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## Putative Environmental-Endocrine Disruptors and Obesity: A Review

Mai A. Elobeid<sup>1</sup> and David B. Allison<sup>1,2,3</sup>

<sup>1</sup>Department of Biostatistics, University of Alabama at Birmingham

<sup>2</sup>Department of Nutrition Sciences, University of Alabama at Birmingham

<sup>3</sup>Clinical Nutrition Research Center, University of Alabama at Birmingham

### Abstract

**Purpose of the review**—There has been a substantial increase in the prevalence of obesity in the last several decades. Recent evidence suggests that endocrine disrupting chemicals, e.g. halogenated aromatic hydrocarbons, may cause perturbations in endogenous hormonal regulation and alter other mechanisms involved in weight homeostasis, which may lead to weight gain by increased volume of adipose tissue. Synthetic chemicals derived from industrial processes are suspected to play a contributory role. Yet of the approximately 70,000 documented synthetic chemicals, few have been examined to determine their effects on the endocrine system.

**Recent findings**—The present study examines prior laboratory, epidemiological and experimental research findings. Data demonstrate migration of endocrine disruptors in the environment and are beginning to catalogue their effects on adiposity. We present postulated relationships between these chemicals, their mechanisms of action, and the obesity epidemic.

**Summary**—Endocrine disruptors may adversely impact human and environmental health by altering physiological control mechanism. Obesity, which is known to increase medical costs and reduce quality and length of life, may be increasing as a function of endocrine disruptor exposure. This merits concern among scientists and public health officials and warrants additional vigorous research in this area.

### Keywords

Endocrine disruptors; Obesity; bisphenol A; phthalates; butyltins

### Introduction

Endocrine-disrupting chemicals (EDCs) are compounds that mimic or interfere with the normal actions of all endocrine hormones including estrogens, androgens, thyroid, hypothalamic and pituitary hormones [1\*\*]. There is particular concern about EDCs that are lipophilic, resistant to metabolism, and/or able to bioconcentrate up the food chain. This is because these substances become stored in body fats and can be transferred to the developing offspring via the placenta or via the egg. In spite of the accumulating substantial evidence for an obesity epidemic, our knowledge about the effect of environmental chemicals on weight gain and the magnitude of human or wildlife exposure to these chemicals is limited.

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Correspondence to: David B. Allison, Ph.D, Section on Statistical Genetics, Department of Biostatistics, Ryals Public Health Building, Suite 414, University of Alabama at Birmingham, 1665 University Boulevard, Birmingham, Alabama 35294. Phone: 205-975-9169, Fax: 205-975-2540, Email: Dallison@UAB.edu.

## Endocrine disruptors and the obesity epidemic

EDCs can be placed into two broad categories: naturally occurring and anthropogenic sources. Natural EDCs such as phytoestrogens present in grains, some fungi, grasses, herbs, legumes, and fruits are weaker than endogenous estrogens. However, the second class of compounds, man-made organic compounds synthesized from carbon and other elements such as hydrogen, nitrogen, and chlorine, are more recalcitrant and pose greater risks to human health. Example of the latter are flame-retardant polybrominated diphenyl ether (PBDE), diethylstilbestrol (the drug DES), the plasticizer bisphenol A (BPA), heavy metals, solvents, pesticides [such as organophosphates, dichloro-diphenyl-trichloroethane (DDT)], phthalates, dioxins, polychlorinated biphenyls (PCBs), and butyltins (Table 1 [2]).

They usually vary in potency and in the level of exposure required to produce a deleterious effect. Individually, in some instances these compounds may pose little risk at the levels at which they are typically found. However, in various combinations, weak compounds may interact synergistically and prove to be more potent than either compound alone.

Humans and animals are exposed to EDCs through direct contact with chemicals such as insecticides, herbicides, fumigants, and fungicides; and they are indirectly exposed through ingestion of contaminated water or food. Endocrine disruptors enter the environment from various sources as a result of many manufacturing processes and when plastics and other materials are burned (Table 1).

### Hypothesized modes of action

The hormonal activity of EDCs is thought to occur through a variety of mechanisms. The most commonly proposed mechanism is by direct binding to nuclear receptors such as the estrogen receptor (ER). A second proposed mechanism for endocrine disruptor function is as nuclear receptor antagonists. Endocrine disruptors have also been proposed to function indirectly by inhibiting aromatases such as the P450 family members CYP19 and CYP3A1, which, among their many functions, convert testosterone to estradiol, a third possible mechanism of action. Finally, endocrine disruptors can disrupt hormone levels by activating expression of the P450 enzymes. In addition to these four proposed mechanisms, endocrine disruptors have also been shown to alter neuronal synapse formation [3], which could potentially affect release of brain-produced substances that bind to nuclear receptors and may affect energy regulation.

### The Obesity Epidemic

Obesity increased in prevalence to a considerable extent during the last half of the 20<sup>th</sup> century in both adults and children [4–6]. Obesity has been labeled as a foreboding threat to our population's health by many public and private organizations such as the National Institute of Health (NIH) [7], United States Department of Agriculture (USDA) [8], and World Health Organization (WHO) [9], in both developed and developing countries. Over 50 million persons in the USA are obese. The most recent data show no decreases in prevalence [10]. Obesity is believed to causally contribute to cardiovascular diseases [11–13], type-2 diabetes [14–17], and breast, colon, and renal cancer [18–20]. It is also known to reduce the quality and quantity of human life [21].

The rapid increase of the environmental burden of chemical toxins coincides with the rising epidemic of obesity during the past 40 years [22]. Since the “second industrial revolution” the world population has been apparently exposed to an exponential rise in the production of these chemicals [23]. Furthermore, scientific evidence suggests that developmental exposure to environmental hormone-mimetic may affect many health problems. Recently, exposure to EDCs has been suggested as contributing to obesity in both humans and animals, possibly by

the mechanisms described above [1\*\*,24,25\*\*,26,27]. The purpose of this study is to provide a *brief* review that highlights some of the emerging evidence related to the putative effects of environmental-endocrine disruptors on adiposity or obesity.

## Recent findings

We present recent findings below in three major categories: evidence from laboratory studies (including both in-vivo and in-vitro work), evidence from observational epidemiologic studies, and evidence from human experimental research.

### Laboratory studies

**Bisphenol A**—In-vitro studies showed that BPA triggers 3T3-L1 cells (mouse fibroblasts that can differentiate into adipocytes) to differentiate into adipocytes [28], and also in combination with insulin, BPA accelerates adipocyte formation [29–30]. Important questions that have arisen from in-vivo research concern the nature of the dose-response relation between BPA and adiposity and the potentially differential effects of exposure during different developmental periods. In-utero exposure of mice to low doses of BPA was associated with weight gain and postnatal increase in weight was observed on maternal exposure of mice to 2.4–500 µg/Kg per day of BPA [31–35]. In another study [36], perinatal and postnatal mice were exposed to 1 µg/ml (low dose) or 10 µg/ml (high dose) of BPA in their drinking water. A 13% increase in females mean body weight in the low-dose group and 11% increase in the high-dose group were observed. In males, the mean body weight increased by 22% in the high-dose group, with a mean adipose tissue increase of 22 % as compared with the control. These findings agree with other study [37] that pups born to BPA-exposed females have increased weight as compared with control rats. Furthermore, depending on the age and sex of the rats, there was a significant difference in body weights exists between low-dose and high-dose exposures [37].

Contrary to the aforementioned, exposure of ovariectomized adult female rats to different doses of BPA resulted in the significant *reduction* of body weight gain with no reduction in food intake [38]. In a related study [39], the effect of BPA on body weights of ovariectomized rats was negligible. Moreover, BPA stimulated a decrease in maternal body weight and body weight gain during pregnancy [40–42]. Nevertheless, BPA did not have an effect in body weight gain during lactation [40].

Accelerated maturation of fat pads and a significant increase in the number of adipocytes in mammary glands were observed after exposure of female mice fetuses' mice to 250 ng BPA/Kg bidy weight per day [43]. In addition, the study described an increase in fat vacuoles per cell in animals exposed to BPA in contrast with the control. Their results suggest that BPA may speed lipid uptake, explaining the advanced maturation of fat pads. These results are supported by several in-vivo and in-vitro studies [44,45].

**Tributyltin**—Tributyltin (TBT) has been shown to disrupt normal development and homeostatic controls over adipogenesis and energy balance [27,46]. Several studies showed organotin disruption of signaling genes such as retinoid X receptor (RXR) and peroxisome proliferator-activated receptor gamma (PPARγ), which play a key role in adipocyte differentiation and energy storage resulting in mammalian adipogenesis [27,47–49]. Although, several studies[50–52], suggested an inhibition of adipogenesis in the 3T3-L1 cells, it had been demonstrated that TBT stimulates adipocytes differentiation *in vitro*, and increases adipose mass *in vivo* in the 3T3-L1 cells [53 \*]. Similarly, TBT-induced lipid droplets accumulation in 3T3-L1 cells after a 2-day incubation [54]. Also, prolonged in-vivo exposure to TBT in the environment may increase body fat mass and be involved in obesity development. In-utero studies, showed TBT to accumulate lipids in adipose, testis, and liver tissues in neonate mice

and increasing epididymal adipose mass in adult mice [53]. In addition, the authors described an increase of fat tissue in and around the gonads after exposure to TBT in amphibians.

**Other chemicals**—The effect of 4-nonylphenol on cell proliferation showed the ability to stimulate the propagation and to inhibit adipocyte formation in cultures of fully differentiated 3T3-L1 cells [55]. Additionally, daily exposure of rats to 14 mg/Kg body weight of PBDE has no effect on animal or adipocyte size [56\*]. Some studies indicated that benzo[a]pyrene can favor obesity in mice by impairing  $\beta$ -adrenergic stimulation of adipose tissue lipolysis [57]. The level of LD50 for dioxins was found to be inversely correlated with the body fat mass of animals, meaning that the acute toxicity of dioxins correlates positively with the total quantity of adipose tissue [58]. In animal studies, it has been shown that high-dose DES exposures during pregnancy produce small to normal-size offspring that tend to stay small as adults, whereas low-dose exposures produce normal-size offspring that tend to fatten as they age [59].

### Epidemiological studies

Epidemiologic studies have shown that exposure to putative EDCs is near ubiquitous among modern humans. For example, phthalates are esters mainly used as plasticizers to make polyvinyl chloride more flexible. Furthermore, phthalates metabolites have been detected in 98% of the urine samples, indicating a ubiquitous exposure throughout the last 20 years in a German sample [60\*]. In a similar study [61], BPA was detected in 95% of the 394 adults sample; however, 4-Nonylphenol was detected in only 51% of the urine samples. A number of workers have shown that organochlorine concentrations were in plasma and in abdominal and femoral subcutaneous adipose tissue among men in a weight loss programme [62–63]. The results of a recent national biomonitoring project found industrial chemicals - that have been implicated in the genesis of obesity - with variable high concentrations in all the 35 diverse people tested [64\*\*].

Population-based epidemiologic studies evaluating associations between various endocrine disruptors and obesity are modest in number and scope. Studies on the association between high serum PCBs and serum lipids in Native American population showed that individuals with higher levels of PCBs tend to have higher levels of total serum lipids, showing a significant association among PCBs, lipids, age, and BMI [65]. On the contrary, another study [66] found no association between total plasma organochlorine concentration and BMI in 53 individuals ranging from lean to obese. On a similar study [67] analyzing serum samples, BPA was detected to be higher in both non-obese and obese women with polycystic ovary syndrome compared with BPA levels in non-obese normal women. Plasma organochlorine concentrations were positively associated with higher BMI and fat mass in humans [68].

Recent studies showed the association between persistent organic pollutants [polychlorinated dibenzo-*p*-dioxins (PCDDs), nondioxin-like PCBs, and organochlorine pesticides] and diabetes to be stronger among obese individuals compared to lean individuals in a National Health and Nutrition Examination Survey (NHANES) population [69]. Additional studies showed non-dioxin PCBs to be inversely associated with BMI and organochlorines pesticides to be positively associated with BMI [70]. Furthermore, in a cross sectional study [71\*\*] urine concentrations of four phthalate metabolites were positively and significantly correlated with abdominal obesity among adult U.S. males.

Some authors have observed a lower birth weight on exposure of rats to PCBs measured in maternal serum [72]. In contrast, no association between birth weight and maternal serum polybrominated biphenyls at conception or enrollment PCBs in 444 mothers and their infants were observed in another study [73].

## Experimental Human Studies

We know of no randomized experiments evaluating the effects of putative endocrine disruptors on adiposity in humans. The closest reports are case studies in which olestra is introduced into humans in an attempt to evaluate its impact on reducing the body burden of one or more putative endocrine-disrupting substances and, in turn, on body weight or fat. Olestra is a dietary fat resistant to digestion by mammalian lipases and therefore non-absorbable in mammals. As it passes through the gastrointestinal track, it tends to pull lipophilic substances with it. The addition of olestra to an obese patient's diet decreased Arochlor 1254 contamination in his adipose tissue from 3200 to 56 mg/Kg in 2 years, and facilitated weight loss in an obese diabetic man [74]. Similar case reports exist.

## Conclusion

The role of environmental chemicals role in the obesity and overweight epidemic is a new emerging area of interest that requires more understanding and research, especially in identifying these chemicals and their mechanisms of action. In spite of that, the weight of evidence is enough to suggest the vital need for further studies as well as to prompt a precautionary attitude towards EDCs.

Exposure to low levels of EDCs may be of concern. This is seemingly ubiquitous in today's environment, and consequently the effects of EDCs may manifest primarily in populations (i.e., changes over time) and less with respect to interindividual variation within populations. EDCs are detectable in nearly all human blood samples, and even some of the shorter-lived potential endocrine disruptors are frequently detected in general population surveys of residues in blood or urine. The near omnipresence of the exposures combined with the nontrivial potential health effects justifies further research, education and consideration of preventive action to reduce human exposures to endocrine disruptors.

Studies of potential adverse effects in humans, wildlife, and laboratory studies have focused mainly on reproductive and sexual development, nervous system function, and hormone disorders. The potential hazardous effects that estrogen-like and androgen-like chemicals may have both on wildlife and human health have attracted much attention from the scientific community. The fact that different species have different responsiveness to EDCs may be taken as a sign of multiple mechanisms of action. Limited evidence from laboratory studies suggests that synthetic chemicals may affect obesity-related pathways by changing hormone levels or altering gene expression, but virtually no experimental human studies have been conducted. Presently, the evidence for effects in wildlife is better documented than in humans.

Public health officials should think of the obesity epidemic as a function of a multifactorial complex of events, including environmental-endocrine disruptors, in addition to more commonly perceived and discussed putative contributors to obesity.

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## References and recommended reading

Papers of particular interest, published within the annual period of review, have been highlighted as:

\* Of special interest

## \*\* Of outstanding interest

- 1\*\*. Newbold RR, Padilla-Banks E, Snyder RJ, et al. Developmental exposure to endocrine disruptors and the obesity epidemic. *Reproductive Toxicology* 2007;23:290–296. [PubMed: 17321108]  
Evaluation of the association between endocrine disruptors and the development of obesity.
2. Damstra T. Potential effects of certain persistent organic pollutants and endocrine disrupting chemicals on the health of children. *Clinical Toxicology* 2002;40(4):457–465. [PubMed: 12216998]
3. Shinomiya N, Shinomiya M. Dichlorodiphenyltrichloroethane suppresses neurite outgrowth and induces apoptosis in PC12 pheochromocytoma cells. *Toxicology Letters* 2003;137(3):175–183. [PubMed: 12523960]
4. Ogden CL, Flegal KM, Carroll MD, et al. Prevalence and trends in overweight among US children and adolescents 1999–2000. *JAMA* 2002;288:1728–1732. [PubMed: 12365956]
5. Flegal KM, Carroll MD, Ogden CL, et al. Prevalence and trends in obesity among US adults, 1999–2000. *JAMA* 2002;288(14):1723–1727. [PubMed: 12365955]
6. Hedley AA, Ogden CL, Johnson CL, et al. Prevalence of overweight and obesity among US children, adolescents, and adults, 1999–2002. *JAMA* 2004;291:2847–2850. [PubMed: 15199035]
7. NIH. Strategic Plan for NIH Obesity Research. 2004.  
[http://obesityresearch.nih.gov/About/Obesity\\_EntireDocument.pdf](http://obesityresearch.nih.gov/About/Obesity_EntireDocument.pdf)
8. USDA. Future directions for CSREES obesity prevention workshop: Obesity Prevention Planning Workshop: Summary of Responses. 2004.  
[http://www.csrees.usda.gov/nea/food/pdfs/obesity\\_summary.pdf](http://www.csrees.usda.gov/nea/food/pdfs/obesity_summary.pdf)
9. WHO. Obesity: Preventing and managing the global epidemic. Geneva: World Health Organization; 1998.
10. Ogden CL, Carroll MD, Curtin LR, et al. Prevalence of overweight and obesity in the United States, 1999–2004. *JAMA* 2006;295:1549–552. [PubMed: 16595758]
11. Janssen I, Katzmarzyk PT, Ross R. Body mass index, waist circumference, and health risk: evidence in support of current National Institutes of Health guidelines. *Arch Intern Med* 2002;162:2074–2079. [PubMed: 12374515]
12. Folsom AR, Kaye SA, Sellers TA, et al. Body fat distribution and 5-year risk of death in old women. *JAMA* 1993;269:483–487. [PubMed: 8419667]
13. Seidell JC, Bjorntorp P, Sjostrom L, et al. Regional distribution of muscle and fat mass in men—New insight into the risk of abdominal obesity using computed tomography. *Int J Obes* 1989;13:289–293. [PubMed: 2767882]
14. Haffner SM, Valdez RA, Hazed HP, et al. Prospective analysis of the insulin-resistance syndrome (syndrome X). *Diabetes* 1992;41:715–722. [PubMed: 1587398]
15. Despres JP. Abdominal obesity as an important component of insulin-resistance syndrome. *Nutrition* 1993;9:452–459. [PubMed: 8286886]
16. Ross R, Freeman J, Hudson R, et al. Abdominal obesity, muscle composition, and insulin resistance in pre-menopausal women. *J Clin Endocrinol Metab* 2002;87:5044–5051. [PubMed: 12414870]
17. Ivandic A, Prpic-Krizevac I, Bozic D, et al. Insulin resistance and androgens in healthy women with different body fat distributions. *Wien Klin Wochenschr* 2002;114:321–326. [PubMed: 12212367]
18. Stoll BA. Upper abdominal obesity, insulin resistance and breast cancer risk. *Int J Obes Relat Metab Disord* 2002;26:747–753. [PubMed: 12037643]
19. Le ML, Wilkens LR, Mi MP. Obesity in youth and middle age and risk of colorectal cancer in men. *Cancer Causes Control* 1992;3:349–354.
20. Moyad MA. Obesity, interrelated mechanisms, and exposures and kidney cancer. *Semin Urol Oncol* 2001;19:270–279. [PubMed: 11769879]
21. Allison DB, Downey M, Atkinson RL, et al. TOS Obesity as a Disease Writing Group. Obesity as a Disease: A White Paper on Evidence and Arguments Commissioned by the Council of the Obesity Society (TOS). *Obesity* 2008 Jun;16(6):1161–1177. [PubMed: 18464753]
- 22\*\*. Baillie-Hamilton PF. Chemical toxins: a hypothesis to explain the global obesity epidemic. *J Altern Complement Med* 2002;8:185–192. [PubMed: 12006126] One of the first articles that introduced the role of human exposure to chemicals and the obesity epidemic.

23. United States Tariff Commission. Synthetic Organic Chemicals. Washington: U.S. Government Printing Office (various documents); 1918–1994.
24. Newbold RR, Padilla-Banks E, Jefferson WN, et al. Effects of endocrine disruptors on obesity. *International Journal of Andrology* 2008;31:201–208. [PubMed: 18315718]
- 25\*\*. Iguchi T, Watanabe H, Katsu Y. Toxicogenomics and ecotoxicogenomics for studying endocrine disruption and basic biology. *General and Comparative Endocrinology* 2007;153:25–29. [PubMed: 17324418]A review of the potential molecular mechanisms of action of endocrine disruptor in animals.
- 26\*. Mullerova D, Kopecky J. White adipose tissue: storage and effector site for environmental pollutants. *Physiol Res* 2006;56(4):375–381. [PubMed: 16925464]Evaluation of the role of white adipose tissue as a residing site for environmental pollutants.
- 27\*\*. Grün F, Blumberg B. Environmental obesogens: organotins and endocrine disruption via nuclear receptor signaling. *Endocrinology* 2006;147:S50–S55. [PubMed: 16690801]Organotins modes of action on nuclear receptors and the effect on adipogenesis.
28. Sakurai K, Kawazuma M, Adachi T, et al. Bisphenol A affects glucose transport in mouse 3T3-F442A adipocytes. *British Journal of Pharmacology* 2004;141:209–214. [PubMed: 14707028]
29. Masuno H, Kidani T, Sekiya K, et al. Bisphenol A in combination with insulin can accelerate the conversion of 3T3-L1 fibroblasts to adipocytes. *Journal of Lipid Research* 2002;43:676–684. [PubMed: 11971937]
30. Masuno H, Iwanami J, Kidani T, et al. Bisphenol A accelerates terminal differentiation of 3T3-L1 cells into adipocytes through the phosphatidylinositol 3-kinase pathway. *Toxicological Sciences* 2005;84:319–327. [PubMed: 15659569]
31. Howdeshell KL, vom Saal FS. Developmental exposure to bisphenol A: Interaction with endogenous estradiol during pregnancy in mice. *American Zoologist* 2000;40:429–437.
32. Howdeshell KL, Hotchkiss AK, Thayer KA, et al. Exposure to bisphenol A advances puberty. *Nature* 1999;401:763–764. [PubMed: 10548101]
33. Takai Y, Tsutsumi O, Ikezuki Y, et al. Estrogen receptor-mediated effects of a xenoestrogen, bisphenol A, on preimplantation mouse embryos. *Biochem. Biophys. Res Commun* 2000;270:918–921. [PubMed: 10772925]
34. Honma S, Suzuki A, Buchanan DL, et al. Low dose effect of in utero exposure to bisphenol A and diethylstilbestrol on female mouse reproduction. *Reprod Toxicol* 2002;16:117–122. [PubMed: 11955942]
35. Nikaido Y, Yoshizawa K, Danbara N, et al. Effects of maternal xenoestrogen exposure on development of the reproductive tract and mammary gland in female CD-1 mouse offspring. *Reprod Toxicol* 2004;18(6):803–811. [PubMed: 15279878]
36. Miyawaki J, Sakayama K, Kato H, et al. Perinatal and Postnatal Exposure to bisphenol A increases adipose tissue mass and serum cholesterol level in mice. *Journal of Atherosclerosis and Thrombosis* 2007;5:245–252. [PubMed: 17938543]
37. Rubin BS, Murray MK, Damassa DA, et al. Perinatal exposure to low doses of bisphenol A affects body weight, patterns of Estrous Cyclicity, and plasma LH levels. *Environmental Health Perspectives* 2001;109(7):675–680. [PubMed: 11485865]
38. Nunez AA, Kannan K, Giesy JP, et al. Effects of bisphenol A on energy balance and accumulation in brown adipose tissue in rats. *Chemosphere* 2001;42:917–922. [PubMed: 11272914]
39. Seidlová-Wuttke D, Jarry H, Christoffel J, et al. Effects of bisphenol-A (BPA), dibutylphthalate (DBP), benzophenone-2 (BP2), procymidone (Proc), and linurone (Lin) on fat tissue, a variety of hormones and metabolic parameters: A 3 months comparison with effects of estradiol (E2) in ovariectomized (ovx) rats. *Toxicology* 2005;215:13–24.
40. Zoeller RT, Bansal R, Parris C, et al. Bisphenol A, an environmental contaminant that acts as a thyroid hormone receptor antagonist in vitro, increases serum thyroxine, and alters RC3/neurogranin expression in the developing rat brain. *Endocrinology* 2005;146(2):607–612. [PubMed: 15498886]
41. Tyl R, Myers C, Marr M, et al. Three-generation reproductive toxicity study of dietary bisphenol A in CD Sprague Dawley rats. *Toxicol Sci* 2002;68:121–146. [PubMed: 12075117]
42. Kim HS, Han SY, Yoo SD, et al. Potential estrogenic effects of bisphenol-A estimated by in vitro and in vivo combination assays. *J Toxicol Sci* 2001;26:111–118. [PubMed: 11552294]

43. Vandenberg LN, Maffini MV, Wadia PR, et al. Exposure to environmentally relevant doses of the xenoestrogen bisphenol-A alters development of the fetal mouse mammary gland. *Endocrinology* 2007;148(1):116–127. [PubMed: 17023525]
44. Beck JC, Hosick HL. Growth of mouse mammary epithelium in response to serum-free media conditioned by mammary adipose tissue. *Cell Biol Int Rep* 1998;12:85–97. [PubMed: 3396081]
45. Rudland PS, Twiston-Davies AC, Tsao SW. Rat mammary preadipocytes in culture produce a trophic agent for mammary epithelia-prostaglandin E2. *J Cell Physiol* 1984;120:364–376. [PubMed: 6589225]
46. Tabb MM, Blumberg B. New modes of action for endocrine-disrupting chemicals. *Mol Endocrinol* 2006;20:475–482. [PubMed: 16037129]
47. Forman BM, Tontonoz P, Chen J. 15-Deoxy- $\gamma$ 12, 14-prostaglandin J2 is a ligand for the adipocyte determination factor PPAR $\gamma$ . *Cell* 1995;83:803–812. [PubMed: 8521497]
48. Schoonjans K, Staels B, Auwerx J. The peroxisome proliferator activated receptors (PPARs) and their effects on lipid metabolism and adipocyte differentiation. *Biochim Biophys Acta* 1996;1302:93–109. [PubMed: 8695669]
49. Kersten S. Peroxisome proliferator activated receptors and obesity. *Eur J Pharmacol* 2002;440:223–234. [PubMed: 12007538]
50. Xue JC, Schwaz EJ, Chawla A, et al. Distinct stages in adipogenesis revealed by retinoid inhibition of differentiation after induction of PPAR $\gamma$ . *Mol Cell Biol* 1996;16:1567–1575. [PubMed: 8657131]
51. Kawada T, Kamei Y, Sugimoto E. The possibility of active form of vitamins A and D as suppressors on adipocyte development via ligand-dependent transcriptional regulators. *Int J Obes Relat Metab Disord* 1996;20(3):S52–S57. [PubMed: 8680478]
52. Kawada T, Kamei Y, Fujita A, et al. Carotenoids and retinoids as suppressors on adipocyte differentiation via nuclear receptors. *Biofactors* 2000;13:103–109. [PubMed: 11237167]
- 53\*. Grün F, Watanabe H, Zamanian Z, et al. Endocrine-disrupting organotin compounds are potent inducers of adipogenesis in vertebrates. *Molecular Endocrinology* 2006;20:2141–2155. [PubMed: 16613991] Organotins modes of disruption in vertebrates and weight gain.
54. Inadera H, Shimomura A. Environmental chemical tributyltin augments adipocyte differentiation. *Toxicology Letters* 2005;159:226–234. [PubMed: 15993011]
55. Masuno H, Okamoto S, Iwanami J, et al. Effect of 4-nonylphenol on cell proliferation and adipocyte formation in cultures of fully differentiated 3T3-L1 cells. *Toxicol Sci* 2003;75(2):314–320. [PubMed: 12883076]
- 56\*. Hoppe AA, Carey GB. Polybrominated Diphenyl ethers as endocrine disruptors of adipocyte metabolism. *Obesity* 2007;15:2942–2950. [PubMed: 18198302] The role of PBDE in obesity in animals.
57. Irigaray P, Newby JA, Clapp R, et al. Lifestyle-related factors and environmental agents causing cancer: An overview. *Biomedicine & Pharmacotherapy* 2007;61(10):640–658.
58. Geyer HJ, Schramm KW, Scheunert I, et al. Considerations on genetic and environmental factors that contribute to resistance or sensitivity of mammals including humans to toxicity of 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) and related compounds. Part 1: Genetic factors affecting the toxicity of TCDD. *Ecotoxicol Environ Saf* 1997;36:213–230. [PubMed: 9143450]
59. Mead MN. Origins of obesity -Chemical Exposures. *Environmental Health Perspectives* 2004;112(6):A344. [PubMed: 15121532]
- 60\*. Wittassek M, Wiesmüller GA, Koch HM, et al. Internal phthalate exposure over the last two decades--a retrospective human biomonitoring study. *Int J Hyg Environ Health* 2007;210(3–4): 319–333. [PubMed: 17400024] Epidemiological study monitoring of phthalates exposure.
61. Calafat AM, Kuklennyik Z, Reidy JA, et al. Urinary concentrations of bisphenol A and 4-Nonylphenol in a human reference population. *Environmental Health Perspectives* 2005;113(4):391–395. [PubMed: 15811827]
62. Pelletier C, Despres JP, Tremblay A. Plasma organochlorine concentrations in endurance athletes and obese individuals. *Med Sci Sports Exerc* 2002;34:1971–1975. [PubMed: 12471304]
63. Chevrier J, Dewailly E, Ayotte P, et al. Body weight loss increases plasma and adipose tissue concentrations of potentially toxic pollutants in obese individuals. *Int J Obes Relat Metab Disord* 2000;24:1272–1278. [PubMed: 11093288]



- 64\*\* . Is it in all of us? Chemical contamination of our bodies. A report from the body burden work group and commonweal biomonitoring resource center. 2007The report exposes the reality of toxic chemicals on our lives.
65. Goncharov A, Haase RF, Santiago-Rivera A, et al. High serum PCBs are associated with elevation of serum lipids and cardiovascular disease in a Native American population. *Environ Res* 2008;106(2):226–239. [PubMed: 18054906]
66. Hue O, Marcotte J, Berrigan F, et al. Plasma concentration of organochlorine compounds is associated with age and not obesity. *Chemosphere* 2007;67:1463–1467. [PubMed: 17126879]
67. Takeuchi T, Tsutsumi O, Ikezaki Y, et al. Positive relationship between androgen and the endocrine disruptor, bisphenol A, in normal women and women with ovarian dysfunction. *Endocr J* 2004;51:165–169. [PubMed: 15118266]
68. Pelletier C, Doucet E, Imbeault P, et al. Associations between weight loss-induced changes in plasma organochlorine concentrations, serum T(3) concentration, and resting metabolic rate. *Toxicol Sci* 2002;67:46–51. [PubMed: 11961215]
69. Lee, DH.; Lee, IK.; Song, KE., et al. A strong dose-response relation between serum concentrations of persistent organic pollutants and diabetes: Results from the National Health and Examination Survey; *Diabetes Care*. 2006. p. 1638-1644.
70. Lee, DH.; Lee, IK.; Jin, SH., et al. Association between serum concentrations of persistent organic pollutants and insulin resistant among nondiabetic: Results from the National Health and Nutrition Examination Survey 1999–2002; *Diabetes Care*. 2007. p. 622-628.
- 71\*\* . Stahlhut RW, Wijngaarden EV, Dye TD, et al. Concentrations of urinary phthalate metabolites are associated with increased waist circumference and insulin resistance in adult U.S. males. *Environmental Health Perspectives* 2007;115(6):876–882. [PubMed: 17589594]Evaluation of phthalates metabolites and abdominal obesity among U.S. adult males.
72. Fein GG, Jacobson JL, Jacobson SW, et al. Prenatal exposure to polychlorinated biphenyls: Effects on birth size and gestational age. *Journal of Pediatrics* 1984;105:315–320. [PubMed: 6431068]
73. Givens ML, Small CM, Terrell ML, et al. Maternal exposure to polybrominated and polychlorinated biphenyls: Infant birth weight and gestational age. *Chemosphere* 2007;69(8):1295–1304. [PubMed: 17617441]
74. Redgrave TG, Wallace P, Jandacek RJ, et al. Treatment with a dietary fat substitute decreased Arochl 1254 contamination in an obese diabetic male. *J Nutr Biochem* 2005;16(6):383–384. [PubMed: 15936651]

**Table 1**

Sources, Types, and Examples of Chemicals Identified as Potential Endocrine Disruptors (Adapted [2])

Sources	Types	Examples of Chemicals
Incineration	Industrial by-products	PCBs, dioxins
Atmospheric transport	Organochlorine pesticides	DDT, lindane, dieldrin
Agricultural runoff	Pesticides currently in use	Atrazine
Harbors	Antifoulants from paint applied to hulls of ships	TBT
Industrial/municipal effluents	Alkylphenols, natural estrogens	Nonylphenol, estradiol
Pulp mill effluents	Plant estrogens	Genistein
Consumer products	Flame Retardants	PBDEs
Consumer products	Plasticizers	Dibutyl phthalate