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Perfluoroalkane Acids and Fetal Growth

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In the November issue of *Environmental Health Perspectives*, Apelberg et al. (2007) reported an inverse relationship between umbilical cord blood concentrations of perfluorooctanoate (PFOA) and perfluorooctane sulfonate (PFOS) and ponderal index and head circumference in children delivered vaginally in Baltimore, Maryland. In the same issue, Fei et al. (2007) reported an inverse relationship between first trimester maternal blood PFOA (but not PFOS) concentration and birth weight in Danish infants born to normal-weight women. Although these studies do not necessarily support one another (Fei et al. also collected cord blood but did not report these results), they raise the important question of whether low-level exposure to perfluoroalkane acids might affect fetal growth. In both articles, the authors called attention to the inconsistency between these findings and those in experimental animal studies, in which fetal growth effects occur only at blood concentrations several orders of magnitude higher than were measured in human umbilical cord or maternal blood. The question was reasonably posed by both groups whether a confounder could be responsible for the observed associations. The Baltimore group (Apelberg et al. 2007) identified two candidate confounders that may explain their findings: diet and plasma volume.

Perfluoroalkanesulfonamides, which may be metabolized to PFOS, have been used in grease- and water-repellant packaging for foods, particularly pizza, french fries, and other fried foods. The Canadian Total Diet Study (Tittlemier et al. 2006) detected perfluoroalkanesulfonamides in all foods tested, but the highest concentrations were found in pizza, microwave popcorn, egg breakfast sandwiches, french fries, chicken nuggets, and fish burgers. Fluorotelomer alcohols, which can be converted to the corresponding alkane acids, have been used in coatings for paper, including microwave popcorn bags. 8-2 Fluorotelomer alcohol can be converted atmospherically and metabolically to PFOA, and gavage treatment of pregnant mice with 8-2 fluorotelomer alcohol results in the appearance of PFOA in fetuses (Henderson and Smith 2007). Both 8-2 fluorotelomer alcohol and PFOA have been found in popcorn bags and in the vapor

produced after cooking microwave popcorn (Begley et al. 2005; Sinclair et al. 2007).

The pregnancies studied by Fei et al. (2007) occurred in 1996–2002, a period during which perfluorinated compounds were commonly used in fast-food packaging. The use of perfluorinated compounds in food packaging decreased some years before 2004–2005, the study period of Apelberg et al. (2007); however, PFOS and PFOA have long half-lives and may still have been present as markers of a high intake of fast-food. A high intake of fast food may in turn be a marker of poor nutrition. The Danish National Birth Cohort (Fei et al. 2007) included a food frequency questionnaire. It would be interesting to know if a relationship between nutrition and maternal blood perfluoroalkane acid concentration was detected.

PFOA and PFOS repel fat and are distributed in body water, particularly plasma. Women with a reduced plasma or body water volumes would distribute the same body burden of perfluoroalkane acids in a smaller space, producing higher perfluoroalkane acid concentrations. Fat-free body mass and total body water volumes are important predictors of birth weight (Butte et al. 2003; Lederman et al. 1999; Mardones-Santander et al. 1998; Sanin Aguirre et al. 2004), giving rise to the possibility that higher maternal blood (and therefore fetal blood) concentrations of PFOS and PFOA are markers of reduced plasma or total body water volumes, producing an apparent inverse association between the perfluoroalkane acid concentrations and fetal growth.

A reasonable next step in addressing the question of whether perfluoroalkane acids (at current human blood concentrations) play a role in fetal growth will be studies in which maternal nutrition and body composition, as opposed to body weight, are considered as possible confounders.

A.R.S. has been a consultant for 3M and has testified in litigation involving PFOA and PFOS.

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Perfluoroalkane Acids: Apelberg et al. Respond

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We thank Scialli for his interest in our study (Apelberg et al. 2007). As he notes, we recognize that several factors could be responsible for the relationships observed between cord serum concentrations of perfluorooctane sulfonate/perfluorooctanoate (PFOS/PFOA) and birth weight, head circumference, and ponderal index in our study. Although diet may be a source of exposure (including consumption of polyfluoroalkyl compounds used in fast-food packaging), we are not aware of any evidence that such diets are associated with smaller size at birth. In fact, they may be related to obesity, which is associated with larger birth size (Surkan et al. 2004). Despite existing knowledge gaps on exposure pathways and the role of dietary intake, we do know that in our study, adjusting for body mass index of the mother had little impact on the associations observed.

Scialli posits that there may be a role of reduced plasma or body water volume on the associations observed. As we described in our article (Apelberg et al. 2007), both preeclampsia and pregnancy-induced hypertension (PIH) are associated with poor maternal plasma volume expansion (Salas et al. 2006), as is placental weight (Salas et al. 1993). However, cord concentrations of PFOS and PFOA were not elevated among mothers with preeclampsia or PIH, and adjustment for these conditions did not appreciably alter the observed associations.

Likewise, adjustment for placental weight, which may be associated with plasma volume of the infant, did not alter these associations. Despite theoretical considerations, we have not found support for this hypothesis. Further research is needed to better understand the pathways of human exposure and the role that pharmacokinetics of these compounds in the human body may play in the observed associations.

The authors declare they have no competing financial interests.

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Carcinogenicity of Aspartame in Rats Not Proven

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In their article on lifetime exposure to aspartame in rats, Soffritti et al. (2007) purported that their study demonstrated increased carcinogenic effects in female rats as a result of exposure beginning during prenatal life.

We believe that this article (Soffritti et al. 2007) has methodologic and conceptual weaknesses that require exposition. First, although the study was a toxicology study, the most important element—the

reported doses—are not correct. The doses are “estimates” based on assuming constant food consumption of 20 g/day and constant body weights of 400 g for each rat from *in utero* (fetal day 12) to death. These assumptions are unrealistic and inaccurate. The doses during the early growth phase of rats would be much higher because, as is well known, rats consume more food per gram of body weight during the rapid growth phase. Food consumption and body weight were reportedly measured throughout the experiment; however, Soffritti et al. (2007) presented only data beginning 16 weeks postpartum, when rats reached adult body weight. Therefore the authors’ conclusions are built on the exposure period for which they provide no data.

Second, for a study allegedly designed to assess prenatal exposure, Soffritti et al. (2007) did not address important details, such as *a*) pregnancy history and ages of breeders; *b*) number of pregnant dams per dose group; *c*) growth and food consumption of mothers during pregnancy and lactation; *d*) pregnancy outcomes; *e*) disposition of pups from all mothers and each litter; *f*) the origin of the 70 pups; and *g*) body weight of pups at birth and during lactation. These details are typically required to allow other scientists to assess the appropriateness of the study design and to repeat the study, if desired.

The findings are of questionable biological significance for a number of reasons. The lymphoma/leukemia incidences in the high-dose group, which were the only significant differences from control, were within or near the reported historical control ranges. Similarly, the mammary gland carcinoma incidence in high-dose females (again, the only significant difference from control) was similar to historical controls. In their article, Soffritti et al. (2007) stated that their study disproved the conclusions of the European Food Safety Authority (EFSA 2006) that the incidences of lymphomas/leukemias observed in the first report (Soffritti et al. 2006) were “unrelated to aspartame given the high background incidence of chronic inflammatory changes in the lungs ...” (EFSA 2006). The U.S. Food and Drug Administration (FDA 2007) agreed with the EFSA assessment. It is not clear to us how this study disproved the EFSA’s conclusions. Soffritti et al. (2007) indicated that the lung was often the site of lymphoma again in this study, which is not surprising because they used the same infected colony. Studies in the 1960s demonstrated that the progression of chronic pneumonia in rats resulted in lymphoid neoplasias, and elimination of chronic respiratory disease in rat colonies reduced the incidence of pulmonary

lymphoid neoplasias to near zero (Cotchin and Roe 1967). Rats with pulmonary infections developed lesions in multiple sites earlier than rats free from pulmonary disease (Cotchin and Roe 1967). The establishment of pathogen-free animal suppliers for toxicity research was impelled for this reason. Therefore, we believe it is highly likely that the present findings are due to infection and not aspartame consumption.

Data do not support the conclusions of Soffritti et al. (2007) that aspartame has carcinogenic potential at doses near the human level of exposure. The authors observed no significant effects at the low-diet level, and the actual dose is unknown. Also, no data were provided on *in utero* exposure. Aspartame is completely digested in the gastrointestinal tract into two amino acids (phenylalanine and aspartic acid) and methanol, which is subsequently metabolized to carbon dioxide and water. In human clinical studies (reviewed by Stegink and Filer 1996), oral doses equal to or exceeding the amount that would represent the 99th percentile of aspartame intake did not increase plasma aspartate or phenylalanine levels in adults or children, or in breast milk from lactating women beyond normal postprandial concentrations. Ratios of fetal/maternal plasma amino acids and transport across the placental membrane were unchanged in pregnant rabbits that received 1,600 mg aspartame/kg/day (Ranney et al. 1975). Thus, a biologically plausible explanation is lacking for Soffritti et al.’s (2007) contention that prenatal exposure to aspartame increases cancer risk.

In summary, considering that there are no significant differences in cancer rates between high-dose groups and historical controls, plus the many deficiencies in the experimental design and data, Soffritti et al. (2007) failed to provide convincing evidence of aspartame carcinogenicity. Given the effort expended by many government review agencies to document shortcomings of the first article by this group (Soffritti et al. 2006), it is disappointing that the editor and reviewers of this paper (Soffritti et al. 2007) did not require the authors to address those problems that appear again in this study. Diligence is especially necessary on topics of great public interest and relevance because the public is relying upon the scientific community to assure that only high quality, well-documented, and controlled studies appear in peer-reviewed journals.

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