Early life exposure to cigarette smoke primes lung function and DNA methylation changes at

Cyp1a1 **upon exposure later in life**

Authors

Chinonye Doris Onuzulu[1], Samantha Lee[1], Sujata Basu[2], Jeannette Comte[2], Yan Hai[1], Nikho Hizon[1],

Shivam Chadha[1], Maria Shenna Fauni[1], Shana Kahnamoui[2,3], Bo Xiang[2,4], Andrew J. Halayko[2,3],

Vernon W. Dolinsky[2,4], Christopher Pascoe[2,3], Meaghan J. Jones[1,2]

Affiliations

[1]Department of Biochemistry and Medical Genetics, University of Manitoba; [2]Children's Hospital

Research Institute of Manitoba; [3]Department of Physiology and Pathophysiology; [4]Department of

Pharmacology and Therapeutics, University of Manitoba

Corresponding author

Meaghan J. Jones

Tel: 204-789-3395

Email:Meaghan.jones@umanitoba.ca

Abstract

This study was funded by a Health Science Center Foundation Operating Grant

Prenatal and early life exposure to cigarette smoke (CS) have repeatedly been shown to induce stable,

long-term changes in DNA methylation (DNAm) in offspring. It has been hypothesized that these

changes might be functionally related to the known outcomes of prenatal and early life CS exposure,

which include impaired lung development, altered lung function and increased risk of asthma and

wheeze. However, to date, few studies have examined DNAm changes induced by prenatal CS in

tissues of the lung, and even fewer have attempted to examine the specific influences of prenatal

versus early postnatal exposures. Here, we have established a mouse model of CS exposure which

isolates the effects of prenatal and early postnatal CS exposures in early life. We have used this model

to measure the effects of prenatal and/or postnatal CS exposures on lung function and immune cell

infiltration as well as DNAm and expression of *Cyp1a1*, a candidate gene previously observed to

demonstrate DNAm differences upon CS exposure in humans. Our study revealed that exposure to CS

prenatally and in the early postnatal period cause long-lasting differences in offspring lung function,

gene expression and lung *Cyp1a1* DNAm, which wane over time but are reestablished upon re-

exposure to CS in adulthood. This study creates a testable mouse model which can be used to

investigate the effects of prenatal and early postnatal CS exposures and will contribute to the design of

intervention strategies to mediate these detrimental effects.

Keywords: Cigarette smoke, DNA methylation, prenatal, postnatal, lung function, priming

42   **Introduction**

The developmental origins of health and disease (DOHaD) hypothesis postulates that environmental insults in the intrauterine and early postnatal environment program the developing fetus through changes in cellular function and structure, and that these changes can last through adulthood[1,2]. Numerous studies have shown that factors such as maternal nutrition, infections, stress and environmental exposure to toxins such as cigarette smoke (CS) can in fact produce long-lasting health consequences in offspring[3,4]. CS is a common environmental toxin in humans with about 9.5% of women of reproductive age (18-34 years) reported as active tobacco smokers in Canada in 2021[5]. Cigarette smoke is made up of thousands of components which have detrimental effects, some of which can also cross the placenta and affect offspring development[6–10].

Early life CS exposure alters offspring growth and development, lung function, and is associated with airway hyperresponsiveness, asthma and wheeze in children[11–13]. In some cases, these outcomes persist into adulthood, suggesting that early life CS 'leaves a mark' on the offspring, a process that has been called *biological embedding*[14–16]. Epigenetic modifications have been identified as potential mechanisms by which biological embedding takes place[16,17]. The three main components of the epigenome – DNA methylation (DNAm), histone modifications, and non-coding RNAs[18] - are dynamic and reflect past environmental exposures, meaning that environmental insults in early life can elicit changes in epigenetic marks which cells would propagate over time, and thus could translate to disease phenotypes in later life.

CS exposure *in utero* has been associated with differential DNAm across thousands of genes in exposed children, suggesting that DNAm changes might directly or indirectly link early life CS exposure with later life outcomes[19–21 21–25]. While most epigenome-wide association studies (EWAS) investigating association between maternal smoking and DNAm have been conducted in newborn umbilical cord blood[19–25], others have also reported differential DNAm in placenta[26], nasal epithelia[27], buccal cells and peripheral blood of adolescents or adults[28–30]. The largest EWAS to date which

investigated effects of prenatal smoke exposure on umbilical cord blood DNAm was a meta-analysis

across 13 cohorts (n = 6685) in the Pregnancy and Childhood Epigenetics Consortium (PACE)[20].

Results from the PACE study reported differential methylation at over 6000 CpGs, with some of the

top sites being Aryl Hydrocarbon Receptor Repressor (*AHRR*)*, Cytochrome P450 1A1 (*CYP1A1*)*,

Myosin 1G (*MYO1G*) and Growth Factor Independent 1 Transcriptional Repressor (*GFI1*). These

genes have also been associated with maternal smoking in other similar EWAS studies[19,20,23,31]. They

are important in detoxification, apoptosis and cell proliferation, and have been linked to the

development of orofacial clefts, oncogenesis and asthma[19,20,31]. Existing studies including PACE have

not been able to investigate the effects of prenatal smoking after birth, nor could they measure DNAm

in tissues that might be more proximal to CS-mediated disease, such as the lungs.

While there have been human studies outlining the long-term effects of prenatal CS exposure on

offspring, one challenge of these studies is their inability to effectively account for the effects of the

postnatal environment. One study which measured the long-term effects of prenatal CS on offspring

lung function found no significant association between second-hand smoke exposure while pregnant

and long-term offspring lung function after controlling for postnatal smoke exposure[32]. It is difficult in

human studies to completely rule out the effect of postnatal smoke exposure since prenatal and

postnatal exposures are typically very similar[33,34]. Therefore, there is a need to investigate the

differences between DNAm signatures and health outcomes observed due to prenatal versus postnatal

CS exposure, especially since they have been shown to produce mixed/confounding effects[35–38].

Animal models provide a solution to these problems by allowing the study of the effects of prenatal

versus postnatal CS exposure, and enable research into longitudinal, cross-tissue and sex-specific

effects of early life CS exposure.

Here, we have created a mouse model to study the effects of prenatal, postnatal, and combined early

life CS on offspring DNAm and lung phenotype. Our model successfully recapitulates some of the

phenotypes identified in humans exposed to prenatal CS and provides further information on the

dynamics of early life CS exposure. We show that early life CS exposure alters offspring DNAm at

Cyp1a1, lung function, and gene expression in patterns specific to their early life exposure periods.

Critically, we show that the early life period can create lasting molecular memories, and that exposure

to CS in adulthood recapitulates patterns set by early life CS exposure.

109   **Materials and Methods**

110   **Animals**

This experiment was approved by the Animal Research Ethics and Compliance Committee of the

University of Manitoba. Balb/C mice (Charles River Laboratories, Massachusetts, United States) were

supplied with standard laboratory chow and clean water *ad libitum* except during exposures and

housed, four mice of a single sex per cage unless otherwise noted, in individually ventilated cages in a

12-hour light/dark cycle throughout the experiment.

Development of murine model of early life CS exposure

Standard 1R6F research cigarettes (University of Kentucky, Lexington, KY) were used for this

experiment. CS was delivered via the SCIREQ InExpose smoking robot (SCIREQ, Montreal, QC,

Canada). Female mice were left to acclimate for 1 week, then divided into 2 groups: 16 control and 16

CS-exposed mice. Beginning at 8 weeks, control mice were exposed to room air in a foreign cage, and

CS mice exposed to whole body CS twice daily. Total estimated particulate matter per certificate of

analysis from the cigarette manufacturer was 46.8 mg/cigarette, administered with a flow rate of

2L/min and one puff per minute, with 6 puffs per cigarette. CS mice were exposed for 9 weeks,

beginning with a pre-pregnancy period of 3 weeks, after which they were mated (2 females to 1 male)

with male mice. Once a vaginal plug was achieved, we separated female mice into individual cages for

the rest of the experiment. We continued all smoke and room air exposures on CS and control mice

respectively, throughout mating, pregnancy, birth, and stopped at weaning (3 weeks post-birth). At

birth, we culled offspring to 6 offspring per litter, and cross-fostered half of CS offspring with half of

control offspring, matching offspring by birth date to reduce potential of rejection. Pups were marked

with toe tattoos to identify birth group. Using our cross-fostering strategy, we generated 4 distinct

offspring groups: control with no CS exposure ("Con"), offspring exposed to prenatal CS only ("Pre"),

offspring exposed to postnatal CS only ("Post"), and offspring that received both prenatal and

postnatal CS ("Full"). Throughout the experiment, offspring were never directly exposed to CS, but

were indirectly exposed *in utero*, or via breastmilk or fur from dams. We sacrificed and collected
tissues from offspring not cross-fostered at birth. Dams and offspring were weighed weekly. Three
weeks after birth, offspring were weaned, CS exposures stopped, and dams underwent lung function
testing followed by tissue collection. Pups were housed by sex, 4-6 to a cage. While original plans
were to assess phenotype at 8 weeks of age, due to SARS-CoV2-related lab lockdowns animals were
maintained until 16-20 weeks of age, after which lung function and tissue collection were conducted.

CS re-exposure experiment

Female offspring which were not euthanized at 16-20 weeks were left undisturbed until 60 weeks of
age. Half of them were re-exposed for 2 hours to full body CS for 5 consecutive days per week, for 21
days in total. The other half which was not re-exposed to CS served as the adult control group. Lung
function, lavage and tissue collection were performed as described.

Lung function measurement

As previously described[39,40], mice were anesthetized with sodium pentobarbital and lung function
measured using the SCREQ Flexivent small animal ventilator (SCIREQ Inc., Montreal, QC, Canada).
Total airway resistance (Rrs), Newtonian resistance (Rn), tissue resistance (G) and elastance (H) were
measured at baseline in response to nebulized saline, and changes in these parameters were also
measured in response to increasing concentrations of nebulized methacholine (3 to 50 mg/ml). Using a
three-parameter logistic regression, we fitted a dose-response curve and then calculated the slope of the
curve in order to assess overall methacholine sensitivity[41] in the lungs after CS exposure.

Bronchoalveolar lavage

Following lung function measurement, mouse lungs were washed twice through a tracheal cannula with 1 ml of phosphate buffer saline (PBS) each wash. Bronchoalveolar lavage fluid (BALF) was then centrifuged at 4°C at 1200 rpm for 10 minutes to obtain cell-free supernatants which were stored at -20°C for later cytokine analysis. Cell pellets were resuspended in 1 ml of PBS and total cell counts were performed using a hemocytometer. Differential cell counts were performed by placing 100ul of resuspended pellets on glass slides using cytospin columns, and staining cells using a modified Wright-Giemsa stain (Hema 3 Stat Pack). Cell differentials were counted using a Carl Zeiss Axio Observer ZI microscope.

Blood and tissue collection and preparation

Whole blood was collected from dams at pup weaning and from offspring at 16 and 63 weeks. Blood was collected by severing the abdominal aorta, into EDTA-coated tubes, centrifuged at 4000 rpm for 15 minutes to obtain plasma. Blood cell pellets and plasma were snap-frozen in dry ice and stored at -80°C for future measurements. Left, inferior, postcaval and middle and superior lung lobes were collected separately and snap-frozen in dry ice for DNAm and gene expression analyses.

DNA/RNA isolation from lungs and blood

DNA and RNA were extracted from mouse tissues using the Invitrogen DNA and RNA isolation kits respectively. Left lungs were homogenized using the Qiagen Tissue Lyser II, followed by

179 simultaneous DNA and RNA isolation using same Invitrogen DNA and RNA isolation kits. DNA and

180 RNA were quantified using a NanoDrop spectrophotometer (NanoDrop Technologies, USA).

Selection of mouse candidate genes to measure DNAm

To obtain candidate genes at which to measure DNAm, we selected 2 of the top differentially

methylated CpGs from the meta-analysis conducted in human cohorts[20]. The 2 chosen human CpGs

with some of the largest effect sizes were selected from genome build GRCh37/hg19: *AHRR* at

position chr5:373378 (cg05575921) and *CYP1A1* at position chr15:75019251 (cg22549041). We then

blasted the resulting human sequence against the *Mus musculus* genome assembly on NCBI. Using R

studio version 3.6, we performed a muscle[42] alignment between human and resulting mouse sequences

to detect mouse CpGs which exactly aligned with or were closest in position to the human CpGs. The

2 mouse CpGs were selected from genome build GRCm38/mm10 based on results of the alignment:

position chr13:74260517 for *Ahrr* and position chr9:57696335 for *Cyp1a1*. Importantly, the *Ahrr* gene

is not conserved between human and mice, and while we selected the closest mouse CpG, it may not

be comparable to the human position. To select a CpG position for the mouse control gene, we

selected a human CpG position which was not differentially methylated in newborn cord blood (human

genome GRCh38/hg38, *PRKAA1* cg13345558, position chr5:40796738), as reported in the PACE

study. We then identified a corresponding mouse CpG (genome build GRCm39/mm39 position

chr15:5174566) as described above.

Measurement of candidate gene DNAm

200 500 ng of DNA isolated from the left lungs was treated with sodium bisulfite (Zymo Research) to

201 generate bisulfite-converted DNA (bcDNA), following the manufacturer's protocol. Following

202 conversion, bcDNA was then amplified by PCR using the following conditions: 95°C for 15 min,

203 followed by 45 cycles of 95°C for 30 secs, 58°C for 30 secs, 72°C for 30 secs, and then followed by

204 72°C for 5 min. Mouse *Ahrr* and *Cyp1a1* primers were generated using the PyroMark Assay Design

205 software version 2.0 (Qiagen). Primer sequences can be found in Table S1. DNAm at candidate genes

206 was measured using the Qiagen Q48 pyrosequencer. Prior to DNAm measurement in samples, CpG

207 assays were validated in duplicates using mixtures of completely methylated and completely

208 unmethylated control DNA (0%, 25%, 50%, 75%, and 100% methylated). After validation, sample

209 DNAm was then measured using the optimized assay conditions.

211 **Gene expression measurement**

212 200ng of lung mRNA was treated with ezDNase (Thermo Fisher Scientific, Inc.) and then converted to

213 cDNA using Maxima cDNA synthesis Kit (Thermo Fisher Scientific, Inc.) according to the

214 manufacturer's protocol. Quantitative real-time RT-PCR (qPCR) was performed on the QuantStudio 3

215 Real-Time PCR System (Thermo Fisher Scientific, Waltham, MA), using the SYBR-Green Master

216 Mix (Applied Biosystems; Thermo Fisher Scientific, Inc.) to determine the relative expression levels

217 of *Ahrr* and *Cyp1a1* in lung tissues. *β-actin* and *Eif2a* were used as reference and normalization

218 controls. Samples were run in duplicates under the following cycling conditions: Holding stage, 1

219 cycle of 50°C for 2 min and 95°C for 2 min; cycling stage, 40 cycles of 95°C for 15 sec, 57°C for 15

220 sec and 72°C for 1 min; and melt curve stage, 95°C for 15 sec, 60°C for 1 min and 95°C for 15. The

221 primer sequences used can be found in Table S2. *Ahrr* and *Cyp1a1* mRNA levels were quantified

222 using the $\Delta\Delta^{Cq}$ method[43,44] and normalized against mean *β-actin* and *Eif2a* levels in the same sample.

224 **Measurement of the effects of cross-fostering**

Since we cross-fostered offspring at birth to create our model for early life CS exposure, we needed to

rule out any potential effects of the cross-fostering process on offspring. 4 female and 2 male Balb/C

mice were purchased at 6 weeks of age, separate from the mice used for the major experiment. They

were left to acclimate for 2 weeks, fed and housed as described above. At 8 weeks of age, mice were

placed together (2 females to 1 male) and mated for 3 days. At birth, we culled offspring to 6 offspring

per litter, and cross-fostered half of resulting offspring, matching offspring by birth date to reduce

potential of rejection. Pups were marked with a toe tattoo to identify birth group. Cross-fostering led to

the generation of 2 groups of offspring: non cross-fostered and cross-fostered groups. We performed

lung lavage, sacrificed and collected tissues from all offspring at 8 weeks of age.

Statistical analyses

Statistical analysis was done using R (version 3.6.1). Percent DNAm at each CpG was averaged across

duplicates and between-group differences were analyzed using a one-way ANOVA. Lung function and

differential cell count data were analyzed using two-way ANOVA, and multiple comparison was

performed between groups at each methacholine dose. P values < 0.05 were considered significant.

Adjustment for litter size effects was conducted on significant values using simple linear regression.

Figures were also produced in R, using the *ggplot2* package.

Results

Development of a protocol to study the effects of early life CS exposures

We created a mouse model to study the effects of early life CS exposure on offspring, and specifically,

to isolate prenatal and postnatal CS exposures. Exposure of Balb/C dams to whole-body CS was

carried out for 9 weeks, beginning 3 weeks before mating and pregnancy, and lasting until 3 weeks

after birth (Figure 1A). To isolate the effects of prenatal and postnatal-only smoke exposures, we

cross-fostered half of the offspring born to control and smoke-exposed dams at birth, with toe tattoos

to identify cross fostered offspring (Figure 1A). All cross-fostering was carried out no more than 24

hours after birth of matched control and CS-exposed litters. Only one litter, including both cross

fostered and not cross fostered offspring, was lost. All smoke-exposed dams tolerated smoke

exposures well, and our exposure paradigm did not result in loss of any dams. Since mating resulted in

variable plug/conception dates, we ensured that all analyses reported here were carried out on offspring

born no more than 48 hours apart.

Maternal smoking can reduce litter size[45,46] and pup birth weight in mice, which might have indirect

effects on pup development[46,47]. To ensure that our DNAm and phenotypic analyses are not

confounded by such effects, we tested the effects of our smoking model on offspring birth weight and

litter size. We found a slightly larger litter size in control dams (Mean = 6.56, SD = 1.46) than smoke-

exposed ones (Mean = 5.38, SD = 1.36) (Figure 1B, T-test $p = 0.024$). Birthweight in male and female

animals was slightly but not significantly larger in CS than control pups, perhaps due to the smaller

litter size (Figure 1C). We performed sensitivity tests in downstream analyses to identify the potential

effects of litter size.

Figure 1: Development of a mouse model to study the effects of early life CS exposure. (A)

Experimental design: Adult female mice were exposed to CS for 9 weeks, starting 3 weeks prior to

mating and ending 3 weeks after birth. Half of control offspring were cross-fostered at birth with half

of the CS-exposed offspring to generate 4 groups of offspring: control, prenatal CS-exposed, postnatal

CS-exposed and combined prenatal and postnatal CS-exposed groups. Lungs, blood and other tissues

were collected from dams and offspring at birth and at 16 weeks of age, after lung function

measurement. At age 60 weeks, half of the remaining female offspring were re-exposed to CS for 3

weeks, followed by lung function and tissue collection. (B) Litter size of control and smoke-exposed

dams. Student t-test was used to measure differences in litter size between control and smoke-exposed

dams. (C) Weight of control and CS-exposed male and female offspring at birth. Differences in birth

weight were analyzed using student t-tests within sexes.

Offspring lung phenotype at 16 weeks of age, 13 weeks after cessation of smoke exposure

At 16 weeks of age, in the absence of a methacholine challenge, male offspring with prenatal CS

exposure had increased tissue elastance (Figure 2D, $p = 0.029$) and female offspring with prenatal CS

exposure had increased airway resistance (Figure 2B, $p = 0.018$), compared to control offspring. When

methacholine was introduced, male offspring in the postnatal CS group showed significant decrease in

responsiveness for total lung resistance, airway resistance and tissue elastance (Figures 2E, 2F and

2H), while fully exposed male offspring showed increased methacholine sensitivity for total lung

resistance (Figure 2E). Similarly, prenatal only and full CS exposures induced decreased methacholine

responsiveness for airway resistance in female offspring (Figure 2F). While these data show increased

responsiveness to specific methacholine doses in CS-exposed offspring, dose response slope analysis

showed that overall, there were no significant differences in offspring sensitivity to methacholine

(Supplementary Figure 1). In association with the altered lung resistance and tissue elastance, right

ventricle wall thickness was increased in male and female offspring with full CS exposure (Table S4).

However, female right ventricular function and hemodynamic parameters were more sensitive to the

effects of CS than males (Table S5).

When examining immune cell infiltration in the lung, female offspring exposed to postnatal only CS

had significantly elevated eosinophils (Mean = 1691, SD = 1647) compared to control females (Mean

= 475, SD = 800) (Figure 3B, p = 0.0046), while male offspring with full CS exposure had

significantly elevated lymphocytes (Mean = 3479, SD = 3064) compared to control males (Mean =

601, SD = 659) (Figure 3D, p = 0.029).

Together, our data suggested a mild lung phenotype induced by early life smoke exposure in indirectly

exposed offspring that persists to 16 weeks of age, as observed by persistent decline in lung function

and increased infiltration of immune cells into the lungs.

Offspring baseline lung function 13 weeks after smoke exposure

Offspring lung function 13 weeks after smoke exposure

Figure 2: Early life exposure to CS alters sensitivity to methacholine up to 13 weeks after cessation of

smoke exposure. Lung function parameters (A) Total lung resistance at baseline. (B) Airway resistance

at baseline. Female offspring exposed to prenatal CS had significantly higher Rn (Mean = 0.34, SD =

0.03) compared to female controls (Mean = 0.26, SD = 0.06). (C) Tissue resistance at baseline. (D)

Alveolar elastance at baseline. Male offspring exposed to prenatal CS had significantly higher H

(Mean = 17.50, SD = 0.63) compared to male controls (Mean = 16.40, SD = 0.91). (E) Total lung

resistance with methacholine. (F) Airway resistance with methacholine. (G) Tissue resistance with

methacholine. (H) Alveolar elastance with methacholine. Lung function with methacholine (*E–H*):

*$P < 0.05$, control vs. full CS; †$P < 0.05$ control vs postnatal CS; ⬚$P < 0.05$ control vs prenatal CS

groups. Lung function was assessed by taking 90th percentile values in response to injection of saline

into the lungs (baseline) and in response to increasing doses of methacholine. Lung function data was

analyzed in a sex-disaggregated manner using a two-way ANOVA, followed by multiple comparisons

between groups at each methacholine dose where significant.

317
318 Figure 3: Early life exposure to CS increases immune cell infiltration into offspring lungs, up to 13

319 weeks after smoke exposure. (A) Total immune cells per mL lavage. (B) Eosinophils per mL lavage.

320 (C) Macrophages per mL lavage. (D) Lymphocytes per mL lavage. Differential cell counts were

321 normalized to lavage volume. Pairwise comparisons were conducted using t-tests.

DNAm and gene expression at birth and 16 weeks of age in candidate genes

Results from human studies have shown that maternal smoking causes decreased and increased DNAm

of *AHRR* and *CYP1A1* respectively, in newborn umbilical cord blood[19–21,23,28], and that these

differential methylation patterns persist in adult blood at midlife[24]. The effects of smoking on the

human respiratory system is less well documented, as only one study to our knowledge has reported

increased *AHRR* and *CYP1A1* DNAm in nasal epithelia of adult smokers[27]. Therefore, as DNAm is

species and tissue-specific, and studies investigating effects of prenatal CS exposure on the lungs is

lacking, we measured *Ahrr* and *Cyp1a1* DNAm and gene expression in the lungs and blood of

offspring at birth immediately after CS exposure and at 16 weeks of age (13 weeks after cessation of

smoke exposure).

At birth, *Ahrr* and *Cyp1a1* DNAm in the lung and blood were not significantly different between

control and smoke-exposed offspring (Figure 4A and 4C). However, both male and female offspring

born to CS-exposed dams showed lung *Cyp1a1* expression levels which were over 20 times higher

than controls (Figure 4B).

We next measured *Ahrr* and *Cyp1a1* DNA methylation levels in lungs and blood of offspring at 16

weeks of age to determine longitudinal effects of early life smoke exposure on offspring (Figure 4E –

4H). There were no significant differences in *Ahrr* DNAm between control and CS-exposed groups in

offspring blood 13 weeks after cessation of smoke exposure (Supplementary Figure 2). In the lung in

male offspring only, *Ahrr* DNAm in prenatally exposed offspring was significantly higher than

offspring exposed only postnatally (Figure 4G, $p = 0.03221$), but none of the CS-exposed offspring

showed significantly altered *Ahrr* DNAm compared to control offspring. In female offspring at 16

weeks, those exposed to prenatal or postnatal CS had higher *Cyp1a1* DNAm in the lung compared to

controls (Figure 4E), while offspring with full CS exposure showed significantly decreased *Cyp1a1*

methylation compared to either postnatal (Figure 4E, $p = 0.02$) or prenatal groups (Figure 4E, $p =$

0.0049). These differences remained significant even after adjusting for possible effects of litter size

on DNAm.

We observed the same trend when we measured offspring lung *Cyp1a1* expression: increased

expression levels of *Cyp1a1* in the postnatal only and prenatal only CS groups but decreased

expression in the lungs of offspring exposed to both prenatal and postnatal CS, compared to controls,

though these differences were not statistically significant (Figure 4F).

To show that the differences in candidate gene DNAm observed in offspring was not because of

changes in global DNAm, we measured DNAm at a control gene, *Prkaa1*, which has not been

associated with smoking. As expected, *Prkaa1* methylation in lungs of offspring exposed to both

prenatal and postnatal CS was not significantly different from *Prkaa1* methylation in control offspring

(Supplementary Figure 3). To rule out the potential effects of cross-fostering on DNAm, we cross

fostered litters without any exposures and measured *Cyp1a1* DNAm in lungs. We found no differences

in *Cyp1a1* DNAm between cross-fostered and non-cross fostered offspring (Supplementary Figure 4).

This data suggested that early-life exposure to CS creates mild but long-lasting lung DNAm and gene

expression changes at one of our two candidate genes.

Candidate gene DNA methylation and expression in offspring lungs at birth

Candidate gene DNA methylation and expression in offspring lungs 13 weeks after smoke exposure

Figure 4: Early life exposure to CS significantly alters lung *Cyp1a1* expression at birth and *Cyp1a1*

DNAm 13 weeks after smoke cessation. (A) *Cyp1a1* DNAm in offspring lungs at birth. (B) *Cyp1a1*

expression in offspring lungs at birth was significantly increased in CS-exposed males (Mean = 19.00,

SD = 10.30) and females (Mean = 27.50, SD = 4.54) offspring, compared to control males (Mean =

1.36, SD = 0.93) and control females (Mean = 1.47, SD = 0.43). (C) *Ahrr* DNAm in offspring lungs at

birth. (D) *Ahrr* expression in offspring lungs at birth. (E) *Cyp1a1* DNAm in offspring lungs at 16

weeks of age. Prenatal and postnatal CS exposure caused an increase in female lung *Cyp1a1* DNAm,

while fully exposed offspring showed a decrease. Only prenatally exposed female offspring had

significantly elevated *Cyp1a1* DNAm (Mean = 18.80, SD = 1.42) compared to control females (Mean

= 14.10, SD = 0.26). (F) *Cyp1a1* expression in offspring lungs at 16 weeks of age. Prenatally exposed

female offspring had significantly elevated lung *Cyp1a1* expression levels (Mean = 3.28, SD = 1.44)

compared to control females (Mean = 1.48, SD = 0.47). (G) *Ahrr* DNAm in offspring lungs at 16

weeks of age. (H) *Ahrr* expression in offspring lungs at 16 weeks of age. One-way ANOVA was used

to compare DNAm values between groups (p<0.05 was significant), followed by two-group

comparisons where significant.

Acute re-exposure to CS at 60 weeks alters lung function and re-establishes DNAm patterns

There has been some evidence in humans that maternal smoking in pregnancy induces persistent

DNAm changes until midlife, regardless of smoking habits later in life[24]. We thus sought to test what

effects re-exposure to CS in adulthood would have on the lung phenotypic and DNAm patterns set by

early life CS exposure. To achieve this, at 60 weeks of age, we re-exposed half of the offspring

remaining to CS for 3 weeks, followed by lung function, differential immune cell analyses and DNAm

measurement. At the time of re-exposure, we had a limited number of male offspring remaining, and

so the following experiments were conducted solely on female offspring. We also had a low number of

animals in the exclusively postnatal CS group, so they contribute to the baseline data only at 60 weeks

of age.

Offspring that received full CS exposure in early life, followed by re-exposure to CS at 60 weeks, had

significantly increased tissue resistance (Figure 5C) and total lung resistance (Figure 5A) levels at

baseline, while re-exposed prenatal CS offspring had increased tissue resistance compared to offspring

who had no early life CS exposure (controls), but were exposed to CS at 60 weeks (Figure 5). Immune

cell infiltration specifically by macrophages was increased only in animals with full early life CS

exposure who were also re-exposed later in life, but this increase was not statistically significant ($p =$

0.1223) (Figure 5E - 5H).

DNAm and gene expression at *Cyp1a1* showed a similar pattern, they were altered only in offspring

with full CS exposure in early life who were also re-exposed to CS (Figure 6A, $p = 0.036$). This

decrease in DNAm was not significant after adjusting for possible effects of litter size on DNAm using

linear regression, but it is unlikely that litter size continues to influence DNAm at 60 weeks of age.

Interestingly, the *Cyp1a1* DNAm patterns established upon re-exposure to CS in adulthood were

similar to those observed at 16 weeks.

Taken together, this data demonstrates that early life exposure to CS induces transient changes in lung

phenotype and *Cyp1a1* DNAm, which become re-established upon personal smoking in adulthood.

Figure 5: Acute re-exposure to CS at 60 weeks induced significant alterations in baseline lung function

compared to early life control offspring which were exposed to CS in adulthood. Lung function

parameters at baseline (A) total lung resistance. Offspring with full early life CS exposure and re-

exposed to CS at 63 weeks had higher Rrs (Mean = 0.88, SD = 0.62) compared to early life control

offspring exposed to CS at 63 weeks only (Mean = 0.35, SD = 0.11). (B) airway resistance. (C) tissue

resistance. Offspring with full early life CS exposure and re-exposed to CS at 63 weeks had higher G

(Mean = 6.04, SD = 3.60) compared to early life control offspring exposed to CS at 63 weeks only

(Mean = 2.74, SD = 0.20). Offspring exposed to prenatal CS early in life and re-exposed to CS at 63

weeks had higher G (Mean = 3.40, SD = 0.51) compared to early life control offspring exposed to CS

at 63 weeks only. (D) alveolar elastance. (E) Total immune cells per mL lavage. (F) Eosinophils per

mL lavage. (G) Macrophages per mL lavage. (H) Lymphocytes per mL lavage. For lung function, 90th

percentile values were calculated in response to saline administered into the lungs. Differential cell

counts were normalized to lavage volume.

Figure 6: Re-exposure of offspring to CS at 60 weeks induced changes in lung DNAm which were

similar to those observed at 16 weeks. (A) *Cyp1a1* DNAm in offspring lungs at 63 weeks. Offspring

with full early life CS exposure and re-exposed to CS at 63 weeks had higher lung *Cyp1a1* DNAm

(Mean = 17.00, SD = 0.65) compared to early life control offspring exposed to CS at 63 weeks only

(Mean = 19.20, SD = 1.37). (B) *Cyp1a1* expression in offspring lungs at 63 weeks. Differences in

DNAm and expression were calculated using a one-way ANOVA, followed by two-group

comparisons.

Discussion

The global burden of smoking still remains significant, despite numerous campaigns against its

use, and exposure to cigarette smoke in pregnancy predisposes offspring to harmful health outcomes[48–

50]. CS components have been known to pass through the placenta to the developing fetus, but it is not

yet clear what specific mechanisms link CS exposure to offspring health[26,51–53]. Past studies have

shown that prenatal exposure to CS induces differential DNAm in newborn umbilical cord blood,

placenta, buccal and nasal epithelia, and adult peripheral blood granulocytes[20,23,27,29,52]. However,

previous studies in humans have not been able to isolate the influence of postnatal exposure to smoke,

as prenatal and postnatal exposures tend to be highly correlated in humans. In addition, while the

effects of maternal smoking on peripheral tissues are well documented, less is known about the effects

on the lungs, despite significant epidemiological evidence linking maternal smoking to long term lung

health, including asthma and COPD[54–58]. Since we know that each tissue has a unique epigenetic

signature[59–67], it is essential to measure the effects of early life smoke exposure in the lungs. Therefore,

we created a mouse model to study the independent effects of prenatal and postnatal CS exposure that

would also allow us to measure lung phenotype and DNAm in the lung. We used cross-fostering to

isolate prenatal and postnatal exposures rather than altering exposure to CS in the dams to avoid the

effects of nicotine withdrawal on the dams and pups[68–71]. Here, we showed that exposure to CS early

in life alters offspring lung function, DNAm and gene expression profiles, priming the lungs such that

secondary smoke exposure in adulthood re-establishes some of these outcomes. Table S3 depicts

summaries of our findings.

Cigarette smoking has been shown to decrease offspring lung function[12,56,72–74], but many

studies identified female lungs as less sensitive to the effects of environmental toxins such as from

CS[75–78] due to earlier development of protective factors like surfactants in female lungs compared to

males[79–81]. Our results largely agree with these past studies, as most of the differences in lung function

we observed after methacholine exposure were in males exposed to postnatal or full CS. Only

prenatally or fully exposed females showed altered airway resistance upon sensitization with

methacholine. In line with past human and animal studies also[56,78,82], the observed lung function

defects in female offspring persisted until 16 weeks of age. For example, maternal smoking has been

shown to decrease offspring lung function till 12[82] and 21 years of age[58]. It is worth noting that while

offspring showed increased *responsiveness* to different doses of methacholine at 16 weeks, overall

dose response analysis showed no significant differences in methacholine *sensitivity* between groups.

This implies that early life smoke exposure alone may not modulate airway reactivity but may require

a secondary stimulant. To further support this finding is the fact that in female offspring, the alterations

in methacholine responsiveness disappeared by 60 weeks of age but reappeared upon re-exposure to

CS, suggesting that early-life CS exposure alone may not be enough to induce life-long lung function

alterations but may prime the lungs so that upon re-exposure to CS, lung function is altered. This idea

of priming has been well documented[77,83,84], but few studies have extended exposures as long as this.

One study showed that early-life secondhand smoke exposure did not alter lung function until the

administration of a postnatal allergen (*A. fumigatus* extract)[84]. Another study found that *in utero*

exposure to second-hand smoke exacerbated allergic response and lung function deficits in offspring

when exposed to ovalbumin at 23 weeks of age[75].

In addition to phenotype, it is important to investigate the effects of CS on lung DNAm to gain

insights into the molecular mechanisms of disease development. Cytochrome P450 (Cyp) enzymes are

hemoproteins which are involved in drug/xenobiotic metabolism in the liver[85]. Its major substrates are

polyaromatic hydrocarbons and nitrosamines (major carcinogenic components of CS[86]), and activation

by these ligands usually occurs via an aryl hydrocarbon receptor (Ahr)-dependent pathway[87,88]. There

are many subclasses of Cyp enzymes, but CYP1A1 is extensively studied as it is expressed at basal

levels in extra-hepatic tissues[89] and is highly inducible, leading to the speculation that it may be

primarily responsible for xenobiotic metabolism in extra-hepatic tissues[90]. When activated by Ahr,

CYP1A1 directly hydroxylates or oxidizes its bound ligand and detoxifies it[91–93]. CS is a potent

inducer of the Ahr-Cyp pathway in humans and murine models[94–96], so it follows that measuring the

effects of CS on DNAm in these genes would be informative on CS-induced phenotypes.

The dynamics of *Cyp1a1* DNAm and expression over the life course in CS-exposed lungs

revealed unexpected patterns. First, we noted that maternal smoking did not alter offspring *Ahrr* or

Cyp1a1 DNAm in the lung at birth at our chosen CpGs but causes a 20-fold increase in expression of

just *Cyp1a1*. At 16 weeks, offspring exposed to only prenatal CS or only postnatal CS showed a slight

increase in *Cyp1a1* DNAm (and expression), while those exposed to both prenatal and postnatal CS

showed decreased *Cyp1a1* DNAm and expression in their left lungs compared to control offspring. We

tested the effects of cross-fostering independently and saw no difference in *Cyp1a1* DNAm, which

implies these differences are not an effect of cross-fostering itself. These opposing results could

possibly be explained by the *developmental mismatch hypothesis*, which surmises that traits that

develop in an organism in one environment may be disadvantageous in a different environment[97–99]. In

other words, the mismatch between prenatal and postnatal environments in the cross-fostered offspring

would confer different characteristics from offspring with matched prenatal and postnatal

environments. The fact that the *Cyp1a1* DNAm in the prenatal CS only group and postnatal CS only

group changes in the same direction emphasizes the need for future animal models to isolate and study

them separately, as it is evident that they produce different effects from combined pre- and post-natal

exposure, and can be difficult to differentiate in more long-term studies. The increase in *Cyp1a1*

DNAm observed in the prenatal CS only group is in fact in line with many human studies which have

measured prenatal CS-induced DNAm changes in newborn umbilical cord blood[20–23,25].

Finally, we observed that while early life CS-induced *Cyp1a1* DNAm changes do not persist

till 60 weeks, acute exposure to CS in adulthood re-established DNAm patterns observed at 16 weeks

and was associated with an immune cell infiltration phenotype that was dependent on both early life

and later life CS exposure. The disappearance and re-establishment of the *Cyp1a1* DNAm patterns at

60 weeks proves that DNAm alone cannot be the epigenetic mark responsible for long-term memory

of early life CS at *Cyp1a1*. The next most likely candidate for a mechanism linking early life exposure

with later life response is histone modifications. One study has in fact shown that early life smoke

exposure in rats causes chromatin remodeling, marked by increased histone acetylation and altered

transcription factor binding in the lungs[100]. The DNAm and lung phenotype changes observed at this

timepoint are further evidence of priming. Some studies have suggested that disappearance of

detrimental phenotypes over time is an adaptation mechanism in response to adversity[101,102], which

allows affected individuals to function as close to optimal as possible. However, the underlying

detrimental signatures are embedded until a secondary stimulant is introduced[101,102].

Taken together, our results represent a novel model for the DOHaD hypothesis, which surmises

that the early life environment can shape offspring phenotype to produce long term consequences in an

individual. While some hypotheses such as the thrifty phenotype[103] and adaptive response[104] have been

used to explain the longevity of health conditions following early-life adversity, the underlying

mechanisms are largely unknown[105]. Epigenetic mechanisms are suspected to play major roles in this

phenomenon and there are many studies which have investigated the effects of early life environment

on offspring DNAm. For example, early life smoke exposure and air pollution exposure in general has

been shown to cause conditions like asthma and cancer in adulthood, and many studies have suggested

DNAm as the underlying mechanism[20,31,106,107]. However, we have shown that in our model DNAm

was not responsible for long-term CS-associated phenotype, and future work will investigate other

epigenetic marks.

One limitation of this study is that we measured DNAm in whole mouse lungs and so, cannot

say what specific lung cell type is responsible for the observed changes in DNAm. It is unlikely that

immune cell infiltration is the cause of the DNAm changes, as lungs were lavaged to remove most of

the immune cells, and the relative number of immune cells residing in lung tissue is very small. A

second limitation is that our model involves administration of heavy doses of CS and so we cannot

extrapolate these results to analyze the effects of light or moderate smoking.

In conclusion, this study has created an effective model for DOHaD to investigate the effects of

early life CS exposure, providing an essential foundation for future animal studies. Using this model,

we have shown that the effects of early life smoke exposure are embedded into the offspring,

producing phenotypes which are re-established by smoking in adulthood. Future studies are needed to

investigate these effects across the mouse epigenome and measure the effects of early life CS on

chromatin accessibility and specific histone marks or variants, to identify the specific mechanism

responsible for the long-term memory due to early life CS exposure.

Acknowledgements

The authors thank Dr. Neeloffer Mookherjee for discussions of experimental design and helpful

suggestions.

References

1. Roseboom, T. J. *et al.* Effects of Prenatal Exposure to the Dutch Famine on Adult Disease in Later Life: An

Overview. *Twin Research and Human Genetics* **4**, 293–298 (2001).

2. Nielsen, C. H., Larsen, A. & Nielsen, A. L. DNA methylation alterations in response to prenatal exposure of

maternal cigarette smoking: A persistent epigenetic impact on health from maternal lifestyle? *Arch Toxicol*

90, 231–245 (2016).

3. Gluckman, P. D., Hanson, M. A., Cooper, C. & Thornburg, K. L. Effect of in utero and early-life conditions on

adult health and disease. *The New England journal of medicine* **359**, 61–73 (2008).

4. Mandy, M. & Nyirenda, M. Developmental Origins of Health and Disease: the relevance to developing

nations. *International Health* **10**, 66–70 (2018).

5. Government of Canada, S. C. Smokers, by age group.

https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009610 (2018).

6. Harris, J. E. Cigarette Smoke Components and Disease: Cigarette Smoke I s More Than a Triad of Tar,

Nicotine, and Carbon Monoxide. 17.

7. Swan, G. E. & Lessov-Schlaggar, C. N. The Effects of Tobacco Smoke and Nicotine on Cognition and the

Brain. *Neuropsychol Rev* **17**, 259–273 (2007).

8. Cheraghi, M. & Salvi, S. Environmental tobacco smoke (ETS) and respiratory health in children. *Eur J*

Pediatr **168**, 897–905 (2009).

9. Ekblad, M., Korkeila, J. & Lehtonen, L. Smoking during pregnancy affects foetal brain development. *Acta*

Paediatrica **104**, 12–18 (2015).

10. Rogers, J. M. Tobacco and pregnancy. *Reproductive Toxicology* **28**, 152–160 (2009).

11. CDCTobaccoFree. 2014 SGR: The Health Consequences of Smoking—50 Years of Progress. *Centers for*

Disease Control and Prevention https://www.cdc.gov/tobacco/data_statistics/sgr/50th-

anniversary/index.htm (2021).

12. Singh, S. P. *et al.* Prenatal Cigarette Smoke Decreases Lung cAMP and Increases Airway

Hyperresponsiveness. *Am J Respir Crit Care Med* **168**, 342–347 (2003).

13. Lawder, R., Whyte, B., Wood, R., Fischbacher, C. & Tappin, D. M. Impact of maternal smoking on early

childhood health: a retrospective cohort linked dataset analysis of 697 003 children born in Scotland

1997–2009. *BMJ Open* **9**, (2019).

14. Hertzman, C. & Wiens, M. Child development and long-term outcomes: a population health perspective

and summary of successful interventions. *Soc Sci Med* **43**, 1083–1095 (1996).

15. Aristizabal, M. J. *et al.* Biological embedding of experience: A primer on epigenetics. *PNAS* (2019)

doi:10.1073/pnas.1820838116.

16. Demetriou, C. A. *et al.* Biological embedding of early-life exposures and disease risk in humans: a role for

DNA methylation. *Eur. J. Clin. Invest.* **45**, 303–332 (2015).

17. Cunliffe, V. T. Experience-sensitive epigenetic mechanisms, developmental plasticity, and the biological

embedding of chronic disease risk. *WIREs Systems Biology and Medicine* **7**, 53–71 (2015).

18. Kim, J. K., Samaranayake, M. & Pradhan, S. Epigenetic mechanisms in mammals. *Cell. Mol. Life Sci.* **66**, 596

(2008).

19. Joubert, B. R. *et al.* 450K epigenome-wide scan identifies differential DNA methylation in newborns

related to maternal smoking during pregnancy. *Environmental health perspectives* **120**, 1425–1431 (2012).

20. Joubert, B. R. *et al.* DNA Methylation in Newborns and Maternal Smoking in Pregnancy: Genome-wide

Consortium Meta-analysis. *American journal of human genetics* **98**, 680–696 (2016).

21. Richmond, R. C. *et al.* Prenatal exposure to maternal smoking and offspring DNA methylation across the

lifecourse: findings from the Avon Longitudinal Study of Parents and Children (ALSPAC). *Hum Mol Genet*

24, 2201–2217 (2015).

22. Wiklund, P. *et al.* DNA methylation links prenatal smoking exposure to later life health outcomes in

offspring. *Clinical Epigenetics* **11**, 97 (2019).

23. Lee, K. W. K. *et al.* Prenatal Exposure to Maternal Cigarette Smoking and DNA Methylation: Epigenome-

Wide Association in a Discovery Sample of Adolescents and Replication in an Independent Cohort at Birth

through 17 Years of Age. *Environ Health Perspect* **123**, 193–199 (2015).

24. Tehranifar, P. *et al.* Maternal cigarette smoking during pregnancy and offspring DNA methylation in

midlife. *Epigenetics⁠: official journal of the DNA Methylation Society* **13**, 129–134 (2018).

25. Richmond, R. C., Suderman, M., Langdon, R., Relton, C. L. & Davey Smith, G. DNA methylation as a marker

for prenatal smoke exposure in adults. *Int J Epidemiol* **47**, 1120–1130 (2018).

26. Suter, M. *et al.* IN UTERO TOBACCO EXPOSURE EPIGENETICALLY MODIFIES PLACENTAL CYP1A1

EXPRESSION. *Metabolism* **59**, 1481–1490 (2010).

27. Reddy, K. D. *et al.* Current Smoking Alters Gene Expression and DNA Methylation in the Nasal Epithelium

of Patients with Asthma. *Am J Respir Cell Mol Biol* **65**, 366–377 (2021).

28. Rauschert, S. *et al.* Maternal Smoking During Pregnancy Induces Persistent Epigenetic Changes Into

Adolescence, Independent of Postnatal Smoke Exposure and Is Associated With Cardiometabolic Risk.

Frontiers in Genetics **10**, (2019).

29. Breton, C. V. *et al.* Prenatal tobacco smoke exposure affects global and gene-specific DNA methylation. *Am

J Respir Crit Care Med* **180**, 462–467 (2009).

30. Flom, J. D. *et al.* Prenatal smoke exposure and genomic DNA methylation in a multiethnic birth cohort.

Cancer Epidemiol Biomarkers Prev **20**, 2518–2523 (2011).

31. Neophytou, A. M. *et al.* In utero tobacco smoke exposure, DNA methylation, and asthma in Latino

children. *Environmental Epidemiology* **3**, e048 (2019).

32. Sherrill, D. L. *et al.* Longitudinal effects of passive smoking on pulmonary function in New Zealand children.

Am Rev Respir Dis **145**, 1136–1141 (1992).

33. Knopik, V. S. *et al.* Contributions of parental alcoholism, prenatal substance exposure, and genetic

transmission to child ADHD risk: a female twin study. *Psychol. Med.* **35**, 625–635 (2005).

34. Agrawal, A. *et al.* Correlates of cigarette smoking during pregnancy and its genetic and environmental

overlap with nicotine dependence. *Nicotine Tob Res* **10**, 567–578 (2008).

35. Vardavas, C. I. *et al.* The independent role of prenatal and postnatal exposure to active and passive

smoking on the development of early wheeze in children. *The European respiratory journal* **48**, 115–124

(2016).

36. Joad, J. P., Ji, C. M., Kott, K. S., Bric, J. M. & Pinkerton, K. E. In Utero and Postnatal Effects of Sidestream

Cigarette Smoke Exposure on Lung Function, Hyperresponsiveness, and Neuroendocrine Cells in Rats.

Toxicology and Applied Pharmacology **132**, 63–71 (1995).

37. Burke, H. *et al.* Prenatal and passive smoke exposure and incidence of asthma and wheeze: systematic

review and meta-analysis. *Pediatrics* **129**, 735–744 (2012).

38. Eskenazi, B. & Castorina, R. Association of prenatal maternal or postnatal child environmental tobacco

smoke exposure and neurodevelopmental and behavioral problems in children. *Environmental Health*

Perspectives **107**, 991–1000 (1999).

39. Ma, Y. *et al.* Sustained suppression of IL-13 by a vaccine attenuates airway inflammation and remodeling

in mice. *Am J Respir Cell Mol Biol* **48**, 540–549 (2013).

40. Ryu, M. H. *et al.* Chronic exposure to perfluorinated compounds: Impact on airway hyperresponsiveness

and inflammation. *Am J Physiol Lung Cell Mol Physiol* **307**, L765-774 (2014).

41. Pascoe, C. D. *et al.* Allergen inhalation generates pro-inflammatory oxidised phosphatidylcholine

associated with airway dysfunction. *Eur Respir J* **57**, 2000839 (2021).

42. MUSCLE: multiple sequence alignment with improved accuracy and speed | IEEE Conference Publication |

IEEE Xplore. https://ieeexplore.ieee.org/abstract/document/1332560.

43. Livak, K. J. & Schmittgen, T. D. Analysis of relative gene expression data using real-time quantitative PCR

and the 2(-Delta Delta C(T)) Method. *Methods* **25**, 402–408 (2001).

44. Wang, R. *et al.* Long non‐coding RNA HOX transcript antisense RNA promotes expression of 14‐3‐3σ in

non‐small cell lung cancer. *Experimental and Therapeutic Medicine* **14**, 4503–4508 (2017).

45. Camlin, N. J. *et al.* Maternal Smoke Exposure Impairs the Long-Term Fertility of Female Offspring in a

Murine Model1. *Biology of Reproduction* **94**, 39, 1–12 (2016).

46. Mays, C. E. Effects of Sidestream Smoke on Pregnant Mice and their Offspring. *Proceedings of the Indiana*

Academy of Science **95**, 529–536 (1985).

47. Esposito, E. R., Horn, K. H., Greene, R. M. & Pisano, M. M. An animal model of cigarette smoke-induced in

utero growth retardation. *Toxicology* **246**, 193–202 (2008).

48. Metzger, M. J., Halperin, A. C., Manhart, L. E. & Hawes, S. E. Association of Maternal Smoking during

Pregnancy with Infant Hospitalization and Mortality Due to Infectious Diseases. *Pediatr Infect Dis J* **32**, e1–

e7 (2013).

49. Agrawal, A. *et al.* The Effects of Maternal Smoking During Pregnancy on Offspring Outcomes. *Prev Med* **50**,

13 (2010).

50. Janbazacyabar, H. *et al.* The Effects of Maternal Smoking on Pregnancy and Offspring: Possible Role for

EGF? *Frontiers in Cell and Developmental Biology* **9**, (2021).

51. Suter, M. A. & Aagaard, K. M. The impact of tobacco chemicals and nicotine on placental development.

Prenat Diagn **40**, 1193–1200 (2020).

52. Suter, M. *et al.* Maternal tobacco use modestly alters correlated epigenome-wide placental DNA

methylation and gene expression. *Epigenetics* **6**, 1284–1294 (2011).

53. Luck, W., Nau, H., Hansen, R. & Steldinger, R. Extent of nicotine and cotinine transfer to the human fetus,

placenta and amniotic fluid of smoking mothers. *Dev Pharmacol Ther* **8**, 384–395 (1985).

54. Beyer, D., Mitfessel, H. & Gillissen, A. Maternal smoking promotes chronic obstructive lung disease in the

offspring as adults. *Eur J Med Res* **14**, 27–31 (2009).

55. Toppila-Salmi, S. *et al.* Maternal smoking during pregnancy affects adult onset of asthma in offspring: a

follow up from birth to age 46 years. *European Respiratory Journal* **55**, (2020).

56. Gilliland, F. D., Li, Y.-F. & Peters, J. M. Effects of Maternal Smoking during Pregnancy and Environmental

Tobacco Smoke on Asthma and Wheezing in Children. *Am J Respir Crit Care Med* **163**, 429–436 (2001).

57. Neuman, Å. *et al.* Maternal smoking in pregnancy and asthma in preschool children: a pooled analysis of

eight birth cohorts. *Am J Respir Crit Care Med* **186**, 1037–1043 (2012).

58. Hayatbakhsh, M. R. *et al.* Maternal smoking during and after pregnancy and lung function in early

adulthood: a prospective study. *Thorax* **64**, 810–814 (2009).

59. Meyer, K. F. *et al.* The fetal programming effect of prenatal smoking on Igf1r and Igf1 methylation is

organ- and sex-specific. *Epigenetics* **12**, 1076–1091 (2017).

60. Lin, P.-I., Shu, H. & Mersha, T. B. Comparing DNA methylation profiles across different tissues associated

with the diagnosis of pediatric asthma. *Sci Rep* **10**, 151 (2020).

61. Song, F. *et al.* Tissue specific differentially methylated regions (TDMR): Changes in DNA methylation during

development. *Genomics* **93**, 130–139 (2009).

62. Novakovic, B. *et al.* Postnatal stability, tissue, and time specific effects of AHRR methylation change in

response to maternal smoking in pregnancy. *Epigenetics : official journal of the DNA Methylation Society*

9, 377–386 (2014).

63. Armstrong, D. A., Lesseur, C., Conradt, E., Lester, B. M. & Marsit, C. J. Global and gene-specific DNA

methylation across multiple tissues in early infancy: implications for children's health research. *FASEB J* **28**,

2088–2097 (2014).

64. Zhou, J. *et al.* Tissue-specific DNA methylation is conserved across human, mouse, and rat, and driven by

primary sequence conservation. *BMC Genomics* **18**, 724 (2017).

65. Wan, J. *et al.* Characterization of tissue-specific differential DNA methylation suggests distinct modes of

positive and negative gene expression regulation. *BMC Genomics* **16**, 49 (2015).

66. Herzog, E. M. *et al.* The tissue-specific aspect of genome-wide DNA methylation in newborn and placental

tissues: implications for epigenetic epidemiologic studies. *Journal of Developmental Origins of Health and*

Disease **12**, 113–123 (2021).

67. Herzog, E. *et al.* Tissue-specific DNA methylation profiles in newborns. *Clinical epigenetics* **5**, (2013).

68. Chellian, R. *et al.* Rodent models for nicotine withdrawal. *J Psychopharmacol* **35**, 1169–1187 (2021).

69. McLaughlin, I., Dani, J. A. & De Biasi, M. Nicotine Withdrawal. in *The Neuropharmacology of Nicotine*

Dependence (eds. Balfour, D. J. K. & Munafò, M. R.) 99–123 (Springer International Publishing, 2015).

doi:10.1007/978-3-319-13482-6_4.

70. Paolini, M. & De Biasi, M. Mechanistic insights into nicotine withdrawal. *Biochemical Pharmacology* **82**,

996–1007 (2011).

71. Jacobsen, L. K. *et al.* Effects of smoking and smoking abstinence on cognition in adolescent tobacco

smokers. *Biological Psychiatry* **57**, 56–66 (2005).

72. Tager, I. B., Weiss, S. T., Muñoz, A., Rosner, B. & Speizer, F. E. Longitudinal Study of the Effects of Maternal

Smoking on Pulmonary Function in Children. *New England Journal of Medicine* **309**, 699–703 (1983).

73. McEvoy, C. T. & Spindel, E. R. Pulmonary Effects of Maternal Smoking on the Fetus and Child: Effects on

Lung Development, Respiratory Morbidities, and Life Long Lung Health. *Paediatric Respiratory Reviews* **21**,

27–33 (2017).

74. Goksör, E., Åmark, M., Alm, B., Gustafsson, P. M. & Wennergren, G. The impact of pre- and post-natal

smoke exposure on future asthma and bronchial hyper-responsiveness. *Acta Paediatrica* **96**, 1030–1035

(2007).

75. Xiao, R., Noël, A., Perveen, Z. & Penn, A. L. In utero exposure to second-hand smoke activates pro-

asthmatic and oncogenic miRNAs in adult asthmatic mice. *Environ Mol Mutagen* **57**, 190–199 (2016).

76. Leon Hsu, H.-H. *et al.* Prenatal Particulate Air Pollution and Asthma Onset in Urban Children. Identifying

Sensitive Windows and Sex Differences. *Am J Respir Crit Care Med* **192**, 1052–1059 (2015).

77. Xiao, R. *et al.* In utero exposure to second-hand smoke aggravates the response to ovalbumin in adult

mice. *Am J Respir Cell Mol Biol* **49**, 1102–1109 (2013).

78. Noël, A. *et al.* Sex-specific lung functional changes in adult mice exposed only to second-hand smoke in

utero. *Respir Res* **18**, 104 (2017).

79. Nielsen, H. C. Androgen receptors influence the production of pulmonary surfactant in the testicular

feminization mouse fetus. *J Clin Invest* **76**, 177–181 (1985).

80. Torday, J. S. & Nielsen, H. C. The Sex Difference in Fetal Lung Surfactant Production. *Experimental Lung*

Research **12**, 1–19 (1987).

81. Carey, M. A. *et al.* The impact of sex and sex hormones on lung physiology and disease: lessons from

animal studies. *American Journal of Physiology-Lung Cellular and Molecular Physiology* **293**, L272–L278

(2007).

82. Cunningham, J., Dockery, D. W. & Speizer, F. E. Maternal Smoking during Pregnancy as a Predictor of Lung

Function in Children. *American Journal of Epidemiology* **139**, 1139–1152 (1994).

83. Drummond, D. *et al.* Combined Effects of in Utero and Adolescent Tobacco Smoke Exposure on Lung

Function in C57Bl/6J Mice. *Environ Health Perspect* **125**, 392–399 (2017).

84. Singh, S. P. *et al.* Maternal Exposure to Secondhand Cigarette Smoke Primes the Lung for Induction of

Phosphodiesterase-4D5 Isozyme and Exacerbated Th2 Responses: Rolipram Attenuates the Airway

Hyperreactivity and Muscarinic Receptor Expression but Not Lung Inflammation and Atopy. *The Journal of*

Immunology **183**, 2115–2121 (2009).

85. Maideen, N. M. P. Tobacco smoking and its drug interactions with comedications involving CYP and UGT

enzymes and nicotine. *World Journal of Pharmacology* **8**, 14–25 (2019).

86. Anttila, S. *et al.* Methylation of Cytochrome P4501A1 Promoter in the Lung Is Associated with Tobacco

Smoking. *Cancer Research* **63**, 8623–8628 (2003).

87. Hankinson, O. The aryl hydrocarbon receptor complex. *Annu Rev Pharmacol Toxicol* **35**, 307–340 (1995).

88. Kim, J. Expression of cytochromes P450 1A1 and 1B1 in human lung from smokers, non-smokers, and ex-

smokers. *Toxicology and Applied Pharmacology* **199**, 210–219 (2004).

89. Rendic, S. & Di Carlo, F. J. Human cytochrome P450 enzymes: a status report summarizing their reactions,

substrates, inducers, and inhibitors. *Drug Metab Rev* **29**, 413–580 (1997).

90. Okey, A. B. Enzyme induction in the cytochrome P-450 system. *Pharmacology & Therapeutics* **45**, 241–298

(1990).

91. Ohashi, H. *et al.* The aryl hydrocarbon receptor–cytochrome P450 1A1 pathway controls lipid

accumulation and enhances the permissiveness for hepatitis C virus assembly. *J Biol Chem* **293**, 19559–

19571 (2018).

92. Rendic, S. & Guengerich, F. P. Contributions of Human Enzymes in Carcinogen Metabolism. *ACS*

Publications https://pubs.acs.org/doi/pdf/10.1021/tx300132k (2012) doi:10.1021/tx300132k.

93. Nebert, D. W. *et al.* Role of the aromatic hydrocarbon receptor and [Ah] gene battery in the oxidative

stress response, cell cycle control, and apoptosis. *Biochemical Pharmacology* **59**, 65–85 (2000).

94. Uno, S., Sakurai, K., Nebert, D. W. & Makishima, M. Protective role of cytochrome P450 1A1 (CYP1A1)

against benzo[a]pyrene-induced toxicity in mouse aorta. *Toxicology* **316**, 34–42 (2014).

95. Uno, S. *et al.* Oral Benzo[a]pyrene in Cyp1 Knockout Mouse Lines: CYP1A1 Important in Detoxication,

CYP1B1 Metabolism Required for Immune Damage Independent of Total-Body Burden and Clearance

Rate. *Mol Pharmacol* **69**, 1103–1114 (2006).

96. Neuhold, L. A., Shirayoshi, Y., Ozato, K., Jones, J. E. & Nebert, D. W. Regulation of mouse CYP1A1 gene

expression by dioxin: requirement of two cis-acting elements during induction. *Molecular and Cellular*

Biology **9**, 2378–2386 (1989).

97. Gluckman, P. D., Hanson, M. A. & Low, F. M. Evolutionary and developmental mismatches are

consequences of adaptive developmental plasticity in humans and have implications for later disease risk.

Philosophical Transactions of the Royal Society B: Biological Sciences **374**, 20180109 (2019).

98. Frankenhuis, W. E., Nettle, D. & McNamara, J. M. Echoes of Early Life: Recent Insights From Mathematical

Modeling. *Child Development* **89**, 1504–1518 (2018).

99. Godfrey, K. M., Lillycrop, K. A., Burdge, G. C., Gluckman, P. D. & Hanson, M. A. Epigenetic Mechanisms and

the Mismatch Concept of the Developmental Origins of Health and Disease. *Pediatr Res* **61**, 5–10 (2007).

100.   Marwick, J. A. *et al.* Cigarette Smoke Alters Chromatin Remodeling and Induces Proinflammatory

Genes in Rat Lungs. *Am J Respir Cell Mol Biol* **31**, 633–642 (2004).

101.   Meldrum, D. R. *et al.* Adaptive and maladaptive mechanisms of cellular priming. *Ann Surg* **226**, 587–

598 (1997).

102.   Kentner, A. C., Cryan, J. F. & Brummelte, S. Resilience Priming: Translational models for understanding

resiliency and adaptation to early-life adversity. *Dev Psychobiol* **61**, 350–375 (2019).

103.   Hales, C. N. & Barker, D. J. P. The thrifty phenotype hypothesis: Type 2 diabetes. *British Medical*

Bulletin **60**, 5–20 (2001).

104.   Gluckman, P. D. & Hanson, M. A. Living with the Past: Evolution, Development, and Patterns of

Disease. *Science* **305**, 1733–1736 (2004).

105.   Hsu, C.-N. & Tain, Y.-L. Animal Models for DOHaD Research: Focus on Hypertension of Developmental

Origins. *Biomedicines* **9**, 623 (2021).

106.   Lavigne, É. *et al.* Maternal exposure to ambient air pollution and risk of early childhood cancers: A

population-based study in Ontario, Canada. *Environ Int* **100**, 139–147 (2017).

107.   Erickson, A. C. & Sbihi, H. Biological embedding, the air we breathe, and carcinogenesis. *The Lancet*

Planetary Health **2**, e149–e150 (2018).

108.   Tomczyk, M. M. *et al.* Mitochondrial Sirtuin-3 (SIRT3) Prevents Doxorubicin-Induced Dilated

Cardiomyopathy by Modulating Protein Acetylation and Oxidative Stress. *Circulation: Heart Failure* **15**,

e008547 (2022).

Supplementary Information

Methods

Transthoracic echocardiography

As described previously[108], serial echocardiography was performed using a Vevo 2100 ultrasound

(Fujifilm-Visual Sonics, ON Canada) equipped with a 30 MHz transducer to assess cardiac

morphology and function in 12-14 week-old mice. Imaging by a blinded and experienced sonographer

was performed under mild anesthesia (induced with 3% isoflurane and 1.0L/min oxygen and

maintained at 1 – 1.5% isoflurane and 1.0 L/min oxygen) during echocardiography. Pulse Wave

Doppler Mode was used to measure the velocity time integral of blood flow passing through the right

ventricular outflow tract (RVOT). Vevo software was used to determine pulmonary acceleration times

(PAT), pulmonary ejection times (PET), and ventricle thickness from the RVOT for each subject.

Measurements of PAT and PET were taken from three different doppler waves for each subject and

ventricle thickness was measured from three image stills. The average of these three measurements

was then recorded.

Results

Impact of CS on offspring cardiac morphometry and function

To determine whether CS exposure affected cardiac morphometry or function we used

echocardiography to image the heart and examine left ventricular and right ventricular structural and

functional parameters. In males, there were no effects of smoke exposure on left ventricle (LV) mass

or other LV structural parameters (Table S4). In females, prenatal CS exposure reduced the

intraventricular septum, the LV internal diameter and LV volume (Table S5). On the other hand,

postnatal CS exposure increased LV posterior wall thickness in females. Overall, these structural

changes did not impact LV mass in females. Regarding LV functional parameters, in the males,

prenatal CS exposure significantly increased LV ejection fraction and cardiac output, though postnatal

CS and the combination of pre- and postnatal CS did not affect these parameters (Table S4). However,

in females, CS exposure did not affect LV function in any of the groups (Table S5). Next, right

ventricle (RV) morphometry and function was examined. In both males and females, RV wall

thickness was increased in prenatal CS exposed offspring and by postnatal CS as well as the

combination of prenatal and postnatal CS (Tables S4, S5). CS did not alter RV function and

hemodynamics in males (Table S4). Female RV function and hemodynamic parameters were more

sensitive to the effects of CS. Prenatal CS exposure increased the pulmonary vessel peak velocity and

peak pressure (Table S5). In addition, prenatal CS exposure followed by postnatal CS also increased

pulmonary valve peak velocity and peak pressure in females. Pulmonary acceleration time was

significantly reduced by postnatal CS and the combination of prenatal and postnatal CS in females.

Tables and figures

Table S1: Mouse pyrosequencing primers

Gene	Primer sequence
Ahrr	Forward: AGTTGTTGTGGTTTTTGATAAAAAGAG
	Reverse: /5BiosG/AAACACAATATACAAAAATCCAACTCAT
	Sequencing: AGGGATTTATTGGGG
Cyp1a1	Forward: TTTTGTTTGAGAGTAAAGGTTTGAATAG
	Reverse: /5BiosG/ACACCTACAAAACAACCAACTAA
	Sequencing: GTTTATATTTTTAGTGGTAGGAT
Prkaa1	Forward: AGGAAGTTTGGAGTTGATAAGAA
	Reverse: /5BiosG/CTCCCCTAAAAATAACACAACAAC
	Sequencing: ATTATATAGTAAGTTAATTGAGTTT

850   Table S2: Mouse qPCR primers

Gene	Primer sequence
Ahrr	Forward: GGACAAACAGATAGGAGCCACT
	Reverse: GCTGTTCTGTGCTCCAGTTCA
Cyp1a1	Forward: CAAGCGAAAGTGCATCGGAG
	Reverse: GAGGACCAGAAGACCGCATC
β -actin	Forward: AGAAGAGCTATGAGCTGCCTG
	Reverse: TAGAGGTCTTTACGGATGTCAACG
Eif2a	Forward: TCCCAAAAGCAGTTTGCCTTG
	Reverse: TTGTAGGTTAGGCGTCCCAG

Table S3: Summary of results from offspring

| | | Birth | | 16 weeks | | | | | | 60 weeks | |
| | | Male | Female | Male | | | Female | | | Female | |
		CS	CS	Post	Pre	Full	Post	Pre	Full	Pre	Full
Lung function at baseline	Rrs										↑
	Rn						↑				
	G									↑	↑
	H			↑							
Lung function with methacholine	Rrs			↓		↑					
	Rn			↓				↓	↓		
	G										
	H			↓							
Lung immune cell infiltration	Macrophages										
	Eosinophils						↑				
	Lymphocytes					↑					
	Total cells										
Lung DNAm	*Cyp1a1* DNAm						↑	↑*	↓*		↓
Lung gene	*Cyp1a1*	↑	↑				↑	↑*			

expression	expression										

863   At birth and 16 weeks, arrow directions are relative to control groups. At 60 weeks, arrows are relative

864   to early-life control offspring exposed to CS in adulthood only.

865   * = borderline significance.

881   Table S4: Male offspring echocardiography parameters

	Control	Prenatal Smoke	Postnatal Smoke	Prenatal and Postnatal Smoke	Prenatal Smoke	Postnatal Smoke	Interaction
Body Weight (g)	26.0 ± 0.13	25.9 ± 0.13	25.7 ± 0.06	25.7 ± 0.12	0.8872	0.4964	0.8655
LV mass (mg)	89.1 ± 0.9	89.2 ± 1.4	85.6 ± 0.8	82.6 ± 1.3	0.6957	0.1840	0.6716
LVPWd (mm)	0.75 ± 0.01	0.76 ± 0.01	0.73 ± 0.01	0.67 ± 0.01	0.4383	0.1099	0.3685
LVAWd (mm)	0.74 ± 0.01	0.75 ± 0.01	0.79 ± 0.01	0.73 ± 0.01	0.4717	0.5564	0.2913
IVSd (mm)	0.66 ± 0.01	0.69 ± 0.01	0.71 ± 0.01	0.68 ± 0.01	0.9911	0.5504	0.2704
LVIDd (mm)	4.10 ± 0.02	4.06 ± 0.02	4.02 ± 0.01	4.00 ± 0.01	0.5881	0.2374	0.9119
LV Vol (ul)	73.5 ± 0.5	69.8 ± 0.8	68.8 ± 0.6	66.6 ± 0.5	0.2022	0.0914	0.7522
EF (%)	51.8 ± 0.6	56.2 ± 0.7	53.5 ± 0.5	54.9 ± 0.4	0.0352	0.3285	0.8389
FS (%)	26.3 ± 0.4	29.2 ± 0.5	28.2 ± 0.3	29.2 ± 0.3	0.1095	0.4307	0.4225
CO (ml/min)	14.9 ± 0.3	17.0 ± 0.2	15.8 ± 0.1	16.3 ± 0.2	0.0347	0.8675	0.2108
SV (ul)	38.5 ± 0.6	40.5 ±	37.9 ± 0.4	39.5 ± 0.4	0.1241	0.6471	0.4787

		0.5					
IVCT (ms)	8.1 ± 0.3	9.9 ± 0.2	12.1 ± 0.3	11.3 ± 0.3	0.6817	0.0198	0.2509
IVRT (ms)	15.2 ± 0.3	13.7 ± 0.3	15.3 ± 0.2	14.2 ± 0.2	0.1118	0.7505	0.8026
E/A	2.47 ± 0.07	2.05 ± 0.05	1.88 ± 0.03	2.16 ± 0.05	0.6882	0.1546	0.0419
E'/A'	1.15 ± 0.03	1.12 ± 0.03	1.03 ± 0.02	1.00 ± 0.02	0.5589	0.1929	0.8663
E/E'	47.2 ± 0.6	42.8 ± 0.9	41.1 ± 0.5	40.3 ± 0.8	0.2331	0.0520	0.3970
MPI	0.44 ± 0.01	0.43 ± 0.01	0.51 ± 0.01	0.46 ± 0.01	0.3947	0.0944	0.4189
PAT (ms)	15.8 ± 0.2	15.7 ± 0.2	16.8 ± 0.2	15.7 ± 0.1	0.3675	0.4982	0.4769
PET (ms)	62.2 ± 0.5	60.3 ± 0.4	61.2 ± 0.3	59.6 ± 0.5	0.2517	0.5760	0.9120
PAT/PET	0.26 ± 0.01	0.26 ± 0.01	0.27 ± 0.01	0.26 ± 0.01	0.8646	0.2981	0.5046
PV Peak Velocity (mmHg)	608.0 ± 6.1	669.9 ± 7.7	637.3 ± 5.1	639.0 ± 3.0	0.1371	0.9716	0.1595
PV Peak Pressure	1.49 ± 0.03	1.70 ± 0.04	1.65 ± 0.03	1.64 ± 0.02	0.3104	0.6548	0.2682

(mmHg)							
RVWT (mm)	0.50 ± 0.01	0.52 ± 0.01	0.53 ± 0.00	0.57 ± 0.01	0.0005	< 0.0001	0.2881
RVOT (mm)	1.24 ± 0.01	1.19 ± 0.01	1.15 ± 0.01	1.20 ± 0.01	0.9959	0.2501	0.1421
MPAP (mmHg)	80.2 ± 0.13	80.3 ± 0.12	79.6 ± 0.11	80.3 ± 0.08	0.3678	0.4982	0.4769
HR (bpm)	390 ± 4.1	405 ± 3.8	413 ± 2.6	416 ± 3.6	0.7402	0.9087	0.2510

Abbreviations: HR-heart rate; LV- left ventricle; LVID- LV internal diameter; LVAW- LV anterior

wall; LVPW- LV posterior wall; IVS- interventricular septum; EF- ejection fraction; FS- fractional

shortening; CO- cardiac output; SV- stroke volume; IVRT- isovolumic relaxation time; E/A; ratio of

mitral valve peak velocities measured by pulsed wave doppler during the early (E) and atrial (A)

peaks; E'/A'- ratio of mitral valve peak velocities measured by tissue doppler during the early (E') and

atrial (A') peaks; E/E'- ratio of early mitral inflow velocity (E) and mitral annular early diastolic

velocity (E') measured by tissue doppler; MPI- myocardial performance index; LV Vol- end diastolic

volume; bpm- beats per minute; PAT- pulmonary acceleration time; PET- pulmonary ejection time;

RVWT- right ventricle wall thickness; RVOT- right ventricular outflow tract; MPAP- Mean

pulmonary arterial pressure

Table S5: Female offspring echocardiography parameters

	Control	Prenatal Smoke	Postnatal Smoke	Prenatal and Postnatal Smoke	Prenatal Smoke	Postnatal Smoke	Interaction
Body Weight (g)	21.4 ± 0.04	21.3 ± 0.07	21.1 ± 0.06	20.5 ± 0.07	0.2274	0.0658	0.4613
LV mass (mg)	68.1 ± 0.3	67.5 ± 0.5	69.0 ± 0.5	68.0 ± 0.6	0.7459	0.6094	0.9065
LVPWd (mm)	0.61 ± 0.002	0.63 ± 0.003	0.66 ± 0.005	0.69 ± 0.005	0.1866	0.0010	0.9604
LVAWd (mm)	0.65 ± 0.003	0.61 ± 0.003	0.65 ± 0.003	0.67 ± 0.005	0.5532	0.0733	0.1731
IVSd (mm)	0.65 ± 0.003	0.62 ± 0.003	0.67 ± 0.003	0.65 ± 0.004	0.05	0.1592	0.6054
LVIDd (mm)	3.7 ± 0.01	3.6 ± 0.01	3.7 ± 0.01	3.6 ± 0.01	0.0072	0.5422	0.3386
LV Vol (ul)	57.8 ± 0.15	55.9 ± 0.28	58.9 ± 0.34	53.9 ± 0.38	0.0112	0.7292	0.2413
EF (%)	57.1 ± 0.2	57.0 ± 0.4	55.3 ± 0.3	59.2 ± 0.3	0.1831	0.8515	0.1593
FS (%)	29.0 ± 0.1	28.7 ± 0.2	28.4 ± 0.2	30.9 ± 0.2	0.2157	0.3742	0.1142
CO (ml/min)	13.4 ± 0.07	12.5 ± 0.09	13.2 ± 0.09	13.2 ± 0.11	0.3023	0.5938	0.2920
SV (ul)	34.1 ±	32.9 ±	33.3 ±	33.2 ± 0.24	0.5342	0.8299	0.6036

	0.13	0.25	0.24				
IVCT (ms)	10.6 ± 0.14	10.3 ± 0.16	11.4 ± 0.15	9.4 ± 0.18	0.1162	0.9182	0.2574
IVRT (ms)	13.9 ± 0.09	14.8 ± 0.14	13.4 ± 0.10	14.0 ± 0.12	0.1287	0.1935	0.7663
E/A	2.44 ± 0.02	2.37 ± 0.03	2.38 ± 0.03	2.07 ± 0.03	0.2039	0.2141	0.2858
E'/A'	1.04 ± 0.01	1.08 ± 0.01	1.05 ± 0.01	1.11 ± 0.01	0.3278	0.6450	0.8636
E/E'	41.0 ± 0.31	39.9 ± 0.40	41.2 ± 0.33	39.5 ± 0.40	0.4263	0.9619	0.8685
MPI	0.44 ± 0.003	0.44 ± 0.004	0.45 ± 0.004	0.44 ± 0.004	0.6185	0.9261	0.9677
PAT (ms)	16.9 ± 0.10	15.9 ± 0.08	15.5 ± 0.07	15.0 ± 0.08	0.0888	0.0105	0.4307
PET (ms)	63.0 ± 0.14	64.2 ± 0.17	62.1 ± 0.22	62.0 ± 0.17	0.5380	0.0826	0.4368
PAT/PET	0.27 ± 0.002	0.25 ± 0.001	0.25 ± 0.001	0.24 ± 0.001	0.0903	0.0894	0.3316
PV Peak Vel (mm/s)	580.0 ± 2.3	615.1 ± 3.9	605.6 ± 2.7	635.6 ± 3.4	0.0294	0.1213	0.8618
PV Peak	1.36 ±	1.58 ±	1.53 ±	1.69 ± 0.02	0.0080	0.0494	0.7303

Pressure (mmHg)	0.01	0.02	0.01				
RVWT (mm)	0.46 ± 0.000	0.49 ± 0.002	0.51 ± 0.003	0.54 ± 0.002	0.0004	< 0.0001	0.2874
RVOT (mm)	1.08 ± 0.004	1.13 ± 0.004	1.10 ± 0.004	1.14 ± 0.005	0.0609	0.4914	0.5624
MPAP (mmHg)	79.5 ± 0.06	79.7 ± 0.07	80.1 ± 0.05	80.5 ± 0.06	0.4103	0.0265	0.7468
HR (bpm)	393 ± 1.1	389 ± 1.5	398 ± 1.6	397 ± 1.3	0.7349	0.3194	0.8034

Abbreviations: HR-heart rate; LV- left ventricle; LVID- LV internal diameter; LVAW- LV anterior wall; LVPW- LV posterior wall; IVS- interventricular septum; EF- ejection fraction; FS- fractional shortening; CO- cardiac output; SV- stroke volume; IVRT- isovolumic relaxation time; E/A; ratio of mitral valve peak velocities measured by pulsed wave doppler during the early (E) and atrial (A) peaks; E'/A'- ratio of mitral valve peak velocities measured by tissue doppler during the early (E') and atrial (A') peaks; E/E'- ratio of early mitral inflow velocity (E) and mitral annular early diastolic velocity (E') measured by tissue doppler; MPI- myocardial performance index; LV Vol- end diastolic volume; bpm- beats per minute; PAT- pulmonary acceleration time; PET- pulmonary ejection time; RVWT- right ventricle wall thickness; RVOT- right ventricular outflow tract; MPAP- Mean pulmonary arterial pressure

905
906 **Supplementary Figure 1**: Methacholine dose response slope analyses for lung function measurements

907 in male and female offspring at 16 weeks. A) Dose-response slope calculation for total lung resistance

908 B) Dose-response slope for airway resistance C) Dose-response slope calculation for tissue resistance

909 D) Dose-response slope calculation for alveolar elastance. $p<0.05$ (t-test) was significant.

Supplementary Figure 2: Smoking did not alter *Ahrr* DNAm in offspring blood 13 weeks after

smoke cessation.

Prkaa1 DNA methylation in offspring lungs after 13 weeks of smoking cessation

932 **Supplementary Figure 3**: Early life exposure to CS did not significantly alter offspring lung DNAm

933 at the control gene, *Prkaa1*.

Supplementary Figure 4: Cross-fostering did not significantly affect *Cyp1a1* DNAm in mouse lungs.

To rule out potential effects of cross-fostering on offspring DNAm, we measured *Cyp1a1* DNAm in

lungs of cross-fostered and non-cross fostered control Balb/C mice at 8 weeks of age. Differences in

DNAm were measured using a student t-test.