1 Gene-environment interaction analysis in atopic eczema: evidence from large population

2 datasets and modelling *in vitro*.

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134 Abstract

135 Background

- 136 Environmental factors play a role in the pathogenesis of complex traits including atopic eczema (AE)
- 137 and a greater understanding of gene-environment interactions (G*E) is needed to define
- 138 pathomechanisms for disease prevention. We analysed data from 16 European studies to test for
- 139 interaction between the 24 most significant AE-associated loci identified from genome-wide
- 140 association studies and 18 early-life environmental factors. We tested for replication using a further
- 141 10 studies and *in vitro* modelling to independently assess findings.

142 *Results*

- 143 The discovery analysis showed suggestive evidence for interaction (p<0.05) between 7 environmental
- 144 factors (antibiotic use, cat ownership, dog ownership, breastfeeding, elder sibling, smoking and

145 washing practices) and at least one established variant for AE, 14 interactions in total

- 146 (maxN=25,339). In replication analysis (maxN=252,040) dog exposure*rs10214237 (on chromosome
- 147 5p13.2 near *IL7R*) was nominally significant (OR_{interaction}=0.91 [0.83-0.99] P=0.025), with a risk effect
- 148 of the T allele observed only in those not exposed to dogs. A similar interaction with rs10214237 was
- observed for siblings in the discovery analysis (OR_{interaction}=0.84[0.75-0.94] P=0.003), but replication
- analysis was under-powered OR_{interaction}=1.09[0.82-1.46]). Rs10214237 homozygous risk genotype is
- associated with lower IL-7R expression in human keratinocytes, and dog exposure modelled *in vitro*
- showed a differential response according to rs10214237 genotype.

153 Conclusions

154 Interaction analysis and functional assessment provide evidence that early-life dog exposure may

- 155 modify the genetic effect of rs10214237 on AE via *IL7R*, supporting observational epidemiology
- 156 showing a protective effect for dog ownership. The lack of evidence for other G*E studied here
- 157 implies that only weak effects are likely to occur.

158 Key words

159 Atopic eczema; atopic dermatitis; genetic; environment; interaction; epidemiology; dog; sibling

160

161 Background

- 162 Atopic eczema (AE, synonymous with atopic dermatitis or eczema [1]) is a chronic inflammatory skin
- and systemic condition affecting approximately 20% of children and 10% of adults in high-income
- 164 countries. Eczema is the dermatosis which contributes the greatest number of disability-adjusted life
- 165 years worldwide [2] and co-morbid conditions, including asthma and allergies, obesity,
- 166 cardiovascular disease, anxiety and depression add substantially to the social, academic,
- 167 occupational, and financial impact [3]. Atopic eczema is a heritable trait [4] but the rapid rise in
- 168 prevalence in industrialised areas over the past 30 years [3, 5] illustrates the importance of
- 169 environmental factors in aetiology. A greater understanding of environmental effects in driving
- 170 pathology could facilitate disease prevention.

171 The European Academy of Allergy and Clinical Immunology published an umbrella review of 172 systematic reviews in allergy epidemiology and identified a relative lack of research in eczema 173 genetic epidemiology and environmental effects [6]. The investigation of environmental factors using 174 observational epidemiology is inherently challenging in the context of AE because there are multiple 175 confounding factors and possible reverse causation [7]. Genetic studies, however, have made 176 substantial progress in defining mechanisms in eczema predisposition and pathogenesis, including 177 skin barrier dysfunction and aberrant immune response [8]. The evidence of individual variation in 178 susceptibility to environmental allergens and irritants supports the concept of gene-environment 179 interaction (G*E) [9] playing a role in AE and loss-of-function variants in FLG encoding the skin barrier 180 protein filaggrin have been implicated [10]. Knowledge of genetic risk may therefore provide an 181 opportunity to identify key environmental effects and clarify important disease biology.

182	We aimed to investigate evidence of interaction between the most highly significant eczema risk loci
183	defined by genome-wide association studies [11] and environmental risk factors selected based on
184	previous literature [7, 10] and importance to patients and carers [12]. We used early-life
185	environmental exposures (in utero and up to the first 12 months of life) to minimise reverse
186	causation and focus on disease pathogenesis. G*E was tested in cohorts and data from European
187	populations, in discovery and replication phases as a pragmatic approach to maximise sample size.
188	Mechanistic assessment was carried out in vitro in a skin keratinocyte model to validate the observed
189	interactions.

190

191 Results

Analysis was conducted to assess observational association (of environmental effects) followed by interaction effect (of environmental and genetic risk factors) in the discovery cohorts; next the nominally significant findings and those with *a priori* evidence were tested for replication in available larger cohorts.

196 Discovery analysis

197 In meta-analyses of between 1,084 and 22,263 participants (dependent on exposure, Additional file 198 1) we found strong evidence for antibiotic use increasing risk of AE (*in utero* p=0.004, at 6 months 199 p=0.001 and at 12 months $p=6x10^{-4}$; weaker evidence was found for a protective effect of dog 200 ownership (p=0.03), protective effect of childhood smoke exposure (p=0.038) and risk effect of NO₂ 201 levels (p=0.035) (M1 models, Additional file 2). Little evidence (p>0.05) was found for main effects of 202 caesarean delivery, cat ownership, breastfeeding, elder siblings, in utero smoke exposure, washing 203 practices at 6 months and 2 years, PM10 exposure and house dust mite exposure at birth or 1 year 204 (M1 models, Additional file 2).

205	Of the 432 interactions tested (between 24 genetic variants and 18 environmental exposures), we
206	found no significant interactions that passed multiple testing correction, yet 14 nominally significant
207	(p _{int} <0.05) interactions (Figure 1, Table 1). Of these, 8 interactions indicated a higher genetic risk in
208	the presence of the exposure (OR > 1) and 6 indicated a higher genetic risk in the unexposed stratum
209	(OR < 1). Of the 18 environmental exposures tested, the two with the strongest evidence for
210	interaction with FLG null variants were exposure to tobacco smoke between 0 and 2 years
211	(p _{int} =0.018) and washing practices during the same period (p _{int} =0.045). There was little evidence
212	(p>0.05) for interactions between FLG null variants and other tested exposures, though confidence
213	intervals for some interaction estimates were wide (Additional file 2). Notably, there was little
214	evidence for interaction between FLG null variants and cat exposure (p=0.36), with strong effects of
215	FLG in both the unexposed and exposed strata.
216	Sensitivity analyses, additionally adjusting for family history of AE and socioeconomic status, broadly
217	supported the results of the main analyses (Additional file 2), but many of the sensitivity analyses
218	are based on much smaller sample sizes because of the requirement for data on additional
219	covariates. There was little evidence of heterogeneity between cohorts (smallest $p_{het=}0.01$) amongst
220	the 14 reported interactions.
221	Replication analysis
222	We took the 14 interactions with nominal evidence forward to replication, but also the exposures
223	that had prior literature suggesting an interaction with FLG null variants (cat, siblings and breast-

- feeding [10]). In total, 19 interactions based on 8 different exposures and 10 genetic variants were
- included in the replication.
- 226 In replication analysis dog exposure and rs1041237 showed evidence for interaction (p=0.025), Table
- 1. In an analysis stratified by dog exposure the T allele increases risk of atopic eczema (OR=1.14, 95%
- 228 CI 1.08 to 1.22), but only amongst those who are not exposed to a dog in the family home. In

individuals who are exposed to dog in early life, this variant appears to have little effect (OR=0.98,

230 95% CI 0.68-1.11 Figure 2).

231 Availability of environmental data for replication varied, with many of our attempted replications of 232 interactions being insufficiently powered to be conclusive. Washing practices (0-2y) and antibiotic 233 use in utero interactions had only 3 and 4% power respectively (given the interaction effects 234 observed in the discovery phase, Additional file 3). The tobacco exposure in utero interaction only 235 reached 11% power and the four sibling interactions had between 8 and 37% power (dependent on 236 variant). The breast-feeding duration interaction only had 4% power in the replication phase and so 237 we extended the replication analysis to 'ever breastfed' to increase the power to 56%. The 238 interactions with dog, cat and tobacco smoke exposure 0-2 years were all sufficiently powered (88%, 239 72-88% and 99%, respectively, Additional file 3). The previously reported interactions between FLG 240 null mutations and cat, siblings and ever breastfed had 99% power given their reported interaction 241 effects (Additional file 3).

242 In silico follow-up of rs10214237*dog interaction

243 Rs10214237 is an intergenic variant (T>C) on chromosome 5p13.2; this was identified in association 244 with eczema by a genome-wide association study (GWAS) [11] in which ILTR was prioritised as the 245 likely causal gene based on evidence including eQTL colocalisation in macrophages and monocytes 246 [13, 14]. The top single nucleotide variant (SNV) at this locus in more recent meta-analysis [13] is 247 rs10214273, but this variant is in complete linkage disequilibrium with rs10214237 in European 248 populations (R²=1, LDLink version 5.6.6, LDPair tool). Global population data from gnomAD shows 249 ancestral difference in allele frequency, with rs10214237 being more frequent in European and South 250 Asian populations (MAF 0.28 and 0.20 respectively) compared to African people (MAF 0.07) (1KG 251 data accessed 10 Jan 2025).

Rs10214237 is within a region of open chromatin in keratinocytes and fibroblasts, but not the
lymphoblastoid cell line GM12878 (UCSC Genome Browser 06 Feb and 27 Nov 2024). Open Targets

V2G analyses confirm *IL7R* as most likely gene affected by this SNV based on pQTL, sQTL and eQTL
(06 Feb and 27 Nov 2024). GTEx data show that expression of *IL7R* is higher with T:T genotype in
whole blood and cultured fibroblasts and in newly generated data we show that individuals with the
T:T genotype have slightly higher *IL7R* mRNA expression in primary human keratinocytes than those
with the C:C genotype (Additional file 4). Single cell data from the Human Protein Atlas [15, 16]
confirms that IL-7R is expressed at protein level in human keratinocytes, in addition to circulating
immune cells.

261 In vitro testing of the effects of dog allergen on human keratinocytes

262 Human keratinocytes comprise the outermost layer of skin and can therefore represent the first line 263 of interaction in an allergen encounter in utero or early life. To further investigate the effect of dog 264 exposure in early life, primary normal human keratinocytes were exposed to clinical-grade dog 265 epithelial extract, a standardised reagent used for allergy testing in the clinic [17]. Dog allergen 266 exposure stimulated an up-regulation in CXCL8 (IL-8), CSF2, CCL2 and TNF mRNA but the atopy-267 related cytokines *IL33* and *TSLP* mRNA were down-regulated (Figure 3A). Network analysis of the 268 proteins encoded by the upregulated transcripts showed significant enrichment for IL-10 signalling 269 (Figure 3B, Reactome pathway FDR 7.71e-08) which plays a suppressive role in contact dermatitis 270 and atopic eczema [18]. To test the keratinocyte response more broadly, we used an ELISA panel of 271 64 cytokine, chemokines and receptors (Additional file 5). This confirmed the signature of increased 272 IL-10 signalling (Additional file 5).

Next, using primary human keratinocytes of known rs10214237 genotype and focusing on CXCL8 (IL8), CCL2 and IL-6 as molecules of relevance to IL-7R signalling in epithelial cells, we investigated the
effect of dog allergen exposure, with and without IL-7 stimulation (Figure 3C-E). There was no
difference in expression levels after IL-7 stimulation, but on stimulation with dog extract (or IL-7 plus
dog extract), keratinocytes of T:T genotype (homozygous for the eczema-risk allele) showed a greater
response than the C:C genotype.

Together these observations provide a possible mechanistic explanation for the finding that the T allele at rs10214237 increases risk for atopic eczema; the T:T genotype shows greater IL-7R mRNA expression, but in the context of dog exposure the risk effect is overshadowed by an increase in cytokines and chemokines in the IL-10 pathway which suppresses eczema to a greater extent in T:T than C:C individuals.

284

285 Discussion

286 Our collaborative work represents the largest and most comprehensive analysis to date investigating 287 G*E in atopic eczema, using a systematic approach focussed on the most significant genetic loci and 288 selected environmental factors. We first meta-analysed data from available observational studies to 289 test for association and then applied interaction analysis to investigate G*E. Statistical power remains 290 a limiting factor and the nominal significance level (p<0.05 without correction for multiple testing) 291 means cautious interpretation is needed. We have identified important negative results as well as 292 one interaction with functional validation in vitro and others that warrant further follow up. 293 A variety of sources provide evidence that G*E plays a role in the aetiology of atopic eczema. These 294 include rapidly rising prevalence [5], clinical observation [4], epidemiological studies [10], and in vitro 295 analyses demonstrating molecular effects that include aryl hydrocarbon receptor signalling [19]. 296 Some authors have even stated that 'atopic eczema is an environmental disease' [20]. Our meta-297 analysis of observational associations provides evidence that early-life exposure to antibiotics and 298 NO₂ levels associate with increased risk of AE, whilst early-life exposure to dog or tobacco smoke is 299 associated with a lower risk of AE in the populations studied. However, these associations may be 300 affected by bias through confounding and reverse causation.

Statistical interaction analysis indicates that early-life dog exposure may modify the genetic effect of
 rs10214237. Functional genetic analyses show an effect mediated via the gene *IL7R* which encodes
 the alpha-subunit of the IL-7 receptor. Rs10214237 T:T genotype was associated with an increased

304 risk of atopic eczema in population as a whole and in the sub-population without dog exposure 305 (Figure 2) consistent with the T:T genotype showing greater IL7R mRNA expression (Additional file 306 4). The IL-7 receptor is a heterodimer composed of IL7R-alpha and IL2R-gamma. It is expressed is 307 multiple cell-types and tissues, including T-cells, NK-cells, glandular and stratified epithelial cells (data 308 from Human Protein Atlas [15, 16]). IL7R-alpha also contributes to a heteromeric complex with the 309 thymic stromal lymphopoietin (TSLP) receptor but our experimental work to test TSLP as an 310 alternative ligand in keratinocytes was not informative (data not shown) likely, in part, because the 311 TSLPR is only very lowly expressed in this cell type [21]. 312 Our detailed in vitro work focussed on human epidermal keratinocytes as the earliest tissue to 313 encounter dog allergen in the initiation of atopic disease, in utero or early infancy. We have shown 314 that keratinocytes display a direct response to dog allergen exposure, with down-regulation of IL-33 315 and TSLP mRNA (both inducers of type 2 immune responses in atopy [22, 23]) and upregulation of a 316 network of genes encoding chemokines and cytokines of IL-10 signalling (Reactome pathway HAS-317 6783783), contributing to the suppression of atopic inflammation [18]. This is consistent with 318 observational epidemiology showing an apparent protective effect of dog exposure early in life [24] 319 [25]. Gene ontology analysis of the same network indicates a role in cellular response to

320 lipopolysaccharide (GO:0071222), likely to reflect a response to gram negative components of the321 canine microbiome.

322 The proposed interaction with genotype was investigated using keratinocytes of known rs10214237 323 status. Here the T:T genotype showed a greater increase in IL-10 signalling in response to dog 324 allergen exposure than the C:C genotype, which is consistent with the suppression of atopic eczema 325 risk on a population level in the dog-exposed T:T individuals, whilst non-dog-exposed T:T individuals 326 remain at risk of disease. The interaction is analogous to a 17q21*dog interaction demonstrated in 327 asthma [26] in which the risk of persistent wheeze is attenuated by dog ownership [26]. There is an 328 interesting parallel in the interaction of rs10214237 with exposure to older siblings, in which the 329 older sibling abrogates risk effect for rs10214237. We speculate that this may be related to the

increased microbial exposure experienced by an infant with older siblings (or a dog) in the
 household, and there is evidence of shared skin and gut microbiome between humans and their
 pets[27], but it could also reflect lifestyle choices of dog-owning families and these hypotheses
 require further testing.

334 There are some limitations to this work. The discovery analysis used selected SNVs to represent 335 known eczema risk loci, rather than conducting a genome-wide interaction analysis. This restricted 336 approach has been shown to be effective in other traits [28]; it is needed because of power 337 constraints, even in large population datasets. A post-hoc estimation of statistical power (Additional 338 file 3) showed that our replication sample sizes were insufficient for some interactions. Therefore, 339 where replication results do not meet our pre-specified significance threshold it is not possible to 340 definitively exclude an interaction, but we report the interaction effect sizes for which we had good 341 statistical power, to demonstrate the magnitude of interactions which are unlikely to exist, given our 342 null results (Additional file 3). Furthermore, by focusing on selected SNVs within the known AE risk 343 loci, we acknowledge that there may be loci in which an effect is only apparent in the context of 344 interaction with an environmental exposure. These would not be detected by our analysis strategy 345 and genome-wide interaction analysis should be considered in future work if far larger sample sizes 346 than used here become available. An important limitation to this work is the use of European cohort 347 data including people of predominantly white ancestry; this reflects the current sparsity of diverse 348 ancestries in population genetic studies of sufficient size to carry out these analyses. The observed 349 differences in allele frequency of rs10214237 in African compared to European and South Asian 350 populations illustrates the limited transferability of this variant effect across population, although 351 other population-specific variants in the same locus may contribute to similar mechanistic effects. 352 International efforts are on-going to address this limitation [29], and future G*E studies are needed 353 to investigate population-specific environmental effects. More detailed sub-phenotyping of AE may, 354 in the future, reveal that more specific genetic and environmental drivers exist in distinct ancestral or 355 sub-phenotype groups.

356 In our previous systematic review focusing on gene-environment interactions with FLG null mutations 357 [10] we found some published evidence for FLG^* environment interactions with exposures including 358 early-life cat ownership, older siblings, water hardness, phthalate exposure, and prolonged 359 breastfeeding from the small number of previous studies. The lack of replication of FLG*cat 360 ownership interaction in the large well-powered study reported here, and another recent meta-361 analysis [30] represents an interesting null finding, contrasting with two small birth cohort studies 362 ([31, 32] n=379 and n=503) which reported p values for interaction <0.01 with evidence for increased 363 risks of atopic eczema in those with FLG null mutations exposed to cat in early life. Evidence for these 364 G*E interactions came from small numbers of individuals with FLG mutation, cat exposure and 365 development of atopic eczema (five people in one study [31]). We had very good power (99%) for 366 the interaction magnitude previously reported (OR_{int}=11[31]) and 80% for an interaction as small as 367 OR_{int}=1.26, suggesting very little evidence in our data for this interaction. We found little evidence for 368 FLG*breastfeeding, consistent with our systematic review [10], where studies reported no evidence 369 for interactions with breastfeeding, although an *FLG**breastfeeding duration interaction was reported 370 from the Isle of Wight cohort [33]. Here, our post-hoc power calculation (Additional file 3) showed 371 adequate power (99%) for the FLG*breastfed-ever interaction, but low power (<1%) for 372 FLG*breastfeeding duration analyses, which may explain the discrepancy.

373 Conclusions

374 We report observational evidence for an association of atopic eczema with exposure to antibiotics,

375 NO₂, and tobacco smoke in early life, but the precise nature and mechanisms of action of these

are environmental factors on atopic skin inflammation remain unclear. We also detected an

377 observational association between early life dog exposure and reduction in prevalence of atopic

378 eczema. Further interaction analysis and functional assessments have provided evidence that dog

379 exposure reduces the genetic risk effect of rs10214237 in a pathway via *IL7R* and possibly IL-10, to

380 suppress skin inflammation. There may be an equivalent interaction effect with siblings, but this is

381 not possible to model *in vitro*. The lack of statistical evidence for other G*E explored in this analysis

- 382 suggests that only weak interactions are likely to exist, indicating that on a population level the
- 383 interactions tested and found to be null are unlikely to have important contributions to AE
- 384 pathogenesis. Therefore further, larger longitudinal studies should focus on alternative mechanistic
- 385 questions.

386 Methods

- 387 Aim
- 388 This work aimed to investigate evidence of interaction between 24 genetic risk loci for atopic eczema
- and 18 early-life environmental effects.
- 390 Study design and setting
- 391 Genetic risk loci were defined by the 24 top hits at each locus from genome-wide association analysis
- 392 [11, 13] and coded for the risk-increasing allele as effect allele (Additional file 8). FLG null genotype
- 393 was coded as presence/absence (0/1) of any of the loss-of-function variants prevalent in the white
- European population (R501X, 2282del4, R2447X, S3247X as previously reported [11, 34]).
- 395 Environmental exposures were selected on the basis of our recently published literature review [10],
- interest from representative of a national eczema support group [12] and refined for pragmatic
- 397 reasons, based on data availability.
- 398 Genetic epidemiology and interaction analysis was used for discovery and replication. In vitro
- 399 modelling was performed to independently assess the one G*E effect that showed a nominally
- 400 significant interaction in the discovery and replication analyses.
- 401 Characteristics of participants

402 **Cohort descriptions**

- 403 The discovery analysis included 16 population-based cohorts from people of European ancestry (N =
- 404 25,339) and a further 10 European population-based cohorts were included in the replication stage
- 405 (N = 254,532), giving a maximum total of 279,871 (maxN) in the final meta-analysis (Additional file
- 406 **1A and 1B**). Disease status was determined by either parental report or doctor diagnosis for those
- 407 who had "ever had eczema". Further details on the phenotype definitions for the included studies
- 408 can be found in **Additional file 6**.

410 Keratinocyte culture and gene expression

- 411 Primary human keratinocytes were isolated from normal human skin samples excised during routine 412 surgical procedures, with patient consent, under governance of the Lothian Bioresource (reference 413 SR1665). Samples were genotyped for rs10214237 using KASP[™] (LGC Genomics, Teddington, 414 England). IL7R mRNA expression was quantified in 34 keratinocyte samples (3 of C:C genotype, 15 T:C 415 and 16 T:T) using RT-qPCR. RNA was isolated with TRIzol (15596026, Invitrogen, Carlsbad, USA) and 416 spin filtration columns using Direct-zol (R2072, Zymo, Irvine, USA). cDNA was prepared using 417 200ng/ml random primers (48190011, Invitrogen, Carlsbad, USA) with reverse transcriptase using 418 SuperScript IV (18090050, Invitrogen, Carlsbad, USA). qPCR was carried out using exon-spanning 419 probes (ILTR: HS00902334 m1, Thermo, Waltham, USA) and (EF1A: HS.PT.58.24345862, Integrated 420 DNA Technologies ,San Diego, USA) with TaqMan Universal Master Mix II (4440040, Thermo, 421 Waltham, USA) and run on a CFX384 PCR Detection System (Bio-Rad, Hercules, USA) using cycling 422 conditions: 95°C for 10 mins, 40 cycles of [95°C for 15 secs, 60°C for 1 min]. Fold changes in gene 423 expression were derived via the 2(-Delta Delta C[T]) method, using *EF1A* as the reference gene. 424 In vitro analysis for rs10214237*dog interaction 425 To investigate the effect of dog allergen on human keratinocytes, monolayers were treated for 8h 426 with 10ug/ml dog allergen (Can f 1, catalogue E802, Immunotek, Madrid, Spain). RNA isolation and
- 427 RT-qPCR were carried out as above (*CXCL8*: Hs.PT.58.38869678.g, *CSF2*: Hs.PT.58.20138984, *CCL2*:
- 428 Hs.PT.58.45467977, *TNF*: Hs.PT.58.45380900, *IL33*: Hs.PT.58.21416460, *EF1A*: HS.PT.58.24345862,
- 429 Integrated DNA Technologies, San Diego, USA) and (*TSLP*: Hs00263639_m1, Thermo, Waltham, USA).
- 430 Experiments were replicated using keratinocytes from 5-12 independent donors.
- 431 To investigate a genotype-specific effect of IL-7 and/or dog allergen stimulation, keratinocytes were
- 432 grown to confluency and treated with 100ng/ml recombinant human IL-7 (rhIL-7) (BioTechne,
- 433 Minneapolis, USA, catalogue: 207-IL) and 500ng/ml Dog dander (Lofarma, Milan, Italy) for 8 hours.

The carrier solution for dog dander (Lofarma) or 0.002% BSA, used as a carrier protein for rhIL-7 were

435 negative controls and experiments were conducted in duplicate for each condition.

436 One-way analysis of variance (ANOVA) with Dunnett's post-hoc test for multiple comparisons was

- 437 used to compare samples' means and results displayed showing standard error of the mean (SEM).
- 438 Gene ontology, network and pathway analyses were conducted using STRING v12.0.
- 439 Statistical genetic analysis

440 The early-life environmental exposures for investigation included pet ownership for cat and dog

441 separately, house dust mite exposure, washing practices (to represent environmental irritants),

442 cigarette tobacco smoking within the household, antibiotic use, environmental pollution, breast

443 feeding mode of delivery and presence of older siblings. These are listed in Additional file 7, with

444 details of their definition and coding. The exposures were tested for interaction effects with 24 SNPs

445 previously reported for eczema risk [11, 35] (Additional file 8). This involved fitting a statistical model

to include the main effect of the SNP upon eczema (G) (extracted from Paternoster et al, 2015[11]),

the main effect of the environmental factors upon eczema (E), and the product of the SNP effect and

448 the environmental effect (G*E). Logistic regression models were applied to identify the main effect of

each environmental factor (models M1 to M4, Additional file 9), and to test for interaction between

450 the exposure and each SNP while adjusting for sex (models 11 to 13, Additional file 9). Sensitivity

451 analyses were also performed while adjusting for family history of atopic disease (asthma, eczema or

- 452 hay fever) and parental education as a proxy for socioeconomic status (models S1 to S3, Additional
- 453 file 9).

Analyses were performed separately within each cohort and then combined by performing fixedeffects meta-analyses. Genetic data was imputed separately for each cohort. Further imputation
details can be found in the Additional file 6.

457 *Power calculation*

- 458 Posthoc estimates of statistical power were calculated in Quanto (version 1.2.4). These were
- 459 informed by effect size estimates from the discovery analyses or previously published studies,
- 460 assuming case-to-control ratio of 1:3, and alpha=0.004 in replication analyses (0.05/14 for multiple
- 461 testing of 14 gene-environment pairs) (Additional file 3).

462

463 Abbreviations

464	ANOVA	Analysis of variance
465	FLG	Gene encoding filaggrin
466	G*E	Gene-environment interaction
467	GWAS	Genome-wide association study
468	maxN	Maximum number of individuals in the analysis
469	OR	Odds ratio
470	SEM	Standard error of mean
471	SNV	Single nucleotide variant
472	TSLP	Thymic stromal lymphopoietin

473 Declarations

474 Ethics approval and consent to participate

- 475 Each contributing cohort has ethical approval for the sharing of anonymised data from study
- 476 participants, with their written informed consent.
- 477 Consent for publication
- 478 The named authors provide consent for publication of this work.

479 Availability of data and materials

- 480 All results supporting the conclusions of this article are included within manuscript and Additional
- 481 files. Specifically, full results for all the models tested are given in Additional files 2 and 10. Each
- 482 cohort contributing to the analysis has their own controlled-access procedures and should be
- 483 contacted directly to obtain access to individual level data.

484 *Competing interests*

- 485 SJB has received research funding (but no personal financial benefits) from the Wellcome Trust
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526 Authors' contributions

- 527 AB-A, PB, KB, DB, SJB, MBP, ACu, CF, JHe, JWH, JO'BH, ADI, GK, PdM, SML, Y-AL, DM, EM, CSM, DMM,
- 528 SP, LP, CP, NJR, AS, CS, MS, JPT and CW made substantial contributions to the conception or design of
- 529 the work; all authors contributed to the acquisition, analysis, or interpretation of data; AB-A, SJB,
- 530 ACu, LD, CF, ADI, GK, SML, Y-AL, LP, NJR, CS and MS drafted the work or substantively revised it.
- All authors have approved the submitted version and have agreed both to be personally accountable
- 532 for the author's own contributions and to ensure that questions related to the accuracy or integrity
- of any part of the work, even ones in which the author was not personally involved, are
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542 MS, AB-A, LP are experts in statistical genetic analysis of complex traits including AE; SML is a clinical 543 academic dermatologist with epidemiology expertise; SJB is a clinical academic dermatologist with 544 expertise in genetic epidemiology and functional genetics. NJR is a clinical academic dermatologist 545 with expertise in immune mediated inflammatory skin disorders and precision medicine.

546 References

547	1.	Johansson S, Bieber T, Dahl R, Friedmann P, Lanier B, Lockey R, Motala C, Ortega Martell J, Platts-Mills
548		T, Ring J, et al: Revised nomenclature for allergy for global use: Report of the Nomenclature Review
549		Committee of the World Allergy Organization, October 2003. J Allergy Clin Immunol 2004, 113:832-
550		836.
551	2.	Mehrmal S, Uppal P, Giesey RL, Delost GR: Identifying the prevalence and disability-adjusted life
552		years of the most common dermatoses worldwide. J Am Acad Dermatol 2020, 82:258-259.
553	3.	Urban K, Chu S, Giesey RL, Mehrmal S, Uppal P, Nedley N, Delost GR: The global, regional, and
554		national burden of atopic dermatitis in 195 countries and territories: An ecological study from the
555		Global Burden of Disease Study 2017. JAAD Int 2021, 2:12-18.
556	4.	Langan SM, Irvine AD, Weidinger S: Atopic dermatitis. Lancet 2020, 396:345-360.
557	5.	Odhiambo JA, Williams HC, Clayton TO, Robertson CF, Asher MI, Group IPTS: Global variations in
558		prevalence of eczema symptoms in children from ISAAC Phase Three. J Allergy Clin Immunol 2009,
559		124: 1251-1258 e1223.
560	6.	Genuneit J, Seibold AM, Apfelbacher CJ, Konstantinou GN, Koplin JJ, La Grutta S, Logan K, Perkin MR,
561		Flohr C, Task Force 'Overview of Systematic Reviews in Allergy Epidemiology ' of the EIGoE: Overview
562		of systematic reviews in allergy epidemiology. Allergy 2017, 72:849-856.
563	7.	Rutter CE, Silverwood RJ, Williams HC, Ellwood P, Asher I, Garcia-Marcos L, Strachan DP, Pearce N,
564		Langan SM, Group IPTS: Are Environmental Factors for Atopic Eczema in ISAAC Phase Three due to
565		Reverse Causation? J Invest Dermatol 2018.
566	8.	Brown SJ: What Have We Learned from GWAS for Atopic Dermatitis? J Invest Dermatol 2021, 141:19-
567		22.
568	9.	Ottman R: Gene-environment interaction: definitions and study designs. Prev Med 1996, 25:764-770.

569	10.	Blakeway H, Van-de-Velde V, Allen VB, Kravvas G, Palla L, Page MJ, Flohr C, Weller RB, Irvine AD,
570		McPherson T, et al: What is the evidence for interactions between filaggrin null mutations and
571		environmental exposures in the aetiology of atopic dermatitis? - A systematic review. Br J Dermatol
572		2019.
573	11.	Paternoster L, Standl M, Waage J, Baurecht H, Hotze M, Strachan DP, Curtin JA, Bonnelykke K, Tian C,
574		Takahashi A, et al: Multi-ancestry genome-wide association study of 21,000 cases and 95,000
575		controls identifies new risk loci for atopic dermatitis. Nat Genet 2015, 47:1449-1456.
576	12.	Brown SJ: Discussion with Eczema Outreach Scotand 2018.
577	13.	Budu-Aggrey A, Kilanowski A: European and multi-ancestry genome-wide association meta-analysis
578		of atopic dermatitis highlights importance of systemic immune regulation. Nat Commun 2023, in
579		press.
580	14.	Sobczyk MK, Richardson TG, Zuber V, Min JL, Gaunt TR, Paternoster L, eQtlgen Consortium BCG:
581		Triangulating Molecular Evidence to Prioritize Candidate Causal Genes at Established Atopic
582		Dermatitis Loci. J Invest Dermatol 2021, 141:2620-2629.
583	15.	Thul PJ, Akesson L, Wiking M, Mahdessian D, Geladaki A, Ait Blal H, Alm T, Asplund A, Bjork L, Breckels
584		LM, et al: A subcellular map of the human proteome. Science 2017, 356.
585	16.	Human Protein Atlas available from http://www.proteinatlas.org
586	17.	Patel G, Saltoun C: Skin testing in allergy. Allergy Asthma Proc 2019, 40:366-368.
587	18.	Boyman O, Werfel T, Akdis CA: The suppressive role of IL-10 in contact and atopic dermatitis. J Allergy
588		<i>Clin Immunol</i> 2012, 129: 160-161.
589	19.	Hidaka T, Ogawa E, Kobayashi EH, Suzuki T, Funayama R, Nagashima T, Fujimura T, Aiba S, Nakayama K,
590		Okuyama R, Yamamoto M: The aryl hydrocarbon receptor AhR links atopic dermatitis and air
591		pollution via induction of the neurotrophic factor artemin. Nat Immunol 2017, 18:64-73.

- 592 20. Luschkova D, Zeiser K, Ludwig A, Traidl-Hoffmann C: Atopic eczema is an environmental disease.
- 593 Allergol Select 2021, 5:244-250.

26.

- 594 21. Zhong W, Wu X, Zhang W, Zhang J, Chen X, Chen S, Huang H, Yang Y, Yu B, Dou X: Aberrant Expression
- 595 of Histamine-independent Pruritogenic Mediators in Keratinocytes may be Involved in the
- 596 Pathogenesis of Prurigo Nodularis. Acta Derm Venereol 2019, 99:579-586.
- 597 22. Ebina-Shibuya R, Leonard WJ: Role of thymic stromal lymphopoietin in allergy and beyond. Nat Rev 598 Immunol 2023, 23:24-37.
- 599 23. Liew FY, Girard JP, Turnguist HR: Interleukin-33 in health and disease. Nat Rev Immunol 2016, 16:676-600 689.
- 601 24. Thorsteinsdottir S, Thyssen JP, Stokholm J, Vissing NH, Waage J, Bisgaard H: Domestic dog exposure at 602 birth reduces the incidence of atopic dermatitis. Allergy 2016, 71:1736-1744.
- 603 25. Eapen AA, Sitarik AR, Cheema G, Kim H, Ownby D, Johnson CC, Zoratti E: Effect of prenatal dog 604 exposure on eczema development in early and late childhood. J Allergy Clin Immunol Pract 2022, 605 10:3312-3314 e3311.
- 606
- 607 Morris AP, et al: Dog ownership in infancy is protective for persistent wheeze in 17q21 asthma-risk 608 carriers. J Allergy Clin Immunol 2023, 151:423-430.

Tutino M, Granell R, Curtin JA, Haider S, Fontanella S, Murray CS, Roberts G, Arshad SH, Turner S,

- 609 27. Lehtimaki J, Sinkko H, Hielm-Bjorkman A, Laatikainen T, Ruokolainen L, Lohi H: Simultaneous allergic 610 traits in dogs and their owners are associated with living environment, lifestyle and microbial 611 exposures. Sci Rep 2020, 10:21954.
- 612 28. Shungin D, Deng WQ, Varga TV, Luan J, Mihailov E, Metspalu A, Consortium G, Morris AP, Forouhi NG,
- 613 Lindgren C, et al: Ranking and characterization of established BMI and lipid associated loci as 614 candidates for gene-environment interactions. PLoS Genet 2017, 13:e1006812.

615	29.	Borrell LN, Elhawary JR, Fuentes-Afflick E, Witonsky J, Bhakta N, Wu AHB, Bibbins-Domingo K,
616		Rodriguez-Santana JR, Lenoir MA, Gavin JR, 3rd, et al: Race and Genetic Ancestry in Medicine - A
617		Time for Reckoning with Racism. N Engl J Med 2021, 384:474-480.
618	30.	Thyssen JP, Ahluwalia TS, Paternoster L, Ballardini N, Bergstrom A, Melen E, Chawes BL, Stokholm J,
619		Hourihane JO, O'Sullivan DM, et al: Interaction between filaggrin mutations and neonatal cat
620		exposure in atopic dermatitis. Allergy 2020, 75:1481-1485.
621	31.	Bisgaard H, Simpson A, Palmer CN, Bonnelykke K, McLean I, Mukhopadhyay S, Pipper CB, Halkjaer LB,
622		Lipworth B, Hankinson J, et al: Gene-environment interaction in the onset of eczema in infancy:
623		filaggrin loss-of-function mutations enhanced by neonatal cat exposure. PLoS Med 2008, 5:e131.
624	32.	Schuttelaar ML, Kerkhof M, Jonkman MF, Koppelman GH, Brunekreef B, de Jongste JC, Wijga A,
625		McLean WH, Postma DS: Filaggrin mutations in the onset of eczema, sensitization, asthma, hay fever
626		and the interaction with cat exposure. Allergy 2009, 64:1758-1765.
627	33.	Ziyab AH, Mukherjee N, Ewart S, Arshad SH, Karmaus W, Turati F, Bertuccio P, Galeone C, Pelucchi C,
628		Naldi L, et al: Filaggrin gene loss-of-function variants modify the effect of breast-feeding on eczema
629		risk in early childhood. Allergy 2016, 71:1371-1373.
630	34.	Sandilands A, Terron-Kwiatkowski A, Hull P, O'Regan G, Clayton T, Watson R, Carrick T, Evans A, Liao H,
631		Zhao Y, et al: Comprehensive analysis of the gene encoding filaggrin uncovers prevalent and rare
632		mutations in ichthyosis vulgaris and atopic eczema. Nat Genet 2007, 39:650-654.
633	35.	Budu-Aggrey A, Kilanowski A, Sobczyk MK, andMe Research T, Shringarpure SS, Mitchell R, Reis K,
634		Reigo A, Estonian Biobank Research T, Magi R, et al: European and multi-ancestry genome-wide
635		association meta-analysis of atopic dermatitis highlights importance of systemic immune regulation.
636		Nat Commun 2023, 14: 6172.
637		

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639 **Figures and Table**



640

Exposure

641 Figure 1. Heatmap to summarise results of interaction analyses

642 Strength of colour indicates beta in which blue is positive and red is a negative direction of effect; diameter of

643 circle indicates sample size; 14 nominally significant interactions (p_{int}<0.05) are highlighted with black outline;

644 one association was reported in only one cohort, so was not pursued further.

Figure 2a: Unexposed stratum

Study	N	Odds Ratio	OR 95%–CI
Phase = Discoverv			
ALSPAC	3844	- <u>-</u>	1.17 [1.05: 1.31]
COPSAC2000	318	+	1.03 [0.72; 1.45]
COPSAC2010	460		1.10 [0.81; 1.48]
DNBC	793		1.34 [1.00; 1.81]
GenerationR	1372		1.15 [0.97; 1.37]
GINILISA	1141		1.09 [0.90; 1.34]
INMA	936		1.02 [0.84; 1.25]
IOW	421	<u>++</u>	1.06 [0.76; 1.48]
MAAS	539		1.35 [1.04; 1.76]
PIAMA	1081		1.09 [0.90; 1.32]
Raine Study	873	+++	1.22 [0.96; 1.57]
Common effect model			1.14 [1.08; 1.22]
Random effects model			1.14 [1.08; 1.22]
Heterogeneity: $p = 0.86$			
Phase = Replication			
HELIX	643		1.22 [0.84; 1.77]
HUNT	28205	-	1.09 [1.03; 1.15]
Common effect model			1.09 [1.04; 1.15]
Random effects model			1.09 [1.04; 1.15]
Heterogeneity: $p = 0.55$			
Common effect model			1.12 [1.07: 1.16]
Random effects model		l 🏅	1.12 [1.07: 1.16]
Heterogeneity: $p = 0.86$			
	0.3	0.5 1 2	3

Figure 2b: Exposed stratum



646

647 Figure 2. Forest plot showing interaction of dog exposure with rs1041237 in exposed and

648 unexposed strata

650 65,230) show the T allele of rs1041237 increases risk of atopic eczema only amongst those who are not

651 exposed to a dog in the family home. Full names and study cohort descriptions are given in Additional file 6.

⁶⁴⁹ Interaction analysis for discovery (N=18,045), replication (N=47,185) and combined meta-analysis (total N=



652

653 Figure 3. *In vitro* testing of the effects of dog allergen on primary human keratinocytes.

654 (3A) Dog allergen exposure stimulated a reduction in IL33 and TSLP mRNA but upregulation of CXCL8 (IL-8), 655 CSF2, CCL2 and TNF; negative indicates keratinocyte media with dog allergen carrier solution; 5-12 donor 656 isolates shown, bars represent SEM one-way ANOVA, Dunnet post hoc test compared to negative control, 657 **p<0.01, ***p<0.001 ****p<0.0001. (3B) IL-10 signalling was the most significantly enriched Reactome 658 pathway (4 out of 45 genes/proteins, FDR 7.71e-08). (3C-3E) Effects of IL-7 and dog allergen stimulation on 659 primary human keratinocytes with different rs10214237 genotypes in which T is eczema risk allele; graphs 660 represent the mean fold change in cytokine mRNA expression relative to the housekeeping gene EF1A, from 4 661 keratinocyte isolates with T:T genotype and 2 keratinocyte isolates from donors of C:C genotype; untreated 662 indicates keratinocyte media only and negative is keratinocyte media with dog allergen carrier solution; BSA as 663 0.0002% included for as carrier protein for recombinant II-7; two-way ANOVA with Dunnett's post-hoc test, 664 compared to the negative control, bars represent SEM, *p<0.05, **p<0.01.

Exposure	SNV or gene	Disc	covery						Re	olication				p-value combined
		N	N studies	OR	95% CI	p-value	p-value random	p-value heterogene	eity N	N studies	OR	95% CI	p-value	
Antibiotic use in utero	rs10995251	11575	7	1.19	[1.00-1.42]	0.045	0.059	0.34	266	61	0.88	[0.55-1.41]	0.59	0.09
Cat ownership	rs16948048	14063	10	0.86	[0.76-0.97]	0.012	0.29	0.054	4921	2 3	1	[0.92-1.08]	0.98	0.17
Cat ownership	rs2227483	14644	11	1.13	[1.01-1.27]	0.037	0.18	0.014	4921	23	1.05	[0.97-1.13]	0.25	0.036
Cat ownership	rs2228145	12994	9	1.14	[1.01-1.29]	0.037	0.037	0.61	4921	23	1	[0.92-1.08]	0.93	0.3
Cat ownership	rs2897442	12702	9	0.87	[0.75-1.00]	0.044	0.11	0.35	4921	23	1.02	[0.94-1.11]	0.59	0.58
Dogownership	rs10214237	14656	11	0.83	[0.72-0.96]	0.011	0.014	0.37	4718	52	0.91	[0.83-0.99]	0.025	0.0013
Duration of any breastfeeding	rs13015714	14474	9	1.02	[1.00-1.03]	0.049	0.068	0.32	425	25	0.99	[0.95-1.02]	0.47	0.14
Elder siblings	rs10214237	19155	11	0.84	[0.75-0.94]	0.003	0.003	0.99	504	94	1.09	[0.82-1.46]	0.55	0.011
Elder siblings	rs10995251	18608	10	0.89	[0.80-1.00]	0.042	0.042	0.44	752	96	1.03	[0.85-1.25]	0.74	0.11
Elder siblings	rs7146581	19176	11	1.25	[1.10-1.42]	0.00042	0.0031	0.32	752	96	1.04	[0.84-1.29]	0.73	0.0012
Elder siblings	rs7927894	18263	10	1.13	[1.01-1.26]	0.031	0.031	0.53	752	96	1	[0.83-1.21]	0.97	0.058
Smoking in household up to 2 years	FLG*	15618	12	1.33	[1.05-1.68]	0.018	0.022	0.36	14788	07	1.01	[0.81-1.25]	0.93	0.096
Smoking in household in utero	rs16948048	16062	11	1.15	[1.02-1.31]	0.028	0.028	0.53	807	85	1.04	[0.85-1.27]	0.72	0.039
Washing practices up to 2 years	FLG*	6962	3	0.71	[0.51-0.99]	0.045	0.12	0.31	106	1 1	1.93	[0.29-12.99]	0.5	0.063

665

666 Table 1. Nominally significant interaction results from discovery and replication analyses

667 Results of testing for interaction between 24 genetic variants and 18 environmental exposures; *combined null genotype for 2 or more loss-of-function mutations in *FLG* as 668 detailed in cohort descriptions (Additional file 6); nominal significance defined as unadjusted p_{int}<0.05. N, number; OR, odds ratio; p-value indicates significance from fixed 669 effects meta-analysis; p-value random indicates significance from random effects meta-analysis; p-value combined indicates significance from combined fixed effects meta-670 analysis of discovery and replication data.

List of additional Files 671

672 Additional file 1. List of cohorts and available exposure data

- 673 **1A**. Included cohorts and exposure availability at discovery stage.
- 674 **1B**. Included cohorts and exposure availability at replication stage.
- 675 Additional file 2. Full results of the discovery analysis
- 676 Exposure, environmental exposure; N, number of individuals; N studies, number of studies;
- 677 OR_fixed, odds ratio from fixed effect.
- 678 Additional file 3. Estimation of statistical power
- 679 Posthoc power calculations performed to facilitate interpretation of negative findings.
- 680 Additional file 4. IL7R mRNA expression in cells of different rs10214237 genotype
- 681 Rs10214237 T:T genotype is associated with higher expression level of *IL7R* mRNA than C:C
- 682 genotype; 4A and 4B, Screenshots from GTEx Portal
- 683 (https://www.gtexportal.org/home/snp/rs10214237 accessed 14/04/2024) showing T:T genotype is
- 684 associated with higher IL7R mRNA expression in cultured fibroblasts and whole blood; 4C, shows
- 685 higher mRNA expression levels in primary human keratinocytes of T:T than C:C genotype.
- 686 Additional file 5. Results of cytokine, chemokine and receptor expression on human primary
- 687 keratinocytes following dog allergen exposure
- 688 5A. Protein detection by ELISA.
- 689 5B. STRING network analysis of upregulated genes.
- 690 **5C.** Cytokine expression from primary human keratinocytes.
- 691 5D. STRING network analysis of genes showing no significant change in expression.
- 692 Additional file 6. Supplementary methods

- 693 Additional file 7. Definition and coding of environmental exposures
- 694 Additional file 8. Table of selected SNVs, risk alleles and risk allele frequencies
- 695 Additional file 9. Logistic regression models on ever having atopic eczema
- 696 Additional file 10. Full results of the replication analysis
- 697 Exposure, environmental exposure; N, number of individuals; N_studies, number of studies;
- 698 OR_fixed, odds ratio from fixed effect meta-analysis; CI_fixed, 95%-confidence interval from fixed
- 699 effect meta-analysis; p_fixed, p-value from fixed effect meta-analysis; OR_random, odds ratio from
- 700 random effects meta-analysis; Cl_random, 95%-confidence interval from random effects meta-
- analysis; p_random, p-value from random effects meta-analysis; p_heterogeneity, p-value from Q-
- 702 statistic.