylxanthine



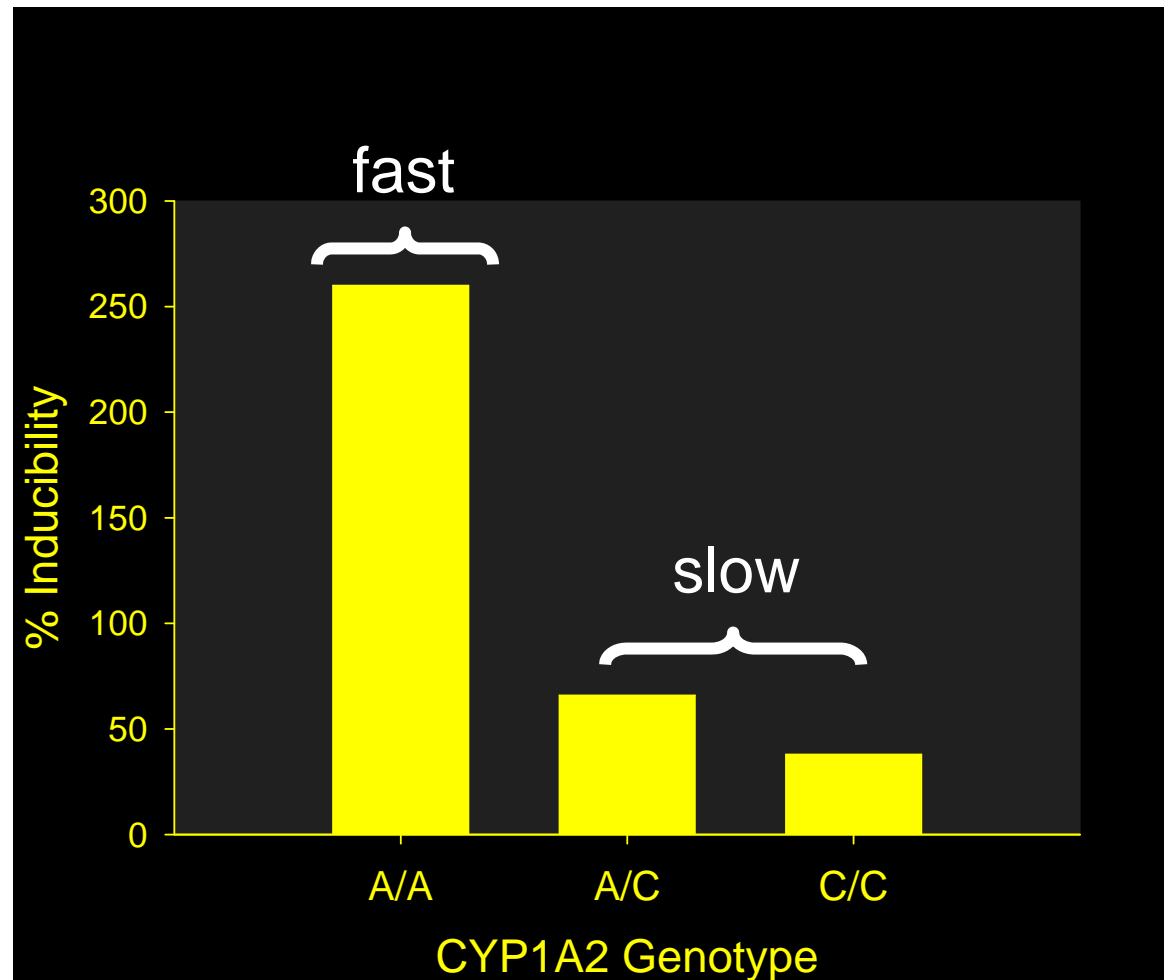
1-methyluric acid

5-acetylamino-6-formylamino-3-methyluracil





# Genetic Variation in CYP1A2 $-163 A \rightarrow C$





## ORIGINAL CONTRIBUTION

# Coffee, CYP1A2 Genotype, and Risk of Myocardial Infarction

Marilyn C. Cornelis, BSc

Ahmed El-Sohemy, PhD

Edmond K. Kabagambe, PhD

Hannia Campos, PhD

**E**PIDEMIOLOGIC STUDIES EXAMINING the association between coffee consumption and risk of myocardial infarction (MI) have been inconclusive.<sup>1-14</sup> Coffee is a major source of caffeine (1,3,7-trimethylxanthine), which is the most widely consumed stimulant in the world and has been implicated in the development of cardiovascular diseases such as acute MI.<sup>15-17</sup> However, coffee contains a number of other chemicals that have variable effects on the cardiovascular system.<sup>18</sup> Because of the strong

**Context** The association between coffee intake and risk of myocardial infarction (MI) remains controversial. Coffee is a major source of caffeine, which is metabolized by the polymorphic cytochrome P450 1A2 (CYP1A2) enzyme. Individuals who are homozygous for the CYP1A2\*1A allele are "rapid" caffeine metabolizers, whereas carriers of the variant CYP1A2\*1F are "slow" caffeine metabolizers.

**Objective** To determine whether CYP1A2 genotype modifies the association between coffee consumption and risk of acute nonfatal MI.

**Design, Setting, and Participants** Cases (n=2014) with a first acute nonfatal MI and population-based controls (n=2014) living in Costa Rica between 1994 and 2004, matched for age, sex, and area of residence, were genotyped by restriction fragment-length polymorphism polymerase chain reaction. A food frequency questionnaire was used to assess the intake of caffeinated coffee.

**Main Outcome Measure** Relative risk of nonfatal MI associated with coffee intake, calculated using unconditional logistic regression.

**Results** Fifty-five percent of cases (n=1114) and 54% of controls (n=1082) were carriers of the slow \*1F allele. For carriers of the slow \*1F allele, the multivariate-adjusted odds ratios (ORs) and 95% confidence intervals (CIs) of nonfatal MI associated with consuming less than 1, 1, 2 to 3, and 4 or more cups of coffee per day were 1.00 (reference), 0.99 (0.69-1.44), 1.36 (1.01-1.83), and 1.64 (1.14-2.34), respectively. Corresponding ORs (95% CIs) for individuals with the rapid \*1A/\*1A genotype were 1.00.



2013 cases (myocardial infarction)

2013 population-based controls

- matched (age, sex, area of residence)

Data collection:

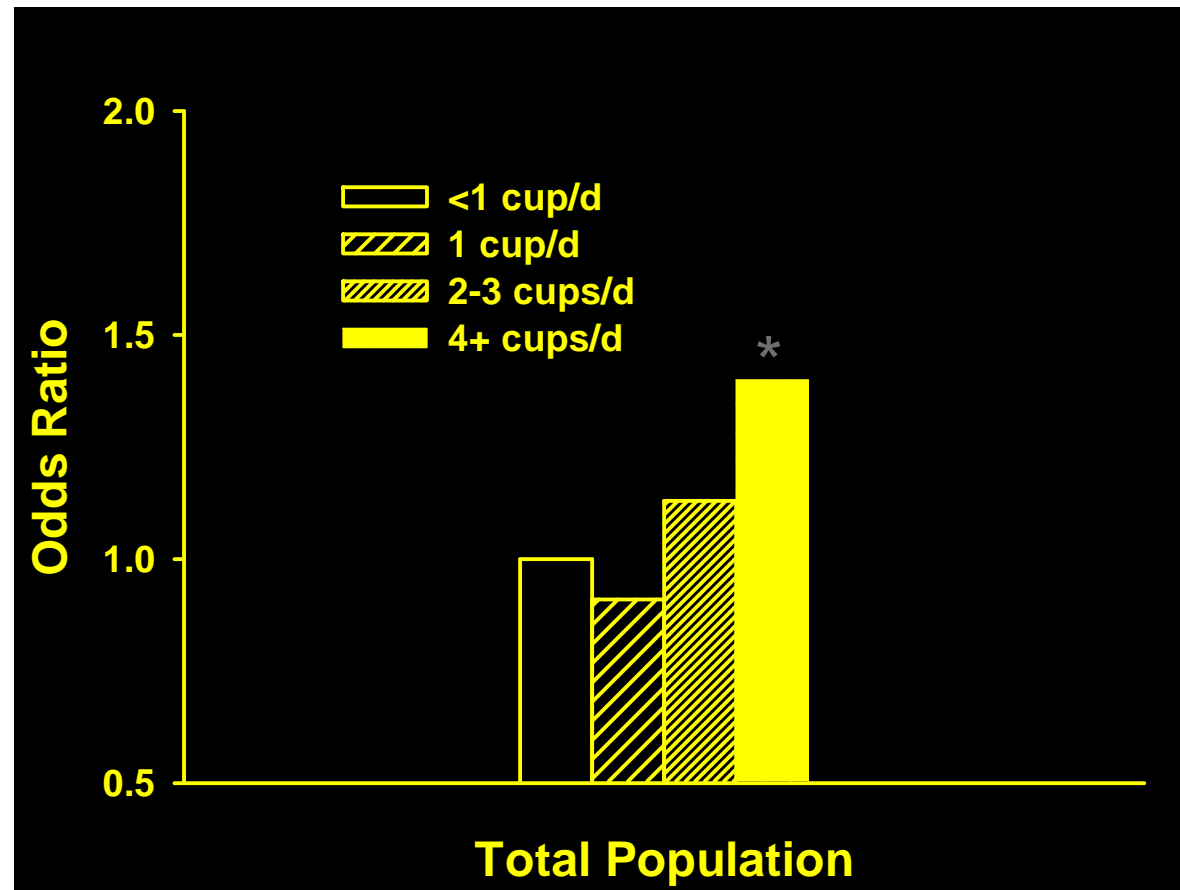
- food frequency questionnaire
- health and lifestyle questionnaire
- fasting blood sample (DNA)

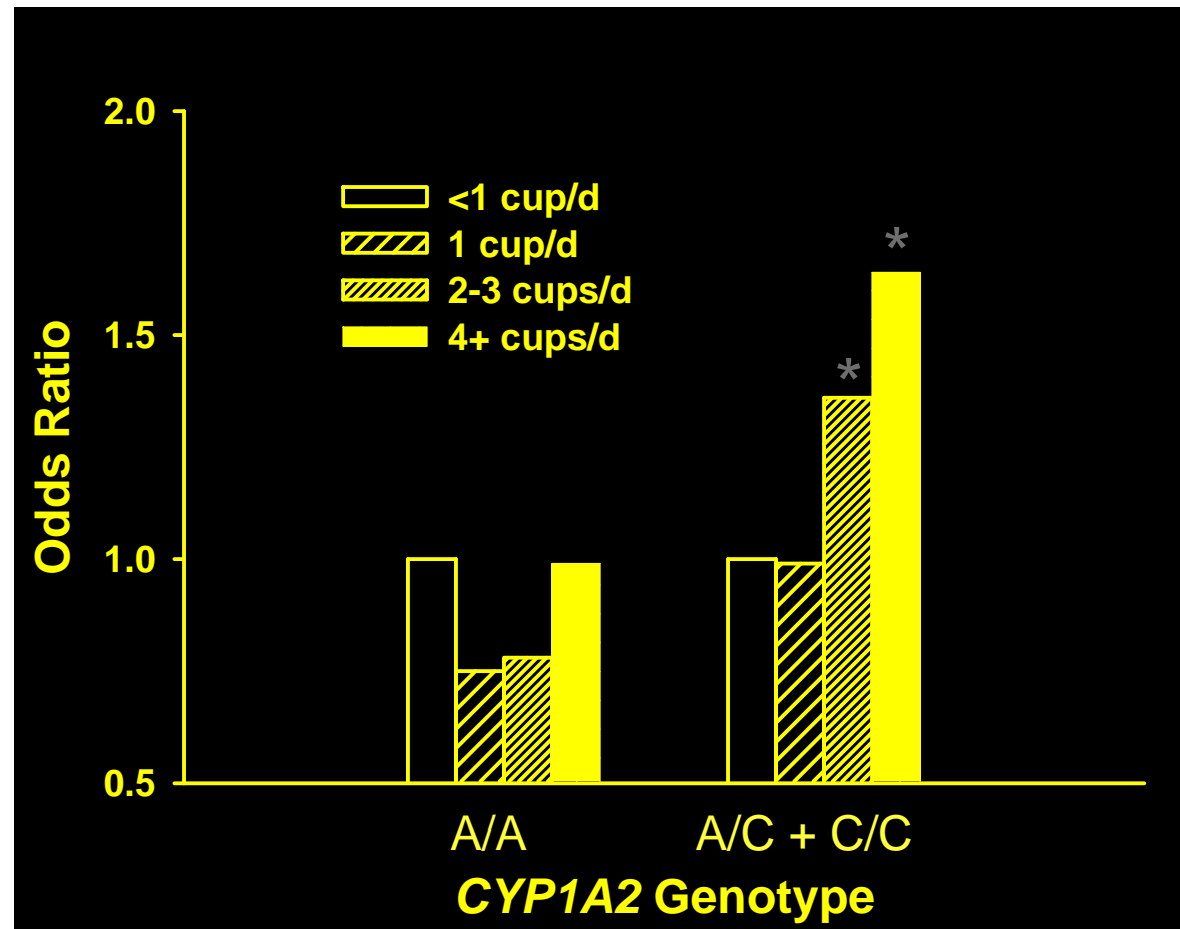


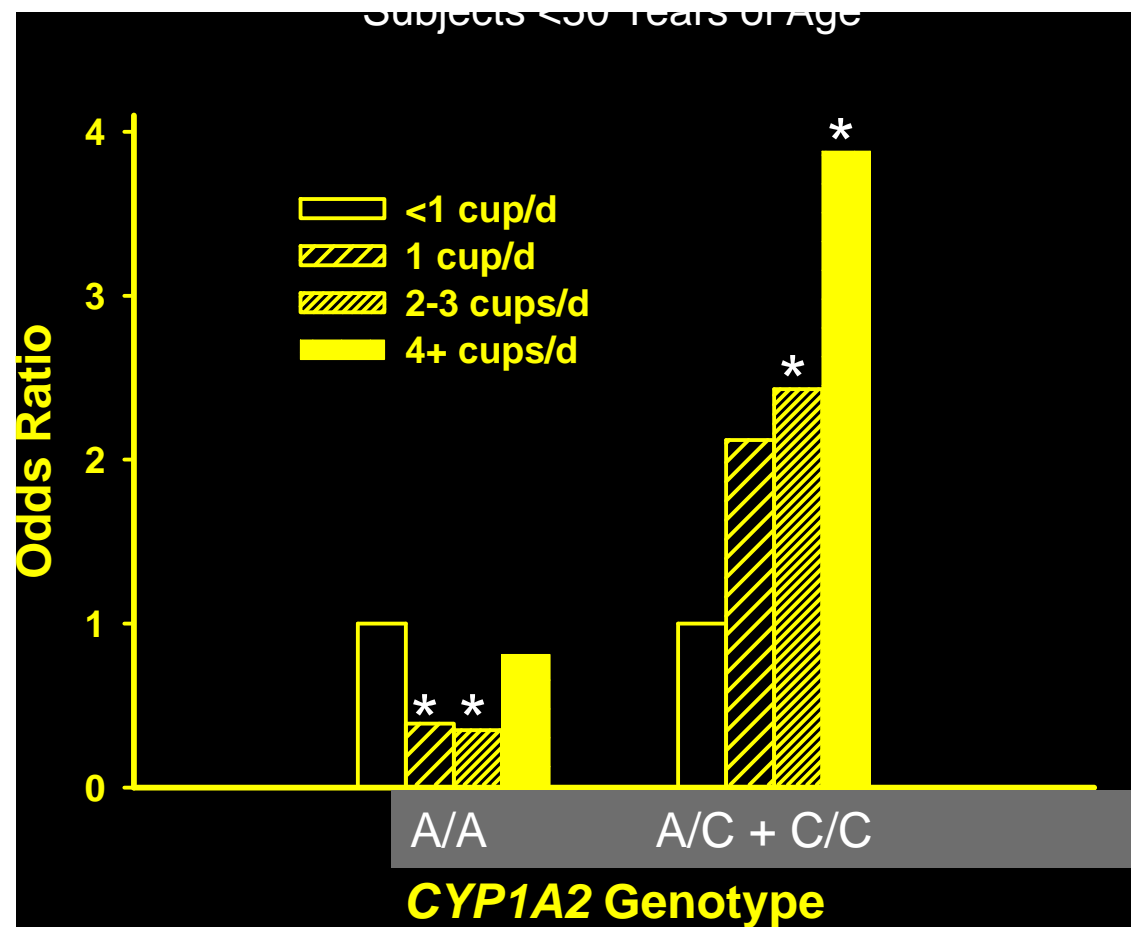
# CYP1A2 Genotype Distribution

CYP1A2 Genotype	Controls %	Cases %
A/A	46	45
A/C	43	44
C/C	10	11









THE TIMES WEDNESDAY MARCH 8 2006

NEWS 11

# Gene that could make your next coffee your last

New research suggests that some people cannot process caffeine as quickly as others and may therefore be more vulnerable to a heart attack, **Sam Lister** reports

COFFEE drinkers who have more than three cups a day could significantly increase their chances of suffering a heart attack.

New research suggests that people who carry a particular variation of a gene cannot process caffeine as quickly as other people. Such individuals could be up to 64 per cent more likely to have a heart attack if they drink large amounts of coffee.

long be a source of controversy, with high amounts of caffeine long blamed for over-stimulating the nervous system. It contains diterpenes, said to be responsible for raising levels of a stress hormone called homocystine, which can lead to strokes.

Pregnant women have been urged not to drink more than three cups of coffee a day in case it increases the chances of

HELEN ATRINSON



High amounts of caffeine can be dangerous, but some doctors suggest coffee also has benefits

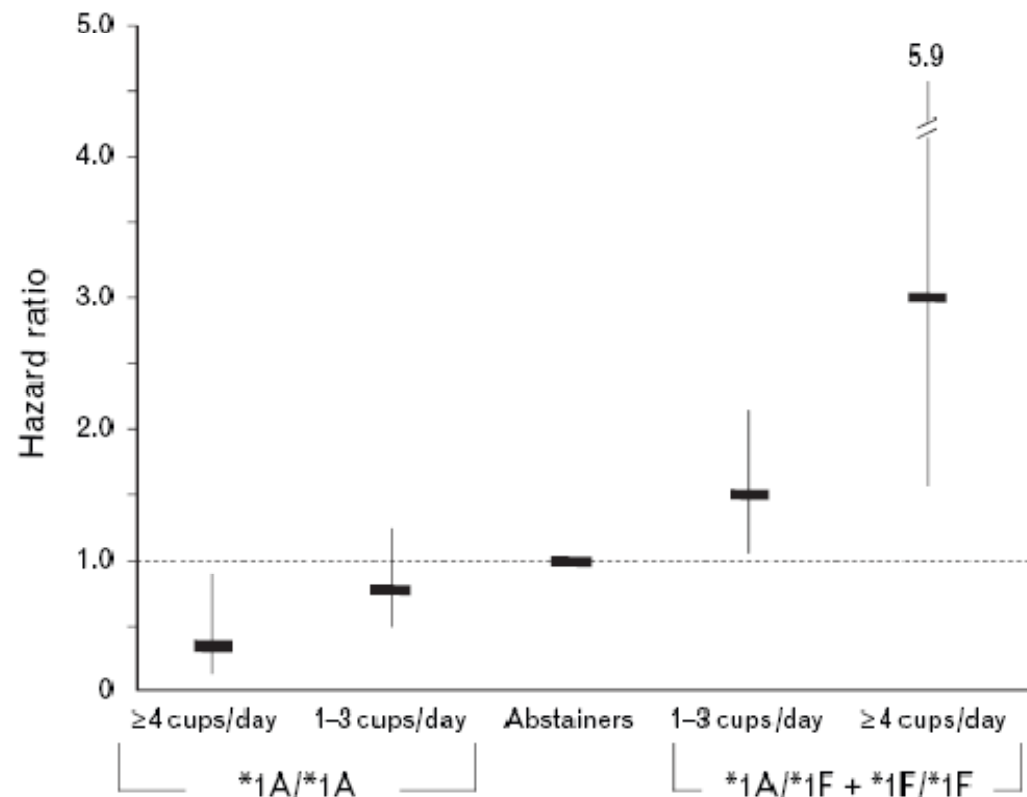


# CYP1A2 genotype modifies the association between coffee intake and the risk of hypertension

Paolo Palatini<sup>a</sup>, Giulio Ceolotto<sup>a</sup>, Fabio Ragazzo<sup>a</sup>, Francesca Dorigatti<sup>a</sup>,  
Francesca Saladini<sup>a</sup>, Italia Papparella<sup>a</sup>, Lucio Mos<sup>b</sup>, Giuseppe Zanata<sup>c</sup> and  
Massimo Santonastaso<sup>d</sup>

Journal of Hypertension 2009, 27:000–000

Fig. 1



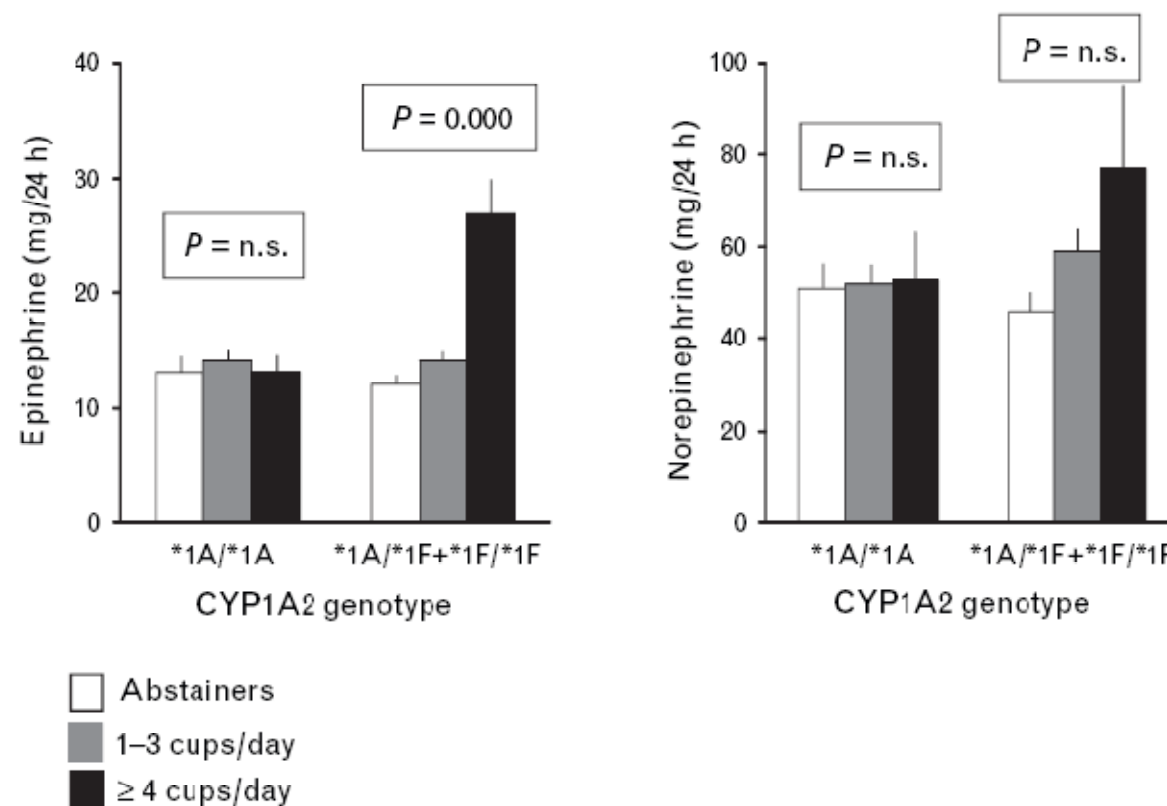


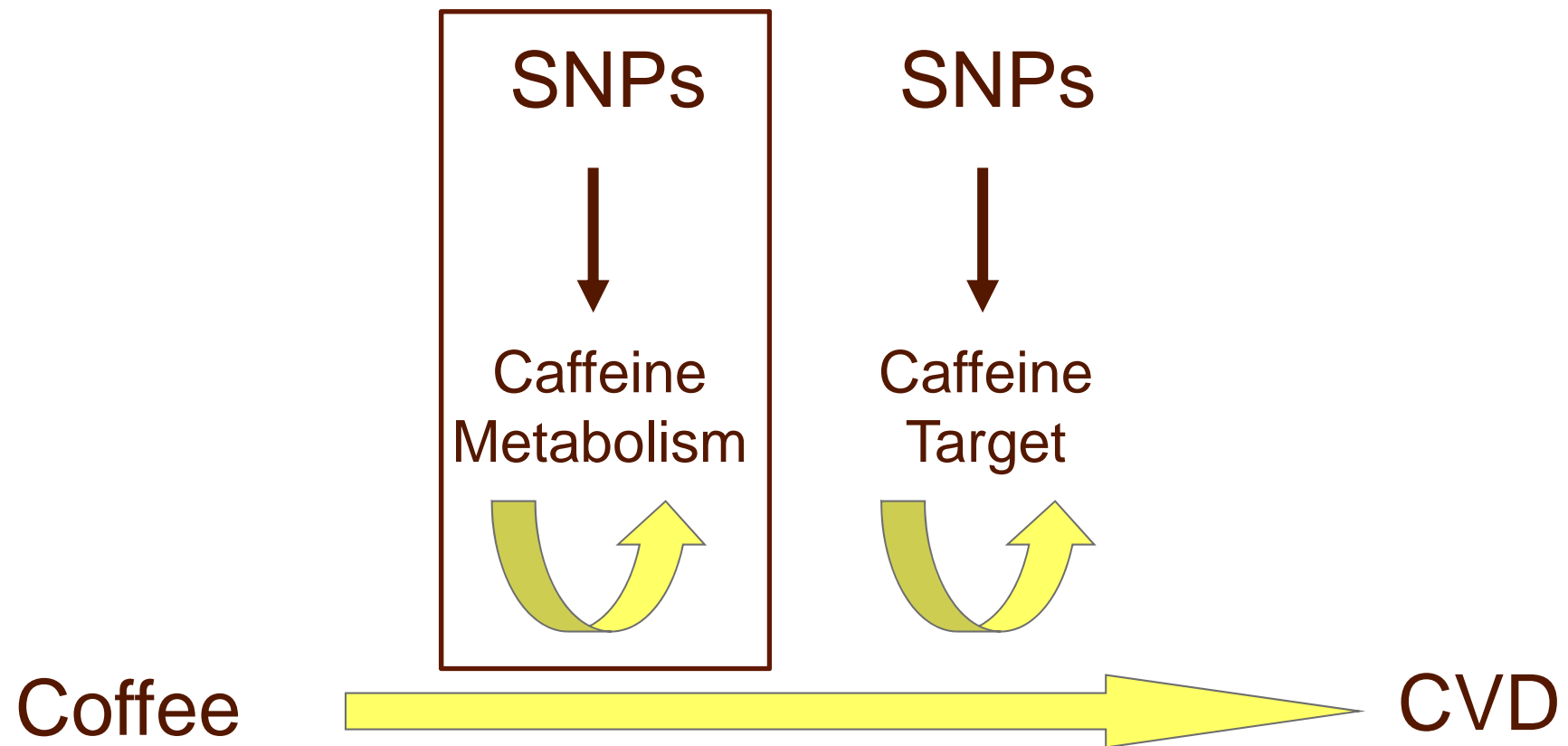
## CYP1A2 genotype modifies the association between coffee intake and the risk of hypertension

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Massimo Santonastaso<sup>d</sup>

Journal of Hypertension 2009, 27:000–000

Fig. 2





## Genetic polymorphism of the adenosine A<sub>2A</sub> receptor is associated with habitual caffeine consumption<sup>1–3</sup>

*Marilyn C Cornelis, Ahmed El-Sohemy, and Hannia Campos*

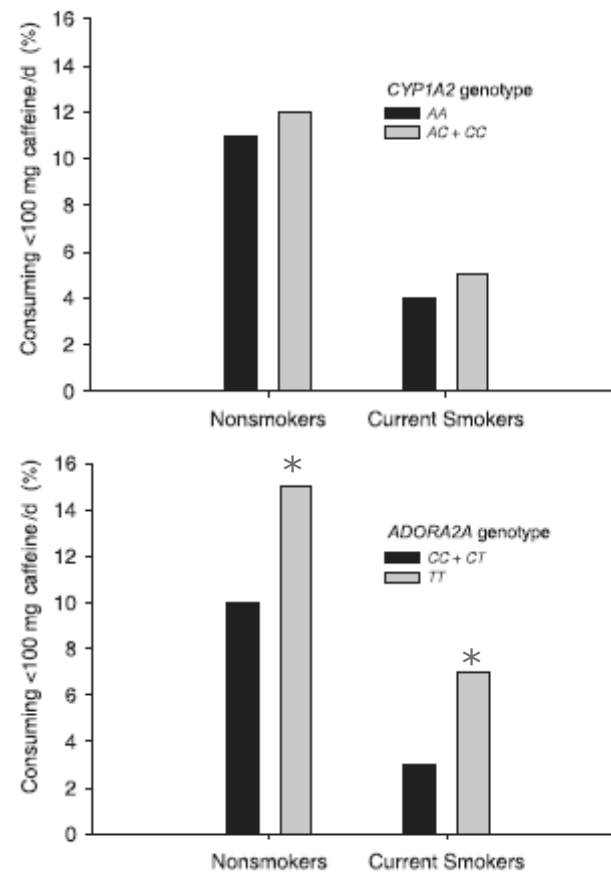
### ABSTRACT

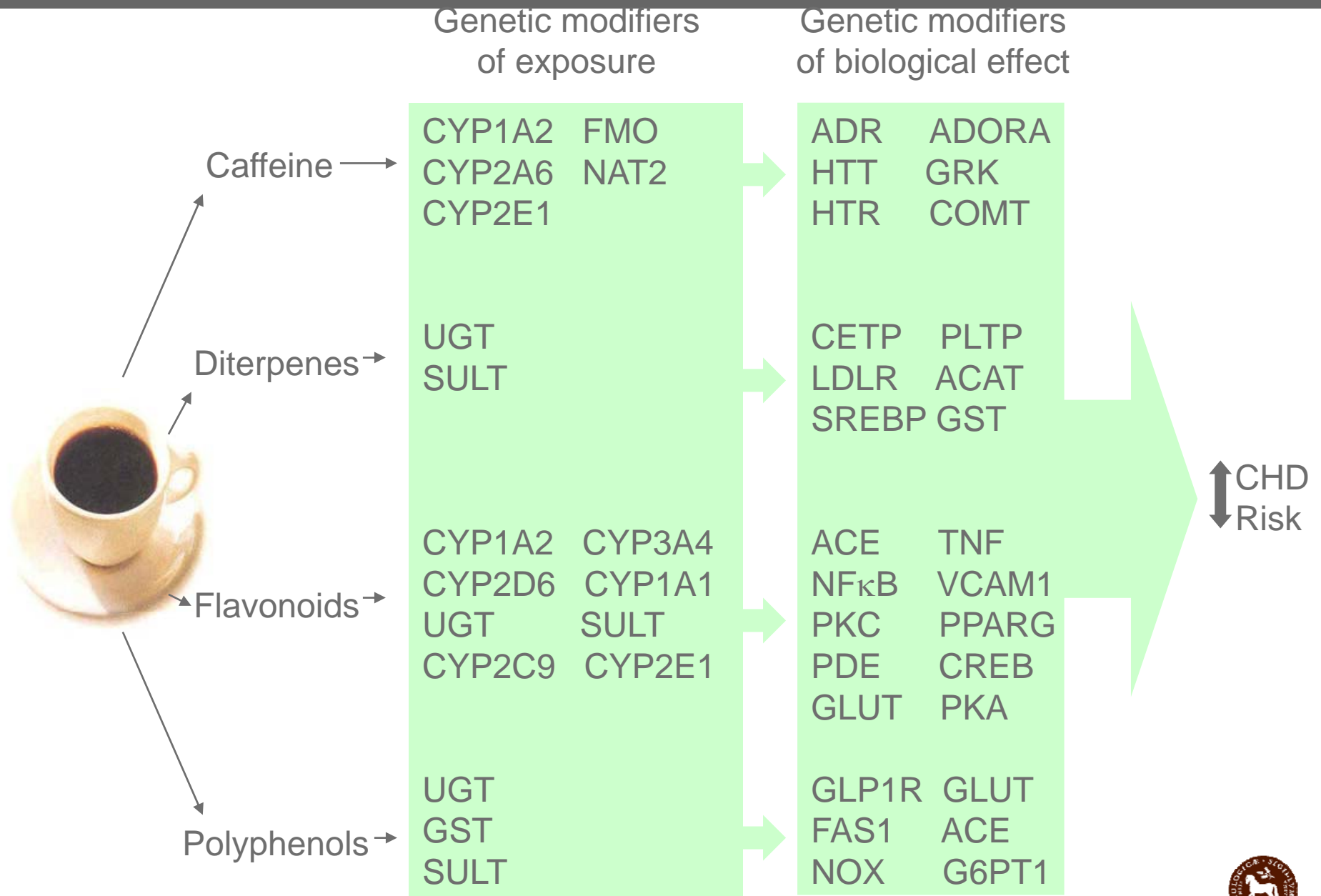
**Background:** Caffeine is the most widely consumed stimulant in the world, and individual differences in response to its stimulating effects may explain some of the variability in caffeine consumption within a population.

**Objective:** We examined whether genetic variability in caffeine metabolism [cytochrome P450 1A2 (*CYP1A2*) –163A→C] or the main target of caffeine action in the nervous system [adenosine A<sub>2A</sub> receptor (*ADORA2A*) 1083C→T] is associated with habitual caffeine consumption.

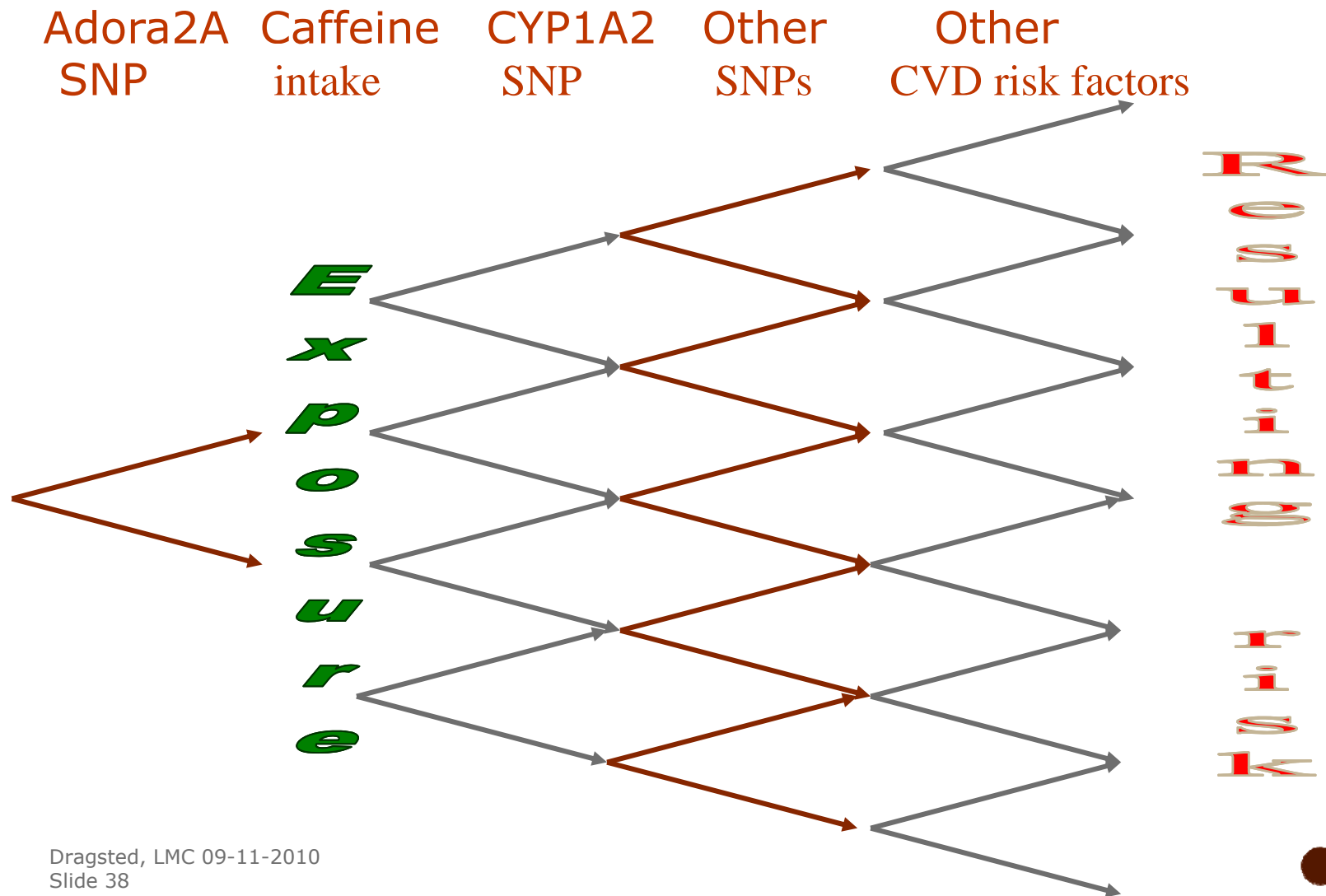
(1, 4, 5). However, some persons experience anxiety, tachycardia, nervousness, or other adverse effects with low-to-moderate intakes of caffeine (4). These differences in response to caffeine may explain some of the variability in caffeine intake within a population (1, 6, 7). Although demographic, psychosocial, health-related, and environmental factors such as smoking have been linked to habitual caffeine consumption (8–11), there is some evidence that genetic factors are also important (12–15). Twin studies report heritability estimates of up to 77% for caffeine use, toxicity, tolerance, and withdrawal symptoms (12–15).

Genetic polymorphism of the adenosine  $A_{2A}$  receptor is associated with habitual caffeine consumption<sup>1-3</sup>

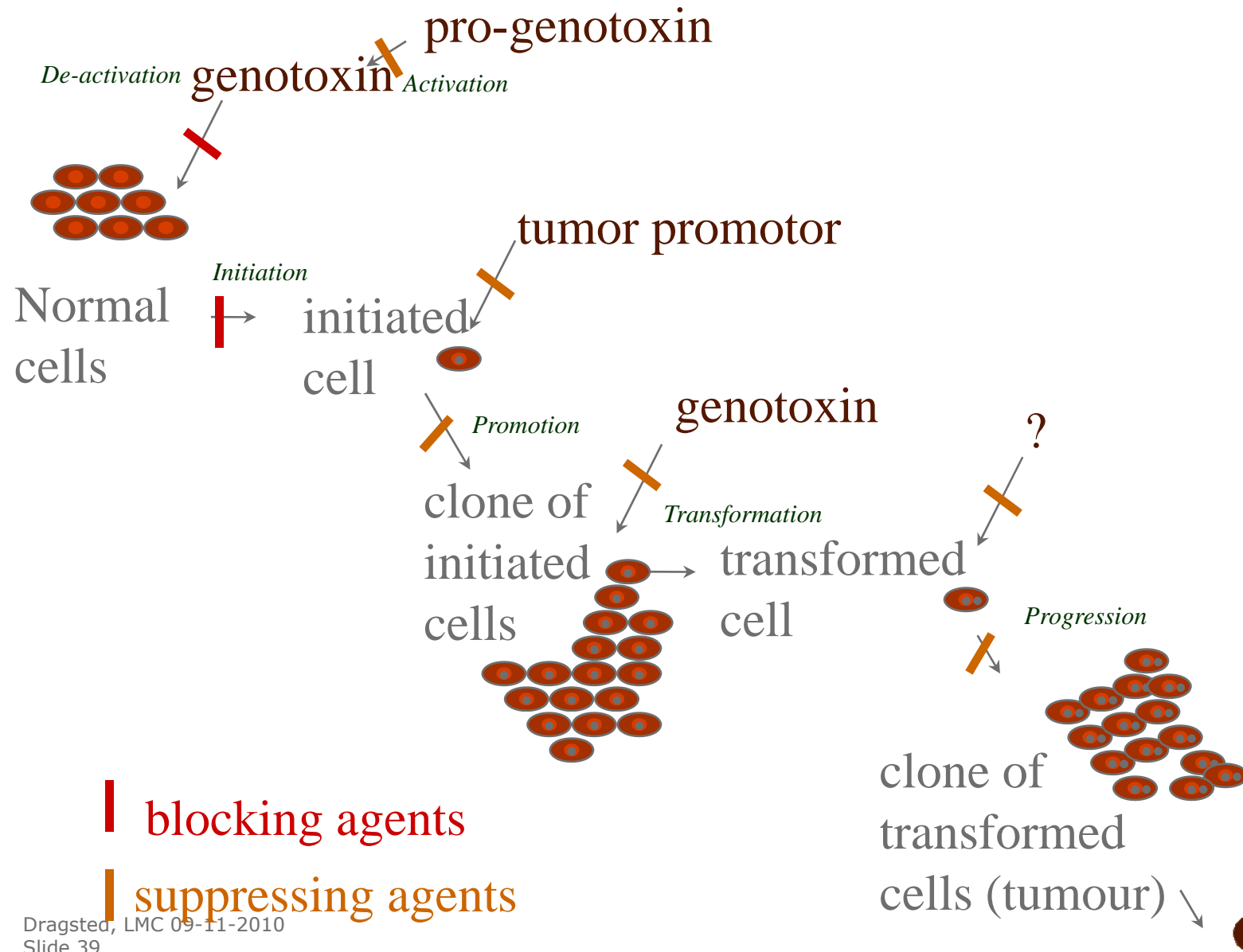




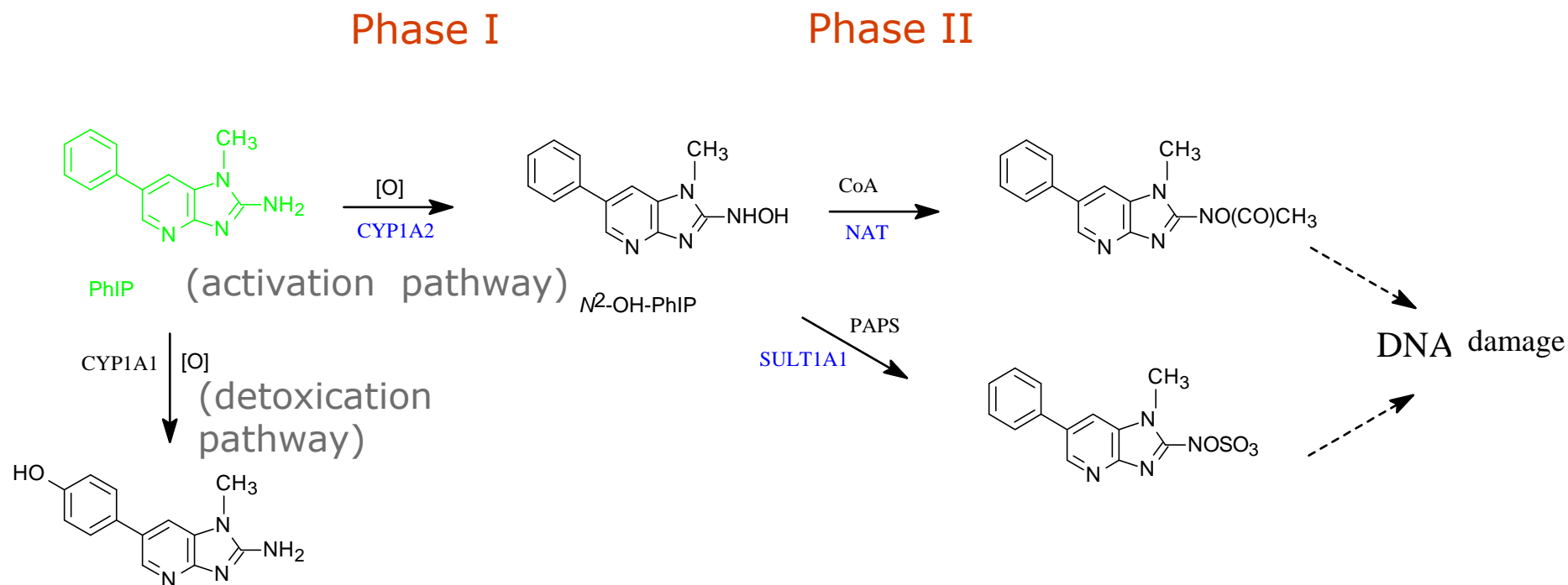
# Exposure, genetics and CVD risk



# A simple carcinogenesis / anti-carcinogenesis model

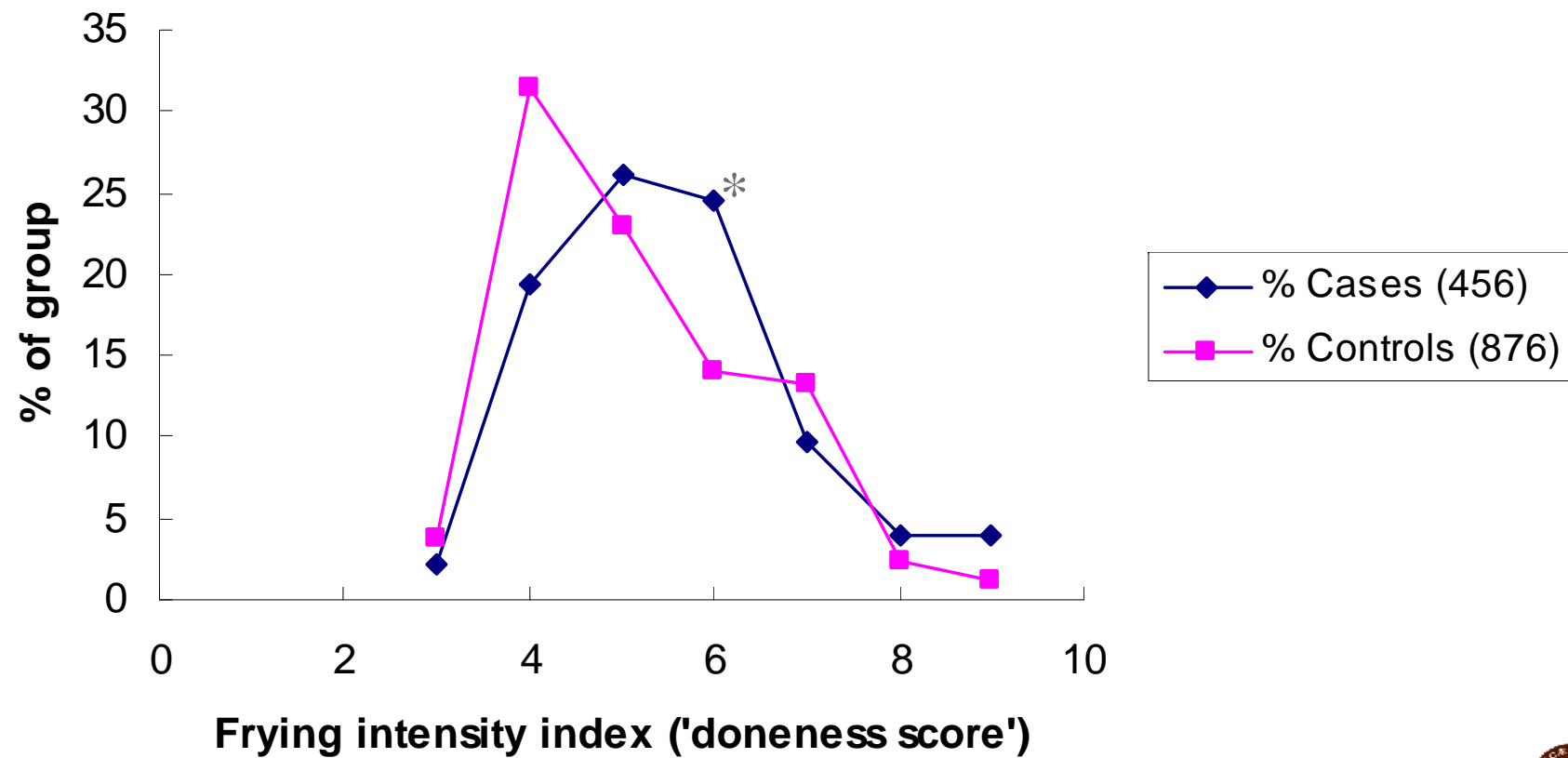


Example: The carcinogen, PhIP, is formed when meat is fried – *activation of PhIP involves several genes*

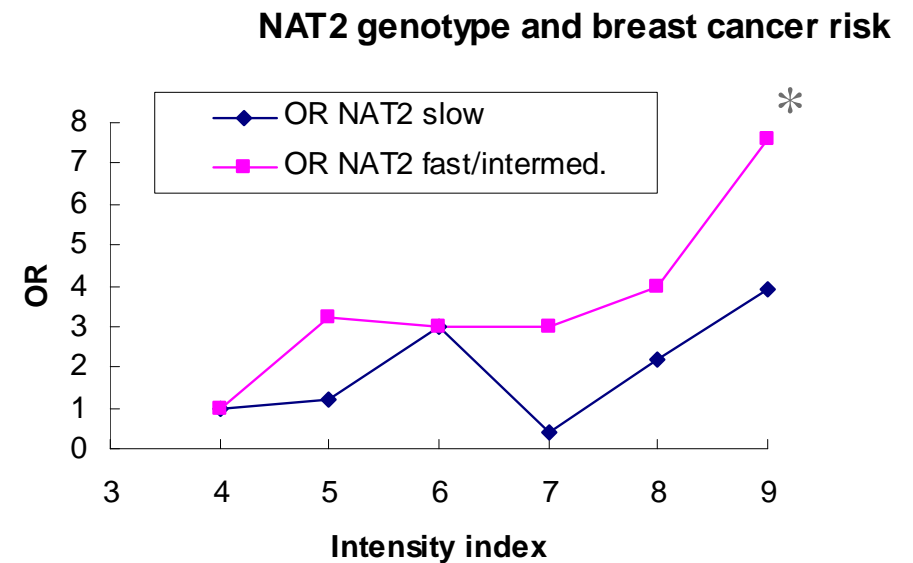
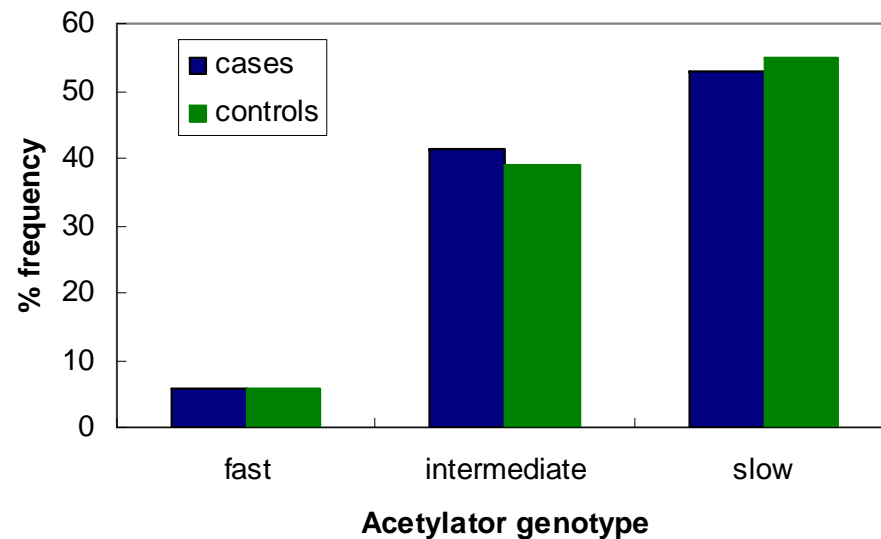




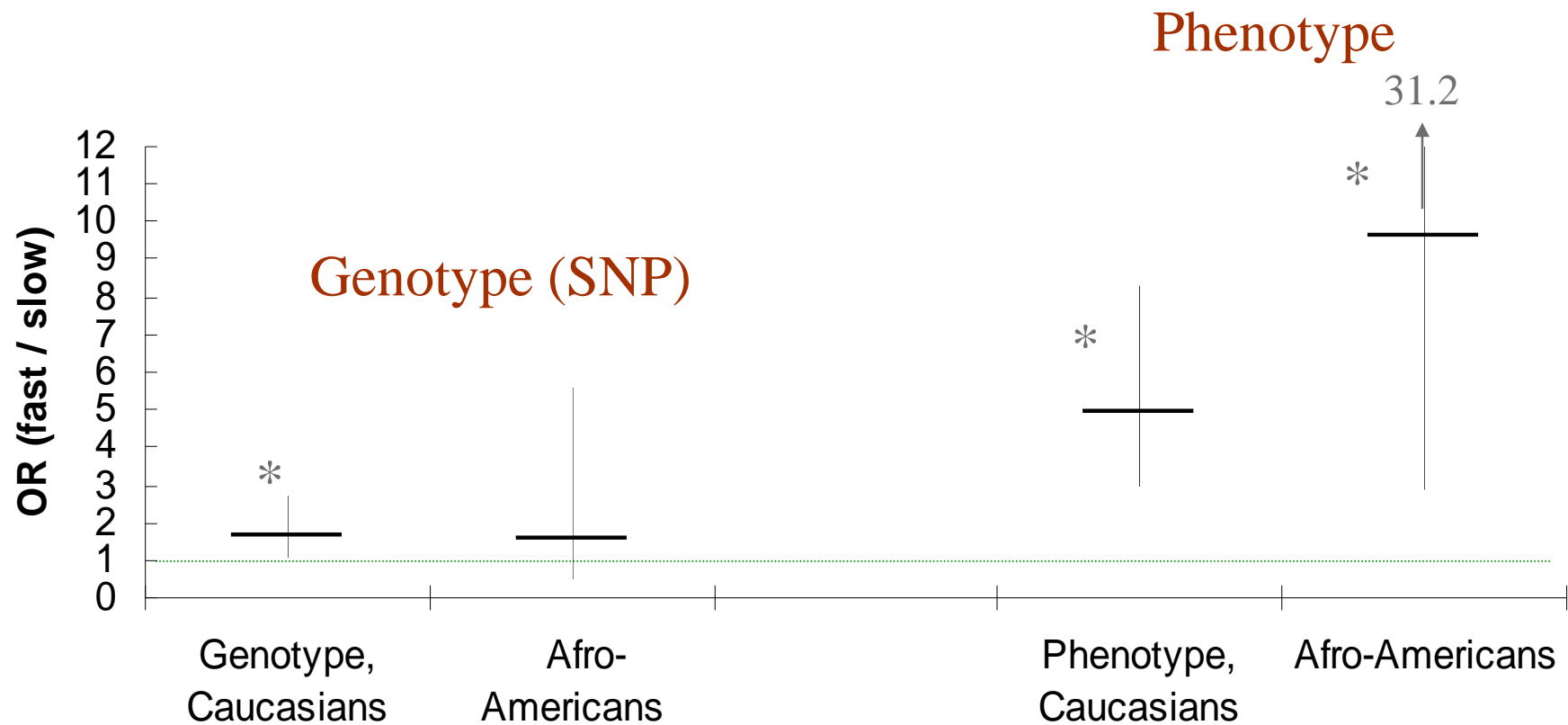
## Frying and breast cancer in the Iowa womens health study



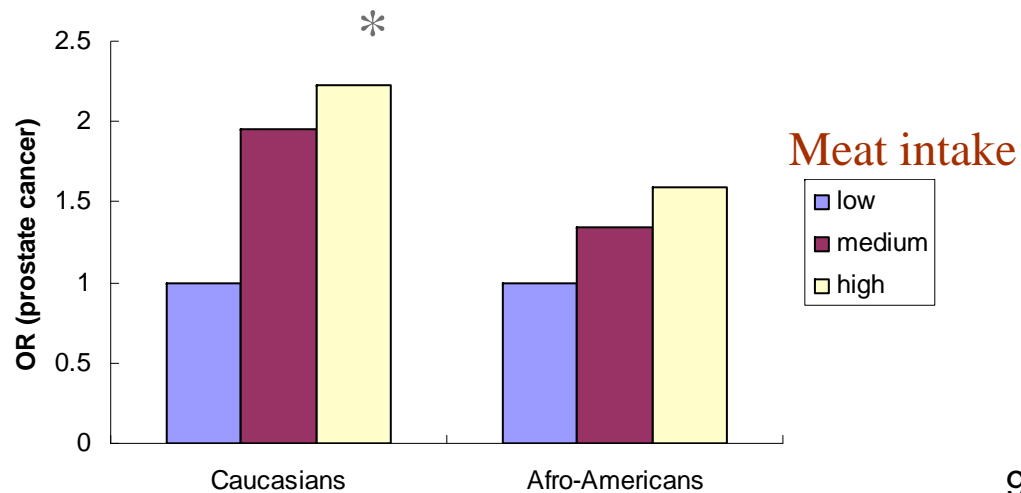
## NAT2 genotype and breast cancer risk - *interaction with frying intensity index*



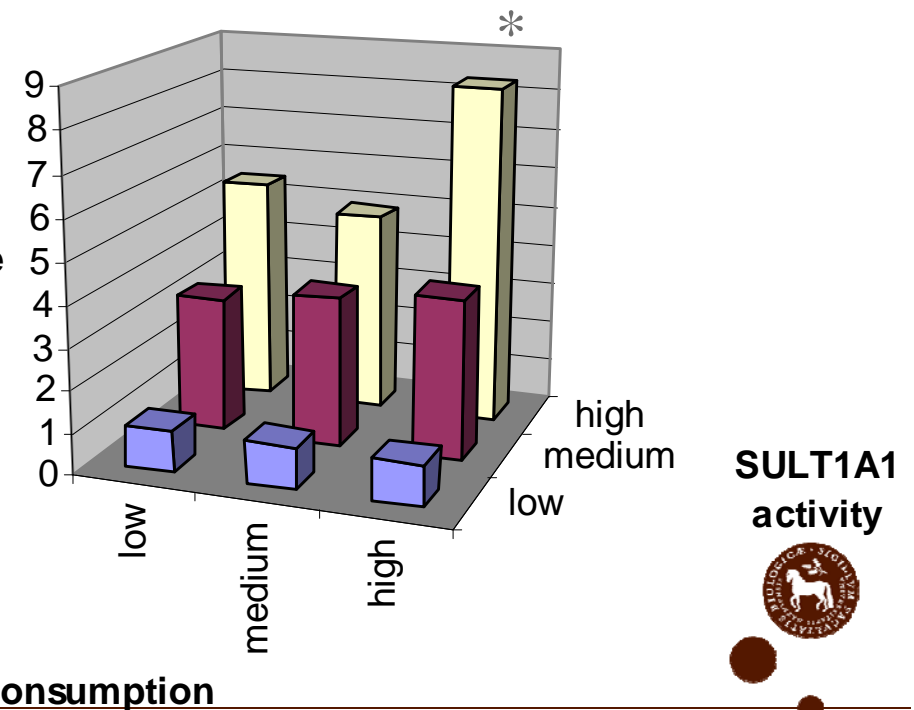
## SULT1A1 in prostate cancer cases (454) and controls (459)



## SULT1A1, meat intake and prostate cancer risk case-control study

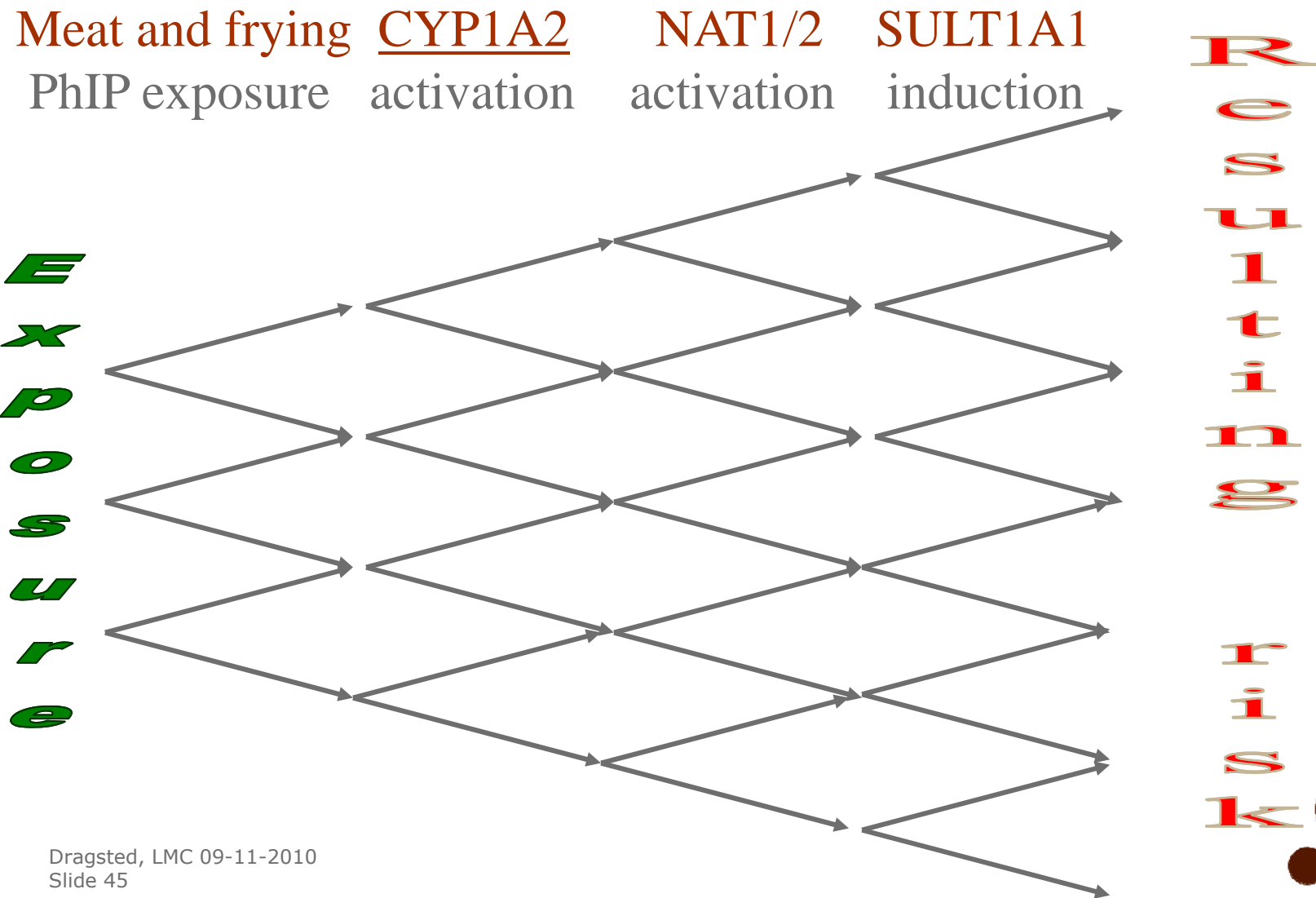


Odds (prostate cancer)

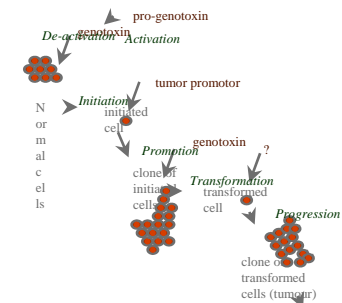


Nowell et al., Cancer Epidemiol, Biomark Prev. 13 (2004) 270-276

## Relation between exposure, genetics and risk



# Oxidative damage and risk of cancer



## Initiation:

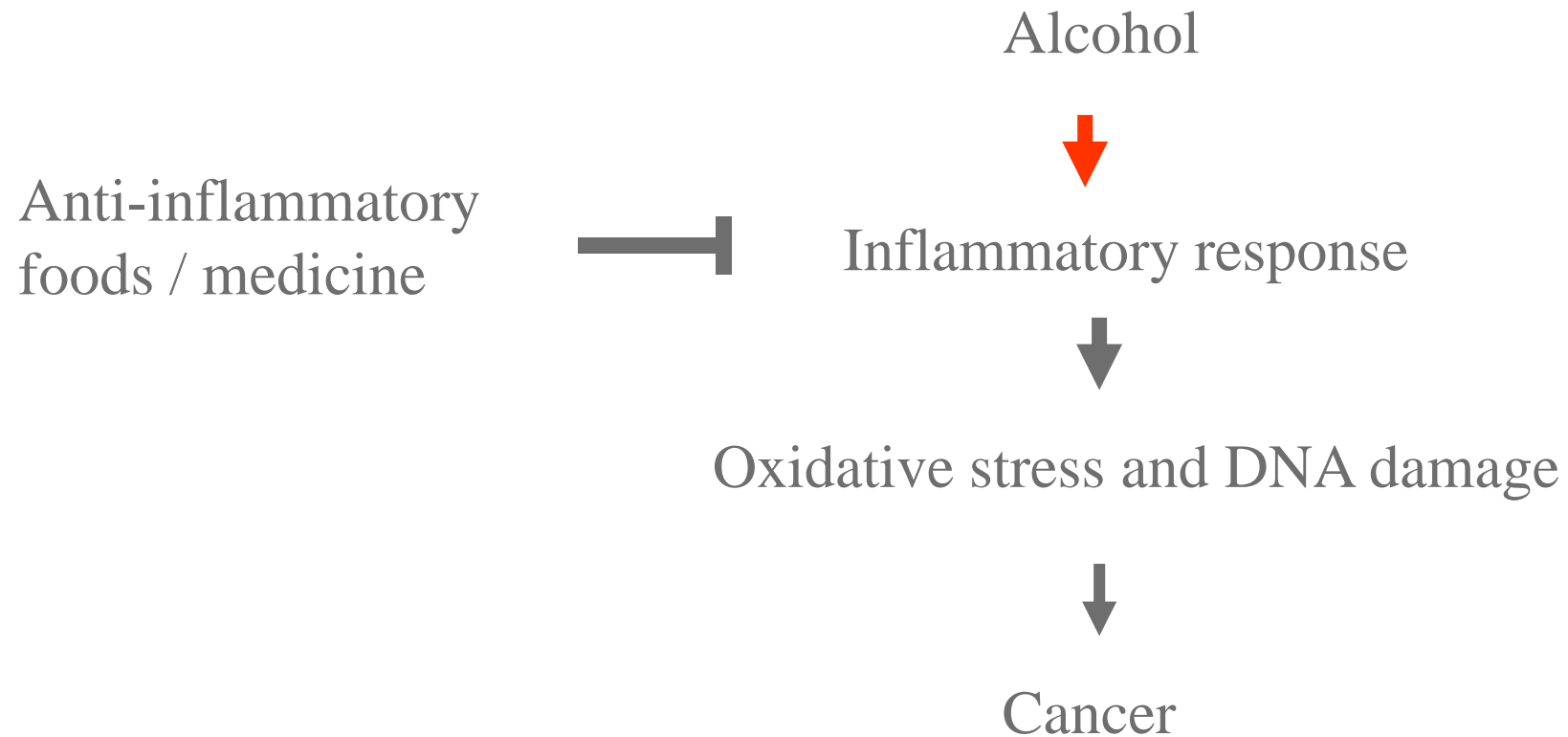
- Reactive oxygen species may modify DNA leading to mutation
- Reactive lipid oxidation products may also damage DNA

## Tumour promotion

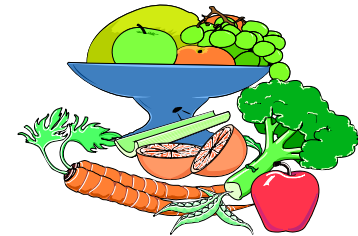
- Prolonged oxidative stress may cause inflammatory reactions



## Pathways: Inflammation and DNA repair



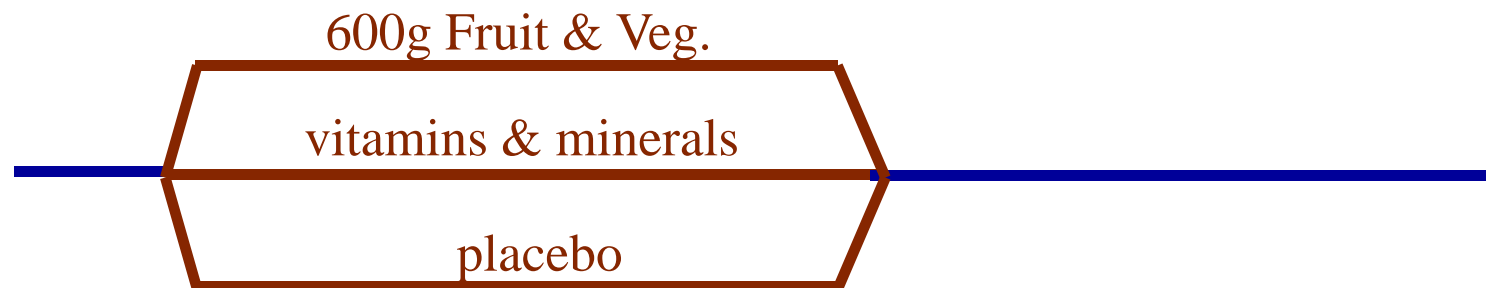
## Fruit and vegetables – 6-a-Day study: Design



Run-in  
(3 days)  
habitual diet

Intervention period  
(25 days), 3 groups  
Controlled diet

Follow-up  
(28 days)  
habitual diet

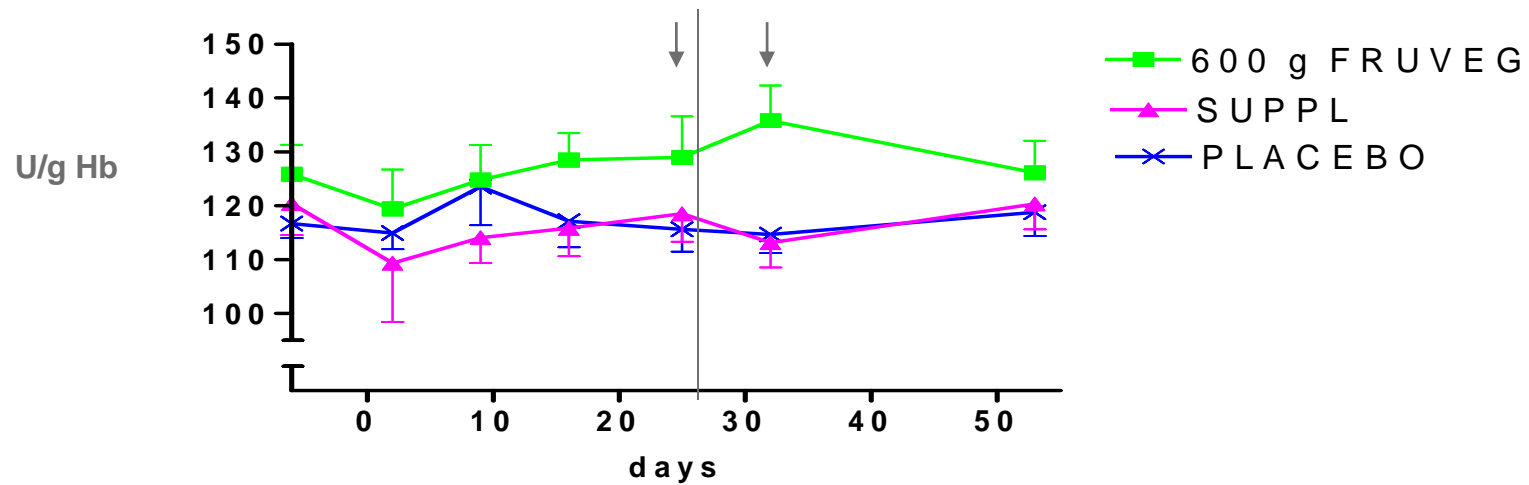
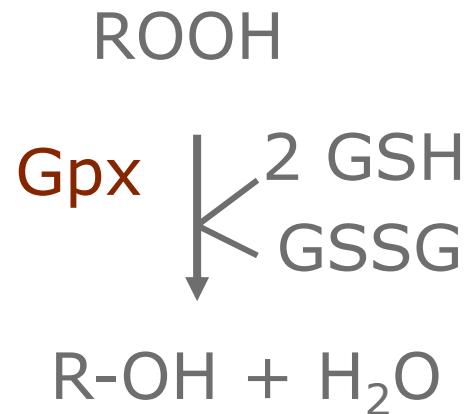


samples	X	X	X	X	X	XX	X	X
day	-3	0	2	9	16	24-25	32	53

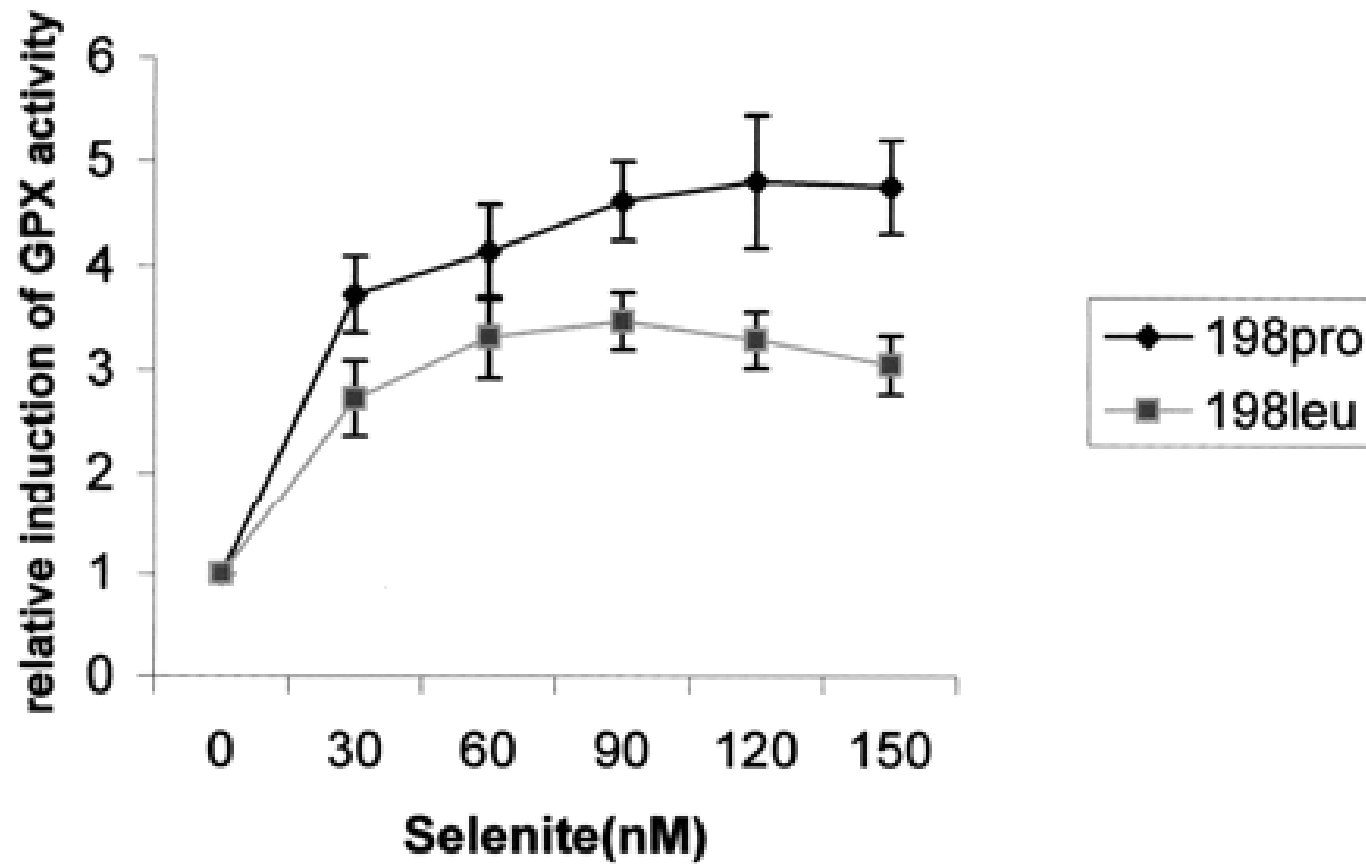




## 6-a-day study – glutathion peroxidase



## Lower enzyme activity of GPX <sup>198</sup>Leu *in vitro*



# The Diet, Cancer and Health Cohort

**Collected by the Danish Cancer Society:**

57,053 Danes, aged 50-65

Collected 1993-1997

Questionnaire, blood, urine, fat, nails

DNA, RNA can be purified from frozen lymphocytes

Prospective!

Some validation (weight, height, food frequency)



Dragsted, LMC 09-11-2010  
Slide 51



## GPX Pro198Leu is weakly associated with breast cancer risk

GPX Pro <sup>198</sup> Leu	N <sub>cases</sub> /N <sub>control</sub>	IRR	IRR <sup>a</sup>
CC	176/205	1.00 (ref)	1.00 (ref)
CT	168/136	1.43 (1.06-1.92)	1.48 (1.09-2.01)
TT	33/36	1.15 (0.68-1.96)	1.22 (0.70-2.12)

a) Adjusted for parity (parous/nulliparous, number of births and age at first birth), education, duration of hormone replacement therapy (HRT), body mass index (BMI) and alcohol.



## Predictors for GPX activity in red blood cells of controls

Dietary and lifestyle factors	GPX activity (U/g Hb)	P
Fruits and vegetables, per 100 g/day	+0.3	0.35
Alcohol, per 10 g/day	+2.0	<0.0001
Present smokers	-2.9	0.05
Selenium $\leq 40$ $\mu\text{g}$ , per 10 $\mu\text{g}/\text{day}$	+3.4	0.03
Selenium $> 40$ $\mu\text{g}$ , per 10 $\mu\text{g}/\text{day}$	-0.7	0.20
<i>GPX1</i> Pro198Leu, per allele	-4.2	<0.0001



# GPX1 Pro198Leu and breast cancer risk - interaction with alcohol consumption

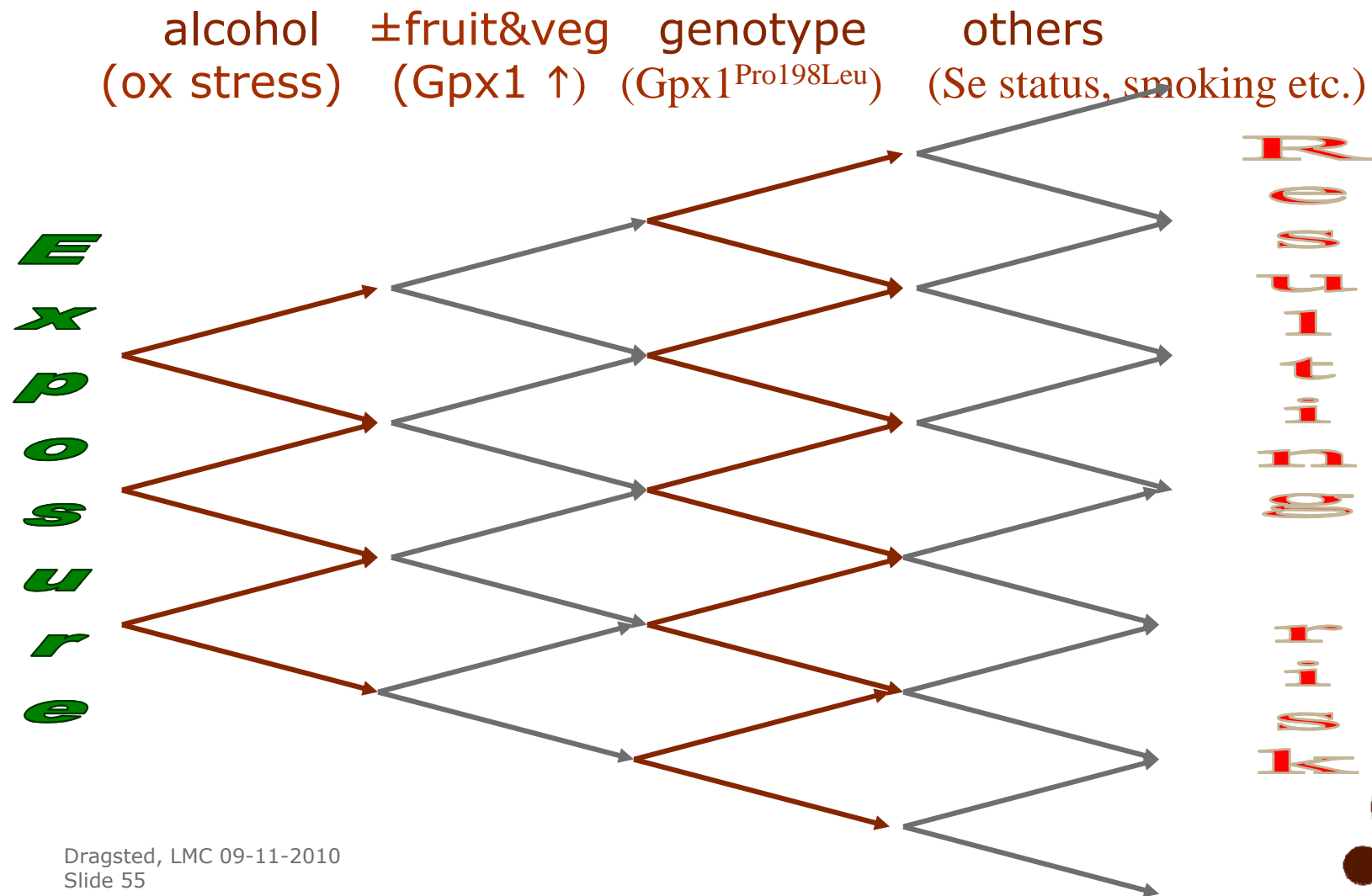


<i>GPX1</i> Pro198Leu	Alcohol intake (g/day)			
	$\leq 3$ g/day		$> 3$ g/day	
	N	RR (95% CI)	N	RR (95% CI)
<i>CC</i>	118	1	308	1.63 (1.04-2.53)
<i>CT+TT</i>	96	1.69 (0.97-2.93)	322	1.95 (1.26-3.00) <sup>a</sup>

a) P interaction=0.30



# Exposure, genetics and breast cancer risk



## What can we learn from this ?

Diet and genetic constitution interact in multiple ways to affect taste, preferences, reactions and disease risk factors

Gene variant studies and studies on variations in our microbiota will specify a range of high-risk groups, depending on diet and life-style factors



*"Hi, my name is Krystyn, and I will be the diet-gene liaison to your waiter tonight"*

