

STEEP SCIENCE DAY

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Carmen Messerlian, PhD

Harvard Chan School of Public Health



Sources, Transport, Exposure &
Effects of PFASs

UNIVERSITY OF RHODE ISLAND
SUPERFUND RESEARCH PROGRAM



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OBJECTIVES

1

Fate of perfluoroalkyl substances (PFAS) after absorption

2

Potential adverse human health effects of PFAS exposure

3

Options available when PFAS have accumulated in the body

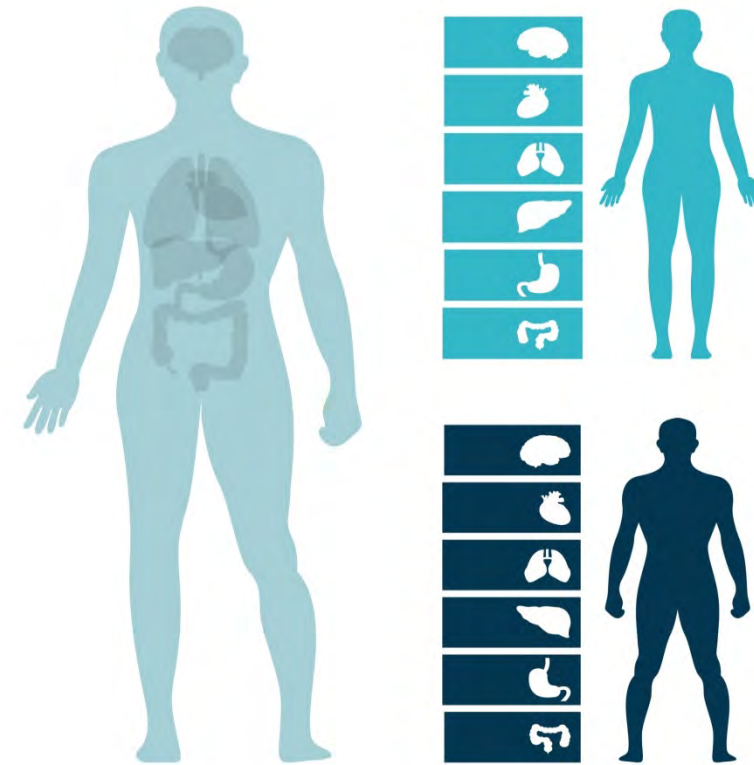
4

Potential for medical monitoring





- ✓ Bind to protein molecules in serum upon absorption
- ✓ Bioaccumulate throughout the body, not in fatty tissue
- ✓ Renal clearance is very slow, depends on kidney function
- ✓ Short-chain PFAS faster clearance than long-chain PFAS
- ✓ Differences in accumulation in liver, kidney, lungs
- ✓ Detectable in serum, seminal fluid, amniotic fluid, cord blood, breast milk
- ✓ Transfer via placenta and human milk

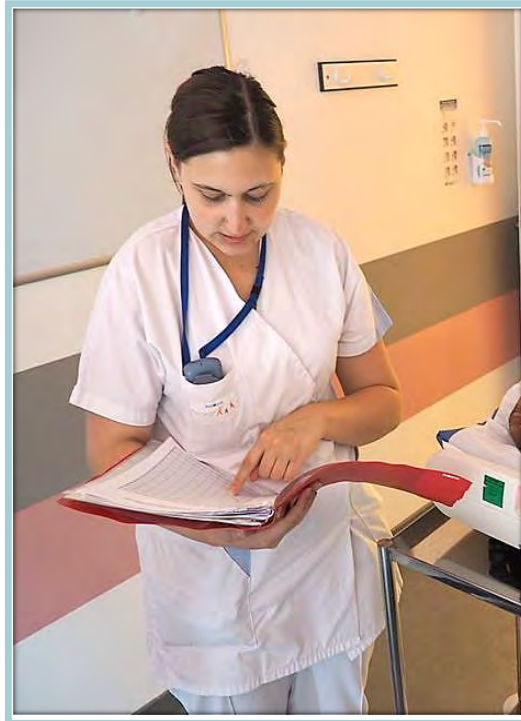




- ✓ Elimination half-life in humans: 2.3 to 8.5 years

PFAS	HALF LIFE
Perfluorooctanoic acid (PFOA)	3.8 years
Perfluorooctanesulfonate (PFOS)	5.4 years
Perfluorohexane sulfonic acid (PFHxS)	8.5 years





HUMAN CHRONIC DISEASE EFFECTS

- Possible associations with:
 - Diabetes
 - Thyroid dysfunction
 - Elevated cholesterol
 - Liver dysfunction
 - Increased body weight and change in fat metabolism
 - Cancer: kidney, testicular, prostate, bladder

Lauritzen, 2017. Sagiv, 2017





HUMAN REPRODUCTIVE EFFECTS

- Possible associations with:
 - Longer time to pregnancy/reduced fertility
 - Increased risk of pregnancy loss
 - Increased risk of pregnancy induced hypertension, pre-eclampsia, low birth weight
 - Morphologically abnormal sperm and male infertility
 - Lower birth weight

Fei 2009, Soubry 2014





CHILDHOOD HEALTH EFFECTS

- Possible associations with:
 - Decreased immune response to vaccines
 - Increased risk of overweight/obesity
 - Possible risk of allergies and asthma
 - Changes in puberty development





Response to identification of source of PFAS exposure:

- Eliminate or minimize the source
- Provide safe alternatives
- If elevated accumulation has occurred, then minimize total exposure
- Long half-lives result in prolonged internal exposure to PFASs
- Due to the presence of PFAS in blood, women of reproductive age and blood donors have lower blood-PFAS concentrations
- Blood donation is not a recommended strategy to eliminate PFASs
- Kidney failure may result in increased elimination via the urine
- No current medical intervention can be recommended to remove PFAS from the body





Response to identification of elevated PFAS absorption:

- Eliminate or minimize any continued exposure
- Overall healthy lifestyle will minimize the impact on health
- Regular health checks can be useful in addressing signs of possible ill health
- At elevated PFAS exposure, specific medical tests can be considered:
 - Blood pressure, body weight, serum-lipids, urine stix for glucose
 - Antibody status for measles and other infectious diseases
 - Thyroid function, liver function
 - Tests for certain cancers
 - Possible reproduction intervention
- Decisions should be made by the primary care provider





THANK YOU
QUESTIONS

Carmen Messerlian, BS (N), MSPH, PhD
Assistant Professor of Environmental
Reproductive, Perinatal, and Pediatric Epidemiology
Department of Environmental Health
Department of Epidemiology

Harvard T.H. Chan School of Public Health
665 Huntington Avenue
Building 1, 1310C | Boston, MA, 02115

cmesser@hsph.harvard.edu
617.432.2247





Contact

STEEP

STEEP

STEEP Co-Director

Dr. Philippe Grandjean

Adjunct Professor of Environmental Health

Harvard Chan School of Public Health

Department of Environmental Health

Building 1 1312A

665 Huntington Ave

Boston, Massachusetts 02115

Phone: 617.384.8907

pgrand@hsph.harvard.edu

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