



Maternal and neonatal effects of *in utero* exposure to perfluoroalkyl ether acids in the Sprague-Dawley rat

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Photo credit: NCSU

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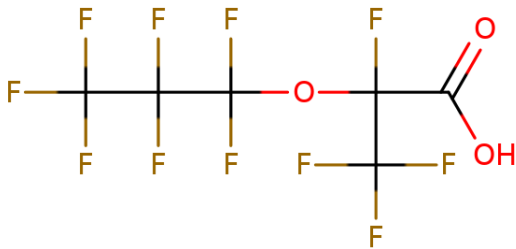
Elizabeth
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Not pictured: Erin Hines, Aaron Dixon
Collaborators: James McCord, Mark Strynar, Donna Hill

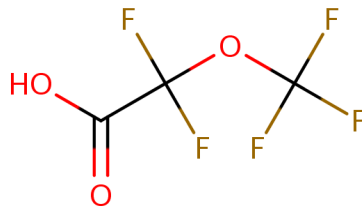
Emerging PFAS

- PFOS and PFOA phased out and replaced in some instances with perfluoroalkyl ether acids (PFEAs)
- Parent compounds and manufacturing byproducts detected in drinking water and/or human serum in multiple locations globally
- Few or no peer-reviewed toxicity studies on hexafluoropropylene oxide dimer acid (GenX), Nafion byproduct 2 (NBP2), or perfluoro-methoxyacetic acid (PFMOAA)
- Conley et al. (2019) *Environ. Health Persp.* doi: 10.1289/EHP4372

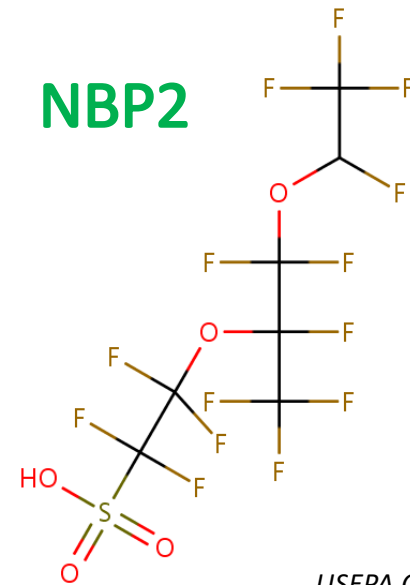
GenX



PFMOAA

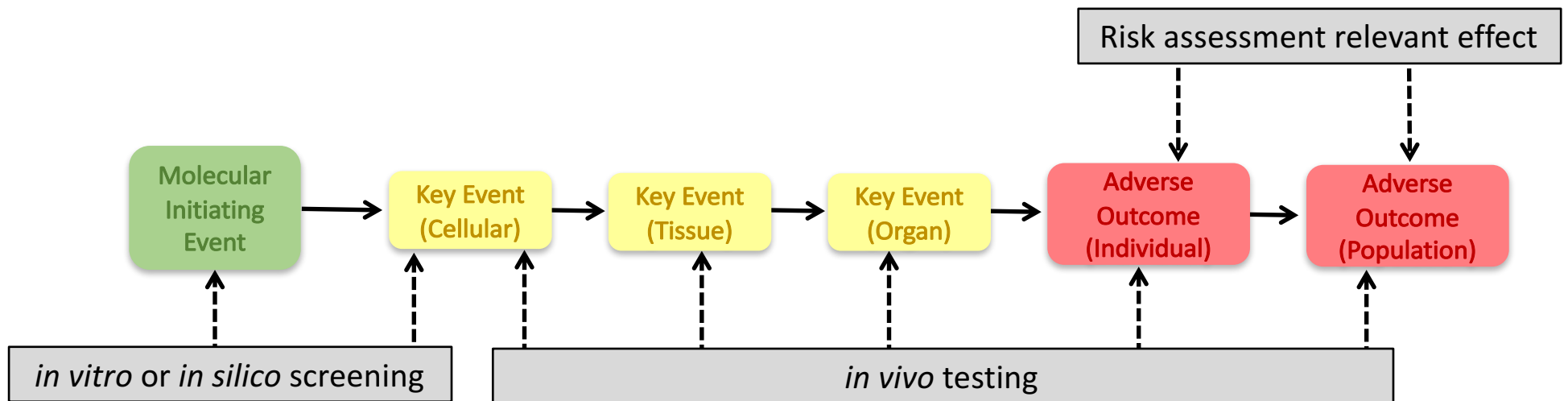


NBP2



Research objectives

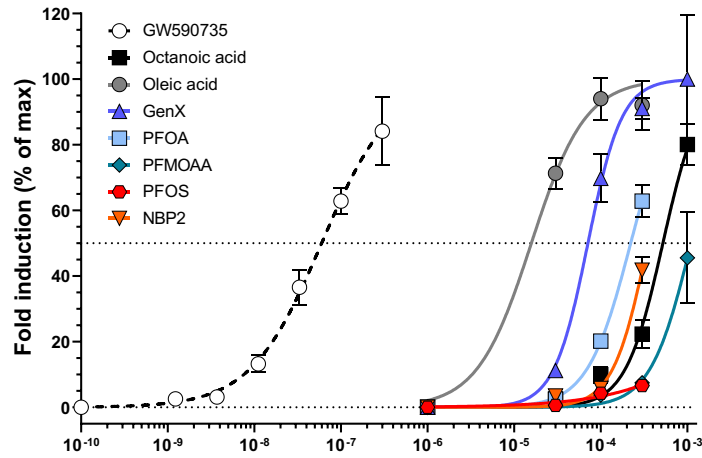
- Assess maternal and perinatal effects of gestational exposure to PFASs that have documented human exposure but little/no published toxicity data available
- Develop Adverse Outcome Pathways to facilitate the use of *in vitro* or refined *in vivo* assays to predict effects of additional PFASs in future testing



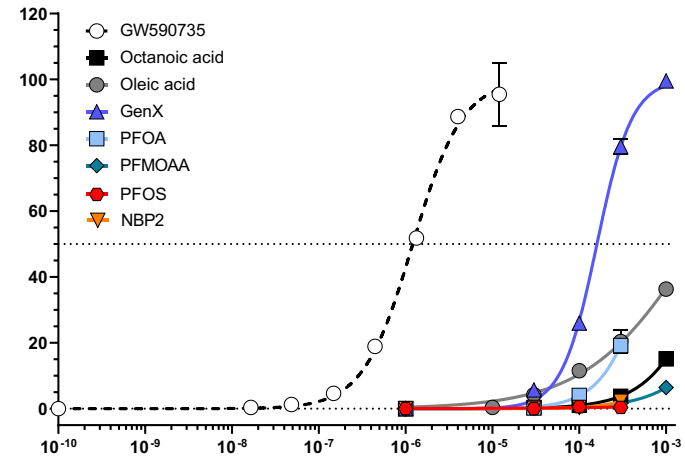
In vitro human and rat PPAR alpha and gamma activity

PPAR α

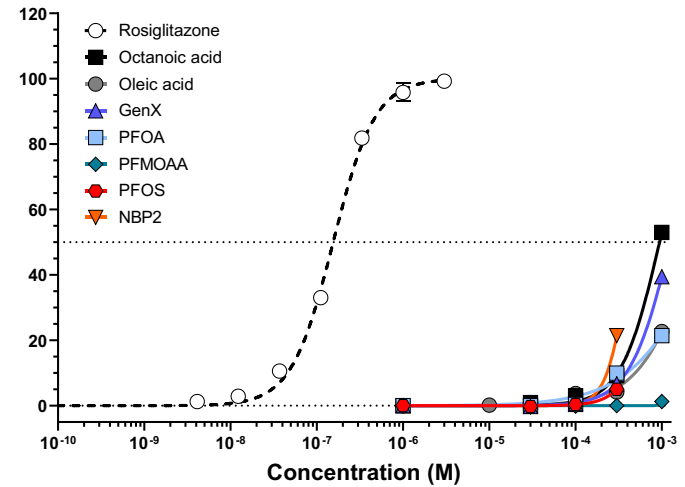
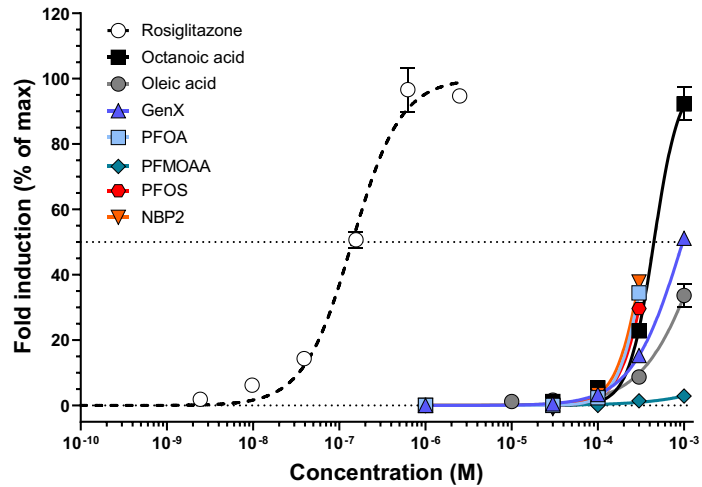
Human



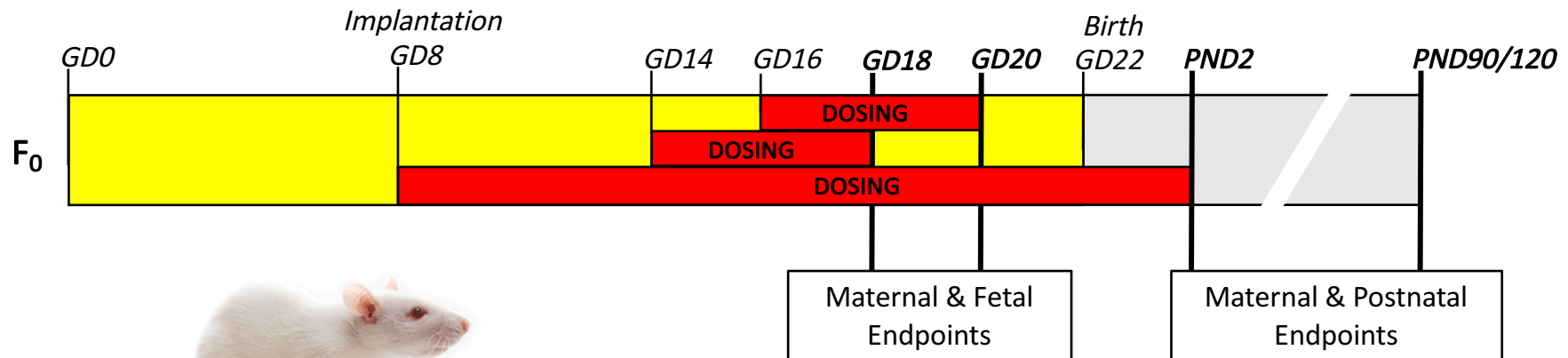
Rat



PPAR γ



In vivo study designs



- Charles River Sprague-Dawley rat
- 3-9 dams/litters per dose group
- Oral gavage administration
- Ultra pure water vehicle

- Body weight
- Liver weight
- Fetal testis testosterone production
- Serum thyroid hormones (T3/T4)
- Clinical chemistry
- Liver gene expression
- Serum & liver chemical concentration

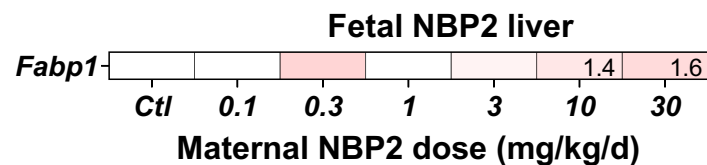
GD=gestation day
PND=postnatal day

Fetal liver PPAR signaling pathway gene expression GD 14-18 exposure

Fetal GenX liver

Gene	Ctl	1	3	10	30	62.5	125	250
<i>Ehhadh</i>			4.6	30.5	81.2	144.8	214.8	252.3
<i>Fabp1</i>			3.3	10.9	28.3	56.6	77.8	88.3
<i>Hmgcs2</i>			2.9	4.6	8.0	16.7	20.9	22.0
<i>Cpt1b</i>		1.7	3.0	3.5	8.6	10.3	16.7	16.4
<i>Acox1</i>		1.2	1.5	2.3	3.7	5.7	8.3	8.5
<i>Ech1</i>				1.5	2.1	2.6	4.6	4.3
<i>Cpt2</i>			1.4	2.1	2.9	3.2	4.1	4.0
<i>Scd1</i>					1.7	2.4	2.9	3.6
<i>Rxrg</i>				2.2	4.0	4.4	4.9	3.4
<i>Acaa2</i>				1.8	2.3	2.5	3.2	3.3
<i>Slc22a5</i>			1.6	1.7	2.6	2.4	3.4	3.2
<i>Slc27a2</i>			1.2	1.6	1.8	2.1	2.4	2.5
<i>Acadm</i>				1.4	1.7	1.9	2.4	2.3
<i>Acadl</i>				1.3	1.4	1.5	1.9	2.0
<i>Fads2</i>			1.2	1.1	1.6	1.8	2.0	2.2
<i>Acsl3</i>					1.2	1.3	1.4	1.5
<i>Pck1</i>					4.4	6.6	11.8	8.8
<i>Angptl4</i>		1.6	3.8	6.2	11.3	17.0	19.5	17.3
<i>Cpt1a</i>			2.0	3.4	4.6	6.2	9.7	11.2
<i>Etfdh</i>				1.7	2.1	2.7	3.5	3.6
<i>Acsl1</i>			1.3	1.8	2.4	2.5	2.9	2.7
<i>Mlycd</i>					1.4	2.3	2.6	2.4
<i>Gk</i>					1.4	1.4	1.9	1.7
<i>Fabp5</i>						1.3	1.4	1.5
<i>Aqp7</i>					1.5	1.6	1.7	1.6
<i>Acsl4</i>					1.5	1.6	1.7	1.7
<i>Dgat1</i>				1.4	1.5	1.2	1.5	1.5
<i>Lpl</i>				1.2	1.4	1.3	1.5	1.5

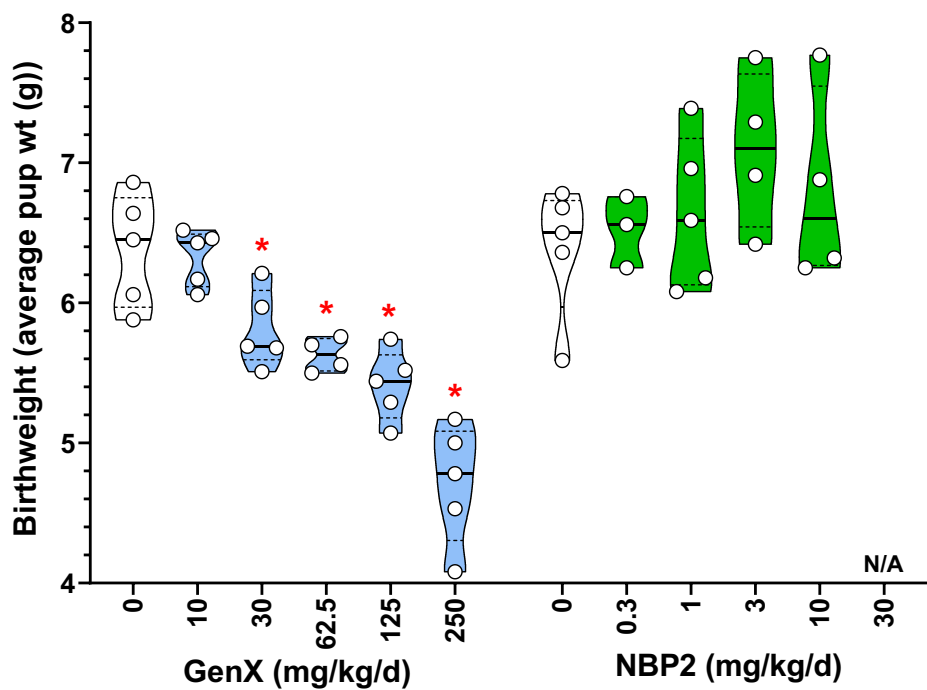
Maternal GenX dose (mg/kg/d)



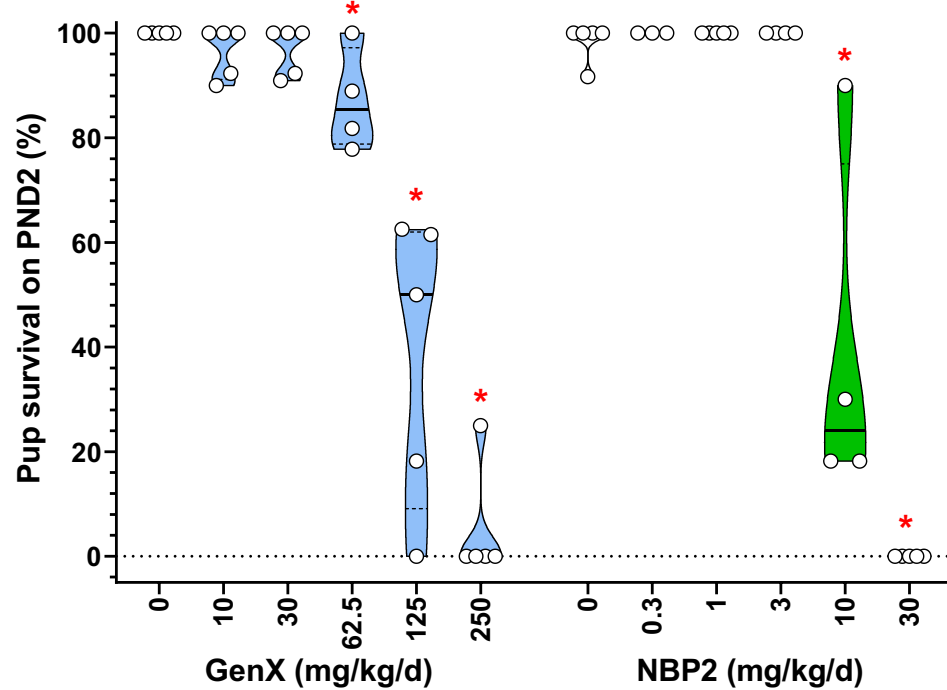
ANOVA $p < 0.001$
Pairwise vs control $p < 0.01$

Adverse neonatal effects GD 8 – PND 2 exposure

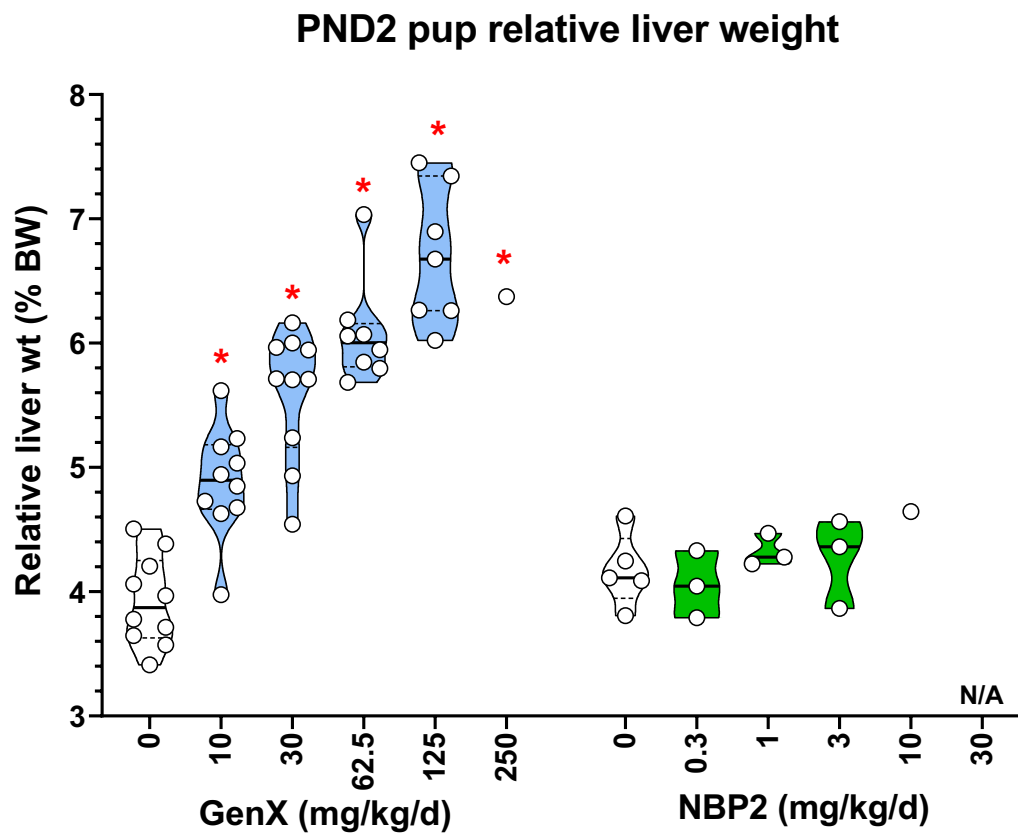
Birthweight



Neonatal mortality

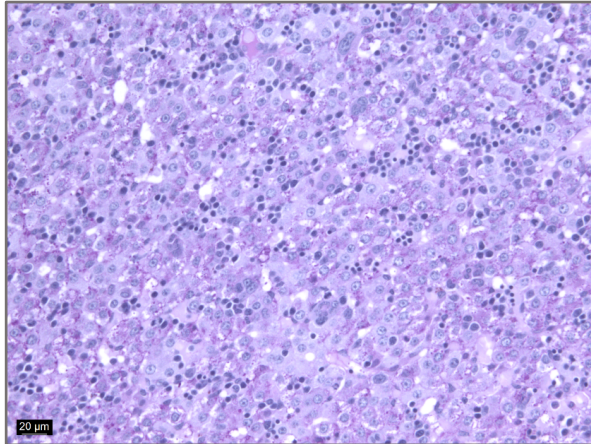


Adverse neonatal effects GD 8 – PND 2 exposure

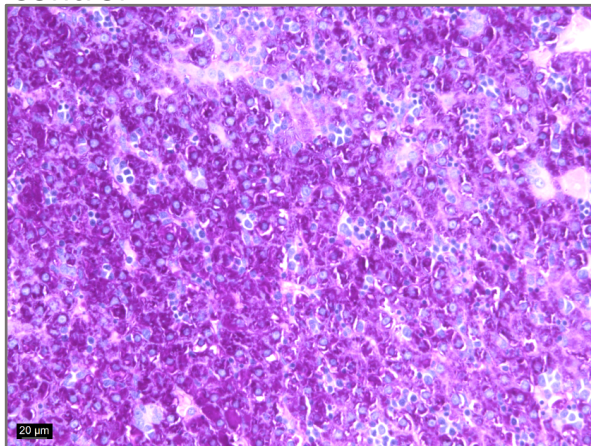


Histopathological evaluation of PND0 pup liver

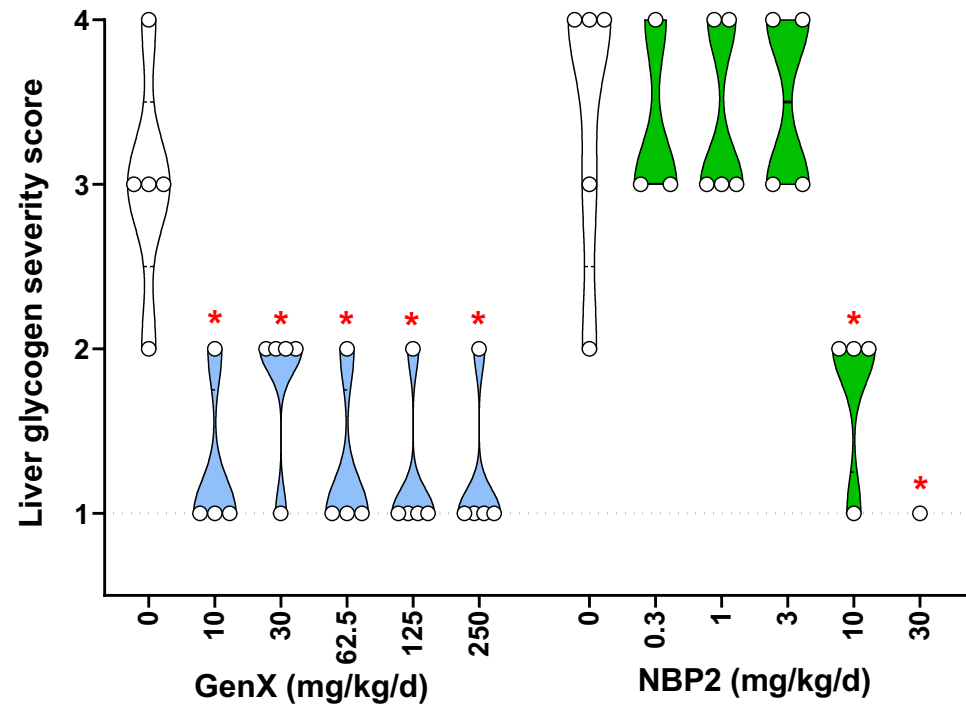
Treated – GenX 250 mg/kg



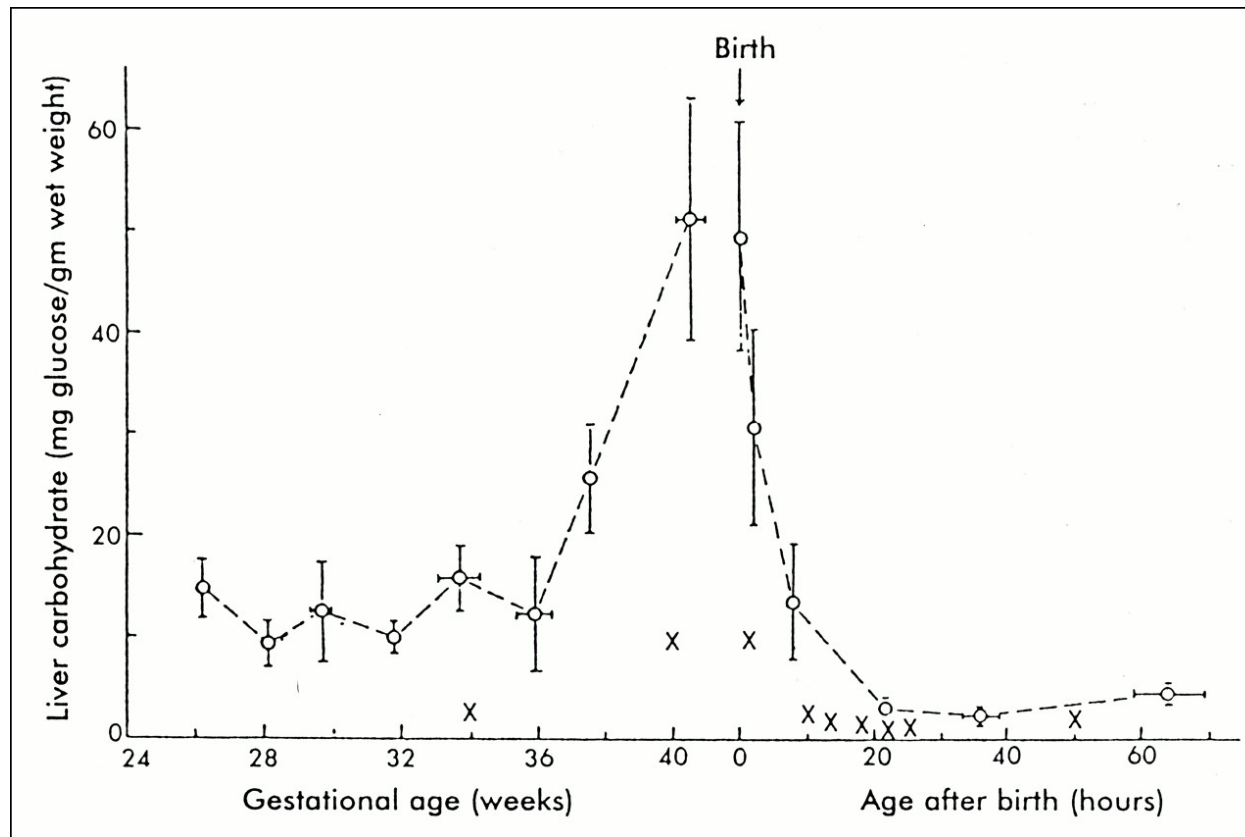
Control



PND0 pup liver glycogen score



Fetal liver glycogen deposition is critical for neonatal health



Shelley, HJ, Nelligan, GA (1966) Neonatal hypoglycemia. *British Medical Bulletin*

Neonatal liver glucose metabolism pathway gene expression

Neonatal liver PND(0)

	Control	10	30	62.5	125	250
<i>Ugp2</i>		-5.7	-13.8	-14.6	-23.1	-30.0
<i>Aldob</i>			-7.6	-11.3	-16.7	-24.3
<i>Agl</i>			-4.3	-7.3	-11.5	-13.0
<i>Idh1</i>			-2.0	-2.4	-3.4	-5.4
<i>Fbp1</i>			-2.4	-3.0	-3.7	-5.1
<i>Pygl</i>			-2.1	-3.3	-3.9	-5.1
<i>H6pd</i>				-3.1	-4.0	-5.1
<i>Pdhb</i>			-2.1	-2.3	-3.4	-4.5
<i>Idh2</i>			-2.1	-2.4	-3.1	-4.4
<i>Fh1</i>			-2.8	-3.2	-3.1	-4.3
<i>Pgm2</i>			-2.1	-2.2	-2.5	-4.0
<i>Mdh1</i>			-2.3	-2.3	-3.1	-3.6
<i>Sdhb</i>			-1.7	-1.7	-2.5	-3.2
<i>Mdh2</i>			-2.1	-2.0	-2.3	-3.0
<i>Rbks</i>				-2.2	-2.1	-3.0
<i>Acly</i>						-2.7
<i>Sucla2</i>				-1.5	-2.0	-2.5

Maternal oral GenX dose (mg/kg/d)

Neonatal liver PND(0)

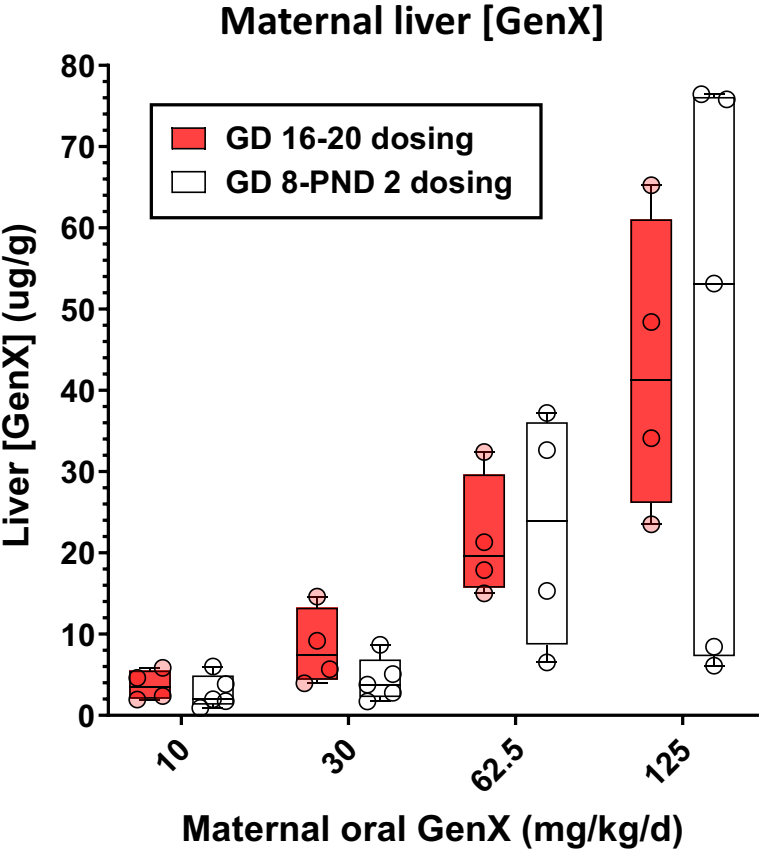
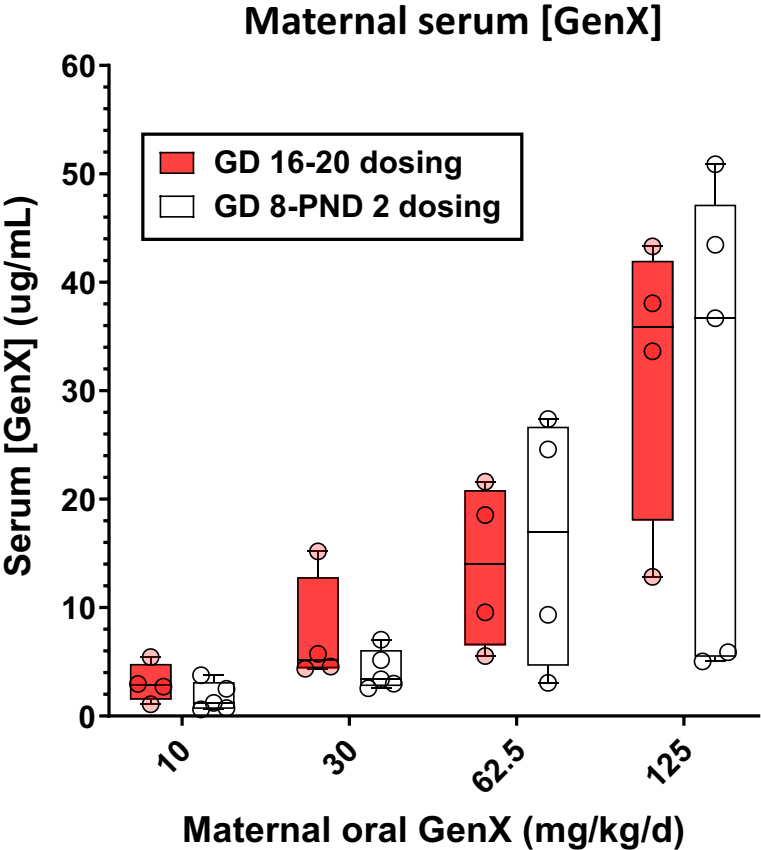
	Control	0.3	1	3	10	30
<i>Pdhb</i>		-1.4	-1.8	-1.8	-2.2	-1.9

Maternal oral NBP2 dose (mg/kg/d)

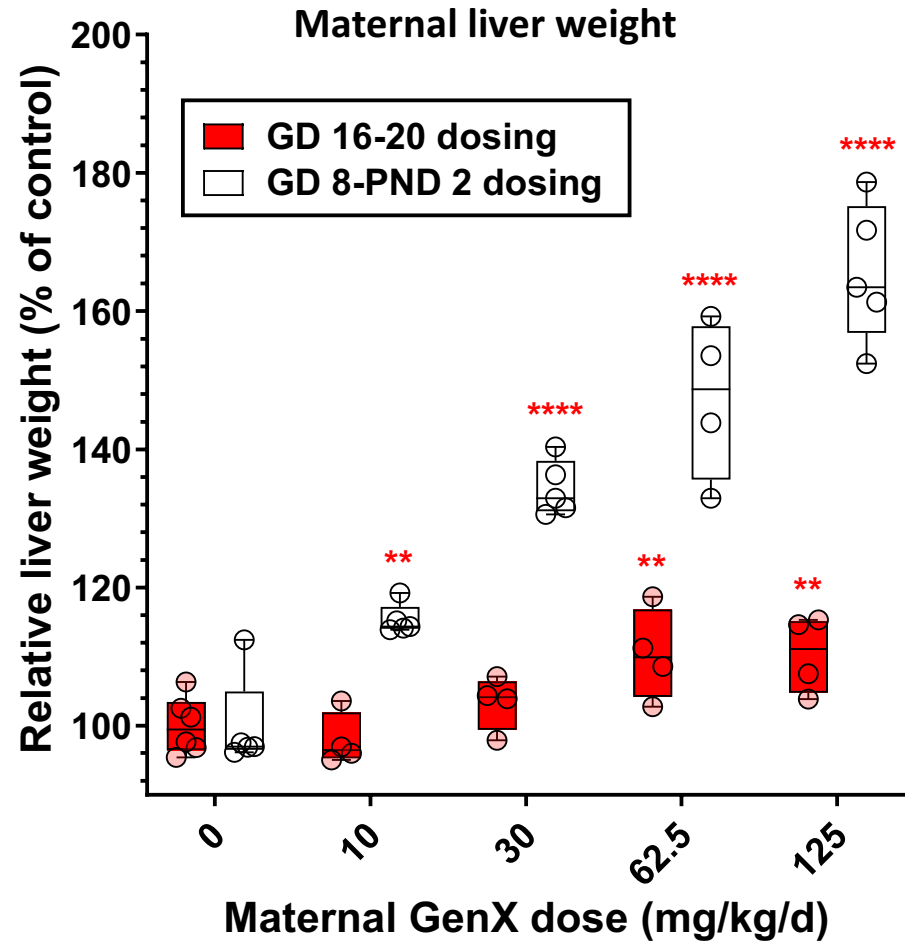
ANOVA p<0.001

Pairwise vs control p<0.01

GenX does not accumulate in maternal serum or liver...

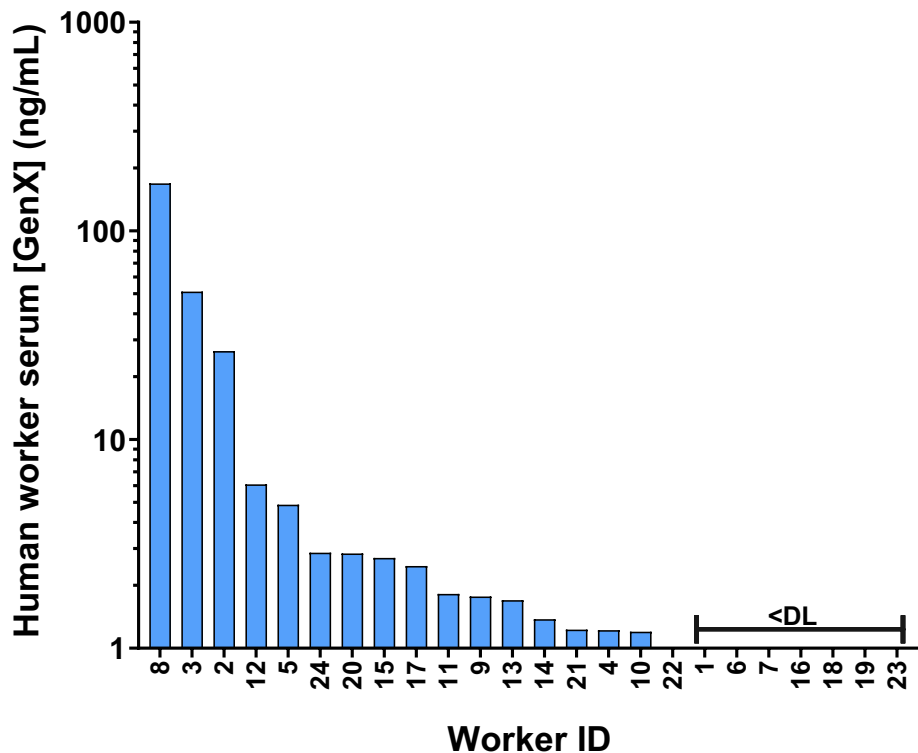


...but exposure duration is important for effects

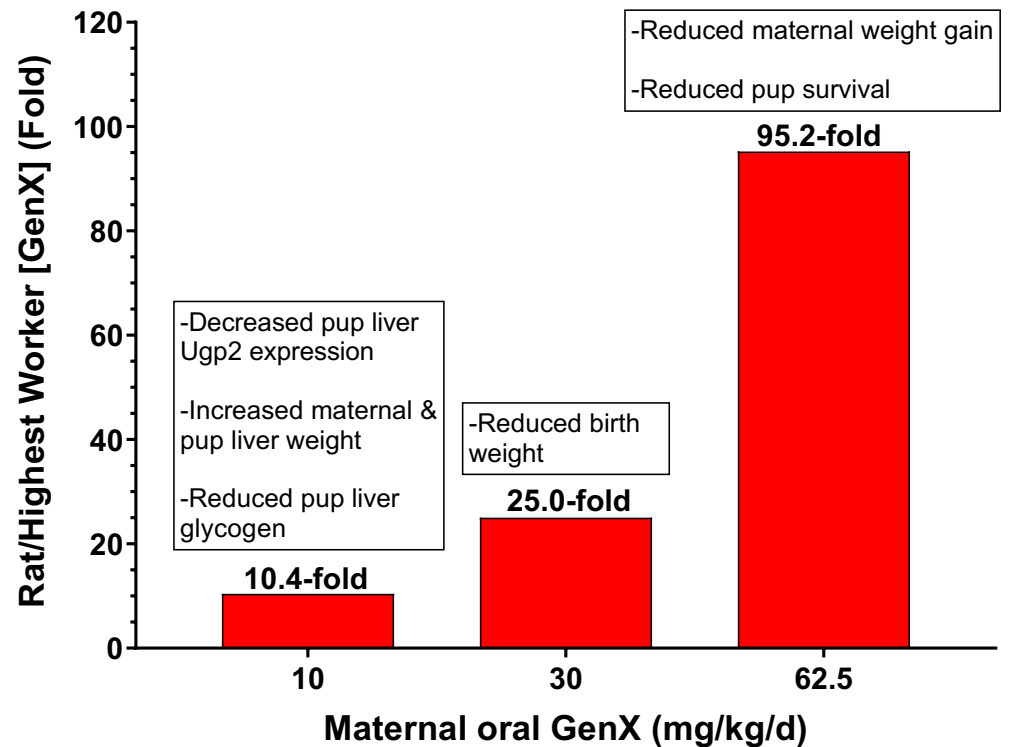


Margin of internal exposure – rat:human

Human factory worker serum [GenX]



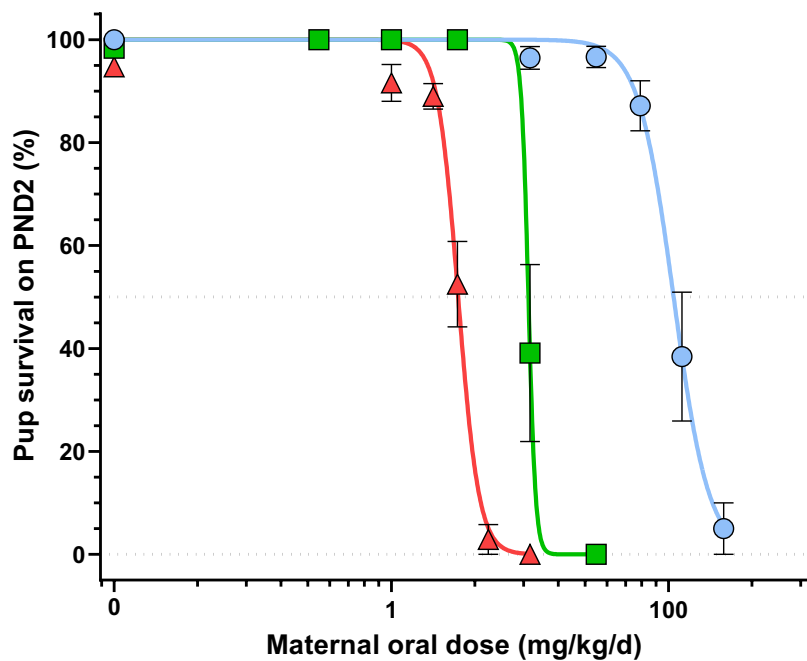
Margin of Internal Exposure:
Ratio of Rat/Human serum [GenX]



PFAS co-exposures in pregnant women

- **Woodruff et al. 2011** – US pregnant women from NHANES 2003-2004 (n=268)
 - 99% with detectable PFOS and PFOA
- **Dereumeaux et al. 2016** – Elfe Cohort French pregnant women 2011 (n=277)
 - >99% with detectable PFOA, PFOS, PFHxS, PFNA
- **Berg et al. 2014** – Northern Norway Mother-and-Child Contaminant Cohort Study 2007-2009 (n=391)
 - >99% with detectable PFHxS, PFOS, PFOA, PFNA, PFDA, PFUnDA
- **Hopkins et al. 2018** – Drinking water derived from Cape Fear River water
 - Frequent detection of GenX, NBP2, PFMOAA, PFO2HxA
- **NCSU GenX Exposure Study (genxstudy.ncsu.edu)** – 388 participants from Wilmington, NC area
 - Detectable NBP2 (99%), PFO4DA (98%), PFO5DoDA (87%)
 - PFOS, PFOA, PFHxS, PFNA, PFDA also detected
- Critical to study mixture-based effects of co-exposure to multiple PFAS compounds

GenX+NBP2+PFOS Mixture study



GenX
 ● ED₅₀ = 108.7 mg/kg
 Slope = -3.4

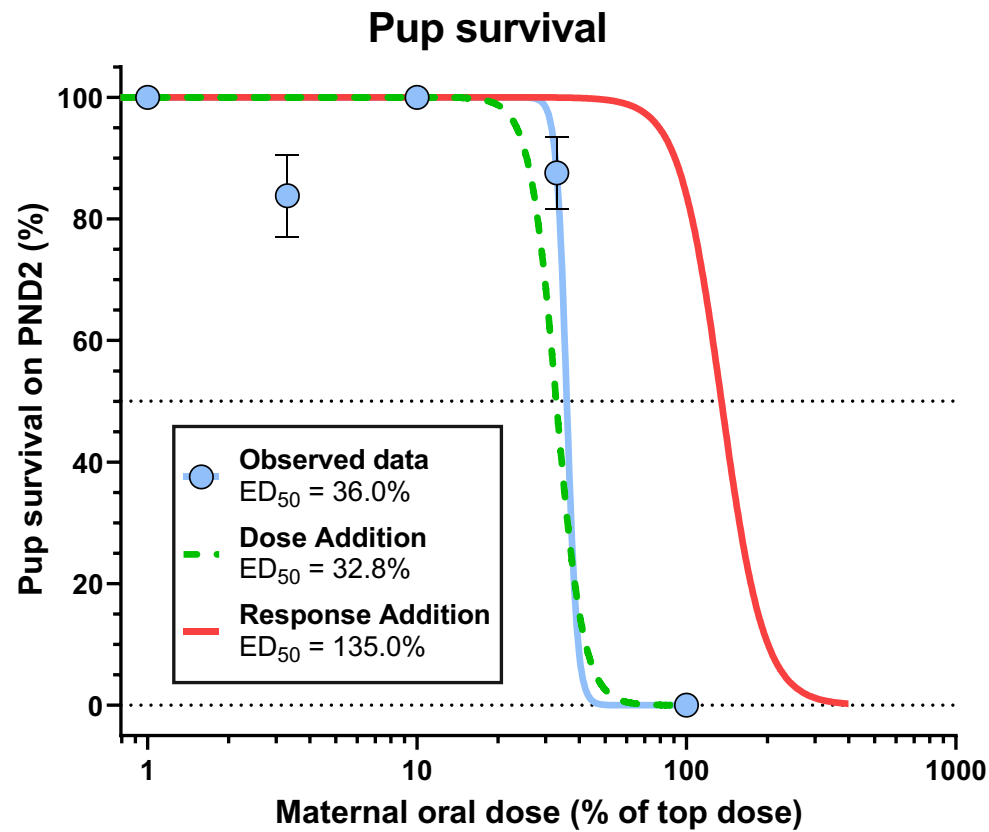
NBP2
 ■ ED₅₀ = 9.7 mg/kg
 Slope = -16.9

PFOS (Lau et al. 2003)
 ▲ ED₅₀ = 3.0 mg/kg
 Slope = -5.8

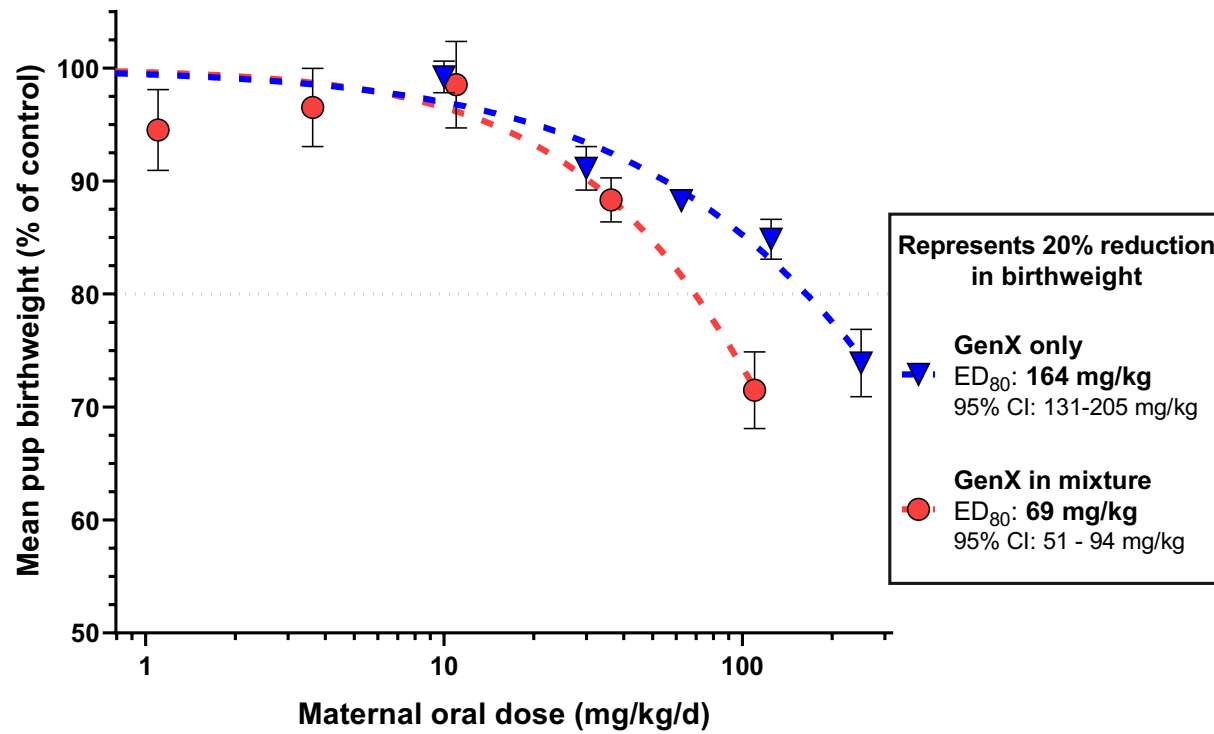
Top dose = each chemical at ED₅₀

	100%	33%	10%	3.3%	1%
GenX (mg/kg)	110	36.7	11	3.67	1.1
NBP2 (mg/kg)	10	3.3	1	0.3	0.1
PFOS (mg/kg)	3	1	0.3	0.1	0.03

Mixture effects appear dose additive



Impact of co-exposure on chemical dose-response



Summary

- GenX and NBP2 produced adverse maternal and neonatal effects but with disparate patterns and oral dose ranges
- Effects for GenX and NBP2 generally consistent with those reported for PFOA and PFOS but at slightly higher oral doses
- Both PPAR α and γ appear to be involved as MIEs
- Exposure duration is important - despite rapid clearance, longer exposure produced greater adverse effects for GenX
- Internal dosimetry is important for estimating potency and relevance to human exposures
- Mixture effects of exposure to GenX+NBP2+PFOS appear dose additive



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