

NutriGENE®

www.nutrigene.it

- ⊙ Lactose Intolerance
- ⊙ Coeliac disposition genes
- ⊙ Nutrient Requirements
- ⊙ Negative Substances

Contents

Introduction 3

1. Overview – actions to take 3

**To increase or decrease relative to the official RDA guidelines*

2. Results 4

3. Details 5

 a) Basic metabolic diet 5

 b) Lactose intolerance 5

 c) Coeliac predisposition 5

 d) Nickel sensitivity 5

 e) The “NutriGENES” 6

4. Nutrient goal and limits 9

 a) Your RDA 9

 b) Nutrients to increase – content in foods 10

 c) Food content of components to reduce 12

 d) Recommended supplements: 14

5. Bibliography 15

Introduction

Thank you for taking the NutriGENE program – this report will give you your results and all you need to know about how to make useful modifications to your diet and lifestyle in order to benefit your health and wellbeing. You should read the report carefully and also discuss it with your nutritionist who will be able to help you to plan the recommended changes.

According to the series of tests carried out you will need to increase your intake of some key nutrients and reduce intake of some other dietary components. Your results also indicate that you may be showing some intolerance to certain foodstuffs which should be removed from your diet for a period of time.

1. Overview – actions to take

Basic Diet	Rapid stress adaptor
Increase Nutrients*	Olive oil Antioxidants Fibre Cruciferous Vitamin D / Calcium
Decrease*	Salt Caffeine Saturated Fats Refined carbohydrates / sugars Grilled meat
Lactose Intolerance	Lactose intolerant
Coeliac disposition	Possible predisposition

**To increase or decrease relative to the official RDA guidelines*

2. Results

Name	SAM PLE
Date of birth	

Nutritional area	Gene Symbol	Variant tested	Results	Action
Stress response	5HTT (SLC6A4)	44bp ins	L / L	Rapid adapter
Salt sensitivity	ACE	I/D	I / I	Reduce salt to <2.2g/day sodium
Alcohol sensitivity	ADH1C	Ile349Val	A / A	Reduced positive effect of alcohol
Olive oil use	APOC3	C3175G	G / C	Increase olive oil intake
Caffeine sensitivity	CYP1A2 *1F	-163A>C	A / C	Reduce caffeine intake to less than 2-3 cups coffee / day
	VDR	C>T (taq1)	C / T	
Grilled meat intake	CYP1A2 *1F	-163A>C	A / C	Reduce grilled meat intake
Cruciferous	GSTM1	delezione	D	Increase cruciferous vegetables and allium: 3-4 / week
Basal Inflammation	IL6	G -174C	G / C	Normal: 1.5g Omega 3 / day
	TNF	G-308A	G / G	
Saturated Fats	APOC3	C3175G	G / C	Do not exceed 16g/day saturated fats
	LPL	C1595G	C / G	
Vitamin B metabolism	MTHFR	C677T	C / C	Normal metabolism
Refined carbohydrates	ACE	I/D	I / I	Limit intake of refined carbohydrates and sugars: Aim for a glycemic load not exceeding 80 / day; recommended fibre intake: 25 g / giorno
	PPARG	ProAla (12)	ProPro	
Oxidative stress	SOD2	C-28T	C / C	Increase antioxidant intake
Nickel sensitivity	GSTM1	delezione	D	Possible increase in nickel sensitivity
	TNF	G-308A	G / G	
Vitamin D	VDR	C>T (taq1)	C / T	Recommended vitamin D intake is greater than official RDA: 800 IU / giorno
Lactose intolerance	LCT	-13910-CT	C / C	Lactose intolerant
Gluten (Coeliac)	DQ2/8		DQ2	Possible gluten sensitivity

3. Details

a) Basic metabolic diet

Gene: 5HTT; result = L / L
Diet: Base diet

The gene 5HTT is involved in serotonin transporter, there are two different versions tested for, the long version and the short version. You have the genotype LL, this means that you inherited the long version from both parents. The effect of the genetic variation has been well studied and there are established links to coping and response to stresses of all types. Diet has been shown to have a major role in the stress response and an appropriate diet can help to balance responses to the stress of everyday life.

b) Lactose intolerance

Gene: LCT; result = C / C
Diet: Reduce or avoid lactose

Lactose is digested by an enzyme called lactase – in many parts of the world the presence of this enzyme decreases significantly after the first few years of life resulting in reduced ability to digest lactose. In Europe a genetic variation results in lactose persistence, i.e. the continuing ability throughout life to digest lactose however in Italy the prevalence of lactose intolerance is common. Your Result, CC, means that you, like the majority of the world population, do not possess the variant that causes lactase persistence therefore it is strongly recommended that you avoid all lactose.

c) Coeliac predisposition

Gene: DQx; result = DQ2
Effect: Possible predisposition for celiac disease

Certain genes that code for proteins involved in the immune system response to antigens (bacteria, foreign bodies, etc) are also involved in the mechanism by which Coeliac disease manifests itself. Coeliac disease is a particular form of permanent intolerance to gluten, which is composed of the proteins gliadin and glutinin and is found in wheat, rye, barley and other grains. Testing for the genes involved can give an idea about the predisposition to the disease. The results of your genetic test reveal that, even though the risk is not high, it is not possible to exclude a predisposition to Coeliac disease. According to the scientific literature 1 person in 35 with your genotype result will develop celiac disease while the average in Italy is 1/100.

d) Nickel sensitivity

Gene: TNF; result = G / G
Gene: GSTM1; result = D
Effect: Normal

One of the most common contact allergens is nickel which is present in most jewellery. Continued exposure can result in itchy rashes in sensitive people, these rashes can become extremely uncomfortable and develop into painful lesions. Your genetic test showed that the genes TNF (involved in the inflammatory response) and GSTM1 (involved in toxin removal) do not carry the variations that are associated with a predisposition to skin contact allergy. These results do not raise the risk but cannot exclude the possibility of developing sensitivity to nickel.

e) The "NutriGENES"

Gene: ACE; result = I / I

Diet: Salt Sensitivity

The ACE gene codes for an enzyme that has a key role in cardiovascular health because it is closely involved in the regulation of the processes of vasoconstriction and vasodilation. The ACE gene contains an "Insertion/Deletion" polymorphism (allele "I" = Insertion; allele "D" = Deletion), that influences enzyme activity. Recent studies have demonstrated an association between the genotypes I/D and I/I and dietary salt sensitivity affecting blood pressure. Your genetic tests reveal that you have the "I/I" genotype and therefore a possible predisposition to hypertension when salt (specifically sodium) consumption is excessive. You are advised to limit your salt intake to a maximum of 5.5g/day, equivalent to about 2.2g/day sodium.

Gene: ADH1C; result = AA - Ile / Ile

Diet: Reduced positive effect of alcohol

Alcohol dehydrogenase 1C (ADH1C) metabolises alcohol, creating acetaldehyde which is a toxic substance responsible for some of the negative effects of excessive alcohol consumption. Acetaldehyde is itself metabolised by aldehyde dehydrogenase into non-toxic substances. The ADH1C gene polymorphism screened in NutriGENE causes an amino acid change in the protein sequence which affects enzyme activity. The test results show that you are homozygous for the Ile (isoleucine) allele (genotype AA) which is characterised by the presence of isoleucine at a specific position in the protein. This results in a higher activity enzyme which metabolises alcohol more rapidly compared to the "Val" genotype (presence of the amino acid valine). Alcohol can have positive benefits on lipid levels, especially on HDL cholesterol, when consumed in moderate quantities. Moderation is particularly advised because the alcohol is rapidly metabolised to the toxic intermediate acetaldehyde which is also associated with hangover symptoms.

Gene: APOC3; result = G / C

Gene: LPL; result = C / G

Diet: Saturated fats; cholesterol

Both of these genes are involved in the metabolism and processing of lipids and work together. APOC3 reduces the clearance of triglycerides by inhibiting the activity of Lipoprotein Lipase (LPL). This is an enzyme which breaks down triglycerides into free fatty acids. The genetic variation in APOC3 affects TG levels and your version, CG, has been associated with higher levels of triglycerides. Your LPL result (CG) also contributes to modified lipid profiles, and has not been linked to a predisposition to lower HDL levels or raised TG levels. You are advised to reduce saturated fats in the diet to below the official guideline limits and to consume <16g / day, you should also eliminate trans fat and replace these fats with olive oil.

Gene: CYP1A2 *1F; result = A / C

Diet: Grilled meat; coffee

CYP1A2 codes for a Cytochrome P450 enzyme that is involved in Phase I (activation) of removing toxins, such as carcinogens from food and smoke, it also metabolises caffeine. Your genetic result for this gene (A/C) means that you have one copy of the gene which codes for the slow version of the enzyme and one copy for the rapid version. The rapid version activates more rapidly potentially toxic substances present in meat cooked at high temperatures and you are advised to keep grilled meat consumption down to about once/twice per week. Regarding caffeine, you have the intermediate genotype and should limit caffeine consumption as well.

Gene: GSTM1; result = D

Diet: Cruciferous vegetables

GSTM1 (glutathione S-transferase) is involved in phase II of the detoxification process by which toxins are removed from the body (via the conjugation of toxic molecules with glutathione, facilitating their elimination). According to genetic variation the enzyme activity is either present (Insertion or "I") or absent (Deletion or "D") – in your case you have the D (deleted) version which means it is not present and no GSTM1 enzyme is produced. You can compensate by adding extra portions of cruciferous vegetables and consume on average at least 3-4 portions per week. It is also recommended that you add frequent consumption of allium vegetables (garlic, onions, etc) to your diet.

Gene: IL6; result = G / C

Gene: TNF; result = G / G

Diet: Omega 3

Both IL6 and TNF are cytokines involved in the inflammatory process as part of the body's normal immune response and genetic in these genes variation (IL-6-174 G/C and TNF-308 G/A) affects the amounts of cytokines produced. Your results show that you have normal expression for TNF but are heterozygous for IL6 (G/C) which can lead to increased cytokine levels. Your recommended intake of Omega 3 is greater than the official guidelines at 2 g per day from food and a good quality supplement.

Gene: MTHFR; result = C / C

Diet: Folic acid, vitamin B₆ & vitamin B₁₂

The gene MTHFR codes for an enzyme that is involved in the metabolism and utilization of folic acid and the vitamins B6 and B12. The enzyme is central to key biochemical pathways that lead to DNA synthesis and DNA methylation. You have the 677C/C version of the MTHFR gene which produces an enzyme with normal activity. Your diet should contain sufficient amounts of folic acid and the other B-group vitamins to ensure that you at least reach the official recommended daily intake.

Gene: PPARG; result = ProPro

Gene: ACE; result = I / I

Diet: salt sensitivity; refined carbohydrates

PPARG is a transcription factor which influences glucose and insulin levels. The polymorphism Pro12Ala changes an amino acid and affects expression of the gene (the amount of protein produced). Possession of at least one copy of the Ala version has been shown to have beneficial effects on glucose and insulin. According to your genetic results you have two copies of the Pro allele and you are also homozygous I/I for the ACE gene. Your aim regarding carbohydrate consumption should be to keep your daily glycemic load to below 80. This means a low intake of refined carbohydrates and sugars and increased low glycemic index (GI) foods such as wholegrain cereals. You should also ensure a good daily supply of fibre in the diet.

Gene: SOD2; result = C / C

Diet: Antioxidants (vitamins A, C & E)

The gene SOD2 codes for an enzyme called manganese superoxide dismutase. This enzyme is important in protecting the cell environment from internally generated oxidative free radicals, especially those generated during energy production. Each cell in the body during normal metabolism generates large quantities of free radicals; these are highly reactive species which can damage cell components such as lipid membranes, proteins and DNA. However they are rapidly removed by the several protective mechanisms, one of which involves SOD2. According to your genetic results you are homozygous for this enzyme; your genotype is -28CC and with this version it is advisable to consume higher levels of antioxidants than those recommended by official guidelines. Dietary anti-oxidants are also very important sources of protection from free radicals and other types of oxidative stress. In order to support your body's own protection mechanism it is important for you to ensure that you reach your goals for vitamins A, C and E.

Gene: VDR; il result = C / T

Diet: Vitamin D, Calcium, Caffeine

The vitamin D receptor binds Vitamin D and affects the production of several proteins, including some involved in calcium use. Deficiency of Vitamin D causes rickets, nowadays a rare disease, but vitamin D levels are important for bone structure. You are heterozygous for this gene (C/T) which has been shown to affect calcium absorption and bone structure. You are advised to increase consumption, above the standard guidelines, to obtain at least 800 IU Vitamin D and 1300 mg Calcium.

4. Nutrient goal and limits

a) Your RDA

Nutrients	RDA†	Your goal	
Vit B1 (thiamine)	1.5 mg	1.5 mg	
Vit B3 (niacin)	18 mg	18 mg	
Vit B5 (pantothenic acid)	6 mg	6 mg	
Vit B6 (pyridoxine)	1.5 mg	2 mg	
Vit B7 (biotin)	150 µg	150 µg	
Vit B9 (folc acid)	200 µg	400 µg	
Vit B10 (PABA)	25 mg	25 mg	
Vit B12 (cobalamin)	2 µg	2 µg	
Vit A	2,700 IU	5,000 IU	*
Vit C	60 mg	250 mg	*
Vit D	200 IU	800 IU	*
Vit E	15 IU	200 IU	*
Vit K	100 µg	100 µg	
Inositol	30 mg	30 mg	
Choline (Vit J)	200 mg	200 mg	
Fibre	18 g	25 g	*
Omega3	1.6 g	1.6 g	
Chromium	30 µg	30 µg	
Calcium	800 mg	1,300 mg	*
Selenium	75 µg	75 µg	
Phosphorous	800 mg	800 mg	
Iodine	150 µg	150 µg	
Iron	14 mg	14 mg	
Magnesium	300 mg	300 mg	
Potassium	3,500 mg	3,500 mg	
Sodium	2.4 g	2.2 g	*
Copper	1.2 mg	1.2 mg	
Zinc	15 mg	15 mg	
Physical activity		45 min / die	*
Others		Do not exceed	
Caffeine	300 mg	200 mg	*
Saturated fats	22 g	16 g	*
Glycemic Load	100	80	*
Nickel		Reduce contact	

†RDA: Recommended daily allowance according to official guidelines

b) Nutrients to increase – content in foods

Antioxidants (quantity / 100g)

Vitamin A	µg RE*		
Egg (whole)	140	Liver Beef	4968
Egg yolk	381	Fegato Pork	6502
Milk whole	28	Fegato Lamb	7391
Milk, semi-skimmed	17	Fegato Chicken	11078
Milk, skimmed	2	Cod liver oil	30000
<i>Cheese:</i>		Carrots	835
Brie	174	Pumpkin	369
Mozzarella	179	Sweet potato	709
Parmigiano	108	Melon	169
Provolone	236	Pink grapefruit	13
Ricotta	120	Apricot	96
Emmental	220	Broccoli	31
Panna	411	Spinach	469
		Olives	20

* retinolo equivalenti (RE).

Vitamin C	mg/100g		mg/100g
Oranges	60	Spinach	28
Lemons	53	Broccoli	89
Mandarins	52	Rape	120
Clementine	49	Peas	40
Kiwi	93	Carrots	6
Peperoni	80	Hazelnuts	6
Tomatoes	13		

Vitamin E	mg/100g		mg/100g
Sunflower seeds	33	Asparagus	1
Flaxseed oil	18	Olive	4
Rapeseed oil	60	Egg yolk	4
Corn oil	60		
Olive oil	14		
Sunflower seed oil	41		
Eggs	1		
Walnuts	20		
Hazelnuts	15		
Almonds	23		
Spinach	2		
Broccoli	1		

Vitamin D

	IU/100g		IU/100g
Milk, whole	40	Liver	50
Butter	40	Eel	5000
Emmental	44	Salmon	650
Parmigiano	28	Sardines	300
Egg, whole	35	Mackerel	50
Egg yolk	110	Cod liver oil	8500
Mushrooms	200		

Calcium

	<i>mg/100g</i>		<i>mg/100g</i>
Broccoli	47	Milk, whole	113
Rape	135	Milk, semi-skimmed	143
Asparagus	24	Milk, skimmed	123
Cannellini beans	240	Brie	184
Lentils	56	Mozzarella	505
Orange	43	Parmigiano	1184
Carrots	33	Provolone	756
Walnuts	98	Ricotta	207
Hazelnuts	114	Emmental	791
Sunflower seeds	78	Double cream	96
Almonds	264		

Cruciferous (*Glucosinolates, mg/100g*)

	<i>mg/100g</i>		<i>mg/100g</i>
Broccoli	61	Mustard greens	282
Cauliflower	44	Turnip	92
Brussel sprouts	236	Watercress	94
Cabbage	78	Kohlrabi	46
Rape	100	Cabbage, red	64
Garden cress	392	Horseradish	160

Fibre

	<i>g/100g</i>		<i>g/100g</i>
Banana	3	Carrots	3
Apple	3	Cannellini beans	13
Orange	2	Peas	5
Pear	3	Lentils	8
Kiwi	3	Whole cereal,	29
Strawberry	3	Wholemeal bread	7
Spinach	2	Oats	11
Broccoli	3	Wholewheat pasta	3.5
Cauliflower	3	Brown rice	2
cabbage	3	Wholemeal flour	12

c) Food content of components to reduce

Sale

	<i>g sodio/100g</i>		<i>g sodio/100g</i>
Bacon	1	Potato Chips	1
Stock cube	24	Wurstel	1.2
Cereal	1	Sausage	1
Parmigiano	1.8	Tuna, tinned	0.8
Cheese slices	1.2	Smoked salmon	1.9
Crackers	1.1	Salami	1.6
Cooked ham	1.1	Corned beef, tinned	0.7
Prosciutto crudo	2.6		

Caffeina

	<i>mg/100g</i>	<i>mg/tazza</i>
Filter coffee	40	80
Instant coffee	26	52
Espresso	212	42
Tea	20	40
Cola	8	20
Red Bull	30	77
Chocolate,dark, 60-69%	86	
Chocolate,dark, 45-59%	46	
Chocolate,milk	20	
Decaffeinated coffee	1	

Grassi Saturi

	<i>g/100g</i>		<i>g/100g</i>
Brie	17	Pork	11
Mozzarella	13	Sausage	9
Parmigiano	16	Cooked ham	6
Provolone	17	Pork	6-10
Ricotta	8	Chicken	3
Emmental	18	Chicken white meat	1
Dairy cream	23	Lard	39
Butter	51	Flaxseed	9
Wholemilk	2	Corn, canola oil	8
Semi skimmed milk	1	Olive oil	14
Ice cream	7	Sunflower oil	10
Roast chicken	11	Egg yolk	10
Chicken fat	30	Whole egg	3
Lamb fat	47	Palm oil	49
Beef fat	50	Coconut oil	
Bacon	14		

Trans fat (I grassi “trans”)

All processed and pre-cooked industrially prepared food: biscuits, cakes, crisps, etc., always check the labels for the presence of trans fats

Carico glicemico / 100g

High:		Low:	
Sugars	70	Chick peas	10
Cornflakes	59	Beans	9
Honey	50	Banana	8
Wholegrain flour	36	Sweet potatoes	7
White bread	35	Lentils	6
Wholegrain cereal, eg. All Bran	27	Grapes	6
White rice	15	Carrots	3
		Strawberry	3
Medium:		Apple	3
Wholegrain bread	20	Melon	3
Cous cous	12	Peas	3
Wholewheat pasta	12	Watermelon	2
Brown rice	11		

Lactose

	g/100g
Milk	5
Dairy cream	4
Wholemilk yoghurt	4.5
Yoghurt light	4
Mozzarella	3
Parmigiano	3.5
Ricotta	3
Ice cream	5

Nickel

	mg/kg		mg/kg
Eggs	0.03	Margarine	0.2 - 4
Oysters	0.6	Broccoli	0.03
Cocoa	10	Carrots	0.04
Beans	1.4	Grapes	0.1
Peas	0.3	Wine	0.01
Liquorice	4.4	Maize	0.4
Peanuts	2.9	Wholegrain flour	0.2
Lentils	1.9	Pears	0.1
Asparagus	0.4	Tea	0.03 - 1
Lettuce	0.3	Margarine	0.2 - 4
Eggs	0.03	Broccoli	0.03
Oysters	0.6	Carrots	0.04
Cocoa	10	Grapes	0.1
Beans	1.4	Wine	0.01
Peas	0.3		

d) Recommended supplements:

According to your genetic results we recommend the following supplements to ensure that you meet your personal daily requirements:

Genevit PLUS – 1 or 2 cps per day

B_vitamins		% RDA
B_folic	300 µg	150%
B6	3 mg	150%
B12	3 µg	150%
Vit B2 (riboflavin)	2.4 mg	150%
Inositol	500 mg	na
Choline	500 mg	na

ACE (antiossidanti)		% RDA
Vit A	2000 IU / 600 mcg	75%
Vit C	180 mg	300%
Vit E	45 IU / 30 mg	300%

Detox		% RDA
Estratto di aglio	1000 mg	na
Estratto di crocifere	500 mg	na

Osso		% RDA
Vit D	300IU / 7.5 mcg	150%
Calcio	300 mg	38%

5. Bibliography

1. Agarwal DP. Genetic polymorphisms of alcohol metabolizing enzymes. *Pathol Biol*. 2001. 49:703–9.
2. Ambrosone CB, Freudenheim JL, Thompson PA et al. Manganese superoxide dismutase (MnSOD) genetic polymorphisms, Dietary antioxidants, and risk of breast cancer. *Cancer Res*. 1999. 59(3):602-6.
3. Ashfield-Watt PA, Pullin CH, Whiting JM, et al. Methylenetetrahydrofolate reductase 677C-->T genotype modulates homocysteine responses to a folate-rich diet or a low-dose folic acid supplement: a randomized controlled trial. *Am J Clin Nutr*. 2002;76:180-186.
4. Bathum, L, Petersen I, Christiansen L et al. Genetic and environmental influences on plasma homocysteine: results from a Danish twin study. *Clin Chem*. 2007. 53(5):971-9.
5. Bendlova B, Vejrazkova D, Vcelak J et al. PPARgamma2 Pro12Ala polymorphism in relation to free fatty acids concentration and composition in lean healthy Czech individuals with and without family history of diabetes type 2. *Physiol Res*. 2008. 57 Suppl 1:S77-90.
6. Brennan P, Hsu CC, Moullan N et al. Effect of cruciferous vegetables on lung cancer in patients stratified by genetic status: a mendelian randomisation approach. *Lancet*. 2005. 366(9496):1558-60.
7. Brown GW, Harris TO. Depression and the serotonin transporter 5-HTTLPR polymorphism: A review and a hypothesis concerning gene-environment interaction. *J Affect Disord*. 2008 Jun 3. [Epub ahead of print]
8. Brown S, Ordovas JM, Campos H. Interaction between the APOC3 gene promoter polymorphisms, saturated fat intake and plasma lipoproteins. *Atherosclerosis*. 2003. 170(2):307-13.
9. Brummett BH, Krystal AD, Ashley-Koch A, Kuhn CM, Züchner S, Siegler IC, Barefoot JC, Ballard EL, Gwyther LP, Williams RB., Sleep quality varies as a function of 5-HTTLPR genotype and stress. *Psychosom Med*. 2007 Sep-Oct;69(7):621-4.
10. Cai Q, Shu XO, Wen W et al. Genetic polymorphism in the manganese superoxide dismutase gene, antioxidant intake, and breast cancer risk: results from the Shanghai Breast Cancer Study. *Breast Cancer Res*. 2004. 6(6):R647-55.
11. Calder PC. Polyunsaturated fatty acids and inflammation. *Biochem Soc Trans*. 2005. 33(Pt 2):423-7.
12. Caspi, A., Karen Sugden, Terrie E. Moffitt, Alan Taylor, Ian W. Craig, HonaLee Harrington, Joseph McClay, Jonathan Mill, Judy Martin, Antony Braithwaite, Richie Poulton., Influence of Life Stress on Depression: Moderation by a Polymorphism in the 5-HTT Gene *Science* 18 July 2003: Vol. 301. no. 5631, pp. 386 - 389
13. Casas, J. P., Bautista, L. E., Humphries, S. E. & Hingorani, A. D. Endothelial nitric oxide synthase genotype and ischemic heart disease: meta-analysis of 26 studies involving 23028 subjects. *Circulation* **109**, 1359-1365 (2004).
14. Cervilla JA, Molina E, Rivera M, Torres-González F, Bellón JA, Moreno B, Luna JD, Lorente JA, Mayoral F, King M, Nazareth I; PREDICT Study Core Group, Gutiérrez B. The risk for depression conferred by stressful life events is modified by variation at the serotonin transporter 5HTTLPR genotype: evidence from the Spanish PREDICT-Gene cohort. *Mol Psychiatry*. 2007 Aug;12(8):748-55. Epub 2007 Mar 27
15. Corella D, Guillén M, Sáiz C, et al. Associations of LPL and APOC3 gene polymorphisms on plasma lipids in a Mediterranean population: interaction with tobacco smoking and the APOE locus. *J Lipid Res*. 2002;43:416-427.
16. Cornelis MC, El-Sohemy A, Campos H. Genetic polymorphism of CYP1A2 increases the risk of myocardial infarction. *J Med Genet*. 2004. 41:758-62.
17. Dengel DR, Brown MD, Ferrell RE et al. Exercise-induced changes in insulin action are associated with ACE gene polymorphisms in older adults. *Physiol Genomics*. 2002. 11(2):73-80.
18. Eisman JA. Pharmacogenetics of the vitamin D receptor and osteoporosis. *Drug Metab Dispos*. 2001. 29:505-12.
19. Ferrari SL, Karasik D, Liu J, Karamohamed S, Herbert AG, Cupples LA, Kiel DP., Interactions of interleukin-6 promoter polymorphisms with Dietary and lifestyle factors and their association with bone mass in men and women from the Framingham Osteoporosis Study., *J Bone Miner Res*. 2004 Apr;19(4):552-9. Epub 2004 Jan 5
20. Fohr IP, Prinz-Langenohl, Bronstrup A et al. 5,10-Methylenetetrahydrofolate reductase genotype determines the plasma homocysteine-lowering effect of supplementation with 5-methyltetrahydrofolate or folic acid in healthy young women. *Am J Clin Nutr*. 2002. 75(2):275-82.

21. Fontaine-Bisson B, Wolever T, Chiasson JL et al. Genetic polymorphisms of tumor necrosis factor-alpha modify the association between Dietary polyunsaturated fatty acids and fasting HDL-cholesterol and apo A-I concentrations. *Am J Clin Nutr.* 2007. 86(3):768-74.
22. Garenc C, Perusse L, Bergeron J et al. Evidence of LPL gene-exercise interaction for body fat and LPL activity: the HERITAGE Family Study. *J Appl Physiol.* 2001. 91(3):1334-40.
23. Gillihan SJ, Farah MJ, Sankoorikal GM, Breland J, Brodtkin ES. Association between serotonin transporter genotype and extraversion. *Psychiatr Genet.* 2007 Dec;17(6):351-4.
24. Giner V, Poch E, Bragulat E et al. Renin-angiotensin system genetic polymorphisms and salt sensitivity in essential hypertension. *Hypertension.* 2000. 35:512-7.
25. Gonda X, Bagdy G., [Relationship between serotonin transporter gene 5HTTLPR polymorphism and the symptoms of neuroticism in a healthy population], *Psychiatr Hung.* 2006;21(5):379-85.
26. Grimble RF, Howell WM, O'Reilly G et al. The ability of fish oil to suppress tumor necrosis factor alpha production by peripheral blood mononuclear cells in healthy men is associated with polymorphisms in genes that influence tumor necrosis factor alpha production. *Am J Clin Nutr.* 2002. 76(2):454-9.
27. Gulec S, Karabulut H, Ozdemir AO, et al. Glu298Asp polymorphism of the eNOS gene is associated with coronary collateral development. *Atherosclerosis.* 2008;198:354-9.
28. Gunthert, K, PhD, Tamlin S. Conner, PhD, Stephen Armeli, PhD, Howard Tennen, PhD, Jonathan Covault, MD, PhD and Henry R. Kranzler, MD., Serotonin Transporter Gene Polymorphism (5-HTTLPR) and Anxiety Reactivity in Daily Life: A Daily Process Approach to Gene-Environment Interaction., *Psychosomatic Medicine* 69:762-768 (2007)
29. Hamid YH, Rose CS, Urhammer SA, Glumer C, Nolsoe R, Kristiansen OP, Mandrup-Poulsen T, Borch-Johnsen K, Jorgensen T, Hansen T, Pedersen O., Variations of the interleukin-6 promoter are associated with features of the metabolic syndrome in Caucasian Danes., *Diabetologia.* 2005 Feb;48(2):251-60. Epub 2005 Jan 11.
30. Hines LM, Hunter DJ, Stampfer MJ et al. Alcohol consumption and high-density lipoprotein levels: the effect of ADH1C genotype, gender and menopausal status. *Atherosclerosis.* 2005.182:293-300.
31. Hines LM, Stampfer MJ, Ma J, et al. Genetic variation in alcohol dehydrogenase and the beneficial effect of moderate alcohol consumption on myocardial infarction. *N Engl J Med.* 2001.344:549-55.
32. Högström M, Nordström P, Nordström A. N-3 fatty acids are positively associated with peak bone mineral density and bone accrual in healthy men: the NO2 Study. *Am J Clin Nutr.* 2007;85:803-807.
33. Humphries SE, Luong LA, Ogg MS et al. The interleukin-6-174 G/C promoter polymorphism is associated with risk of coronary heart disease and systolic blood pressure in healthy men. *Eur Heart J.* 2001. 22:2243-52.
34. Huth C, Illig T, Herder C et al. Joint analysis of individual participants' data from 17 studies on the association of the IL6 variant -174G>C with circulating glucose levels, interleukin-6 levels, and body mass index. *Ann Med.* 2008. 27:1-21.
35. Jones A, Montgomery HE, Woods DR. Human performance: a role for the ACE genotype? *Exerc Sport Sci Rev.* 2002. 30:184-90.
36. Kang D, Lee KM, Park SK et al. Functional variant of manganese superoxide dismutase (SOD2 V16A) polymorphism is associated with prostate cancer risk in the prostate, lung, colorectal, and ovarian cancer study. *Cancer Epidemiol Biomarkers Prev.* 2007. 16(8):1581-6.
37. Kuznetsova T, Staessen JA, Stolarz K, Ryabikov A, Tikhonoff V, Olszanecka A, Bianchi G, Brand E, Casiglia E, Dominiczak A, Fagard R, Malyutina S, Nikitin Y, Kawecka-Jaszcz K Relationship between left ventricular mass and the ACE D/I polymorphism varies according to sodium intake. European Project On Genes in Hypertension (EPOGH) Investigators. *J Hypertens.* 2004 Feb;22(2):287-95.
38. Lampe JW, Peterson S. Brassica, biotransformation and cancer risk: genetic polymorphisms alter the preventive effects of cruciferous vegetables. *J Nutr.* 2002. 132:2991-2994.
39. Leeson CP, Hingorani AD, Mullen MJ et al. Glu298Asp endothelial nitric oxide synthase gene polymorphism interacts with environmental and Dietary factors to influence endothelial function. *Circ Res.* 2002. 90(11):1153-8.
40. Li H, Kantoff PW, Giovannucci E, et al. Manganese superoxide dismutase polymorphism, prediagnostic antioxidant status, and risk of clinical significant prostate cancer. *Cancer Res.* 2005;65:2498-2504.
41. Li Y, Zagato L, Kuznetsova T et al. Angiotensin-converting enzyme I/D and alpha-adducin Gly460Trp polymorphisms: from angiotensin-converting enzyme activity to cardiovascular outcome. *Hypertension.* 2007. 49:1291-7.

42. Lopez-Miranda J, Cruz G, Gomez P, Marin C, Paz E, Perez-Martinez P, Fuentes FJ, Ordovas JM, Perez-Jimenez F. The influence of lipoprotein lipase gene variation on postprandial lipoprotein metabolism. *J Clin Endocrinol Metab.* 2004 Sep;89(9):4721-8.
43. Lopez-Miranda J, Jansen S, Ordovas JM. Influence of the SstI polymorphism at the apolipoprotein C-III gene locus on the plasma low-density-lipoprotein-cholesterol response to Dietary monounsaturated fat. *Am J Clin Nutr.* 1997. 66(1):97-103.
44. Mann, V., and Ralston, S. H. (2003). Meta-analysis of COL1A1 Sp1 polymorphism in relation to bone mineral density and osteoporotic fracture. *Bone* 32, 711-717
45. Nejatizadeh A, Kumar R, Stobdan T, et al. Endothelial nitric oxide synthase gene haplotypes and circulating nitric oxide levels significantly associate with risk of essential hypertension. *Free Radic Biol Med.* 2008;44:1912-8.
46. Nelson TL, Fingerlin TE, Moss LK, Barmada MM, Ferrell RE, Norris JM. (2007). Association of the peroxisome proliferator-activated receptor gamma gene with type 2 diabetes mellitus varies by physical activity among non-Hispanic whites from Colorado. *Metabolism.* 2007 Mar;56(3):388-93
47. Nettleton JA, Steffen LM, Ballantyne CM et al. Associations between HDL-cholesterol and polymorphisms in hepatic lipase and lipoprotein lipase genes are modified by Dietary fat intake in African American and White adults. *Atherosclerosis.* 2007. 194(2):e131-40.
48. Ortlepp JR, Metrikat J, Albrecht M et al. The vitamin D receptor gene variant and physical activity predicts fasting glucose levels in healthy young men. *Diabet Med.* 2003. 20:451-454.
49. Palli D, Masala G, Peluso M, et al. The effects of diet on DNA bulky adduct levels are strongly modified by GSTM1 genotype: a study on 634 subjects. *Carcinogenesis.* 2004. 25:577-584.
50. Ralston SH, Uitterlinden AG, Brandi ML, et al. Large-scale evidence for the effect of the COL1A1 Sp1 polymorphism on osteoporosis outcomes: the GENOMOS study. *PLoS Med.* 2006;3:e90.
51. Rapuri P.B., Gallagher J.C., Knezetic J.A., Kinyamu H.K., Ryschon K.L., (2004). Association between Vitamin D receptor polymorphisms and the rate of bone loss in elderly women-importance of adjusting for Dietary and lifestyle factors. *Jour. Steroid Biochem. Molec. Bio* 89-90; 503-503
52. Rapuri PB, Gallagher JC, Kinyamu HK, Ryschon KL. Caffeine intake increases the rate of bone loss in elderly women and interacts with vitamin D receptor genotypes. *Am J Clin Nutr.* 2001;74:694-700
53. Reis AF, Hauache OM, Velho G. Vitamin D endocrine system and the genetic susceptibility to diabetes, obesity, and vascular disease. A review of evidence. *Diabetes Metab.* 2005. 31:318-325.
54. Sachse C, Bhambra U, Smith G et al. Polymorphisms in the cytochrome P450 CYP1A2 gene (CYP1A2) in colorectal cancer patients and controls: allele frequencies, linkage disequilibrium and influence on caffeine metabolism. *Br J Clin Pharmacol.* 2003. 55:68-76.
55. Saebø M, Skjelbred CF, Brekke Li K et al. CYP1A2 164 A-->C polymorphism, cigarette smoking, consumption of well-done red meat and risk of developing colorectal adenomas and carcinomas. *Anticancer Res.* 2008. 28:2289-95.
56. Vaccaro O, Lapice E, Monticelli A et al. Pro12Ala polymorphism of the PPARgamma2 locus modulates the relationship between energy intake and body weight in type 2 diabetic patients. *Diabetes Care.* 2007. 30(5):1156-61.
57. Vozarova B, Fernandez-Real JM, Knowler WC, Gallart L, Hanson RL, Gruber JD, Ricart W, Vendrell J, Richart C, Tataranni PA, Wolford JK., The interleukin-6 (-174) G/C promoter polymorphism is associated with type-2 diabetes mellitus in Native Americans and Caucasians., *Hum Genet.* 2003 Apr;112(4):409-13. Epub 2003 Feb 14
58. Wald, D. S., Law, M. & Morris, J. K. Homocysteine and cardiovascular disease: evidence on causality from a meta-analysis. *BMJ* 325, 1202 (2002).
59. Wilhelm, K, MD, Jennifer E. Siegel, GRAD DIP Sc (Psych), Adam W. Finch, GRAD DIP Sc (Psych), Dusan Hadzi-Pavlovic, BSc, MPsychology, Philip B. Mitchell, MD, Gordon Parker, MD, PhD, DSc and Peter R. Schofield, DSc, PhD., The Long and the Short of It: Associations Between 5-HTT Genotypes and Coping With Stress *Psychosomatic Medicine* 69:614-620 (2007)
60. Wybranska, I., Malczewska-Malec, M., Niedbal, S., Naskalski, J. W., and Dembinska-Kiec, A. (2003). The TNF-alpha gene NcoI polymorphism at position -308 of the promoter influences insulin resistance, and increases serum triglycerides after postprandial lipaemia in familiar obesity. *Clin Chem Lab Med* 41, 501-510.

61. Yamagishi K, Tanigawa T, Cui R, Tabata M, Ikeda A, Yao M, Shimamoto T, Iso H
High sodium intake strengthens the association of ACE I/D polymorphism with blood pressure in a community.
Am J Hypertens. 2007 Jul;20(7):751-7
62. Yang J, Ambrosone CB, Hong CC et al. Relationships between polymorphisms in NOS3 and MPO genes, cigarette smoking and risk of post-menopausal breast cancer. *Carcinogenesis*. 2007. 28(6):1247-53.