

# PFAS

# Human Health Effects

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# The C8 Science Panel

- Class action lawsuit mandated the study of PFOA and health effects
  - 69,030 participants
  - Blood samples, medical records and questionnaires
- Blood PFOA levels were relatively high
  - C8-panel study ~32.9 ng/mL
  - NHANES ~4-5 ng/mL
- Determined if any disease is “more probably than not” to be associated with PFOA exposure
  - 55 health outcomes studied (2011-2012)

# C8 Science Panel Findings

- Health outcomes with probable links to PFOA
  - Kidney cancer
  - Testicular cancer
  - Ulcerative colitis
  - Thyroid disease
  - Hypercholesterolemia
  - Pregnancy-induced hypertension
- Most studies prior or after the C8 Health Project
  - Adult males in occupational settings
  - High exposure levels
  - Study either PFOA or PFOS

# Prenatal and Early Childhood Exposure

- **Birth cohorts: prenatal and postnatal PFAS measurements**
  - Decreased vaccine response/effectiveness
  - Strong associations for joint exposure (PFOS, PFOA, PFHxS)
  - At relatively low/common exposure levels
  - Other studies have replicated associations
- **Other childhood outcomes studied**
  - Fetal and postnatal growth
  - Limited evidence on neurodevelopmental toxicity (mixed findings)
  - Potential for live-birth selection bias

# ATSDR – Profile on PFAS (2018)

- Epidemiological Evidence

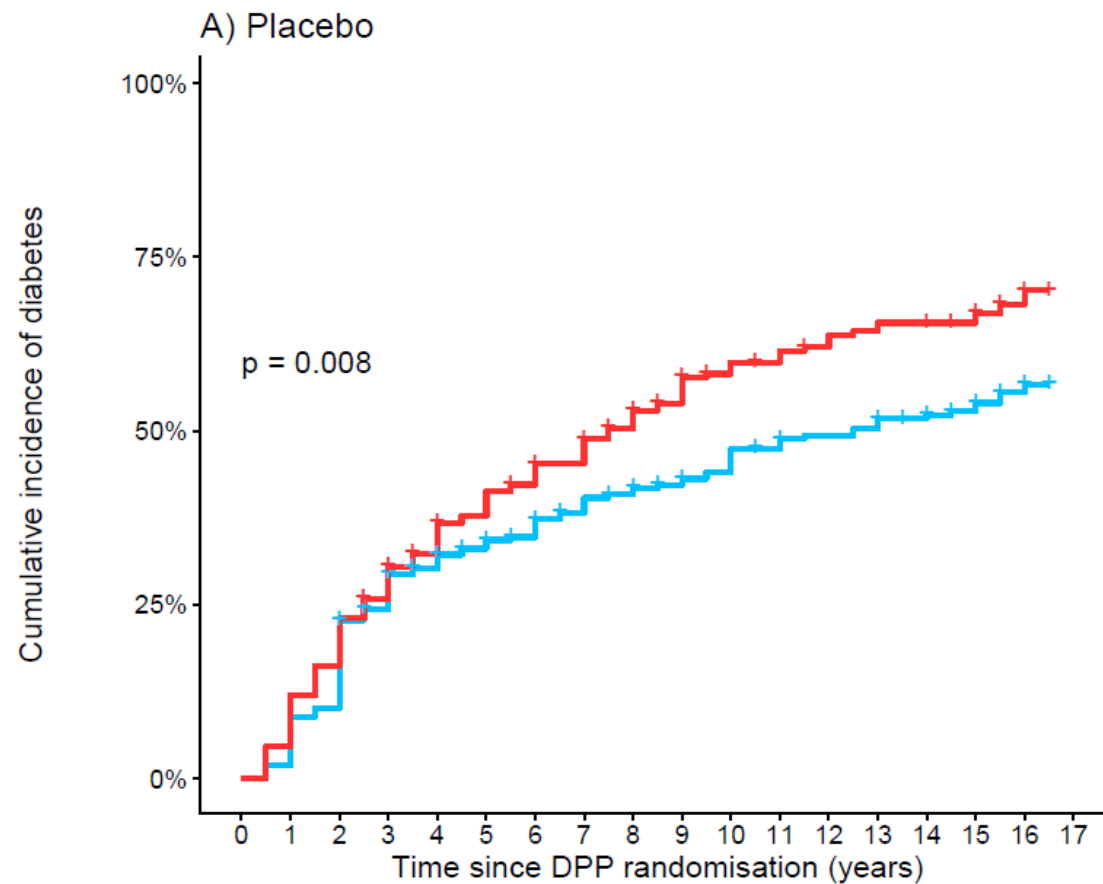
Health Outcomes	Endpoints Evaluated	PFAS
Hepatic	↑Serum enzymes; ↓Serum bilirubin	PFOA, PFOS, PFHxS
	↑Serum lipids (Cholesterol & LDL)	PFOA, PFOS, PFNA, PFDeA
Cardiovascular	↑Risk pregnancy-induced hypertension or pre-eclampsia	PFOA, PFOS
Endocrine	↑Risk of thyroid disease	PFOA, PFOS
Immune system	↓Antibody response	PFOA, PFOS, PFHxS
	↑Risk of asthma diagnosis	PFOA
Reproduction	↓ Fertility	PFOA, PFOS
Developmental toxicity	↓ Birthweight (small magnitude)	PFOA, PFOS
Cancer	↑ Testicular ↑ Kidney	PFOA

Source: Agency for Toxic Substances and Disease Registry ([ATSDR](#)). 2018. Toxicological profile for Perfluoroalkyls. (Draft for Public Comment). Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

# PFAS as Endocrine Disruptors

## ■ Associations with Type 2 Diabetes

- Prospective study have shown increased risk
  - PFOA/PFOS ↑ Diabetes risk (Sun Q., et al. *EHP* 126.3 (2018): 037001)
  - PFOA ↑ Diabetes Incidence (Cardenas A., *Diabetes Care* 42.9 (2019): 1824-1832.)

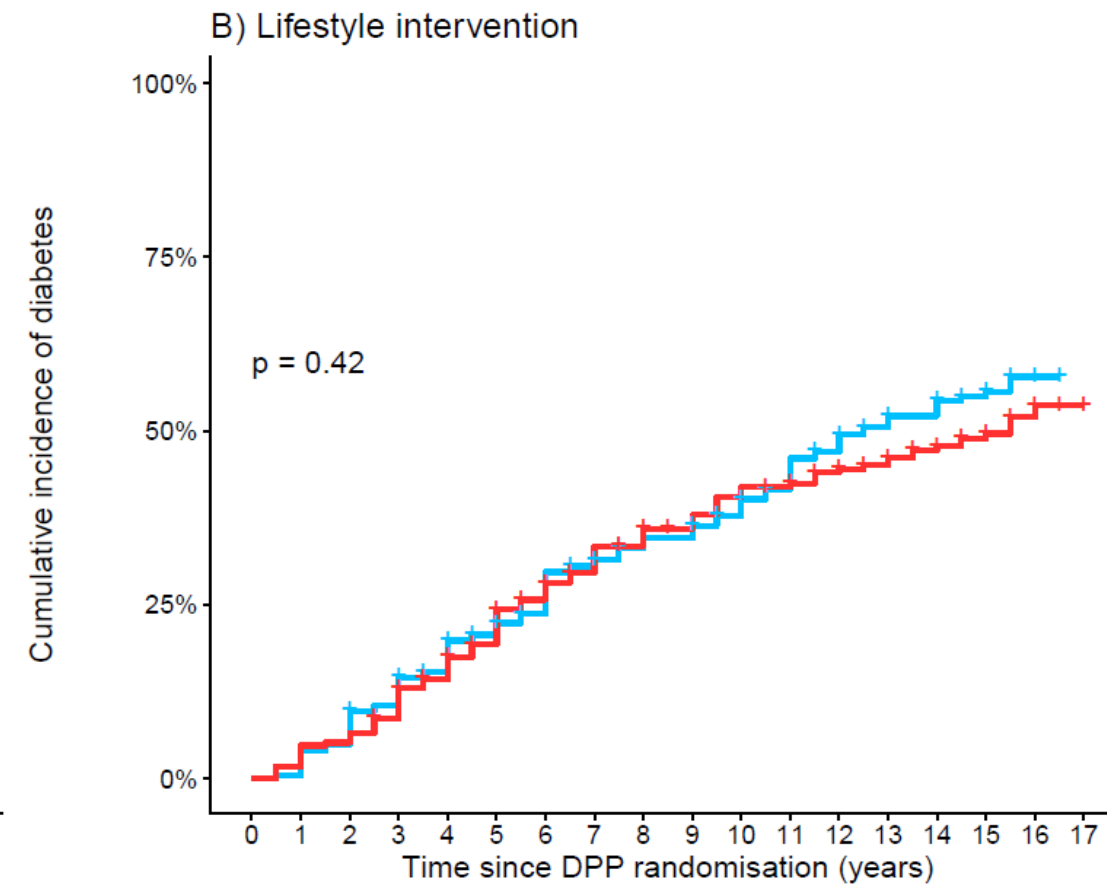


Sb-PFOA

Number at risk

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
≤0.5 ng/mL	259	254	233	194	174	160	151	139	131	124	118	110	104	102	94	79	40	1
>0.5 ng/mL	217	207	182	159	139	125	115	108	96	87	77	72	66	62	60	50	16	0

Time since DPP randomisation (years)



Sb-PFOA

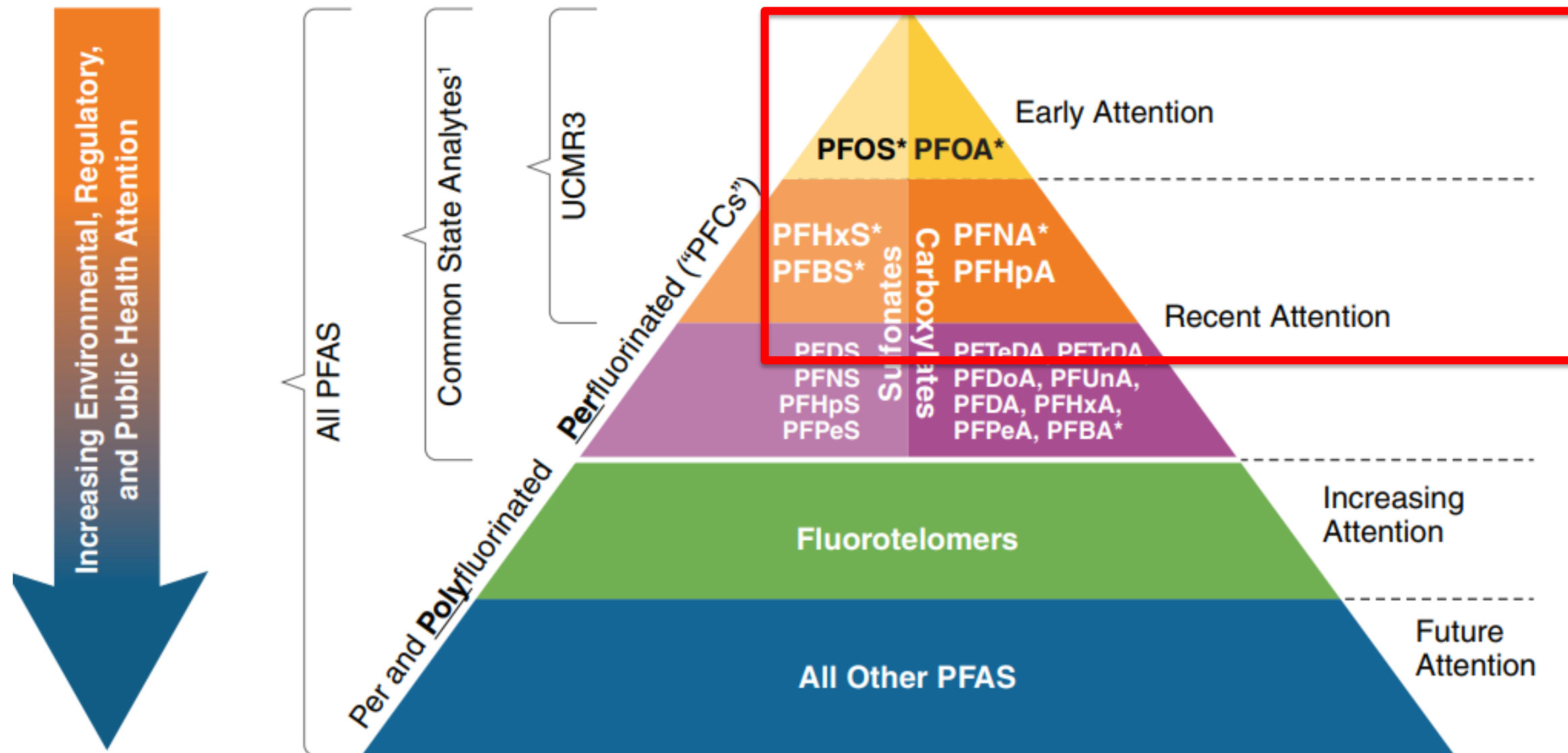
Number at risk

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
≤0.5 ng/mL	249	248	237	222	205	188	177	160	147	144	131	119	107	92	87	62	23	0
>0.5 ng/mL	232	228	220	211	191	175	157	145	136	127	118	114	107	102	95	76	29	2

Time since DPP randomisation (years)

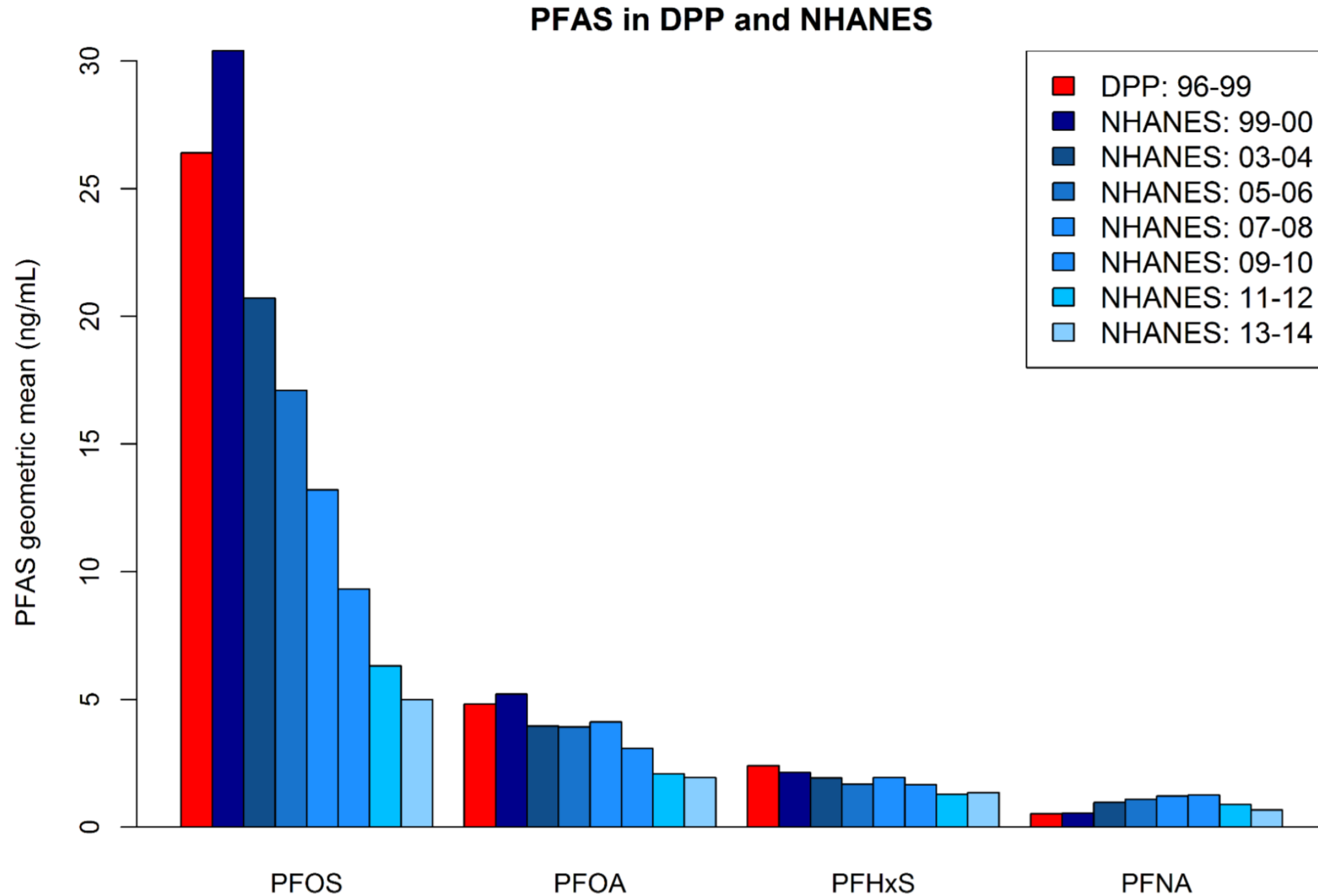
# Limited Scope

- Only tested a handful of legacy PFAS



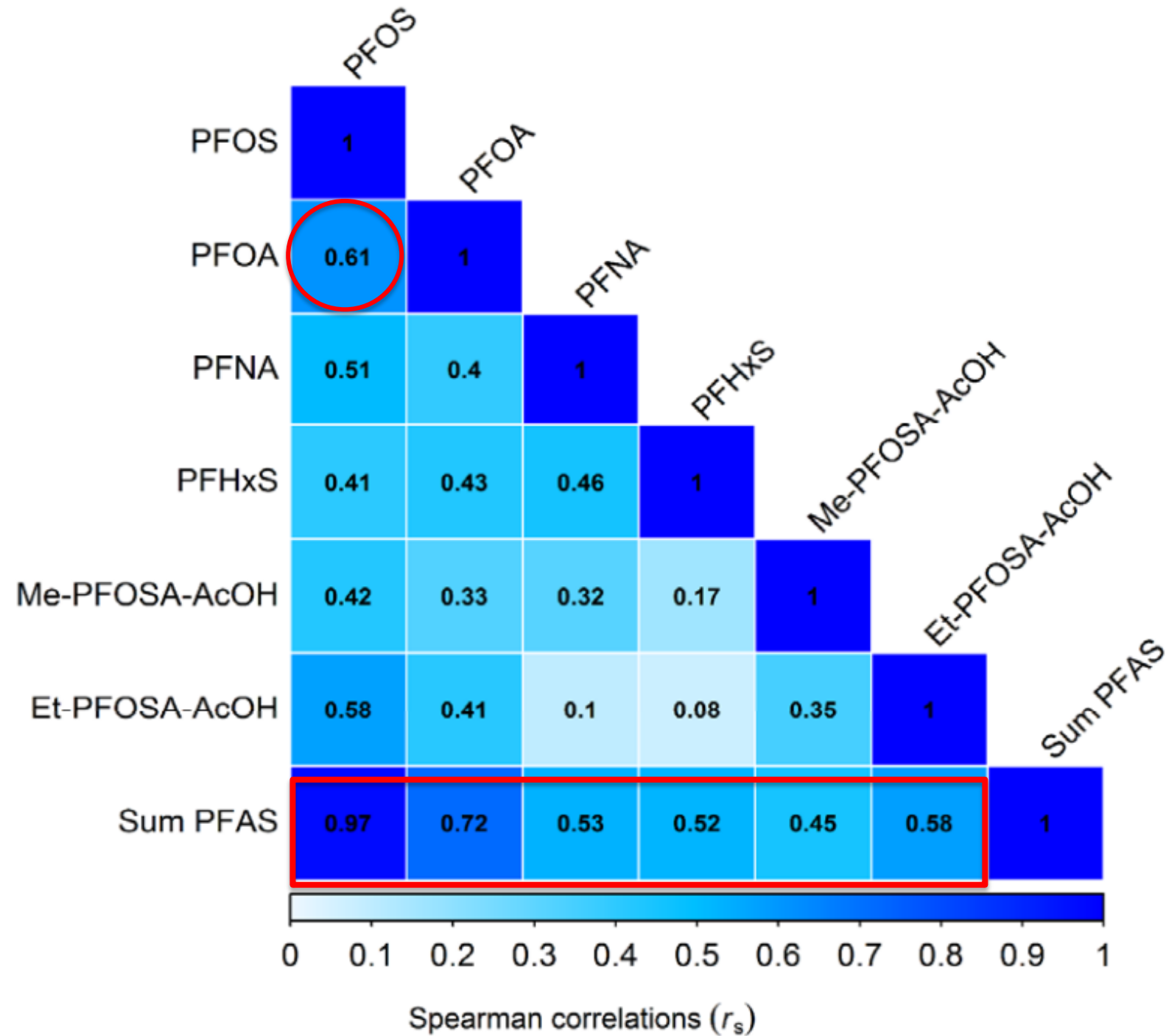
# Limited Scope

- Handful of legacy PFAS





# Correlated Human Biomarkers



# Future Directions

- **Biomonitoring of affected communities**
  - Should we monitor PFAS similar to Pb?
- **Early molecular biomarkers of disease**
  - Metabolomics
  - Genomic signatures (multi-omics)
- **We can't design studies to test ~5,000 PFAS**
  - KCs of endocrine-disrupting chemicals could help target studies
  - At low exposure levels reverse causation is problematic
    - Prospective and interventional studies
  - **Exclusive vs. generalizable** effects/toxicity of PFAS family



# Discussion & Questions



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