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## **Provisional Health Advisories for Perfluorooctanoic Acid (PFOA) and Perfluorooctane Sulfonate (PFOS)**

### **1. Introduction**

EPA recently concluded limited testing of agricultural sites in Alabama where sewage sludge was applied from a local wastewater treatment plant that receives wastewater from numerous industrial sources, including facilities that manufacture and use perfluorooctanoic acid (PFOA) and other perfluorinated chemicals (PFCs). The results from this limited testing indicated elevated levels of PFCs in the sludge and the soil that received the sludge. As a result, EPA has conducted sampling of public drinking water. The levels of PFOA and perfluorooctane sulfonate (PFOS) recently analyzed in community water systems in Lawrence and Morgan Counties are all lower than 0.04 ppb. Based on its current understanding, EPA believes these levels are not of concern and residents may rely upon public water systems. EPA will soon begin groundwater and surface water sampling to determine if PFOA or PFOS has migrated into any private drinking water supplies and ponds in the affected area.

The Office of Water (OW) has developed Provisional Health Advisory values<sup>1</sup> for PFOA and PFOS to assess potential risk from exposure to these chemicals through drinking water. Other PFCs have been found at this site. However, information on the toxicity of PFCs other than PFOS and PFOA is limited and therefore no attempt is made at the present time to develop Provisional Health Advisory values for these other PFCs.

### **2. Summary of Data for PFOA**

Epidemiological studies of exposure to PFOA and adverse health outcomes in humans are inconclusive at present.

Several animal toxicological studies have been conducted using PFOA. These include subchronic, developmental/reproductive, and chronic toxicity/carcinogenicity studies in several animal species, in both sexes. An evaluation of these studies was conducted by the European Food Safety Authority (EFSA) and no-observed-adverse-effect level (NOAEL), lowest-observed-adverse-effect level (LOAEL), and critical endpoints identified (EFSA, 2008).

Among these studies, a recent and well conducted developmental toxicity study in mice was selected by the Office of Water (OW) as the critical study for the derivation of the

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<sup>1</sup> Provisional Health Advisory values are developed to provide information in response to an urgent or rapidly developing situation. They reflect reasonable, health-based hazard concentrations above which action should be taken to reduce exposure to unregulated contaminants in drinking water. They will be updated as additional information becomes available and can be evaluated.

Provisional Health Advisory for PFOA (Lau et al., 2006). In this study, CD-1 mice were given the ammonium salt of PFOA by oral gavage from gestational day (GD) 1 to 17 at doses of 0, 1, 3, 5, 10, 20 or 40 mg/kg/day. Significant increase in the incidence of full-litter resorption occurred at 5 mg/kg/day and higher doses. Weight gain in dams that carried pregnancy to term was significantly lower in the 20-mg/kg/day group. At GD 18, some dams were sacrificed for maternal and fetal examinations (group A), and the rest were treated once more with PFOA and allowed to give birth (group B). Postnatal survival, growth, and development of the offspring were monitored. PFOA induced enlarged liver in group A dams at all dosages, but did not alter the number of implantations. The percent of live fetuses was lower only in the 20-mg/kg/day group (74 vs. 94% in controls), and fetal weight was also significantly lower in this group. However, no significant increase in malformations was noted in any treatment group. The incidence of live birth in group B mice was significantly lowered by PFOA: ca. 70% for the 10- and 20-mg/kg/day groups compared to 96% for controls. Postnatal survival was severely compromised at 10 or 20 mg/kg/day, and moderately so at 5 mg/kg/day. Dose-dependent growth deficits were detected in all PFOA-treated litters except the 1-mg/kg/day group. Significant delays in eye-opening (up to 2–3 days) were noted at 5 mg/kg/day and higher dosages. Accelerated sexual maturation was observed in male offspring, but not in females. These data indicate maternal and developmental toxicity of PFOA in the mouse, leading to early pregnancy loss, compromised postnatal survival, delays in general growth and development, and sex-specific alterations in pubertal maturation (Lau et al., 2006).

Toxicity endpoints identified in the Lau et al. (2006) study included a number of developmental landmarks: neonatal eye opening, neonatal survival and body weight at weaning, reduced phalangeal ossification at term, live fetus weight at term, maternal liver weight at term, and maternal weight gains during pregnancy. The most sensitive endpoint was for increased maternal liver weight at term. This endpoint for liver effects was identified in a number of other studies described in EFSA (2008).

Benchmark dose ( $BMD_{10}$ ) and the 95% lower bound on the BMD ( $BMDL_{10}$ ) were calculated for these toxicity endpoints by the EFSA on the basis of raw data provided by the principal author (Lau, personal communication, November 18, 2008). The lowest  $BMDL_{10}$  in the Lau et al. (2006) study was 0.46 mg/kg/day for increase in maternal liver weight at term. This value was used as the point of departure for the derivation of the Provisional Health Advisory value for PFOA. It should be noted that liver effects were also reported in studies in rats and monkeys.  $BMDL_{10}$  values for increased liver weight in studies in mice and rats ranged from 0.29 to 0.74 mg/kg/day (EFSA, 2008). The  $BMDL_{10}$  for Lau et al. (2006) was in the middle of this range.

### **3. Summary of Data for PFOS**

Epidemiological studies of exposure to PFOS and adverse health outcomes in humans are at present inconclusive at present.

Several animal toxicological studies have been conducted with PFOS. These include subchronic, developmental/reproductive, and chronic toxicity/carcinogenicity studies in several animal species, in both sexes. An evaluation of these studies was conducted by the EFSA (2008) and NOAEL, LOAEL and critical endpoints identified.

The subchronic toxicity study in Cynomolgus monkeys (Seacat et al., 2002) was selected by the OW as the critical study for the derivation of the Provisional Health Advisory value for PFOS. In the study by Seacat et al. (2002), groups of male and female monkeys received orally potassium PFOS at doses of 0, 0.03, 0.15 or 0.75 mg/kg/day for 183 days. Compound-related mortality in 2 of 6 male monkeys, decreased body weights, increased liver weights, lowered serum total cholesterol, lowered triiodothyronine (T<sub>3</sub>) concentration, and lowered estradiol levels were seen at the highest dose tested. At 0.15 mg/kg/day, increased levels of thyroid-stimulating hormone (TSH) in males, reduced total T<sub>3</sub> levels in males and females, and reduced levels of high-density lipoproteins (HDL) in females were seen. A NOAEL of 0.03 mg/kg/day was identified in this study.

#### **4. Calculation of Provisional Health Advisories for PFOA and PFOS**

The general equation for the derivation of a Provisional Health Advisory is:

$$\frac{(\text{NOAEL or BMDL}_{10}) \times \text{BW} \times \text{RSC}}{\text{UF} \times \text{Extrapolation Factor} \times \text{Water intake}}$$

Where BW = body weight; RSC = relative source contribution; UF = uncertainty factors

The OW is using the exposure scenario of a 10-kg child consuming 1 L/day of drinking water to calculate the Provisional Health Advisories for PFOA and PFOS. This population subgroup was used because children, who consume more drinking water on a body weight basis than adults, have a higher exposure on a body weight basis than adults. The selection of children's exposure parameters will help to ensure that this Provisional Health Advisory is protective of sensitive populations potentially exposed. A default relative source contribution (RSC) of 20% was used to allow for exposure from other sources such as food, dust and soil. The relevant period of exposure for the Health Advisory is a short term exposure. This time period is consistent with the toxicity data used for PFOA and PFOS, both of which rely upon subchronic data. The value should be protective of all population subgroup and lifestages.

Data derived extrapolation factors for toxicokinetics were developed to better approximate internal doses for PFOA and PFOS. This step was deemed important because of the marked differences in retention time among humans and the test species in which toxicologic data were collected. Available data for PFOA from female mice indicate a half-life of 17 days and from humans, a half-life of 3.8 years (1387 days). Critically, measures of internal exposure should be used as the basis for interspecies extrapolation; the assessment is somewhat complicated by the lack of area under the curve (AUC) or clearance (CL) data. However, the one-compartment model foundation

is useful to convert half-life data to clearance data, assuming steady-state has been reached (Equation 1).

$$\text{Half-life} = (\ln 2 \text{ or } 0.693) \times \text{Volume of Distribution} / \text{CL} \quad (1)$$

The volume of distribution of  $198 \pm 69$  ml/kg has been estimated in female monkeys (Butenhoff et al., 2004). Olsen et al. (2007) summarized other findings on PFOS and PFOA as indicating primarily an extracellular distribution volume. Olsen et al. (2007) also cited other reports that these agents were highly bound to plasma proteins in rats, monkeys and humans. Together, these data support using the same volume of distribution for rodents and humans, based on the findings (198 ml/kg) in monkeys.

The mouse half-life of 17 days converts:

$$\text{CL} = (0.693 \times 198 \text{ ml/kg}) / 17 \text{ days} = 8.07 \text{ ml/kg/day}$$

The human half-life of 1387 days converts:

$$\text{CL} = (0.693 \times 198 \text{ ml/kg}) / 1387 \text{ days} = 0.10 \text{ ml/kg/day}$$

Calculating the toxicokinetic portion of the interspecies on the basis of plasma CL would be:

$$\text{CL animal} / \text{CL human} = 8.07 \text{ ml/kg/day} / 0.10 \text{ ml/kg/day} = 80.7$$

The total interspecies correction derived from using a 3X for toxicodynamics and 81X for toxicokinetics is 243X.

To calculate the Provisional Health Advisory for PFOA, a default intraspecies uncertainty factor of 10 was applied to the BMDL<sub>10</sub> of 0.46 mg/kg/day to account for variation in susceptibility within the human population. A default uncertainty factor of 3 was used for toxicodynamic differences between animals and humans.

The following Provisional Health Advisory is obtained:

$$\text{PFOA Provisional Health Advisory} = \frac{0.46 \times 1000 \times 10 \times 0.2}{10 \times 3 \times 81 \times 1} = 0.4 \mu\text{g/L}$$

Similarly, a data-derived extrapolation factor was developed for PFOS. The half-lives of PFOS in humans and in male and female monkeys were estimated by Lau et al., (2007) to be 5.4 years and 150 days, respectively.

The monkey half-life of 150 days converts:

$$\text{CL} = (0.693 \times 198 \text{ ml/kg}) / 150 \text{ days} = 0.915 \text{ ml/kg/day}$$

The human half-life of 1971 days converts:

$$\text{CL} = (0.693 \times 198 \text{ ml/kg}) / 1971 \text{ days} = 0.07 \text{ ml/kg/day}$$

Calculating the toxicokinetic portion of the interspecies on the basis of plasma clearance would be:

$$CL \text{ animal} / CL \text{ human} = 0.915 \text{ ml/kg/day} / 0.07 \text{ ml/kg/day} = 13.1$$

The total interspecies correction derived from using a 3X for toxicodynamics and 13X for toxicokinetics is 39X.

To calculate the Provisional Health Advisory for PFOS, a default intraspecies uncertainty factor of 10 was applied to the NOAEL of 0.03 mg/kg/day to account for variation in susceptibility within the human population. A default uncertainty factor of 3 was used for toxicodynamic differences between animals and humans.

The following value is obtained:

$$\text{PFOS Provisional Health Advisory} = \frac{0.03 \times 1000 \times 10 \times 0.2}{10 \times 3 \times 13 \times 1} = 0.2 \mu\text{g/L}$$

## REFERENCES

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## **Review of Provisional Health Advisories for Perfluorooctanoic Acid (PFOA) and Perfluorooctane Sulfonate (PFOS)**

The *Provisional Health Advisories for Perfluorooctanoic Acid (PFOA) and Perfluorooctane Sulfonate (PFOS)* was developed in response to a rapidly evolving situation in Decatur, AL. OW drafted the Provisional Health Advisory to provide reference values that can be used by Region 4 staff in evaluating concentrations of PFOA and PFOS in water in this particular situation. However, the Provisional Health Advisory is not site-specific and can be used at other sites across the US as needed.

OW subjected the Provisional Health Advisory to internal and limited external peer review because of the short time frame in which it was needed. The review covered the scientific accuracy and adherence to appropriate risk assessment practice. The reviewers included:

- Anna Lowit (EPA/OPP)
- John Lipscomb (EPA/ORD)
- Christopher Lau (EPA/ORD)
- Rita Schoeny (EPA/OST)
- Gail Mitchell (EPA/Region 4)
- Glenn Adams (EPA/Region 4)
- Jennifer Seed (EPA/OPPT)
- Clem Welsh (ATSDR)
- Paul South (FDA/CFSAN)
- Kerry Dearfield (USDA/FSIS)
- John Johnston (USDA/FSIS)

Comments received were generally supportive of the approach taken and the endpoints selected. A number of requests for clarification were received and adjustments were made to the document in response, including:

- Better explanation of the derivation of the data-derived adjustment factors.
- Specification of the time frame for which the Provisional Health Advisory was derived.
- Clarification that the Provisional Health Advisory was not site specific.

In addition, two commentators pointed out that liver enlargement due to PFOA and PFOS can occur in both mice and monkeys by modes of action other than PPAR-alpha, indicating that the noncarcinogenic effect is not encumbered by questions of mode of action and relevance to humans. One commentator pointed out that the mouse study used for PFOA was a developmental toxicity study that examined maternal and developmental toxicity as well as fetal mortality and morbidity. This use of this study as the basis for the PFOA Provisional Health Advisory strengthens the argument that the value is protective of all life stages.