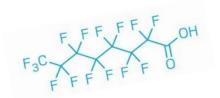
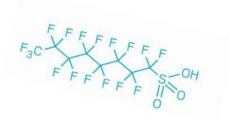
## An Introduction to PFAS



Cumberland County Extension Katy May March 11, 2025





# Answering your PFAS questions:

#### During the presentations:

→ One thing you learned.

(were most surprised by, will stick with you, etc.)

#### During the Q&A:

- → Raise your hand for more cards
- → One question per card ○



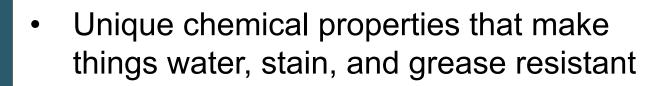
Per- and polyfluoroalkyl substances
 14,000+ manmade chemicals



Per- and polyfluoroalkyl substances
 14,000+ manmade chemicals









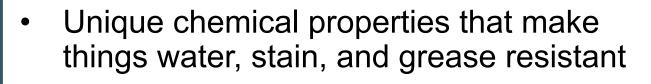




Per- and polyfluoroalkyl substances
 14,000+ manmade chemicals











 Move through environment easily Bioaccumulate in organisms



Per- and polyfluoroalkyl substances
 14,000+ manmade chemicals

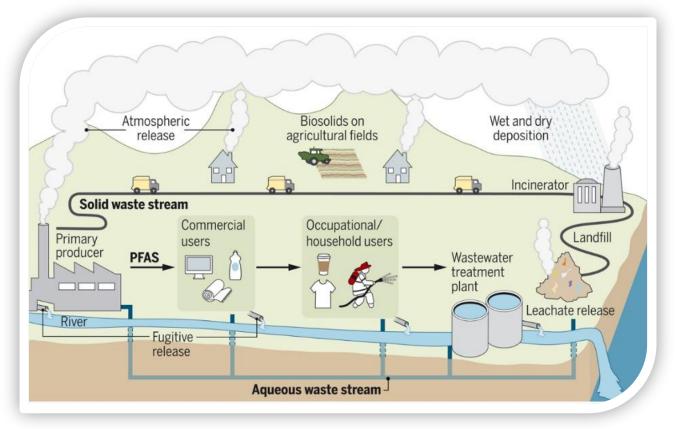
2 widely used and investigated:

Perfluorooctanoic acid (PFOA)

Perfluorooctane sulfonate acid (PFOS)

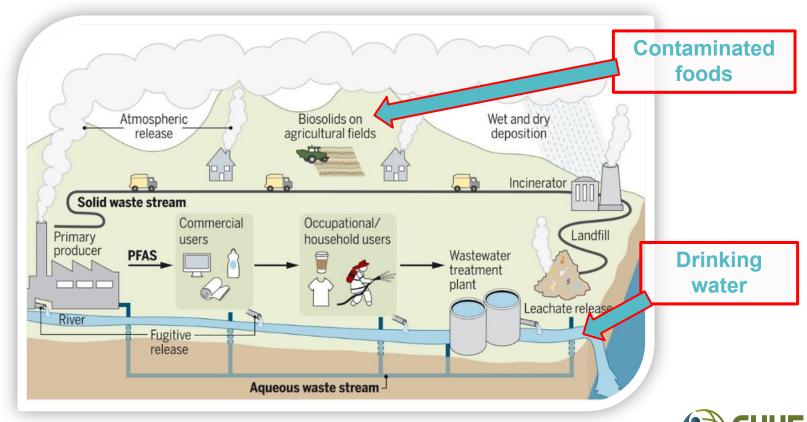


### How do PFAS get into the environment?

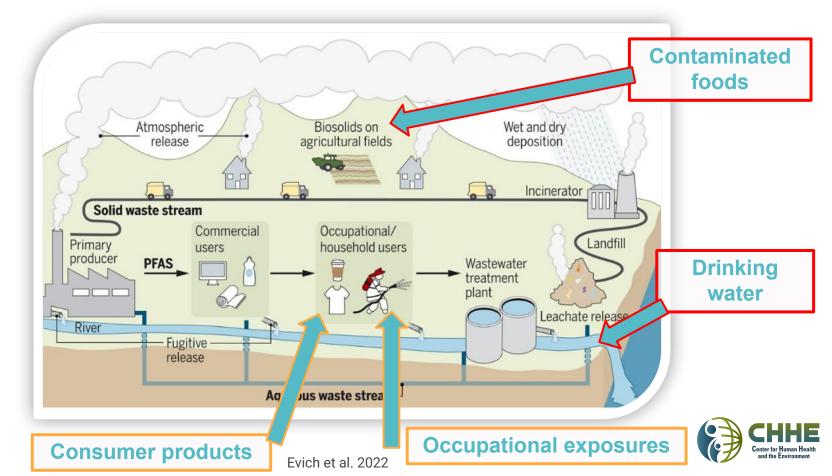


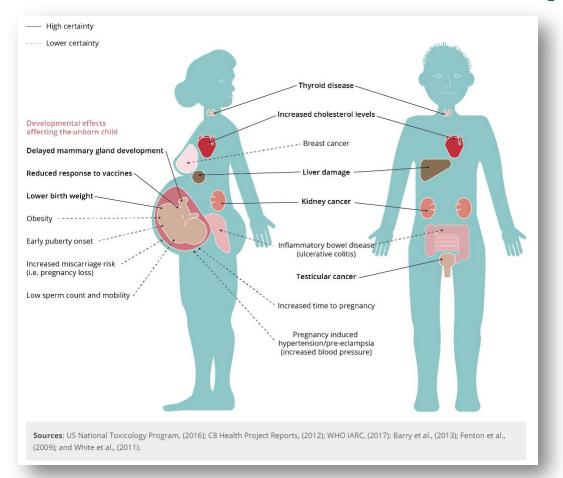


## How do PFAS get into <u>us</u>?

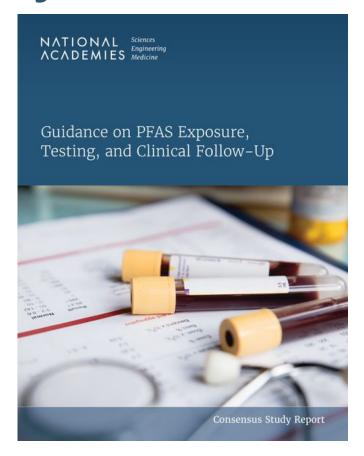


## How do PFAS get into <u>us</u>?









#### ≥20 (na/mL) PFAS\* Encourage PFAS exposure reduction if a source of exposure is identified, especially for preanant persons. In addition to the usual standard of care, clinicians should: · Prioritize screening for dyslipidemia with a lipid panel (for patients over age 2) following American Academy of Pediatrics (AAP) recommendations for high-risk children and American Heart Association (AHA) guidance for high-risk adults. · At all well visits: Conduct thyroid function testing (for patients over age 18) with serum thyroid stimulating hormone (TSH), · Assess for signs and symptoms of kidney cancer (for patients over age 45), including with urinalysis, and For patients over age 15, assess for signs and symptoms of testicular cancer and ulcerative colitis. 2-<20 (ng/mL) PFAS\* Encourage PFAS exposure reduction if a source has been identified, especially for pregnant persons. Within the usual standard of care clinicians should: Prioritize screening for dyslipidemia with a lipid panel (once between 9) and 11 years of age, and once every 4 to 6 years over age 20) as recommended by the AAP and AHA. Screen for hypertensive disorders of pregnancy at all prenatal visits per the American College of Obstetricians and Gynecologists (ACOG). · Screen for breast cancer based on clinical practice guidelines based on age and other risk factors such as those recommended by US Preventive Services Task Force (USPSTF). Provide usual standard of care

\* Simple additive sum of MeFOSAA, PFHxS, PFOA (linear and branched isomers), PFDA, PFUnDA, PFOS (linear and branched isomers), and PFNA in serum or plasma



#### 2-<20 (ng/mL) PFAS\*

Encourage PFAS exposure reduction if a source has been identified, especially for pregnant persons.

Within the usual standard of care clinicians should:

- Prioritize screening for dyslipidemia with a lipid panel (once between 9 and 11 years of age, and once every 4 to 6 years over age 20) as recommended by the AAP and AHA.
- Screen for hypertensive disorders of pregnancy at all prenatal visits per the American College of Obstetricians and Gynecologists (ACOG).
- Screen for breast cancer based on clinical practice guidelines based on age and other risk factors such as those recommended by US Preventive Services Task Force (USPSTF).

#### <2 (ng/mL) PFAS\*

Provide usual standard of care





#### ≥20 (ng/mL) PFAS\*

Encourage PFAS exposure reduction if a source of exposure is identified, especially for pregnant persons.

In addition to the usual standard of care, clinicians should:

- Prioritize screening for dyslipidemia with a lipid panel (for patients over age 2) following American Academy of Pediatrics (AAP) recommendations for high-risk children and American Heart Association (AHA) guidance for high-risk adults.
- · At all well visits:
  - Conduct thyroid function testing (for patients over age 18) with serum thyroid stimulating hormone (TSH),
  - Assess for signs and symptoms of kidney cancer (for patients over age 45), including with urinalysis, and
  - For patients over age 15, assess for signs and symptoms of testicular cancer and ulcerative colitis.



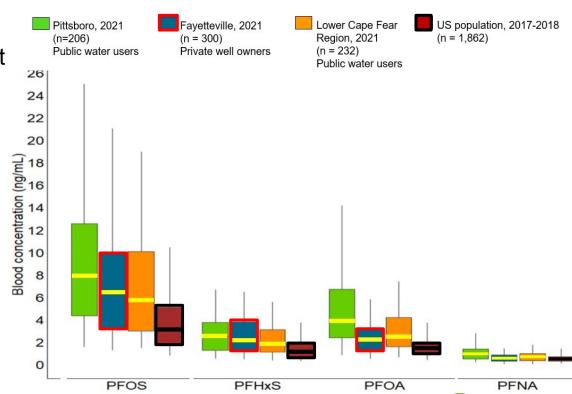
<sup>\*</sup> Simple additive sum of MeFOSAA, PFHxS, PFOA (linear and branched isomers), PFDA, PFUnDA, PFOS (linear and branched isomers), and PFNA in serum or plasma

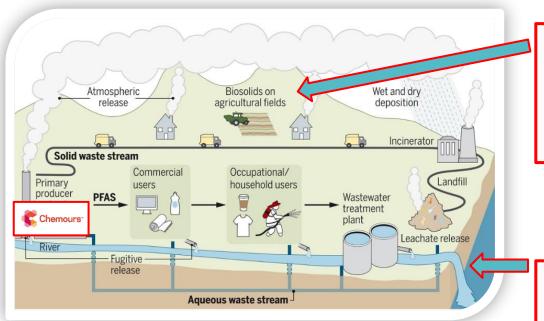
These 4 PFAS showed up in almost everyone in the study

## Levels 2-4x higher than US national averages

Widespread PFAS exposure throughout Basin Higher exposure than average person in US

Did not find GenX in any blood samples





Contaminated foods:
Locally grown fruits & veggies
Locally caught fish
Locally hunted animals
Feed for livestock

Drinking Water:
Private well owners relying on contaminated groundwater



One, very restrictive fish consumption advisory issued by NC DHHS for a small portion of Cape Fear River

Redear Sunfish

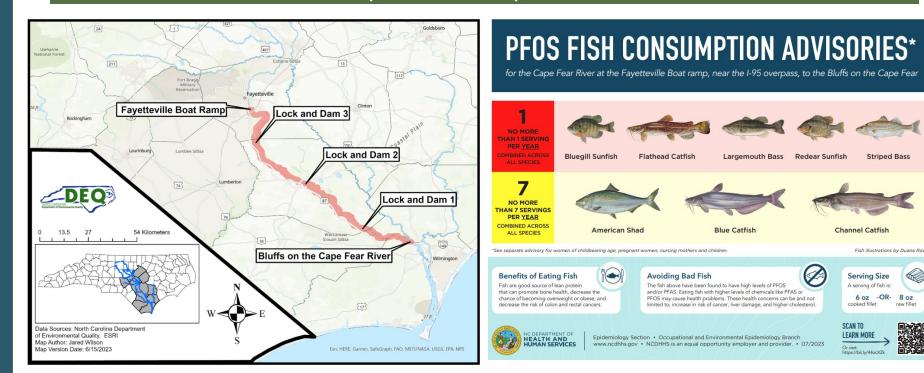
Fish illustrations by Duane Rave

Serving Size

A serving of fish is:

cooked fillet

6 oz -OR-



No health or regulatory guidance for PFAS in homegrown plants or commercial crops

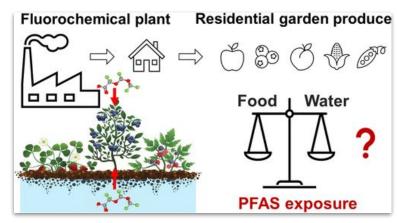


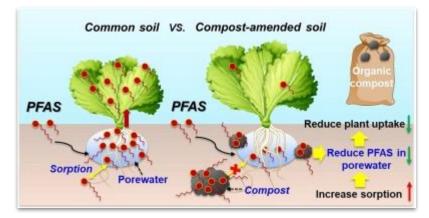
No health advisories or guidance for hunting, eating local game animals





New research helps us understand exposure from locally grown produce, ways to understand risk, and potentially reduce PFAS uptake





Meng et al., 2024 Li et al., 2024



### To Summarize:

- Per- and polyfluoroalkyl substances (PFAS) is a category of 14,000+ manmade chemicals
- Drinking water is the most important exposure source
  - Potentially contaminated local food
- PFAS have known negative health effects, and we continue to learn more
- PFAS are everywhere, but communities in NC face uniquely elevated exposures
- Take advantage of strategies for exposure reduction

