Advancing tools for human early lifecourse exposome research and translation (ATHLETE)

Project overview
Martine Vrijheid\textsuperscript{c,d}, Xavier Basagaña\textsuperscript{a,c}, Juan R. González\textsuperscript{a,c}, Vincent W. V. Jaddoe\textsuperscript{d,e}, Genon Jensen\textsuperscript{i}, Hector C. Keun\textsuperscript{a}, Rosemary R. C. McEachan\textsuperscript{a}, Joana Porcel\textsuperscript{a,c}, Valerie Siroux\textsuperscript{a}, Morris A. Swerts\textsuperscript{a}, Cathrine Thomsen\textsuperscript{a}, Gunn Marit Aasvang\textsuperscript{a}, Sandra Andrušaitė\textsuperscript{a}, Karine Angell\textsuperscript{a}, Demetris Avraam\textsuperscript{a}, Ferran Ballester\textsuperscript{b,c,d,e}, Paul Burton\textsuperscript{a}, Mariona Bustamante\textsuperscript{a}, Maribel Casas\textsuperscript{a}, Leda Chatzi\textsuperscript{a}, Cécile Chevrier\textsuperscript{a}, Natacha Cingotti\textsuperscript{a}, David Conti\textsuperscript{a}, Amélie Crépet\textsuperscript{a}, Payam Dadvand\textsuperscript{a}, Liesbeth Duijs\textsuperscript{a,d}, Esther van Enckevort\textsuperscript{a}, Ana Esplugues\textsuperscript{b,c,d,e}, Serena Fossati\textsuperscript{a}, Ronan Garantte\textsuperscript{a}, Maria Dolores Gómez Roig\textsuperscript{a}, Regina Grazuleviciene\textsuperscript{a}, Kristine B. Gützkow\textsuperscript{a}, Monica Guex\textsuperscript{b,c,d,e}, Sido Haakma\textsuperscript{a}, Ellen V. S. Hessel\textsuperscript{a}, Lesley Hoyles\textsuperscript{a}, Eleanor Hyde\textsuperscript{a}, Jana Klánová\textsuperscript{a}, Jacob D. Van Klaveren\textsuperscript{a}, Andreas Kortenkamp\textsuperscript{a}, Laurent Le Brusquet\textsuperscript{a}, Ivonne Leenen\textsuperscript{a}, Aïtana Lertxundi\textsuperscript{b,d,e}, Nerea Lertxundi\textsuperscript{d,e}, Christos Lionis\textsuperscript{a}, Sabrina Llop\textsuperscript{a}, María-Jose Lopez-Espinosa\textsuperscript{b,c,d,e}, Sarah Lyon-Caen\textsuperscript{a}, Lea Maitre\textsuperscript{a}, Dan Mason\textsuperscript{a}, Sandrine Mathy\textsuperscript{a}, Edurne Mazarico\textsuperscript{a}, Tim Nawrot\textsuperscript{a}, Mark Nieuwenhuijsen\textsuperscript{a}, Rodney Ortiz\textsuperscript{a}, Marie Pedersen\textsuperscript{i}, Josep Perelló\textsuperscript{a}, Miriam Pérez-Cruz\textsuperscript{a}, Claire Philippat\textsuperscript{a}, Pavel Piler\textsuperscript{a}, Costanza Pizzi\textsuperscript{a}, Joane Quentini\textsuperscript{a}, Lorenzo Richiardi\textsuperscript{a}, Adrian Rodriguez\textsuperscript{a}, Theano Roumeliotaki\textsuperscript{a}, José Manuel Sabin Capote\textsuperscript{a}, Leonardo Santiago\textsuperscript{a}, Susana Santos\textsuperscript{a,b}, Alexandros P. Siskos\textsuperscript{a}, Katrine Strandberg-Larsen\textsuperscript{a}, Nikos Stratakis\textsuperscript{a}, Jordi Sunyer\textsuperscript{a}, Arthur Tenenhaus\textsuperscript{a}, Marina Vafeiadou\textsuperscript{a}, Rebecca C. Wilson\textsuperscript{a}, John Wright\textsuperscript{a}, Tiffany Yang\textsuperscript{a}, Remy Slama\textsuperscript{a}.

Abstract. Early life stages are vulnerable to environmental hazards and present important windows of opportunity for lifelong disease prevention. This makes early life a relevant starting point for exposome studies. The Advancing Tools for Human Early Lifecourse Exposome Research and Translation (ATHLETE) project aims to develop a toolbox of exposome tools and a Europe-wide exposome cohort that will be used to systematically quantify the effects of a wide range of community- and individual-level environmental risk factors on mental, cardiometabolic, and respiratory health outcomes and associated biological pathways, longitudinally from early pregnancy through to adolescence. Exposome tool and data development include as follows: (1) a findable, accessible, interoperable, reusable (FAIR) data infrastructure for early life exposome cohort data, including 16 prospective birth cohorts in 11 European countries; (2) targeted and nontargeted approaches to measure a wide range of environmental exposures (urban, chemical, physical, behavioral, social); (3) advanced statistical and toxicological strategies to analyze complex multidimensional exposome data; (4) estimation of associations between the exposome and early organ development, health trajectories, and biological (metagenomic, metabolomic, epigenetic, aging, and stress) pathways; (5) intervention strategies to improve early life urban and chemical exposures, co-produced with local communities; and (6) child health impacts and associated costs related to the exposome. Data, tools, and results will be assembled in an openly accessible toolbox, which will provide great opportunities for researchers, policymakers, and other stakeholders, beyond the duration of the project. ATHLETE’s results will help to better understand and prevent health damage from environmental exposures and their mixtures from the earliest parts of the life course onward.

Keywords: Exposome; Early life; Exposure assessment; Child health; Adolescent health

Introduction
Our lifetime health trajectories contain a so-called “build-up” stage, from conception and early intrauterine life to late adolescence, characterized by rapid successions of environmentally and socially sensitive periods that strongly determine subsequent later disease and aging trajectories and thereby influence the maximum attained level of health.\textsuperscript{1,2} Starting prevention in early life is a particularly efficient way to shift or improve these trajectories.\textsuperscript{1}

Environmental exposures during early life stages are associated with risks of impaired cognitive development, and cardiometabolic and respiratory diseases in childhood. Examples include smoking,\textsuperscript{4,5} diet,\textsuperscript{6,7} socioeconomic position,\textsuperscript{8} air pollution,\textsuperscript{9,10} noise,\textsuperscript{11} lack of green spaces,\textsuperscript{12–15} persistent organic pollutants,\textsuperscript{16–18} bisphenol A, and phthalates.\textsuperscript{19,20} Epidemiological studies on the impacts of early life environmental chemical and nonchemical stressors have, up to very recently, almost exclusively assessed the risks of single exposures or exposure mixtures.
groups. More recently, exposome-wide discovery approaches have pioneered the simultaneous assessment of associations between many environmental risk factors and pregnancy and child health outcomes (e.g., blood pressure, lung function, birth weight, obesity, communication impairments). First early life exposome studies have also made progress in understanding how multiple exposures correlate and co-exist, and how multiple exposures vary geographically and temporally, which will allow us to determine parts of the early life exposome, and how we may explore associations between multiple exposures and child health.

Likewise, the first exposome projects have moved forward in the use of high-throughput omics techniques to characterize the internal part of the exposome and to identify biological signatures and pathways that respond to and interact with environmental exposures. Such information may be used to develop novel exposure biomarkers, improve biological plausibility of associations, understand how different exposures may act on common or diverse pathways, and, ultimately, predict environmental health-related disease before its clinical manifestation. We hypothesize that the early part of the life course is a particularly important period to study the preclinical triggers of disease: exposures during vulnerable periods may have effects at the molecular level that may remain clinically undetectable until adulthood.

**Project description**

**Aim**

The general objective of ATHLETE (http://www.athleteproject.eu/) is to develop a toolbox of exposome tools and a Europe-wide exposome cohort that will be used to systematically quantify the effects of a wide range of community-level and individual-level environmental risk factors on mental, cardiometabolic, and respiratory health outcomes and associated biological pathways during the first 2 decades of life, to develop intervention strategies to improve early life urban and chemical exposomes, and to translate the resulting evidence to policy recommendations and prevention strategies. ATHLETE forms part of the European Human Exposome Network (https://www.humanexposome.eu/). The project consists of three interlinked components, containing nine research areas or work packages (WP), focusing on data and tools, evidence, and translation (Figure 1), described in detail below.

**Study population**

Study populations include general population cohorts and exposome intervention studies. The intervention studies are described below. Here we detail the ATHLETE Europe-wide exposome cohort, which consists of 16 existing longitudinal population-based birth cohort studies in 11 European countries (Figure 2). Each cohort recruited mothers before or during pregnancy, or at delivery, and actively follows its participants through childhood and adolescence. Together, these cohorts include around 80,000 mother-child pairs with a wealth of already collected exposome data (Figure 3). Our rationale for this selection of cohorts is three-fold:

1. **Prospective follow-up of the Human Early Life Exposome (HELIX) subcohort.** The HELIX project previously generated a completely harmonized dataset with biomonitoring data (chemical exposome), geospatial data (urban exposome), questionnaire data (behavioral/lifestyle/social exposome), multomics signatures (genome, deoxyribonucleic acid [DNA] methylome, transcriptome, proteins, metabolome), and child health data (neurodevelopment, growth, cardiometabolic health, respiratory health, allergies) up to 6–11 years, in around 1,300 mother-child pairs from six existing European cohorts (Born in Bradford [BiB], Etude des Determinants pre et postnatals du developpement et de la sante de l’Enfant [EDEN], Kaunas Cohort [KANC], Infantia y Medio Ambiente [INMA], Norwegian Mother and Child Cohort [MoBa], Crete Mother Child Cohort [RHENA]), as extensively documented. ATHLETE will follow-up this cohort into adolescence (at 12–18 years, with 1,100 adolescents expected to participate), to add a prospective data collection time point for exposure, omics and health outcome data to allow evaluation of longitudinal associations into adolescence. It will also allow inclusion of exposures of particular relevance for adolescents, such as screen time, sleep, mental health, and, typically, of questions related to the impact of

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*Population Health Sciences Institute, Newcastle University, Newcastle, United Kingdom; *Environmental Epidemiology and Health Joint Research Unit, FSSABIO-Universitat Jaume I-Universitat de València, Valencia, Spain; Faculty of Nursing and Chiroprapy, Universitat de València, Valencia, Spain; Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California; University Rennes, Inserm, EHESS, Inset (Institut de recherche en santé, environnement et travail)—UMR S 1085, Rennes, France; CHU de Rennes, University Rennes, Inserm, EHESS, Inset (Institut de recherche en santé, environnement et travail)—UMR S 1085, Rennes, France; Institut de Recerca Sant Joan de Déu (IR-SJD), Barcelona, Spain; *Maternal and Child Health and Development Network II (SAMID II), Instituto de Salud Carlos III (ISCIII), Hospital Sant Joan de Déu, Barcelona, Spain; *Department of Arts and Humanities, University Grenoble Alpes, CNRS, INRAE, Aiguader 88, 08003 Barcelona, Spain. E-mail: martine.vrijheid@isglobal.org (M. Vrijheid).

*Corresponding Author. Address: ISGlobal, Institute for Global Health, C. Doctor Aiguader 88, 08003 Barcelona, Spain. E-mail: martine.vrijheid@isglobal.org (M. Vrijheid).

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coronavirus disease 2019 (COVID-19) lockdown and social distancing measures on mental and physical health and well-being of adolescents. Standardized protocols across the six cohorts will largely repeat the common HELIX protocols, and collect data as needed for the subsequent work in the project (see below): biological samples (blood, urine, stool, hair), questionnaires, smartphone app and wearable sensors, address history, and clinical examinations.

2. Enlarging the adolescent exposome cohort by including new populations. In the exposome context, testing multiple exposures and applying untargeted analysis approaches, large sample sizes and replication studies are required to improve power and causal inference. ATHLETE will build on the European Union (EU) Child Cohort Network, established as part of the EC-H2020 LifeCycle project (https://lifecycle-project.eu), which brings together many European pregnancy and child cohort studies into one harmonized and findable, accessible, interoperable, reusable (FAIR) data sharing platform. ATHLETE includes those cohorts from the network for which we have already characterized and harmonized important parts of the exposome, including the external, physical, lifestyle, and social exposome: Generation R in the Netherlands, Danish National Birth Cohort (DNBC) in Denmark, Nascita e Infanzia: gli Effetti dell’Ambiente (NINFEA) in Italy, and Perturbateurs Endocriniens: Étude Longitudinale sur les Anomalies de la Grossesse, l’Infertilité et l’Enfance (PELAGIE) in France, as well as the six HELIX cohorts. These cohorts have entered adolescence (Figure 3) and allow the investigation of repeat measurements of the exposome in association with repeated omics and outcome data up to 18 years of age.

3. Integrating newly established birth cohorts with improved in-depth exposome data. ATHLETE integrates “new,”
recently established, state-of-the-art birth cohorts that are highly suitable for exposome research: Suivi de l’Exposition à la Pollution Atmosphérique durant la Grossesse et Effets sur la Santé (SEPAGES) in France, ENVIRONAGE in Belgium, Generation R Next in the Netherlands, Barcelona Life Study Cohort (BiSC) in Spain (https://www.projectebisc.org), Piccolipiù in Italy, and CELSPAC-The Next Generation (TNG) in the Czech Republic. The inclusion of new cohorts is important for (1) their improved sampling strategies for exposure assessment, in particular the collection of many repeated urine samples during pregnancy (BiSC and SEPAGES), personal monitoring (BiSC and SEPAGES), and placenta sampling (BiSC, SEPAGES, ENVIRONAGE) and (2) their cutting-edge outcome assessments, including imaging techniques, to study organ and placenta development (BiSC, Generation R Next). The inclusion of new exposome cohorts also allows the evaluation of new chemicals that are now produced in high volumes but that are not detectable in biosamples collected during pregnancy in older cohorts even 10 years ago (e.g., new bisphenols).

**FAIR data infrastructure for the ATHLETE Exposome cohort (WP1)**

At present, exposome data are scattered across hard-to-find and hard-to-access databases. A prerequisite for exposome research into the future is to bring data together in openly accessible data platforms that will allow pooling of data for larger sample size and replication of findings. ATHLETE will implement an early life exposome data infrastructure by building on the data sharing platform that has already been developed as part of LifeCycle for European birth cohorts (https://lifecycle-project.eu/for-scientists/variable-catalogue/) and that implements FAIR principles to enable findability, accessibility, interoperability, and reusability of cohort data. This infrastructure makes cohorts and datasets findable for project partners and outside researchers in an easy-to-use open access web-based catalog, enabling quick assessment of available data suitable to answer specific research questions. No actual data are given in the online catalog. ATHLETE will add to the existing data catalog by proposing a new set of exposome modules with harmonized data for the participating cohorts, including, among others, data on the chemical exposome that is not currently available in the catalog. Importantly also, the richest exposome database within this project, the HELIX subcohort, will be transferred into the FAIR infrastructure as a separate entity to make it easily accessible. The catalog structure will be based on international standards, most notably the Minimum Information About BIobank Data Sharing (MIABIS) standard, and those defined in http://fairsharing.org. The catalog software will build upon the open source Molecular Genetics Information System (MOLGENIS) project, which has been proven for many catalogs including the EU catalog of biobanks (http://directory.bbmri-eric.eu). ATHLETE will implement harmonization protocols to make the exposome data interoperable. Syntax files for harmonization of exposome variables will be developed, tested, and applied to
cohort data. Each cohort will harmonize and store their own harmonized data on secure local servers and make the metadata findable through the data catalog.

ATHLETE will implement “federated” (data stays on local servers and is analyzed remotely) and “centralized” (data analyzed centrally by analyst) systems for cohort owners to make their datasets accessible to project partners and outside researchers in a secure and controlled manner. For some of the exposome analyses, we expect to deploy “DataSHIELD” as one of the federated access protocols, which enables access from the “R” statistical environment using MOLGENIS or Opal software. The federated system overcomes governance restrictions that prohibit the release or sharing of some of the required data, or render data access slow. Because we do not expect that all exposome analyses can be done through DataSHIELD or similar protocols, the local servers will also enable cohorts and database owners to submit their data centrally, where data are then analyzed centrally on a trusted facility with strict data access policies (managed by the project steering committee). In all cases, the cohort and data owners will be in full control of data access.

**Exposure assessment tools (WP2)**

An individual’s exposome is made up of a great number of exposures, many of which are correlated, and which vary over time and across geographical locations. Accuracy of exposure estimates is crucial in exposome studies. When many exposures are analyzed together, differential measurement errors (with some exposures more accurately measured than others) may lead to false negative findings and can greatly reduce our ability to compare risk estimates from these exposures. For example, we have previously established that for highly variable nonpersistent chemical exposures (which comprise most chemicals of current regulatory concern), measurements in single spot urine samples entail attenuation bias, which can amount to 80% in the case of compounds with very high within-subject variability such as bisphenol A.

Biosamples will be collected at multiple time points across a lifecourse and will be stored for future use. ATHLETE will have access to a very wide range of existing, and already harmonized exposure data at repeated time points in the cohorts, and will generate new exposure data to complement this (Table 1).

**Figure 3.** Timeline of available data on exposome domains in the ATHLETE cohorts. BISC indicates Barcelona Life Study Cohort; CELSPAC-TNG, CELSPAC The Next Generation cohort; DNBC, Danish National Birth Cohort; EDEN, Etude des Determinants pre et postnatals du developpement et de la sante de l’Enfant; ENVIRONAGE, environmental influence on early ageing; HELIX, Human Early Life Exposome; INMA, Infancia y Medio Ambiente; KANC, Kaunas Cohort; MoBa, Norwegian Mother and Child Cohort Study; NINFEA, Nascita e Infanzia: gli Effetti dell’Ambiente; PELAGIE, Perturbateurs Endocriniens: Etude Longitudinale sur les Anomalies de la Grossesse, l’Infertilité et l’Enfance; RHEA, Crete Mother Child Cohort; SEPAGES, Suivi de l’Exposition à la Pollution Atmosphérique durant la Grossesse et Effets sur la Santé.
Table 1. Exposure assessment—new and existing data in the ATHLETE cohorts

| Exposure group                        | Exposure variables                                                                 | Methods for new data generation          | New data to be generated          | Existing data in ATHLETE cohorts       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------------|
| Personal exposures                   |                                                                                     |                                         |                                   |                                        |
| Chemical exposures (traditional biomarkers) |                                                                                     |                                         |                                   |                                        |
| PFASs                                | 19 PFASs, incl PFOS, PFOA, PFNA, PFUnDA, PFHxS                                      | Plasma measurement                      | BISC, SEPAGES, Gen R next (pregnancy N = 2,000) + HELIX subcohort new follow-up (12–18 yr, N = 1,100) | HELIX subcohort, INMA, PELAGIE, DNBC, TNG |
| Metals and elements                  | 15 metals and elements including cadmium, arsenic, mercury, copper, cobalt, lead     | Whole blood measurement                 |                                   | HELIX subcohort, INMA, Rhea, Gen R, PELAGIE, SEPAGES, TNG |
| Phthalate metabolites                | 15 phthalate metabolites including DINCH; DnOPH metabolites                        | Pools of repeat urine samples*          |                                   | HELIX subcohort, INMA, Rhea, Gen R, PELAGIE, SEPAGES, TNG |
| Phenols                              | 4 parabens, 5 bisphenols including bisphenol A, oxybenzone, triclosan               | Pools of repeat urine samples*          |                                   | HELIX subcohort, INMA, Rhea, Gen R, PELAGIE, SEPAGES, TNG |
| Organophosphate pesticides           | 6 dialkyl phosphate metabolites                                                     | Pools of repeat urine samples*          |                                   |HELIX subcohort, INMA, Gen R, PELAGIE, TNG |
| Other pesticides                     | Metabolites of pyrethroids, 2,4-dichlorophenoxyacid, boscaild, and imazalil         | Pools of repeat urine samples*          |                                   | PELAGIE TNG                                |
| Glycol ethers PAHs                   | Metabolite of phenoxethanol                                                        | Pools of repeat urine samples*          |                                   |                                         |
| Tobacco smoking                      | Cigarette, self-reported smoking habits                                             | Questionnaires, urine samples           |                                   | All cohorts                             |
| Persistent organic pollutants        | Organochlorine compounds (PCBs, DDE, HCB), brominated flame retardants              | —                                       |                                   |                                        |
| Chemical exposures (nontargeted)     | Nontargeted screening                                                               | High-resolution mass spectrometry       | HELIX subcohort follow-up (12–18 yr, N = 1,100) | TNG                                      |
| Unknown and emerging chemicals       |                                                                                     |                                         |                                   |                                        |
| Chemical exposures (ambient)         |                                                                                     |                                         |                                   |                                        |
| Outdoor air pollution                | NOx, PM<sub>2.5</sub>, PM<sub>10</sub>, PM<sub>2.5 abs</sub> composition           | ELAPSE and ESCAPE air pollution models  | New cohorts and new follow-ups     | All cohorts                             |
| Personal and indoor air pollution    | NOx, PM<sub>2.5</sub>                                                                | Diffusion tubes                         | HELIX follow-up (12–18 yr, N = 1,100) | BISC, SEPAGES, HELIX panel studies, TNG |
| Physical exposures (ambient)         | Noise levels                                                                         | Regulatory noise maps combined with questionnaire data (location of bedrooms, etc.) | New cohorts and new follow-ups     | All cohorts                             |
| Road traffic noise                   | Temperature, relative humidity                                                      | Daily average from city monitoring       |                                   | HELIX, INMA, Gen R, Gen R Next, DNBC    |
| UV Light                             | Ambient UV radiation levels                                                         | Remote sensing and questionnaires       |                                   | HELIX, INMA, Gen R, Gen R Next          |
| Light                                | Nighttime light exposure                                                             | Remote sensing and questionnaires combined with questionnaire data |                                   |                                         |
| Meteorological factors               |                                                                                     |                                         |                                   |                                        |
| Physical activity                    |                                                                                     |                                         |                                   |                                        |
| Sleep                                | Physical activity duration and intensity                                           | Actigraphs, ExpoApp3, questionnaires    | HELIX subcohort follow-up (12–18 yr, N = 1,100) | All cohorts (questionnaires)       |
| Sleep duration, sleep quality, sleep onset latency |                                                                                     | Wrist watches and questionnaires       |                                   | All cohorts (questionnaires)       |
| Commuting routes                     | Commuting routes and modes                                                          | qGIS and ExpoApp3                      |                                   |HELIX subcohort                       |
| Mobility                             | Time spent in different environments                                               | ExpoApp3 Questionnaires                 |                                   | HELIX panel studies, BISC INMA, Gen R, Gen R Next |
| Mobile technology use/screen time    | Use of mobile phones, laptops, tablets, gaming, etc.                                | Questionnaires                          |                                   |                                         |
| Diet                                 | Food frequency, diet quality                                                         | Food frequency questionnaire            |                                   | All cohorts                           |
| Social/psychosocial exposures        |                                                                                     |                                         |                                   |                                        |
| Psychosocial                         | Stress                                                                               | Questionnaires, hair cortisol           | HELIX subcohort follow-up (12–18 yr, N = 1,100) | BISC, INMA, Gen R (hair cortisol), TNG |
| Social and economic capital          | Family affluence score, social contact, social participation, house crowdfunding    | Questionnaires                          |                                   | All cohorts                           |
| External (or urban) exposome         |                                                                                     |                                         |                                   |                                        |
| Built environment                    | Population and building density, street connectivity, facility density, land use, walkability | Land cover/use maps                    | New cohorts and new follow-ups     | All cohorts                           |
| Natural spaces including green space | Residential surrounding greenness, distance to nearest green and blue spaces         | Remote sensing and land cover/use maps  |                                   | All cohorts                           |
| Traffic and transport                | Traffic load, distance to roads, public transport network                           | Land use maps                           |                                   | All cohorts                           |
| Social deprivation                  | Area level indicators                                                                | Local deprivation data                  |                                   | All cohorts                           |
| Food environment                     | Fast food restaurants, healthy food places                                           | Facilities maps                         |                                   | All cohorts                           |

— denotes no data.

*Within-subject pools of many urine samples in the new cohorts, 2–3 samples daily during 2 pregnancy weeks; pools of 5–10 urine samples in the HELIX subcohort follow-up.

BISC indicates Barcelona Life Study Cohort; DDE, 4,4'-dichlorodiphenyl(dichloroethene); DINCH, 1,2-Dichlorobenzencarboxylic acid dichloromethyl ester; DNBC, Danish National Birth Cohort; ELAPSE, Effects of Low-Level Air Pollution: A Study in Europe; ESCAPE, European Study of Air Pollution Effects; Gen R, Generation R cohort; Gen R Next, Generation R Next cohort; HOB, hexachlorobenzene; INMA, Infancia y Medio Ambiente cohort; NO<sub>2</sub>, nitrogen dioxide; PAH, polycyclic aromatic hydrocarbon; PCB, polychlorinated biphenyl; PELAGIE, Perturbateurs Endocriniens: Étude Longitudinale sur les Anomalies de la Grossesse, l'Infertilité et l'Enfance; PFHxS, perfluorohexanesulfonate; PFNA, perfluorononanoate; PFOS, perfluorooctanoate; PFOS, perfluorooctanesulfonate; PFOA, perfluorooctanoate; PM2.5, particulate matter with an aerodynamic diameter of less than 2.5 μm; PM2.5 abs, absorbance of PM2.5 filters; RHEA, Crete Mother Child Cohort; SEPAGES, Suivi de l'Exposition à la Pollution Atmosphérique durant la Grossesse et Effets sur la Santé; UV, ultraviolet.
such targeted biomonitoring methods more suitable for the exposome era. ATHLETE will use within-subject biospecimen pooling of many urine samples to achieve greater accuracy in the measurement of nonpersistent chemical pollutants.72,73 New data on these chemical pollutants will be generated in the newly collected HELIX subcohort samples (standardized biosample collection at 12–18 years of age) and in stored pregnancy samples in the new cohorts (BISC, Generation R Next, SEPAGES).

In addition, we will explore high-resolution mass spectrometry (HR-MS) techniques combined with liquid and gas chromatography (LC, GC) for their capability to detect relevant, but thus far “unknown” or emerging chemical exposures. Nontargeted and suspect screening approaches to detect chemicals of emerging concern are currently in a stage of rapid development, and although the analytical technologies still face many challenges related to their ability to identify and accurately quantify exposures,74 they hold important promises for the discovery and prioritization of chemical exposures.75 We will apply HR-MS to the HELIX subcohort samples (12–18 years) for which the targeted chemical exposome is also available, allowing comparison and evaluation of both approaches.

Lastly, ATHLETE will build on the already established geospatial modeling platform, developed by the HELIX and LifeCycle projects,33 for the characterization of the external and urban exposome in birth cohorts. We will expand this platform by including new cohorts and new exposures such as food environment and nighttime light exposure (Table 1). To improve the accuracy of estimation of external and lifestyle exposures, we will combine geospatial and questionnaire-based methods with personal monitoring approaches (Table 1). These include wearable sensors for air pollution, physical activity and sleep, and a new smartphone application for location and physical activity data (Android mobile app ExpoApp3 and associated web dashboard ExpoHub, developed by Betair; Betair Cities SL, Barcelona, Spain). The application will make it possible to estimate the external exposome not just at the participants’ residential address but in different microenvironments (home, school, commuting routes). The wearable sensors will be deployed in the follow-up of the HELIX subcohort at 12–18 years in all participating adolescents and in the urban exposome intervention study detailed below.

To intervene on (parts of) the personal exposome, it is important to understand what the drivers and sources of exposures are. ATHLETE will tackle this question through two distinct approaches: (1) by evaluating socioeconomic position, deprivation, and urbanization as drivers of the exposome using data from all registries of the two. Strategies to be considered include those aimed at risk prediction, including machine-learning (black box) techniques, and those aimed at estimating dose-response functions for relevant exposures, support vector classifier for longitudinal high-dimensional data or penalized generalized estimating equations.76–78

2. Estimation of combined effects of exposures

Simultaneous exposure to several harmful exposures can confer extra risk for a health outcome compared with the sum of effects of isolated exposures. Such potentially complex interactions increase exponentially the dimensionality of the exposome and are difficult to capture by purely statistical methods. Simulation studies and real data will be used to assess the properties of agnostic statistical methods that have been proposed to analyze combined effects of exposures related to health risk (e.g., Bayesian Kernel Regression, Bayesian Profile Regression). This task will also develop ways to incorporate a priori information from toxicology on synergistic effects of exposure combinations.

3. Integration of exposome and cross-omics data to uncover exposome-health relationships

The availability of multilayer omics data (e.g., metabolomics, metagenomics, epigenomics, transcriptomics) in exposome studies allows the integration of data on biological pathways in exposome-health associations. This will involve extending previous work on the Regularized Generalized Canonical Correlation Analysis (RGCCA) framework, a method to integrate data from multiple sources,79–81 and comparing other suggested approaches to data integration of multilayer omics data, for example, joint and individual variance explained, single cell analysis, joint Matrix/Tensor Factorization approaches, Latent Unknown clustering (LUCID), network analysis, and sparse penalized least squares (sPLS).82

4. The incorporation of a priori knowledge on causal structures and mediators to improve causal inference

To complement the agnostic methods above, we will develop strategies to incorporate a priori information on the temporal ordering of exposures, the hypothesized causal structures, or the biological pathways (from omics or toxicological data) into the exposome-health associations.83 This will include developing penalized extensions of Structural Equation Models to the high-dimensional case, expanding methods for mediation analysis that incorporate penalized approaches for variable selection (including multiple exposures and multiple mediators), and applying analyses that incorporate hypothesized causal

Exposome data analysis tools (WP3)

An important challenge in associating the exposome with health outcomes is the simultaneous consideration of many correlated exposures.27 Our previous methodological work established that, in an exposome context, some statistical techniques are limited in their ability to efficiently differentiate true predictors from correlated covariates, so that false-positive findings are a concern.36,37 ATHLETE will leverage these early proof-of-principle studies to develop strategies and tools to tackle the next set of analytical challenges in the context of exposome research.
structure through causal diagrams, and handle high-dimensional confounding with super-learner.84

In all strategies, we will take account of issues inherent to exposome data, such as correlation between exposures, missing data, cohort effects, and exposure measurement errors that differ between exposures.

In addition to developing these analytical tools, ATHLETE will develop open-access software, front-end applications, tutorials, e-learning material and courses, targeted at varying levels of expertise. These are being made available through an online toolbox (https://athleteproject.eu/toolbox). As part of this, we aim to extend DataSHIELD tools for remote and nondisclosive data analysis (http://www.datashield.ac.uk/) by incorporating new functionalities to deal with exposome data visualization and analysis. To this end, our recent development of the “resources” architecture in DataSHIELD will facilitate handling complex big data, including omics, within DataSHIELD through the Opal data warehouse.85

We will create R packages that will be available through open source repositories such as Comprehensive R Archive Network (CRAN) and Bioconductor, along with Shiny apps that will facilitate their use for less experienced users. Developments will include adding functionalities to our existing R-exposome package (https://isiglobal-brge.github.io/ exposome/),86 and the RGCCA Package.87

Biological pathways from the exposome to health (WP4)

Omics technologies are promising tools to shed light on early, preclinical, perturbations of biological pathways in response to environmental exposures. For example, first exposome projects have shown that early life exposures (including arsenic to environmental exposures. For example, first exposome preclinical, perturbations of biological pathways in response to existing toxicological databases and models, we aim to discover key molecular events and biological pathways associated to the exposome that are of specific interest in early life.

New data to be generated in all participants in the new follow-up of the HELIX subcohort (12–18 years, N = 1,100) include shotgun whole metagenomic sequencing (~5 gigabases/sample) of fecal DNA and untargeted serum and urine metabolomics profiling data generated by HR-MS and nuclear magnetic resonance spectroscopy (NMR). This will allow us to define gut metagenomic signatures at the functional level that associate with different exposures, with our health outcomes, and with metabolic mediators.

Further, we will use the ATHLETE omics data resource to build a poly-environmental score for risk prediction, aggregating environmental risk factors and multiomics data, and including genetic background. The uses of such a score would be multiple and include improved risk prediction for prevention or early detection strategies aimed at individuals or at-risk groups; improved identification of vulnerable or susceptible subpopulations in epidemiological studies, which would allow risk stratification and evaluation of interactions with lesser known environmental risk factors (similar to polygenic risk scores); and improved ease of use of omics data in disease risk prediction (by developing a single index). We will evaluate a range of attributes of the score and evaluate how the addition of biological and omics markers may improve prediction models based on more easily available variables.

Finally, we will explore the use of the adverse outcome pathway (AOP) concept from toxicology to build hypotheses about toxicologically relevant mixtures in the study of specific health outcomes in our epidemiological exposome studies. The AOP concept links the exposure of chemicals to their molecular initiating events, through network/pathway disturbances and key events to responses at the cellular, organ, organism, and population levels.88–90 Although of recognized relevance in toxicology, AOPs have seen little use in epidemiology. This work aims to provide indices of combined exposures to the exposome-health association studies.

Exposome-health associations (WP5 and 6)

The systematic evaluation of health risks related to multiple exposures will inform public health strategies or decisions, by identifying chemical agents or urban and lifestyle exposures, or combinations of these exposures, that are most likely to pose a hazard. ATHLETE focuses on health outcome areas that are known to be linked to noncommunicable disease risk in later life,90–94 and that represent prevalent health end-points in European children.

1. Brain development: ATHLETE cohorts have assessed brain structure in embryonic, fetal and infant life through cutting-edge imaging techniques (neurosonography, brain magnetic resonance imaging [MRI]), and brain development by repeat neuropsychological and neurobehavioral assessments during childhood and adolescence.

2. The cardiometabolic system: ATHLETE cohorts have assessed early (embryonic, fetal, and infant) organ development using cutting-edge measurements of advanced cardiac and great vessel imaging (anatomical and functional echocardiography and MRI), as well as trajectories of cardiometabolic health (e.g., blood pressure, macrovascular and microvascular phenotypes, weight gain, lipid profiles) into adolescence.

3. The respiratory system: ATHLETE cohorts have assessed early lung structure, repeated lung function measurements throughout childhood (spirometry), respiratory symptoms (e.g., wheeze), clinical outcomes (e.g., doctor diagnoses of asthma), and immunological or allergy-related outcomes (e.g., eczema, rhinitis).

Exposome-health associations will be examined in two parts: (1) focusing on associations between the in utero exposome and outcomes during embryonic, fetal, and neonatal life, including novel outcomes based on imaging techniques (neonatal MRI, fetal neurosonography, echocardiography) and the use of placental function measurements and (2) focusing on longitudinal exposome-health trajectories into adolescence. For both parts, we will distinguish different populations for hypotheses related to different exposome domains; in practice, this means that for external, lifestyle and psychosocial domains, we will base our analyses on the larger cohort populations (N up to 80,000). For analyses including the chemical exposome, we will restrict our analyses to those with biomarker data (N up to 7,300). This large sample size allows us to look at the new questions not yet tackled in exposome research, for example, on interactions between exposures and between exposures and other risk factors. This work will follow the statistical strategies to be developed in WP3 as described above and follow both an agnostic approach and an approach including a priori knowledge from biological pathways and causal structures and incorporating longitudinal trajectories where relevant.
Omics and molecular markers—new and existing data in the ATHLETE cohorts

| Omics                                      | Data source                      | Age/matrix                  | Cohorts                             |
|--------------------------------------------|----------------------------------|-----------------------------|-------------------------------------|
| Genotypic variation (genome-wide)          | Existing data                    | Any                         | BIB, INMA, Gen R, HELIX             |
| DNA methylation (genome-wide)*             | Existing data                    | Placenta                    | INMA, EDEN, SEPAGES, PELAGIE, BISC  |
|                                            |                                  | Cord blood                  | BIB, INMA, Gen R, Gen R Next, ENVIRONAGE, Piccolipù |
|                                            |                                  | Childhood blood             | HELIX subcohort, Gen R              |
|                                            |                                  | Infant saliva               | NINFEA                              |
| Transcriptomics (genome-wide)*             | Existing data                    | Placenta                    | ENVIRONAGE                          |
|                                            |                                  | Cord blood                  | ENVIRONAGE                          |
| mRNA expression (genome-wide)              | Existing data                    | Childhood blood             | HELIX subcohort                     |
|                                            |                                  | Cord blood                  | HELIX subcohort                     |
|                                            |                                  | Childhood blood             | HELIX subcohort                     |
| Metabolomics                               | Existing data                    | Childhood blood             | HELIX subcohort                     |
|                                            |                                  | Childhood blood             | HELIX subcohort                     |
|                                            |                                  | Childhood urine             | HELIX subcohort                     |
|                                            |                                  | HELIX subcohort             | HELIX subcohort                     |
| Microbiome†                                 | New measurements ATHLETE         | Adolescent blood            | HELIX subcohort                     |
| Candidate proteins                         | New measurements ATHLETE         | Birth meconium              | SEPAGES, TNG                        |
| Telomere length                            | New measurements ATHLETE         | Infanty stool (at repeated times) | SEPAGES, Gen R Next               |
|                                            |                                  | Childhood stool             | Gen R, INMA                         |
| Metabolomics†                               | New measurements ATHLETE         | Adolescent stool            | HELIX subcohort                     |
| Telomere length                            | New measurements ATHLETE         | Childhood plasma            | HELIX subcohort                     |
|                                            |                                  | Placenta                    | ENVIRONAGE                          |
| Candidate proteins                         | New measurements ATHLETE         | Childhood blood             | ENVIRONAGE                          |
| Telomere length                            | New measurements ATHLETE         | Adolescent blood            | HELIX subcohort                     |

*Metallomics platforms include Illumina HumanMethylation450 (450K) BeadChip array and Illumina MethylationEPIC array.
†Transcriptomics platforms include whole human genome 8 × 60K and HTA2 microarrays, and mRNAseq.
‡Metallomics platforms (existing data) include 1H NMR, targeted LC-MS/MS with AbsoluteQ p180 kit (Biorad Life Sciences AG, Innsbruck, Austria), targeted LC-MS/MS with Helmut C 2012 method, untargeted LC-MS with metabolomics.
§Microbiome platforms include 16S rRNA gene sequencing (existing data) and shotgun metagenomics (new ATHLETE data).
BISC indicates Barcelona Life Study Cohort; DNA, deoxyribonucleic acid; EDEN, Etude des Determinants pre et postnatals du developpement et de la sante de l’Enfant; ENVIRONAGE, environmental influence on early ageing; Gen R, Generation R cohort; Gen R Next, Generation R Next cohort; INMA, Infancia y Medio Ambiente; LC-MS/MS, liquid chromatography–mass spectrometry; mRNA, messenger ribonucleic acid; mRNAseq, messenger ribonucleic acid sequencing; NINFEA, Nascenta e Infanzia; PELAGIE, Perturbateurs Endocriniens: Étude Longitudinale sur les Anomalies de la Grossesse, l’Infertilité et l’Enfance; RHEA, Crete Mother Child Cohort; RNA, ribosomal ribonucleic acid; SEPAGES, Suivi de l’Exposition à la Pollution Atmosphérique durant la Grossesse et Effets sur la Santé; TNG, CELSPAC The Next Generation cohort.

Interventions to improve the personal exposome (WP7)

Effective preventive actions are needed to reduce the health and economic burden of the harmful environmental exposures. ATHLETE will demonstrate the development and evaluation of effective and scalable interventions to improve the urban and the chemical exposome. By developing interventions in close partnership with communities and key stakeholders, we will ensure that these interventions are both acceptable and feasible, thus increasing the likelihood of rapid translation into practice.

For the urban exposome, we will focus on primary school-aged children. The urban environment is a source of physical, chemical, and behavioral exposures (e.g., pollution, lack of green space, noise, physical activity), all of which have been associated with a variety of child health outcomes. Schools are often feasible, thus increasing the likelihood of rapid translation into practice.

For the exposome before pregnancy. Thousands of chemical ingredients, including some with known endocrine-disrupting properties, are used in cosmetics and personal care products (PCP). Early life exposure to chemicals found in PCPs (e.g., parabens and triclosan) are associated with deleterious effects on child respiratory health,21 physical activity, and wellbeing (mental health, self-perceived health). Child-completed questionnaires will assess mental and physical health, physical activity, sleep quality, and school travel patterns. In a subsample (N = 40), we will conduct real-time personal exposure assessments using the ExpoApp3 (see above), combined with mobile air quality assessment. Detailed intervention logs and qualitative interviews will record activities and barriers/enablers to implementation.

The intervention on the chemical exposome will focus on women of reproductive age, aiming to modify their chemical exposome before pregnancy. Thousands of chemical ingredients, including some with known endocrine-disrupting properties, are used in cosmetics and personal care products (PCP). Early life exposure to chemicals found in PCPs (e.g., parabens and triclosan) are associated with deleterious effects on child respiratory health,21 child growth,101 and behavior.102 Determining effective approaches to reduce chemical burden associated with PCPs is thus highly relevant. After a co-produced design phase, 80 nonpregnant women of reproductive age will be followed for 2 days before and after the 4-day intervention. The intervention consists of stopping the use of PCPs. For the PCPs that cannot be removed, we will provide alternative PCPs that do not contain the chemicals of interest. We will assess: (1) biomarkers of exposure to several phthalates, and glycol ethers in pools of repeated urine samples collected pre, during, and post intervention; (2) non targeted markers of effect (e.g., nontargeted metabolomics) in blood samples pre and post intervention; (3) fidelity to the intervention and barriers to implementation in a structured post-intervention questionnaire; and (4) sustainability of behavior change related to PCP use in a questionnaire 2 months post intervention.
Health and economic impact of the exposome (WP8)

Health impact assessment (HIA) is a crucial tool to translate the knowledge generated from environmental health research into information relevant for policy making. So far, several approaches have been used in HIA, including those developed in the context of the Global Burden of Disease project (e.g.,103) and in our own assessment of the environmental burden of childhood disease.104 These assessments, however, are limited to the consideration of environmental factors with a strong level of evidence such as particulate matter, lead, and radon. ATHLETE will employ a weight of evidence approach to calculate health and economic impact of a wider set of key chemical and urban exposures possibly or more certainly related to child health. To achieve this, a plausibility database will synthesize the overall level of evidence regarding the effect of many environmental factors (urban exposome and chemicals) on child health, incorporating all mechanistic, animal- and human-based evidence. After classifying the overall level of evidence (from unlikely to very likely), our health impact estimation will then consider associations classified as “likely” or “very likely,” weighting each impact estimate by the corresponding level of evidence (e.g., 105). Exposure-response functions will be taken from the existing evidence, prioritizing meta-analyses done in children, if available. This will lead to an estimation of the impact of several components of the exposome, including urban exposures (particulate matter, noise, green space) and chemicals (lead, mercury, organophosphate pesticides, polybrominated flame retardants, and, depending on the estimated level of evidence, PFASs, bisphenol A, phthalates, triclosan). Health impacts will be calculated based on biomonitoring data collected in ATHLETE and on representative national consumption and chemical concentration surveys whenever available. This impact will be formulated in terms of attributable disease cases, Disability-Adjusted Life Years (DALYs), and Euros. Economic costs will take into account both direct and indirect tangible as well as intangible costs. Since, for many diseases, costs are expected to be country-specific, we will attempt deriving such country-specific estimates.

Dissemination and exploitation towards policy intervention (WP9)

Efforts to translate evidence into practice often fail because researchers have not understood, nor taken into account, complex contextual factors, because they are lacking capacities to engage relevant stakeholders, or because effect estimates (relative risks) remain an abstract notion without direct public health meaning. Rapid translation of evidence into practice will require engaging communities, regulators and decision-makers across many components of the exposome from the earliest stages of the project, and effective tailoring of dissemination strategies and key messages for different audiences in multiple languages. ATHLETE contains a WP dedicated to dissemination, including engagement channels and activities tailored to the specificities of stakeholders, policymakers, or the general public. Particular emphasis will be placed on translating the project developments and findings from all other WPs into accessible knowledge on the long-term health impacts of chronic exposure to environmental factors during the critical early life stages and on the specific contributions of the exposome compared with more traditional environmental health studies. An intervention toolkit for communities (i.e., schools, clinicians) and policymakers will be developed and promoted together with the use of the HIA estimates in the design of the environmental health, chemical safety, and urban and transport policies. Stakeholder engagement will particularly focus on noncommunicable disease and health-affected groups, as well as the environmental health community, to understand and use the ATHLETE online toolbox.

ATHLETE online toolbox

All parts of the work described above will provide input to the ATHLETE online toolbox that will ensure that exposome data and tools are not only developed and used within the project but will be available to researchers and policymakers long after the project has finished. This toolbox will include the FAIR data infrastructure, searchable results catalogs, approved analysis pipelines and protocols for different research areas, the EXPoApp3, HIA and intervention toolkits, e-learning tutorials, and policy recommendations. Data sharing and access procedures will be developed during the project and will form part of the toolbox. The online toolbox will be implemented in compliance with the General Data Protection Regulation (EU 2016/679).

Strengths and limitations

ATHLETE incorporates existing exposome data resources, the existing European network of birth cohort studies and harmonized data platform, and pilot work in exposome methodology (e.g., statistical methods,36,37 exposome variability11,12,106), which provide the project with a base of data, knowledge, and solid collaborations. By focusing on the early part of the life course and on the early signs of health damage before the onset of disease, the project is of high relevance for prevention. Also, ATHLETE focuses on pollutants and risk factors that are widespread in the general population and of regulatory relevance: air pollution, noise, lack of green space, heavy metals, pesticides, endocrine disruptors. This broad range of environmental stressors, together with information on living and social environments and on personal habits and behaviors, offers unique data to study the complexities of the exposome. The main advances that ATHLETE will make to the application of the exposome concept can be summarized as follows:

- The assembly of a large, harmonized, prospective exposome cohort and FAIR data infrastructure for the early part of the life course will be a major step forward compared with the relatively small and scattered current data sets and provide a sustainable platform for future early life exposome research. Of specific relevance here is our expansion of the rich HELIX subcohort exposome database with a new follow-up data point and new measurements of exposures, omics, and health outcomes.
- The combination of targeted and nontargeted biomonitoring techniques for the measurement of chemical pollutants in the same subjects will be a powerful approach to evaluate their relevance for exposome research.
- Within-subject biospecimen pooling will provide greater accuracy in the estimates of long-term exposure to nonpersistent chemicals than has previously been achieved.
- The deployment of personal monitoring approaches in entire cohorts will improve the accuracy of external, urban exposome assessments; this was previously limited to small validation and panel studies.
- The focus on new biological pathways and approaches, such as the microbiome, placental epigenetics, composite measures for aging and stress pathways and cross-omics risk prediction, in longitudinal datasets, will push the integration of omics data into environmental health studies beyond the state-of-the-art, which is currently largely limited to single exposures and single omics layers, often in small studies.
- New statistical and bioinformatics strategies will tackle the next set of analytical exposome challenges, including the evaluation of longitudinal exposome-health associations, the estimation of combined effects of exposures, causal structure models, and integration of cross-omics data.
- The documentation of systematic exposome-health relationships will move far beyond the traditional
“one-exposure-one-disease” approach, and include novel imaging-based outcome assessments during very early organ development, as well as the adolescent period for which knowledge is currently limited.

- The development of acceptable and feasible interventions to reduce personal exposures to the harmful effects of both the urban and the chemical exposome, and the health and economic impact assessment of a wide set of key chemical and urban exposures, will be important for translation of exposome results into practical recommendations.

Main challenges relate firstly to the many methodological issues inherent to the exposome concept, such as temporal exposure variability, differential measurement errors, mixture effects, false-positive findings, statistical power, and absence of causal structure in untargeted analyses, as discussed in detail above. Furthermore, the translation of exposome tools and findings to communities, stakeholders, and decision-makers is challenging due to the many complexities of the exposome; ATHLETE will make specific efforts to explain the unique features of exposome research and how they may contribute to a better understanding of the impact of environment on disease risk, and to the development of better prevention strategies. Lastly, ensuring the long-term sustainability of tools and data beyond the project’s 5-year duration is an important challenge. Construction of the FAIR data infrastructure and online toolbox are aimed at ensuring such long-term sustainability, but future funding of these resources will need to be secured.

Ultimately, combining early life exposome data as gathered in this project, with data on the adult exposome gathered in other projects, would allow the study of how the exposome during different life stage affects disease trajectories spanning the entire life course. The European Human Exposome Network is in a unique position to initiate a platform for such future lifecourse exposome research.

Conclusions

The ATHLETE project has a strong focus on the vulnerable early stages of the life course. It will continue the implementation of the exposome in early life by developing a sustainable cohort data infrastructure, improving tools for exposure assessment and statistical analysis, generating longitudinal evidence linking the exposome to child and adolescent health, and translating exposome knowledge into policy. The assembly of data, tools and results in an openly accessible toolbox will lead to great opportunities for researchers, policymakers, and other stakeholders beyond the duration of the project. The results will help us to better understand health damage from environmental exposures and their mixtures from the earliest parts of the life course onward and will highlight opportunities for policy actions towards prevention and enhanced protection, including within the EU’s Green Deal and Chemicals Strategy for Sustainability.

Collaboration

The authors encourage interested researchers to contact them to set up collaborations.

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Conflicts of interest statement

The authors declare that they have no conflicts of interest with regard to the content of this report.

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