



April 3, 2024

# Recent PFMOAA Publication Summary

NC Secretaries' Science Advisory Board

April 3, 2024

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## *PFMOAA History with NC SSAB*

During the August 1, October 3, and December 5, 2022, Secretaries' Science Advisory Board (Board) meetings, the Board discussed two PFMOAA peer-reviewed publications (Yao et al. 2020 and Woodlief et al. 2021) to determine if the existing data is of high enough quality and presents adequate results to derive a reference dose. The questions posed by the NC Department of Environmental Quality (NCDEQ) and the Board's summarized discussions are provided below. The DEQ conducted two literature reviews (summer 2022 and winter 2023) to retrieve any PFMOAA studies which might inform a reference dose; these searches yielded only the two papers brought to the Board for review.

### **The questions posed to the Board by NCDEQ during the June 6, 2022 meeting were:**

*1- Review the PFMOAA studies in detail.*

- assess the quality of the studies (low, moderate, high)*
  - based on sample sizes, dose regimes, endpoints measured*

*2- Do the studies provide sufficient scientific information to determine a point of departure to derive a reference dose now?*



## *PFMOAA History with NC SSAB*

### **The Board's response (abridged):**

The two studies were of high quality but had limitations that would preclude their use to derive a reference dose.

The Board recommends that NCDEQ pause derivation of a reference dose until the referenced manuscript in preparation is published and available for review. (Refers to *DeWitt et al. In Prep*)

In the interim, the Board encourages NCDEQ to continue with their analyses of the Yao et al. 2020 and Woodlief et al. 2021 papers (and periodically refresh their PFMOAA literature search for other relevant papers) for inclusion in a toxicological synthesis with the expected new information.

The recordings of the three Board discussions of the topic are here:

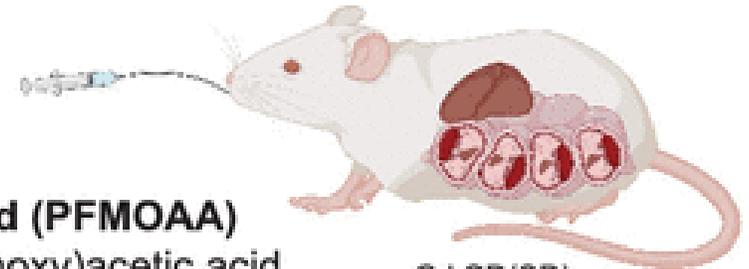
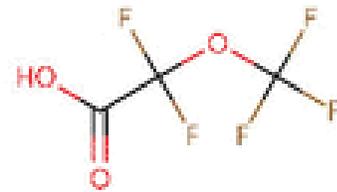
[NC DEQ and DHHS Secretaries' Science Advisory Board 08/01/2022](#) (at 1:28:00),

[NC DEQ and DHHS Secretaries' Science Advisory Board 10/03/2022](#) (at 0:22:50),

[NC DEQ and DHHS Secretaries' Science Advisory Board 12/05/2022](#) - (at 00:47:33)

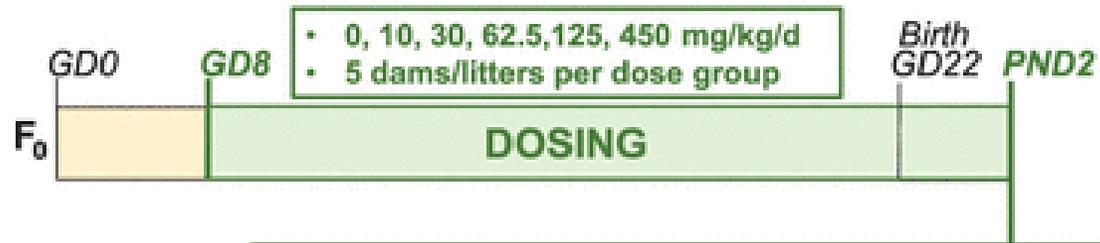


*Maternal and Neonatal Effects of Maternal Oral Exposure to PFMOAA during Pregnancy and Early Lactation in the SD Rat*



**Perfluoro-2-methoxyacetic acid (PFMOAA)**  
 IUPAC: 2,2-difluoro-2-(trifluoromethoxy)acetic acid  
 CASRN: 674-13-5  
 DTXSID: 00408562

CrI:CD(SD)



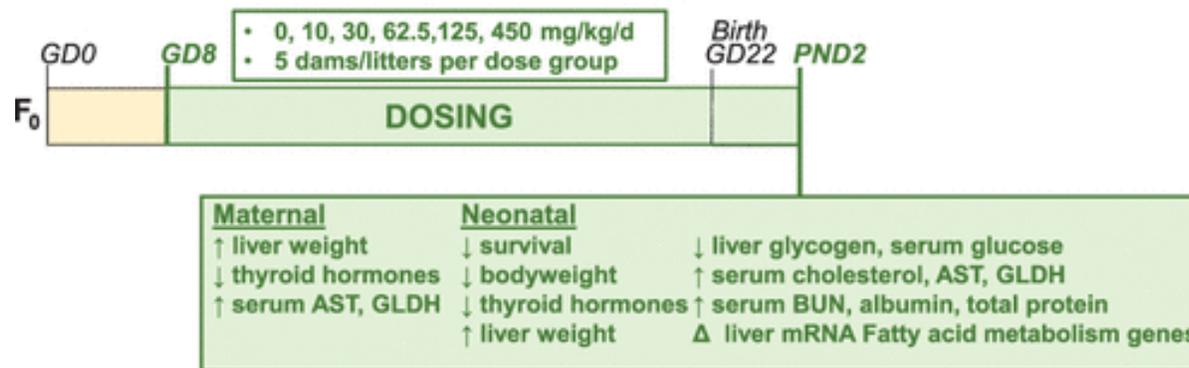
<u>Maternal</u>	<u>Neonatal</u>	
↑ liver weight	↓ survival	↓ liver glycogen, serum glucose
↓ thyroid hormones	↓ bodyweight	↑ serum cholesterol, AST, GLDH
↑ serum AST, GLDH	↓ thyroid hormones	↑ serum BUN, albumin, total protein
	↑ liver weight	Δ liver mRNA Fatty acid metabolism genes

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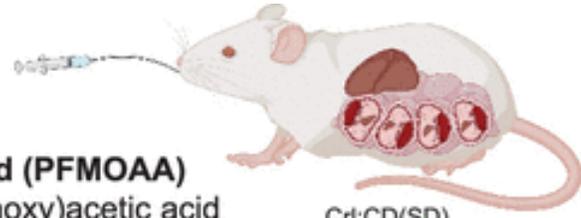
**Methods:**

1. Pregnant Sprague–Dawley rats to a range of PFMOAA doses (10–450 mg/kg/d) via oral gavage from gestation day (GD) 8 to postnatal day (PND) 2.
2. Results were compared to results previously reported for PFOA and HFPO–DA (GenX).

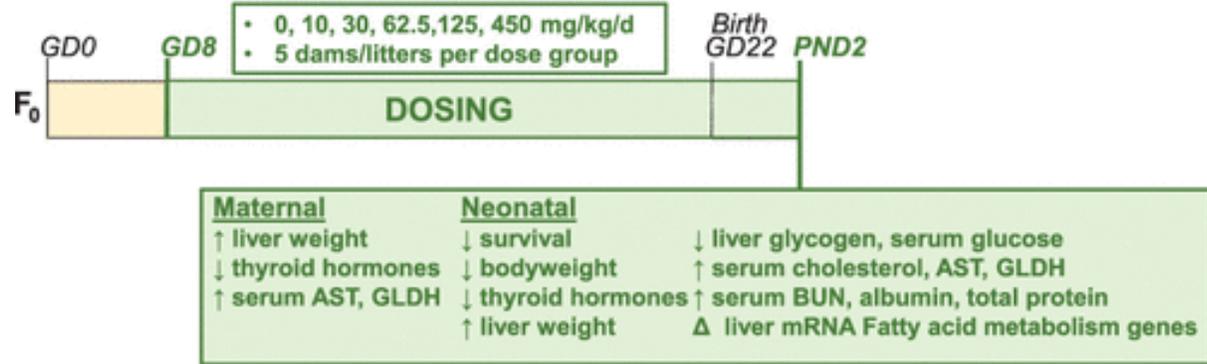
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**Results:**

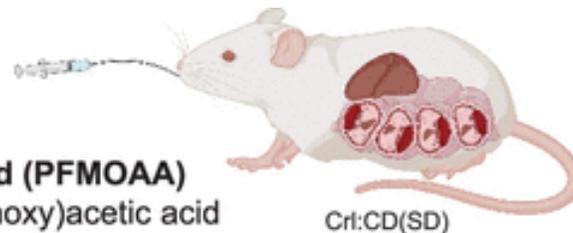
Newborn pups displayed:

1. reduced birthweight ( $\geq 30$  mg/kg),
2. depleted liver glycogen concentrations (all doses), hypoglycemia ( $\geq 125$  mg/kg), and
3. numerous significantly altered genes in the liver associated with fatty acid and glucose metabolism **similar to** gene changes produced by **GenX**.

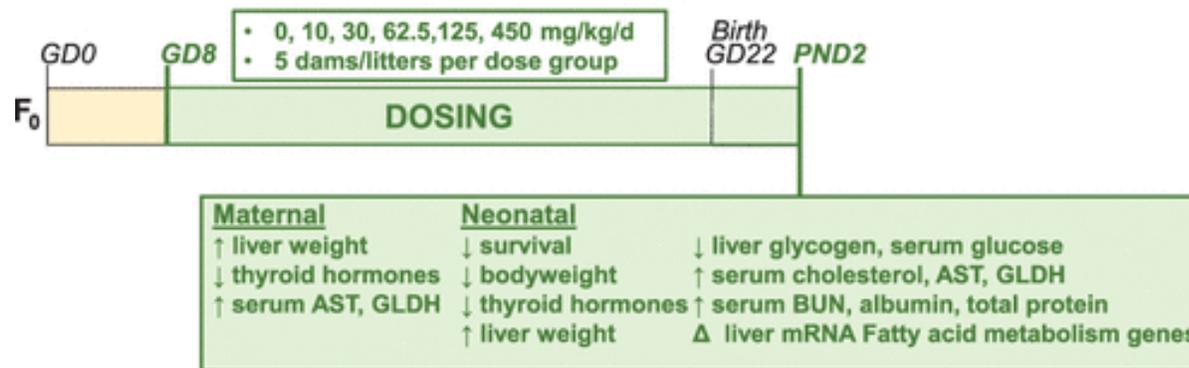
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**Results:**

Pup survival was significantly reduced at the  $\geq 125$  mg/kg doses.

At necropsy both maternal and neonatal animals displayed:

1. increased liver weights,
2. increased serum aspartate aminotransferase (AST),
3. and reduced serum thyroid hormones **at all doses** ( $\geq 10$  mg/kg).

Pups also displayed highly elevated serum cholesterol at all doses.

*Maternal and Neonatal Effects of Maternal Oral Exposure to PFMOAA during Pregnancy and Early Lactation in the SD Rat*

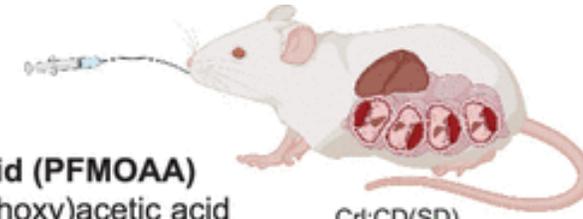


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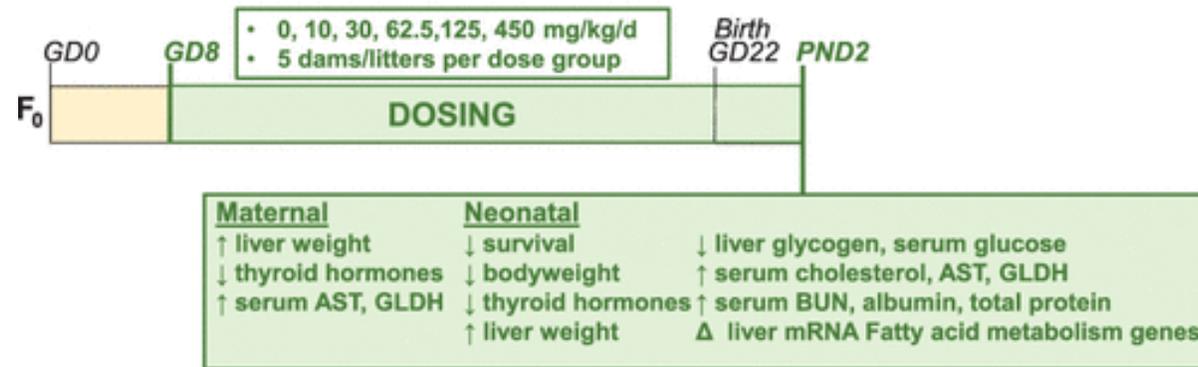
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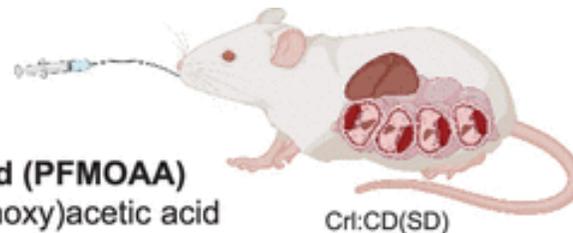
**Results compared to PFOA and GenX:**

PFMOAA concentrations in serum and liver increased with maternal oral dose in both maternal and newborn animals and were similar to those that were reported for PFOA but considerably higher than HFPO-DA.

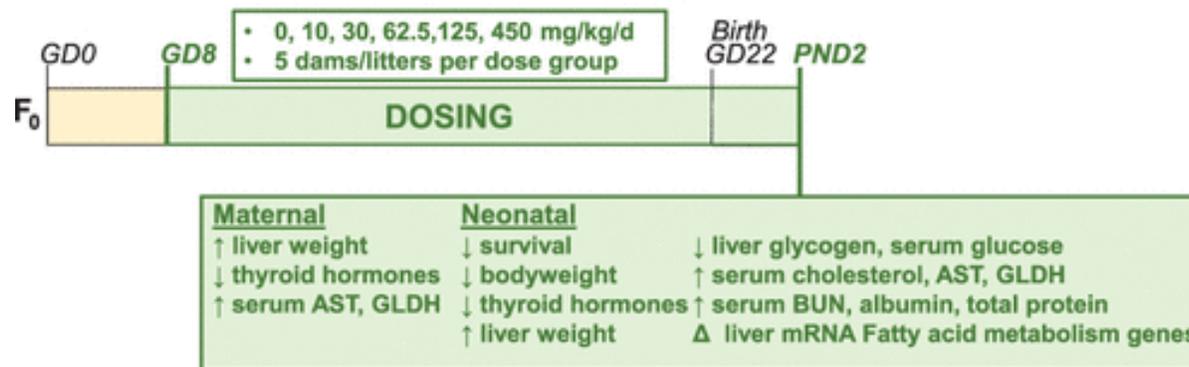
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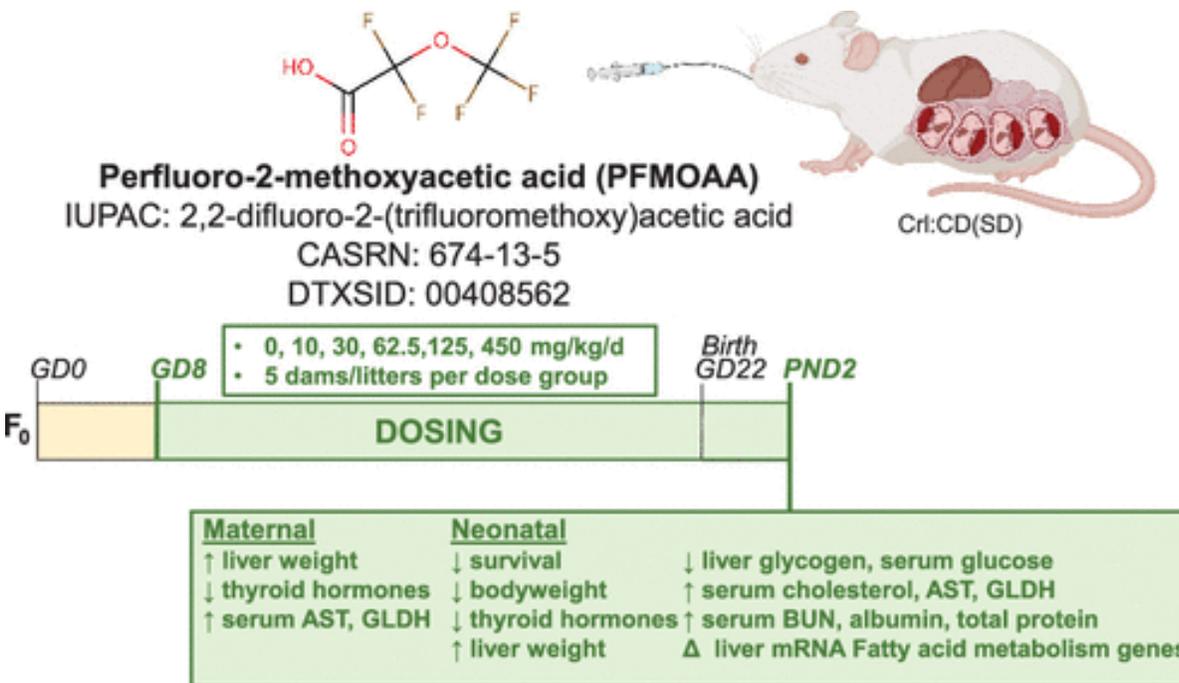


**Results compared to PFOA and GenX:**

The authors calculated 10% effect levels (ED10 or EC10) and relative potency factors (RPF; PFOA = index chemical) among the three compounds based on maternal oral dose and maternal serum concentration (μM).

Reduced pup liver glycogen, increased liver weights and reduced thyroid hormone levels (maternal and pup) were the most sensitive end points modeled.

*Maternal and Neonatal Effects of Maternal Oral Exposure to PFMOAA during Pregnancy and Early Lactation in the SD Rat*



**PFMOAA Potency compared to PFOA and GenX:**

PFMOAA was ~3–7-fold less potent than PFOA for most end points based on maternal serum RPFs, but slightly more potent for increased maternal and pup liver weights.

PFMOAA is a maternal and developmental toxicant in the rat producing a constellation of adverse effects similar to PFOA and HFPO–DA.

# *PFMOAA Updated Literature Base*

## **PFMOAA References:**

1. Woodlief T, Vance S, Hu Q, DeWitt J. 2021. Immunotoxicity of per- and polyfluoroalkyl substances: Insights into short-chain PFAS exposure. *Toxics* 9(5):100.
2. Yao J, Pan Y, Sheng N, Su Z, Guo Y, Wang J, Dai J. 2020. Novel perfluoroalkyl ether carboxylic acids (PFECAs) and sulfonic acids (PFESAs): Occurrence and association with serum biochemical parameters in residents living near a fluorochemical plant in China. *Environmental Science & Technology* 54 (21): 13389-13398.
3. Justin M. Conley, Christy S. Lambright, Nicola Evans, Jacqueline Bangma, Jermaine Ford, Donna Hill, Elizabeth Medlock-Kakaley, and L. Earl Gray Jr. 2024. *Environmental Science & Technology* 58 (2), 1064-1075.

## *Next Steps*

- The Conley et al. 2024 publication is a significant contribution to the PFMOAA literature base.
- DEQ will share the paper with the Board to have a more detailed discussion in the future.
- We can invite Dr. Conley to present more details to the Board and answer any questions the Board may have.

