

# ECHO

## Environmental influences on Child Health Outcomes

*NIH Advisory Committee  
to the Director*

*Matthew W. Gillman, MD, SM  
8 December 2016*

## ECHO Overall Scientific Goal

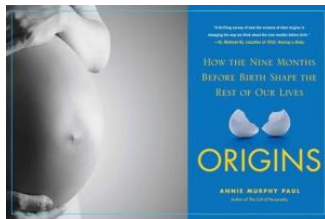
---

Answer crucial questions about effects  
of  
broad range of early environmental exposures  
on  
child health and development

# Why ECHO?

## Why now?

## A good start to life...



...can last a lifetime

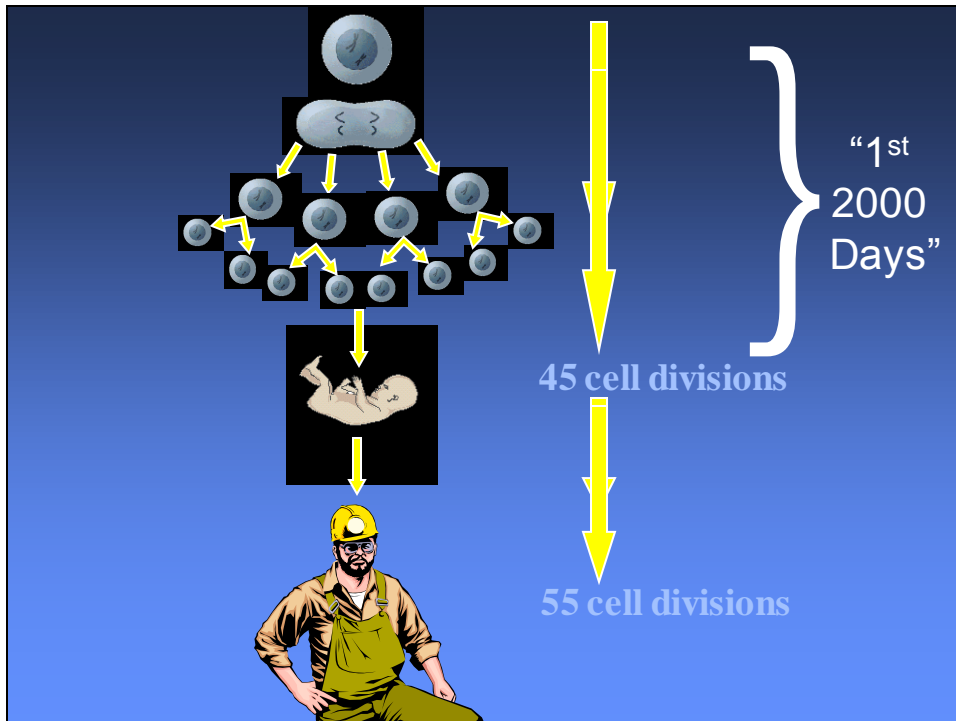


...can last a lifetime

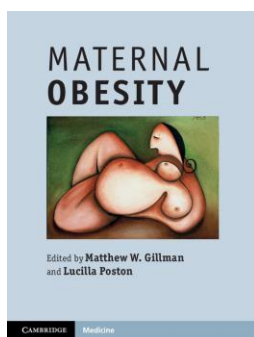


**DEVELOPMENTAL  
ORIGINS OF HEALTH  
AND DISEASE**



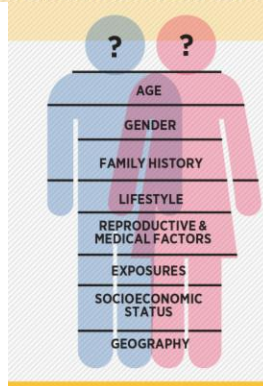


To ensure a good start, need to understand potential risks...



To ensure a good start, need to  
understand potential risks...  
...and to whom they apply...

### PRECISION PREVENTION



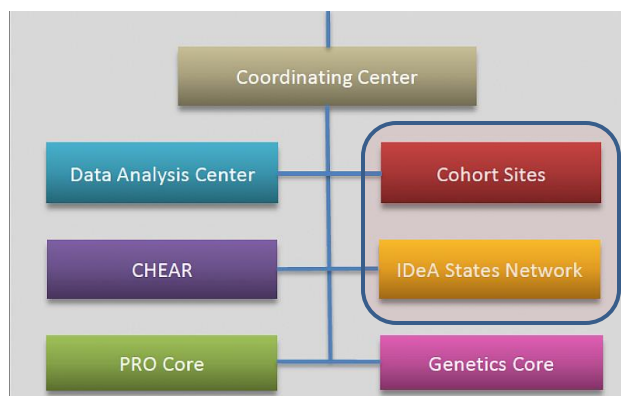
... then take action



## ECHO Approach

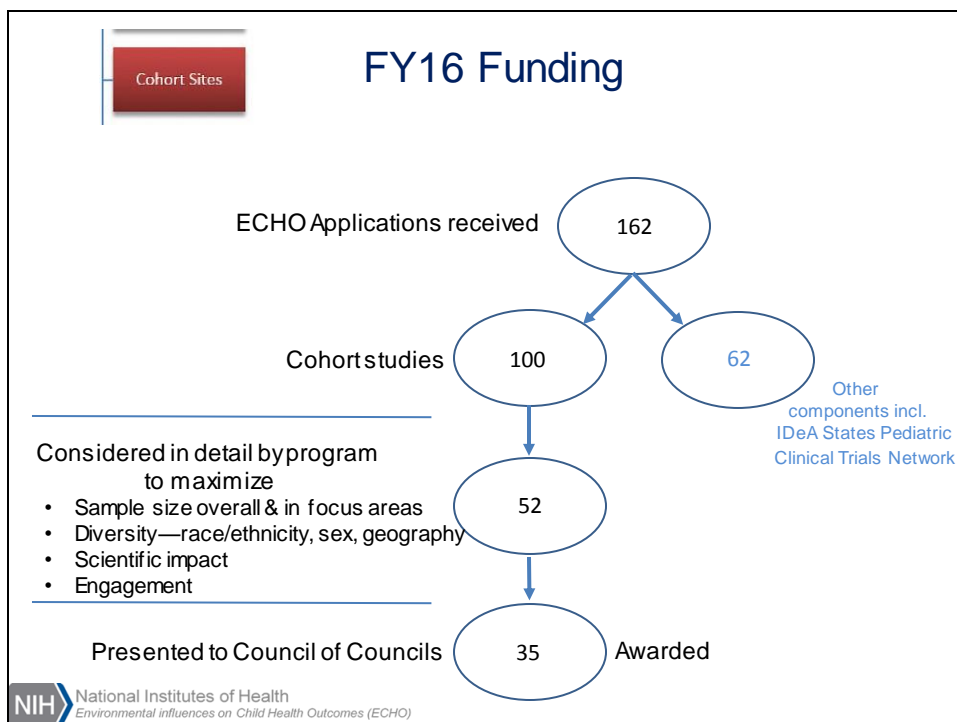
- Focus on high-impact pediatric conditions
  - Pre/peri/postnatal outcomes
  - Obesity
  - Upper & lower airway
  - Neurodevelopment
  - Child health

## ECHO Approach



## Meet Scientific Needs

- Intervention trials
  - Kids underrepresented in clinical trials
  - Especially hard-to-reach populations
    - Rural, medically underserved
- Observational studies
  - Ask solution-oriented questions
    - Questions that inform practice & policy
    - Inform, and informed by, trials
  - Sufficient number of participants for power, heterogeneity, generalizability
  - Include newer technology, biological pathways
  - Modern concepts of cause-effect relationships

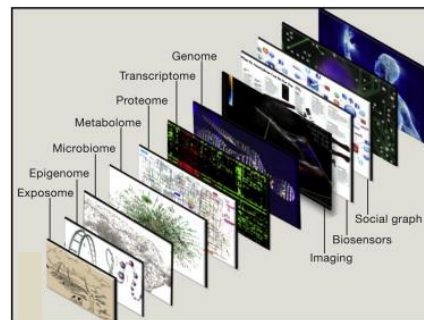


## Major Objective: Create ECHO-wide Cohort

- Start with multiple existing cohort studies
  - Increase likelihood of early successes
- Create data platform to conduct solution-oriented observational research
  - Standardized measures
    - Exposures
    - Parent/child-reported outcomes
    - Genes
- Goal >50,000 children
- Use
  - ECHO investigators
  - National research resource

## ECHO-wide Cohort

Many people, many layers of data,  
many stages of life course





## ECHO-wide Cohort Integrating into whole



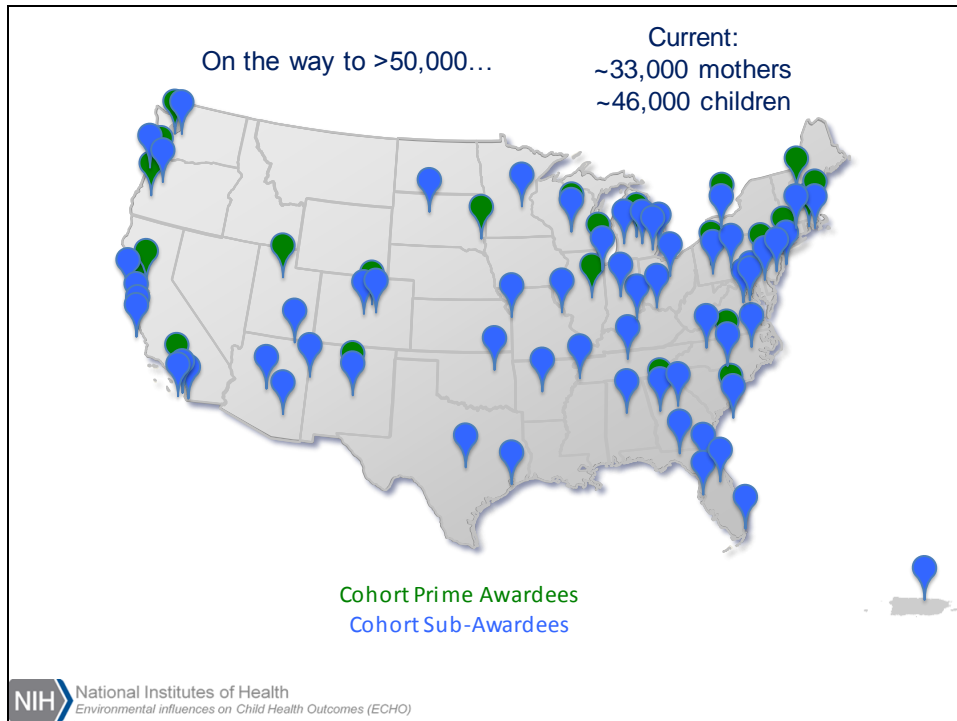
**NIH** National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)

35 awards  
74 PIs, 78 cohorts

-Majority started prenatally-



**NIH** National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)



Diversity in geography, age, sex,  
social class, race/ethnicity  
~46000 kids, currently

Asian	Black or Af-Am	AI/AN	White	Multi
5%	17%	3%	66%	10%
Hispanic				
26%				

## ECHO Cohorts 2 Phases

- Phase I: 2 years
  - Pilot/feasibility
  - Engagement



Meet milestones

- Phase II: Additional 5 years
  - Major scientific questions

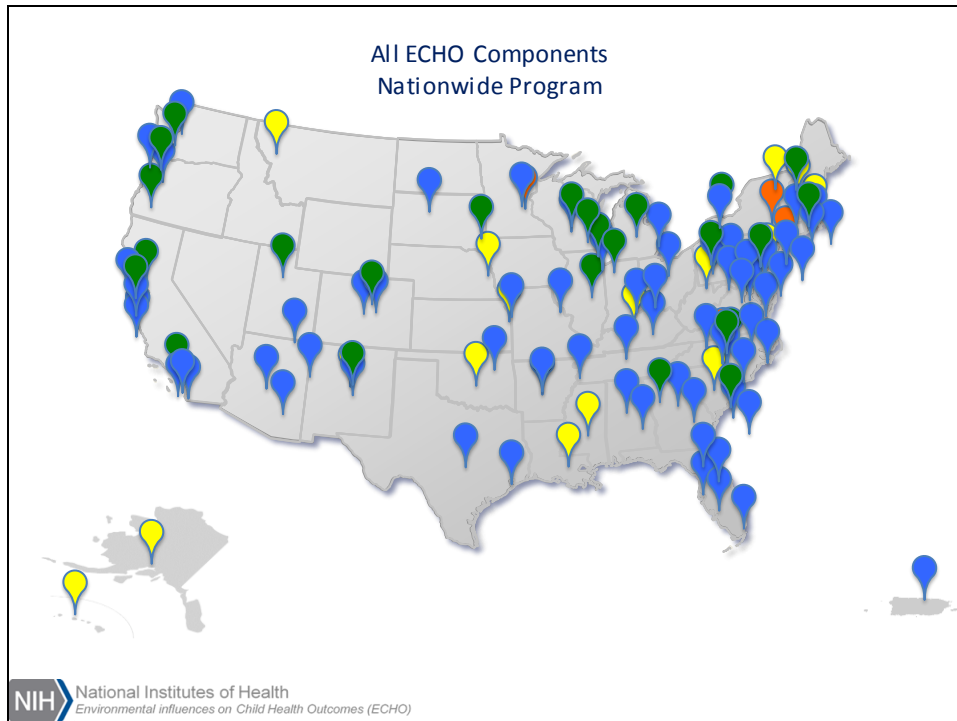
## Early Wins Phase I

- Analyses on existing multiple-cohort data
  - Distributed data analysis approach
    - “Send programs to data”
  - Aggregate results
    - No sharing of individual-level needed yet









## Cohorts Address Wide-Ranging Questions Phase II

- ECHO-wide cohort
  - Existing *and* new data
  - 2 levels
    - All cohorts: Broad level with common data elements
    - Subset with deeper measures
- Will have in hand
  - Pilot & feasibility results
  - New data collection protocol
    - Informed consent
    - Data & biospecimen sharing policies

## ECHO-wide Cohort Example Phase II

- *Pre- and post-natal exposure to smoking, and trajectories of development of childhood wheezing and asthma*
  - *How much associations differ by*
    - *Maternal or child genetics*
    - *Socio-demographic factors*
    - *Sex of child*
  - *Mediated by*
    - *Immune development?*
    - *Functional changes in gut bacteria?*

## Getting the Work Done

- Foster culture of collaboration
  - Best practices to conduct team science in 21<sup>st</sup> c.







## Getting the Work Done



- Foster culture of collaboration
- Investigators drive the science
  - Lead working groups



## Getting the Work Done

- Foster culture of collaboration
- Investigators drive the science
- Active involvement of NIH Institutes, Centers, and Offices
  - Ideas for measures, questions
  - Links with other NIH programs
  - Potential future co-funding
- Guidance by External Scientific Board
  - Reports to NIH Director via Council of Councils

## Long-term

- Conduct innovative observational and intervention research
  - Answer crucial questions about child health and development
  - Inform programs, policies, and practices that improve health of children and adolescents

Enhance the health of our nation's children  
for generations to come



## Extra slides

### Capitalizing on ECHO's multiple support components

- Measurement of tobacco-related compounds
  - Children's Health Exposure Analysis Resource (CHEAR)
- Valid covariate and outcome measures
  - Patient-reported Outcomes Core
    - NIH resources, e.g., PROMIS, PhenX, NIH Toolbox
- Genetics Core

## Capitalizing on ECHO's multiple support components

- State-of-science analyses involving exposure mixtures, confounding/mediation, combined outcomes
  - Data Analysis Center
- Special features, e.g., microbiome
  - NIH and cohort expertise
- Putting the operational pieces together
  - Coordinating Center

## ECHO v. NCS

	NCS	ECHO	Overcomes	Challenge
Cohorts	New	Existing	Recruitment issues	Data harmonization
Mechanism	Contracts	Cooperative agreements	Inflexibility	Engaging PIs in the commons
Lead institute	NICHD	OD	Balkanization	Engaging all ICs
Components	~Single	Multiple, incl. IDeA States Network	No intervention component	Integration into whole
Leadership	Non-scientist	Scientist	Perceived lack of leadership	Following NIH processes
Outcomes	Agnostic	4 initially specified	Lack of focus	Bridging across silos
Phenotyping	More superficial	Deeper	Not enough biology, technology	Biospecimen ownership; measurement
Funding	Not initially appropriated	Line item in OD budget	Year-to-year uncertainty (?)	Still must prove worth

# ECHO

## Challenges & Responses

	ECHO	Challenge	Response
Cohorts	Existing	Data harmonization	Ontologies, new methods
Mechanism	Cooperative agreements	Engaging PIs in the commons	PI-led working groups, UG3 milestones
Lead institute	OD	Engaging all ICs	Project Scientists (Trans-NIH group)
Components	Multiple, incl. IDeA States Network	Integration into whole	Working group membership, content overlap
Leadership	Scientist	Following NIH processes	Teamwork, incl. trusted deputy
Outcomes	4 initially specified	Bridging across silos	Add Child Health outcome
Phenotyping	Deeper	Biospecimen ownership; measurement	PIs develop policies; CHEAR, PRO & Genetics
Funding	Line item in OD budget	Still must prove worth	Early win analyses

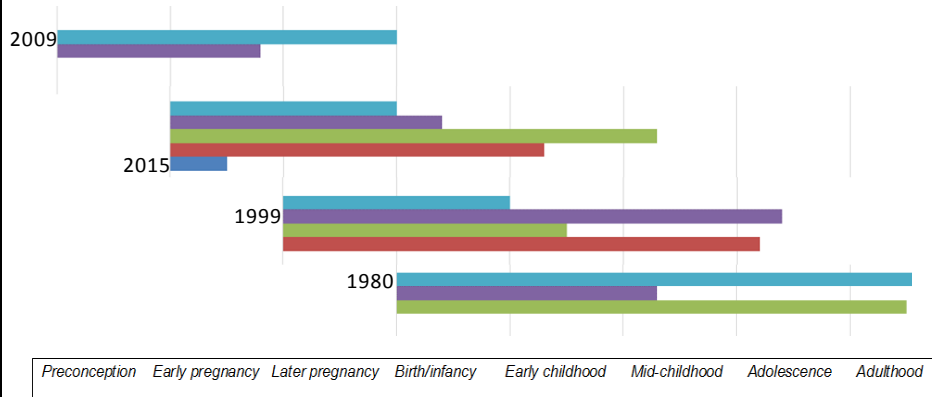
## ECHO Cohorts

### UG3 Milestones and Performance Metrics

- Cohort-specific
  - Participant retention, accurate data
- Collaborative
  - Showing up, leadership, creating/agreeing to rules of the road, sharing data, participating in multi-cohort-wide analyses
- Stretch Goals and Acceptable Goals
  - Meet 100% Acceptable Goals to go to UH3
    - Achievable

## ECHO-Wide Cohort

### “Dynamic Cohort of Inception Cohorts”



Cohorts recruited at different points in the life course  
and  
in different eras

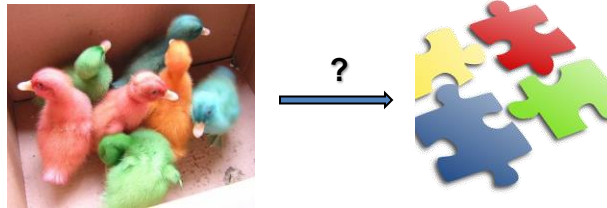
## ECHO

### “Dynamic Cohort of Inception Cohorts”

Cohorts recruited at different points in the life course  
and  
in different eras  
with  
heterogeneity in retention within each  
and  
different follow-up schedules  
and  
different measures

## One Challenge Phase I

- Harmonizing existing data

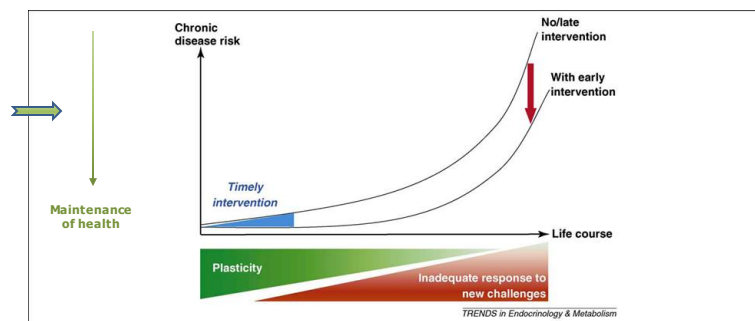


## ECHO Funding

- \$165m per year for 7 years
  - Annual appropriation
    - CC, DAC, PRO Core, Cohorts
      - NIAID
  - Exceptions
    - CHEAR funded for 4 years
      - NIEHS
    - IdeA States Pediatric Clinical Trials Network
      - Forward funded for 4 years
      - NIGMS, NICHD
    - Genetics Core FY'17
      - NIDCR, NHGRI developing

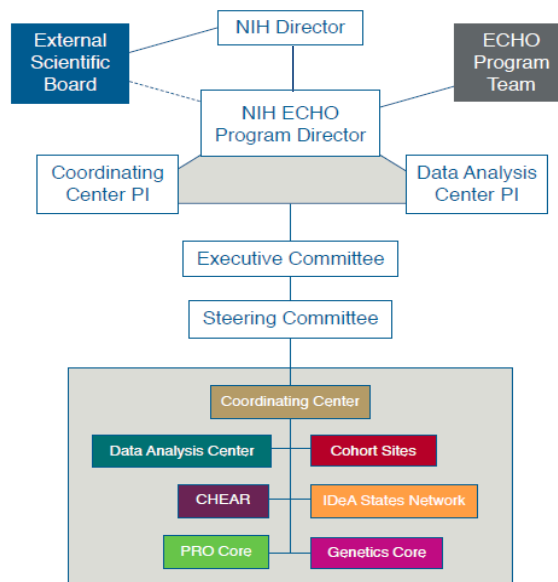
# Working Across Disciplines

- What transcends perinatal, airways, neurodevelopment, obesity?
- Child **health** rather than disease (**ECHO**)



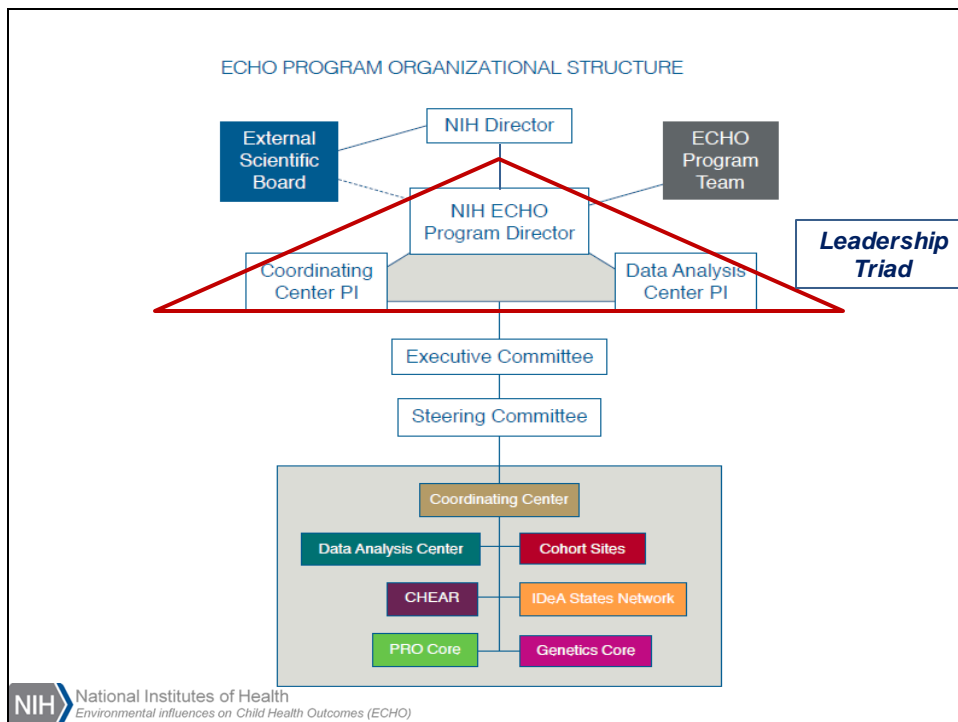
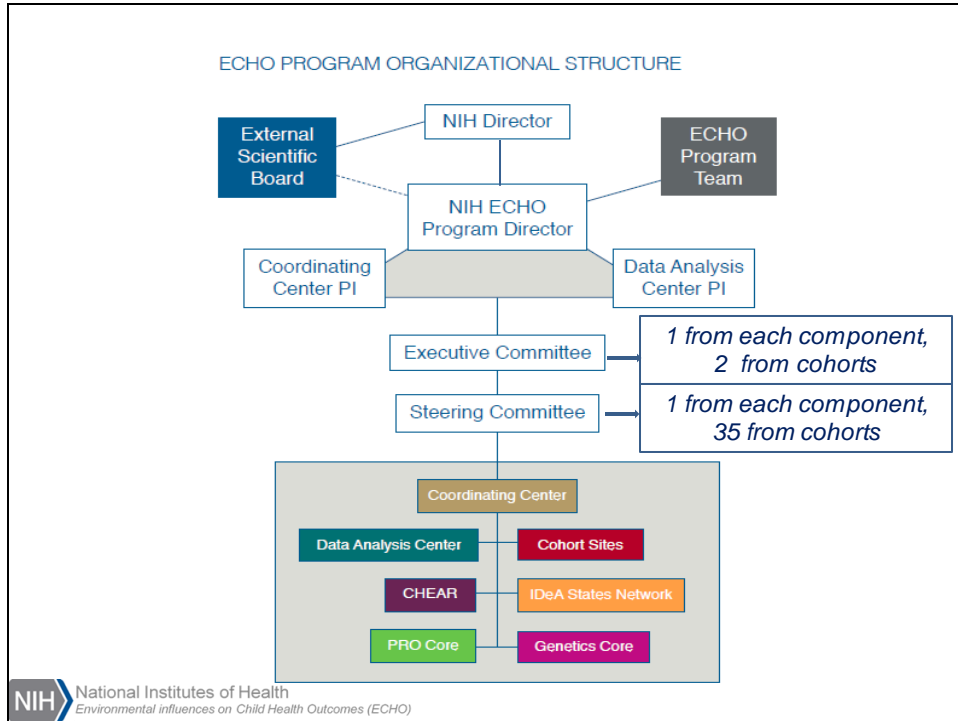
**NIH** National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)

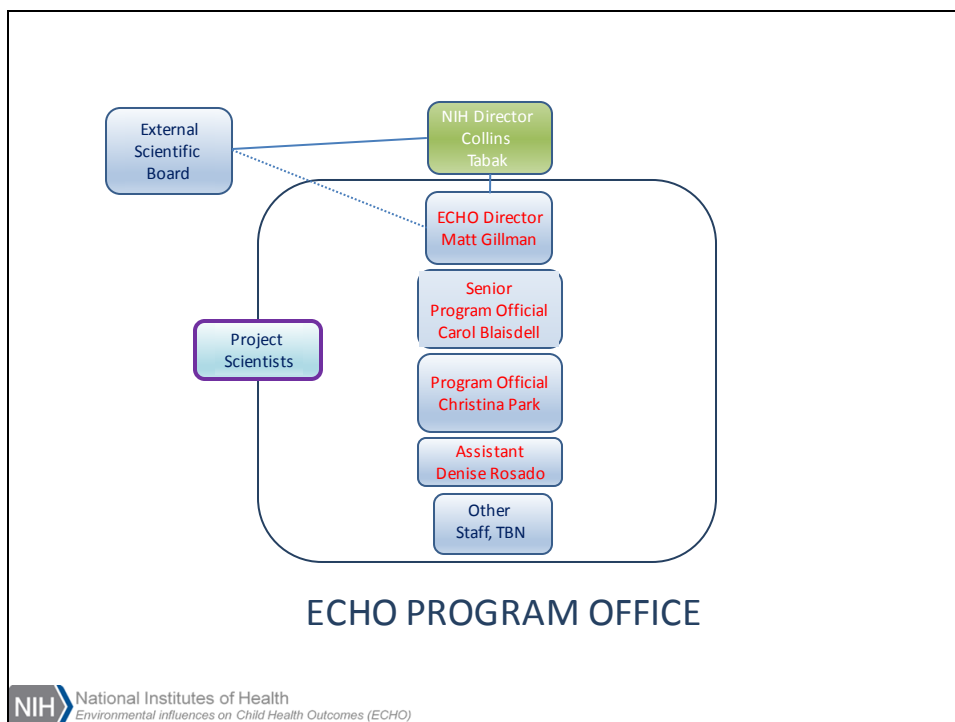
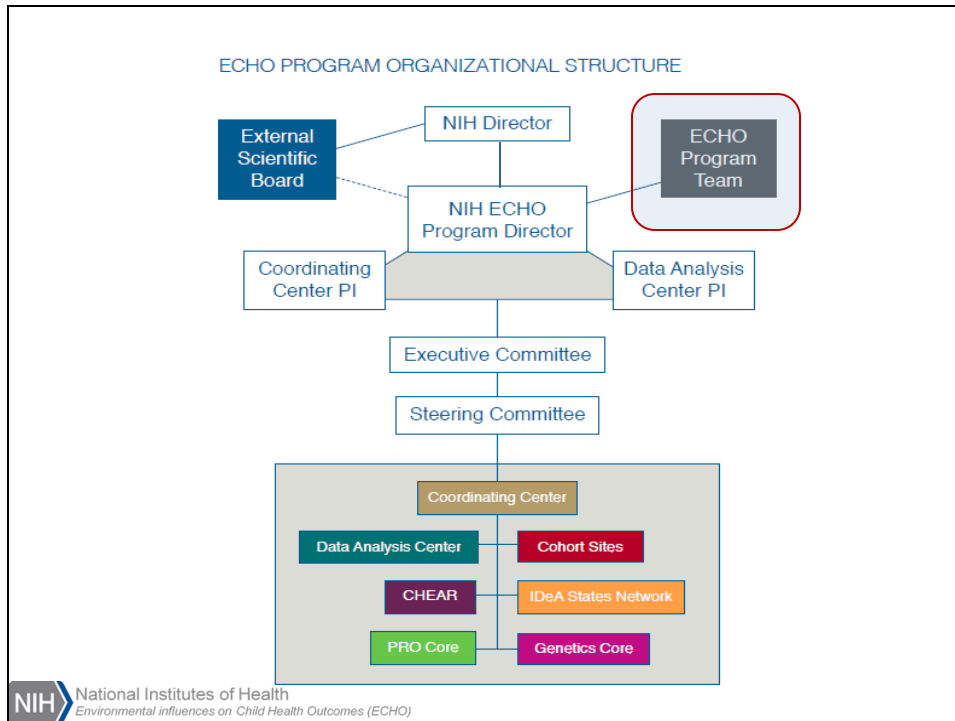
## ECHO PROGRAM ORGANIZATIONAL STRUCTURE

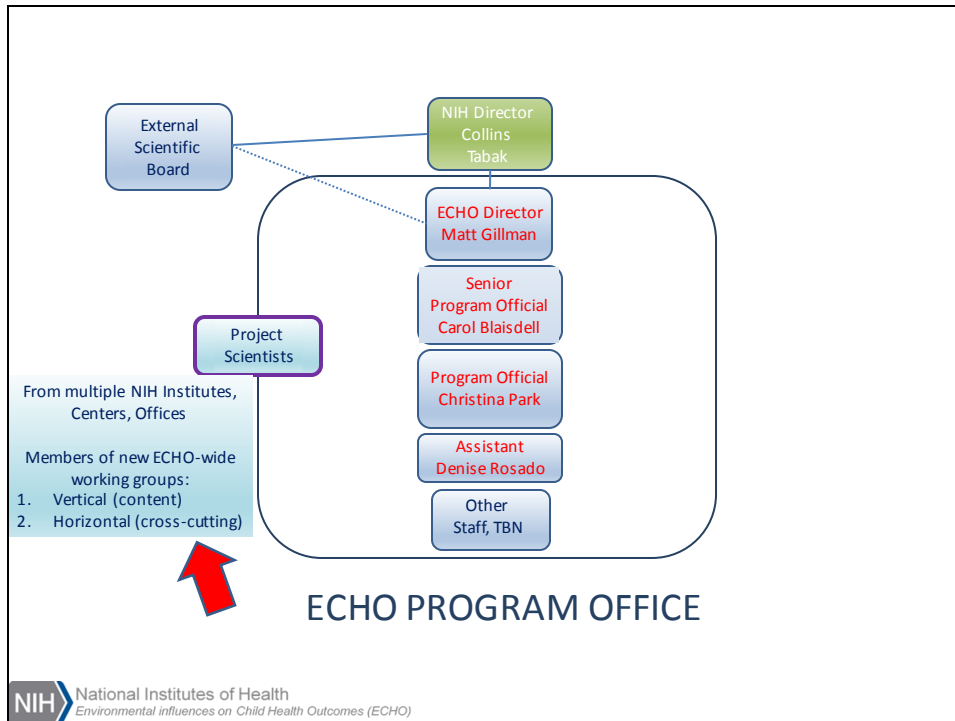


**NIH** National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)









## ECHO Themes Strategy

- Provide best practices for how to do team science in 21<sup>st</sup> century
  - ECHO as Learning System
    - Promote transdisciplinary collaboration among many layers of stakeholders
    - Team science evaluation to improve our program processes and outcomes in real time

# ECHO Themes

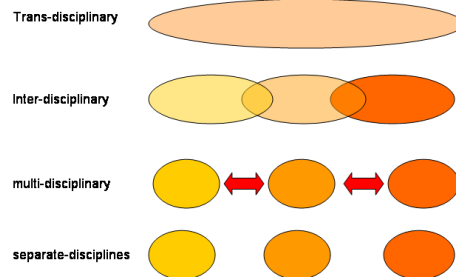
## Strategy

- Provide best practices for how to do team science in 21<sup>st</sup> century
  - ECHO as Learning System
    - Promote transdisciplinary collaboration among many layers of stakeholders
    - Team science evaluation to improve our program processes and outcomes in real time
  - Innovations and consensus-building in data sharing, data harmonization, use of biospecimens, publication policies
    - Intellectual enterprises, potential publications
    - Needed to achieve our scientific aims
    - Our Cross-cutting working groups

### The science of team science



### Transdisciplinary approach



--K. Hall, NCI, and others

## Move the Needle on Data Sharing

- Among investigators
- For public use
- With individual participants

## Move the Needle on Data Sharing

- “It’s just for genetics”
- “I’ve got 10 million variables in raw form and another 10,000 derived variables, and I’ve spent years cleaning them. No one else will understand how to use them, especially longitudinally.”
- “I don’t want my data out there before my team—esp. my junior investigators—and I have a chance to analyze them.”
- “NIH says I have to do it, so I will—but just the minimum necessary.”

# Move the Needle on Data Sharing

- Need for nuanced approach
  - Adheres to the principles
    - We win when we all win
    - Big data are better than small
    - Publicly funded data are, in the end, public
  - Takes into account investigators' fears
  - Plays by the rules
- Lessons learned from IC consortia

*Preliminary  
Data*

Cohort Sites

*Preliminary  
Data*

## Cohorts “Demographic” Data (N = 84)

Life course stage at enrollment of participants		Characteristic of participants	
	N (%) cohorts		
Preconception	3 (4%)	Mothers enrolled, N	~33000
Prenatal	48 (57%)	Children enrolled, N	~46000
Infancy	27 (32%)	Age of children, y	
Toddler/earlychildhood	6 (7%)	Range	0 – 36
		Minimum age, median	1.5
		Maximum age, median	7.0

## Solution-oriented Questions

- “So-what” questions in observational studies that lead to impactful interventions, policies, programs, practices
- Prevention
  - Primordial prevention?
  - Risk stratification, “Precision prevention?”

## Analytic Methods to Mirror Solution-Oriented Questions

- Conceptual causal models
  - Intergenerational transmission
    - Biological (“fetal programming”)?
    - Socio-cultural, e.g., shared family factors?

## Analytic Methods to Mirror Solution-Oriented Questions

- Exposure mixtures
- Conceptual causal models
  - Intergenerational transmission
    - Biological (“fetal programming”)?
    - Socio-cultural, e.g., shared family factors?
- Trajectories of child health
  - Critical periods
  - Reversibility

## Analytic Methods to Mirror Solution-Oriented Questions

- Exposure mixtures
- Conceptual causal models
  - Intergenerational transmission
    - Biological (“fetal programming”)?
    - Socio-cultural, e.g., shared family factors?
- Trajectories of child health
- Shared vulnerability for > 1 outcome
  - Obesity & asthma
    - Each one causes the other, and
    - They have common underpinnings



## Analytic Methods to Mirror Solution-Oriented Questions

- Exposure mixtures
- Conceptual causal models
  - Intergenerational transmission
    - Biological (“fetal programming”)?
    - Socio-cultural, e.g., shared family factors?
- Trajectories of child health
- Shared vulnerability for > 1 outcome
- Unpacking complexity
  - Sophisticated approaches to mediation and time-varying confounding
  - Computational systems science simulation modeling

## Cross-cutting issues

- Heterogeneity
  - Geographic, social, demographic (incl. sex)
- Explaining disparities
  - Racial/ethnic, socio-economic
- Replication

## Solution-oriented Questions

From Kickoff Meeting—Use extant data

- To what extent do the following modifiable exposures in the pre- and peri-natal periods, individually and in combination, affect trajectories of linear growth during infancy (which predicts better later health)?
  - Hypertensive disorder of pregnancy
  - Gestational weight gain
  - Smoking
  - Infection of mom or baby
  - Pre- or postnatal steroids
  - Feeding type
- How do these associations differ according to genetic predisposition, preterm v. term, geography, sex, race/ethnicity?

## All Components Under 1 Umbrella

- Ideas for integrating Cohorts and IDeA States Network
  - Test observations in intervention trials
    - And vice versa
  - Trials favor prevention or treatment of ECHO focus area conditions
  - IDeA States Network investigators members of cross-cutting working groups
    - Develop principles and policies for 21<sup>st</sup> c. team science

## External Scientific Board

### Requested Counsel

- Incorporating all ECHO components under one umbrella
- Attending to numerous strata of stakeholders
- Building a culture of collaboration and synergy
- Harmonizing data across disparate cohorts
- Capitalizing on expertise within as well as outside NIH
- Ensuring early and sustained successes
- Using funds wisely
- ...Others?

## External Scientific Board

### Membership

- Working group of Council of Councils
  - 1 Council member
    - Children's Environmental Health Network
  - 1 IDeA States Network Steering Comm. Chair
  - 3 Academic leaders
    - Genetics, toxic environment, neighborhood and social factors
    - NIH, NCS, FDA, CDC, IOM, Gates, etc.
  - 1 Parent, nominated by March of Dimes
  - 1 AI/AN representative, nominated by TCAC
  - 1 Big data maven?

## “ECHO is like herding...lions”



NIH National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)

seppo.net

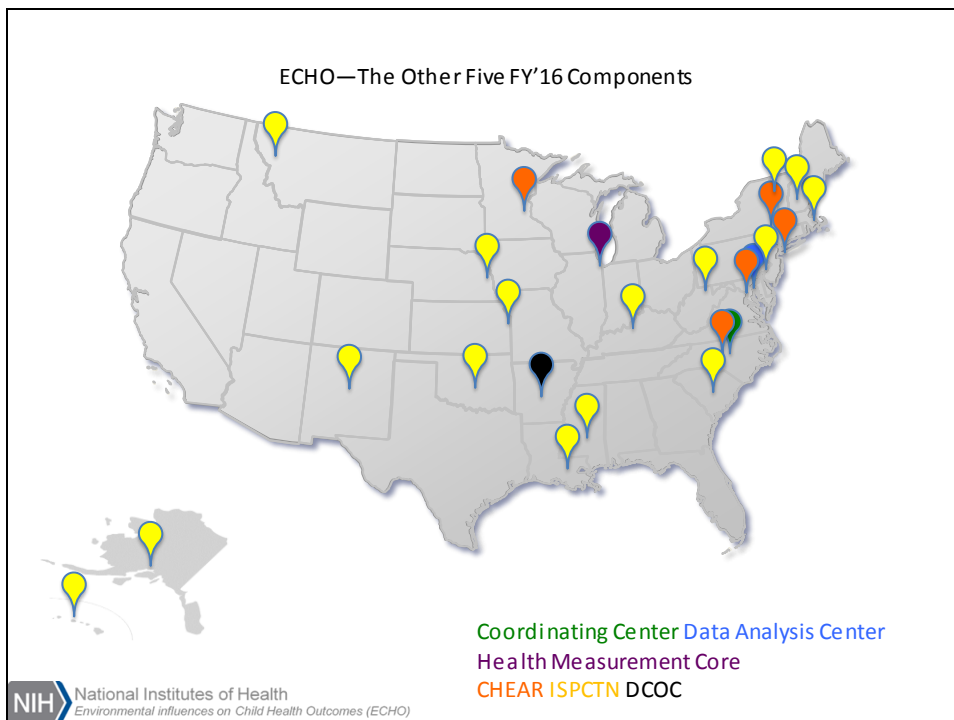
## ECHO

- Engender culture of collaboration
  - Hit the scientific ground running
- ↓
- Show early successes
- ↓
- Become one of the nation's pre-eminent research program in child health

NIH National Institutes of Health  
Environmental influences on Child Health Outcomes (ECHO)

## ECHO Foci

- Outcome focus areas
  - Pre-, peri-, postnatal
  - Upper and lower airway
  - Obesity
  - Neurodevelopment
- Core elements for cohorts
  - Demographics
  - Typical early health and development
  - Genetic influences on early childhood health and development
  - Environmental factors
  - Patient/Person (parent and child) Reported Outcomes (PROs)



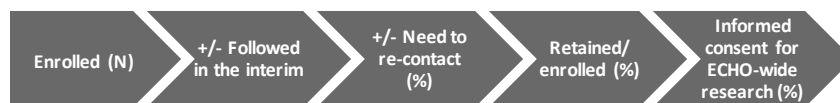
## Strategic

- Harmonization
  - Squared-off pegs in rounded-off holes
  - Core data elements for cohorts
    - Demographics
    - Typical early health and development
    - Genetic influences on early childhood health and development
    - Environmental factors
    - Patient/Person (parent and child) Reported Outcomes (PROs)
  - Bioinformatics is another area of harmonization

## ECHO Cohorts

### UG3 Milestones and Performance Metrics *Cohort-specific*

Individual cohort-specific—NIH negotiates with each cohort		
Item	Metric	Due
Enrollment (for some)	N	June 2018
Retention		
Re-contacted		
Retained	%	June 2018
Informed consent		
Accurate data		
Analyzable data including exposures of interest	Cohort-specific	June 2018
Publications	1+	June 2018



# ECHO Cohorts

## UG3 Milestones and Performance Metrics

### *Collaborative*

Collaborative—Standard across all cohorts		
Item	Metric	Due
Policies: publication, data sharing, biospecimen	Agreed (~signed)	September 2017
New ECHO multi-cohort data collection protocol	Submitted to IRB	September 2017
Participation in "early-win" collective analyses	1+	September 2017
Attendance	Steering Committee meetings (>90%)	June 2018
Leadership	Leader of working group or its subcommittee	June 2018
Submission of participant-level data to Data Analysis Center	Enough for 1+ multi-cohort analyses	June 2018
ECHO multi-cohort publications	1+	June 2018

## DOHaD Interdisciplinary Approach

### Population-based Studies

- Cohort studies
- Randomized trials
- Biomarkers



### Clinical Studies

- Tissue biopsies
- Molecular markers
- Small trials



Hypothesis testing

**Strategy**

Hypothesis testing

### Animal Models

- Physiology
- Metabolism
- Genetic Susceptibility
- Epigenetic mechanisms

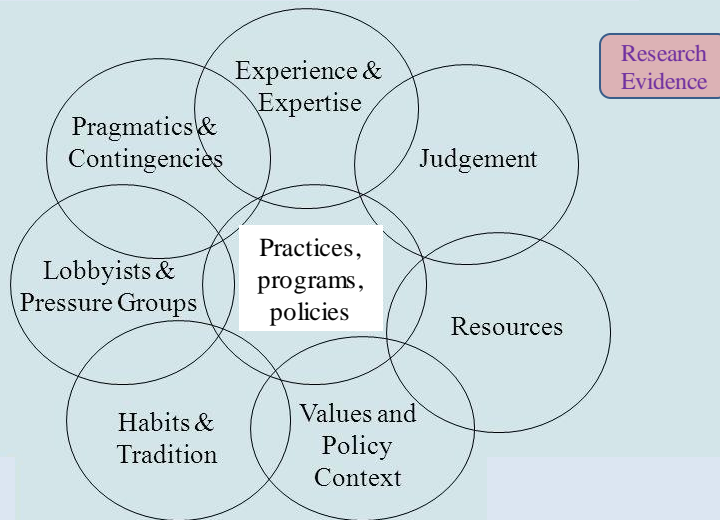


### In Vitro Studies

- Isolated tissue studies
- Molecular markers
- Epigenetic mechanisms



## For maximal impact...



## Need the right evidence...





## Guiding Principles

- Teamwork
  - Working well together
- Impact
  - Research that has an impact on health
- Responsibility
  - Scientifically & ethically sound research
- Value
  - Return on investment in the eyes of Congress, NIH, investigators, and public

## Developmental Origins of Health and Disease

- DOHaD emphasizes prenatal period and early childhood as important periods for development of chronic disease throughout life



Ann Nutr Metab 2013;63:291–292

**Appreciating David Barker (1938–2013)**

Matthew W. Gillman<sup>a,b</sup> Vincent W.V. Jaddoe<sup>c</sup>






THE NEW ENGLAND JOURNAL OF MEDICINE

### Developmental Origins of Health and Disease

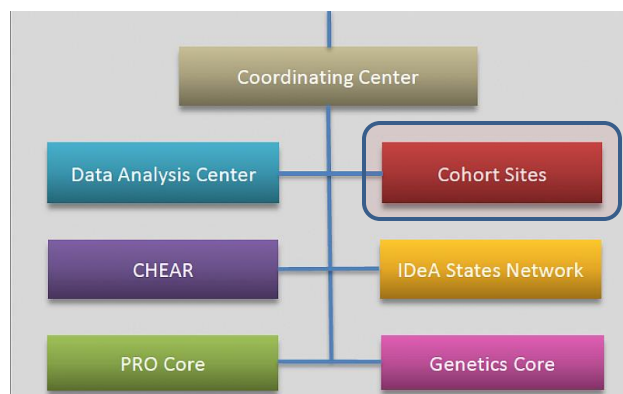
Matthew W. Gillman, M.D.

At first glance, it may seem implausible that your mother's exposure to stress or toxins while she was pregnant with you, how she fed you when you were an infant, or how fast you grew during childhood can determine your risk for chronic disease as an adult. Mounting evidence, however, indicates that events occurring in the earliest stages of human

disease outcomes decades later.<sup>3</sup> Researchers have found consistent inverse associations between birth weight and a central distribution of body fat, insulin resistance, the metabolic syndrome, type 2 diabetes mellitus, and ischemic cardiovascular disease.<sup>4</sup> Moreover, the phenotype of lower birth weight coupled with a higher body mass index in



## Today



Cohort = group of participants followed over time