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### **Biomonitoring in the DiNEH Project**

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### Why do biomarker analysis?

- Identify changes that occur before disease symptoms to allow for earlier diagnoses
  - Early intervention generally leads to better outcomes

- Cross-validate self-report data
  - Increase acceptance and confidence in survey analyses

## Biomedical Confirmation of Survey and Geospatial Modeling

- Urine-uranium analyses
  - Small subset of participants
  - For comparison with NM, US values
  - Generally, indicates <u>recent</u> U exposure -- DiNEH looked at lifetime exposures
- Blood and urine sample analysis
  - Laboratory assessments of "biomarkers" of kidney disease, immune function, cardiovascular impairment
  - Analyses of laboratory results ongoing
  - Analyzing results against exposure, proximity, and drinking water

#### **Increased Urine-Uranium Levels**

(ug-U/g creatinine)



Study →	DiNEH Kidney Study (2007)	NMDOH (2003- 2008)	NHANES (2001-2002)
Participants →	22 residents* near U mines	NM statewide N=817	Nationwide N=2,689
Median	0.0441	0.026	0.007
3 <sup>rd</sup> Quartile	0.0818	0.058	.014
95 <sup>th</sup> percentile	0.3562	0.354	.040

<sup>\*</sup>No <u>current</u> exposure to uranium in water sources

Results consistent with CDC Navajo and earlier NMDOH volunteer study

NMDOH 2010 survey Laguna-Grants-Milan area (n=99): 29% urine-uranium >0.08 ug/l (0.08 ug/g creatinine) — the state reporting level — no correlation with uranium in drinking water.

# "What happened to the blood and urine samples we gave?"





- 14 uranium screening events (DiNEH Project in collaboration with CUE-JTH)
  - Crownpoint, Smith Lake, Baca, GIMC, Church Rock, Pueblo Pintado
- So far:
  - Immune dysregulation -- aum proximity -- increase in activated T-cells, decrease in activated B-cells
  - Early indicators of high blood pressure seem linked to arsenic in drinking water
  - Continuing to refine models, characterize exposure and cross-link biomarkers to clinical results
- Results will guide analyses in Birth Cohort study
- More preliminary results to be reported at NNHRRB conference in November 2011