PSAP
PFAS Scientific Advisory Panel

PFAS in Jersey

Dr Steve Hajioff

Chair of the PFAS Scientific Advisory Panel

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PFAS Panel

Independent Chair - Dr Steve Hajioff

PFAS and health - Dr Tony Fletcher

PFAS and environment - Prof. Ian Cousins

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Purpose of the panel

To coordinate and provide expert advice on per- and polyfluoroalkyl substances (PFAS) issues to enable an effective and evidenced based approach to decision-making, enabling a sound and informed response to PFAS matters on the Island.

PFAS Scientific Advisory Panel

Panel reports

1. Review of therapeutic phlebotomy (i.e. having blood taken to reduce PFAS levels)
2. Assessment of the impact of PFAS exposure on health
3. **Clinical interventions, biomonitoring, PFAS blood testing and re-testing**
4. Environmental management
5. An update on the reports reviewing any additional evidence available

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Approach

- Being led by evidence
- Working through consensus
- Involving experts by experience and subject matter experts
- Public involvement throughout the process
- Default to meetings being in public
- Ability to work in private where there is a need for confidentiality
- Regular engagement with key stakeholders in addition to panel meetings
- No surprises

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Key sources of information for the report

- Review and analysis of scientific literature
- Testimony from experts by experience
- Evidence from subject matter experts

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The report development process

1. Panel agree scope of report
2. Public engagement at the start of the report
3. Opportunity for Islanders to comment and ask questions
4. Review of the global evidence available
5. Subject matter experts and experts by experience invited to give evidence
6. Review of evidence
7. Report development
8. Draft report shared with Public Health & Government
9. **Draft report shared with the Islanders**
10. Final report submitted to Government to consider the findings
11. Once agreed with Government, report launch to Islanders with a public meeting

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Islander input period for Report 3

A three-week Islander input period starts now

We are inviting your feedback on:

- The content and recommendations in the report
- Whether or not you agree with the recommendations
- Any further questions and concerns you wish to raise

Please email PFASpanel@gov.je with your comments by **24th April**

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Report 3 structure

1. Introduction, context, and approach
2. Evidence from experts by experience
3. Evidence from subject matter experts
4. Literature reviews
   - Testing for PFAS
   - Screening for complications
   - Body burden vs disease risk
   - Effectiveness of interventions
   - Safety, tolerability and cost of interventions
5. Cost effectiveness analysis
6. Discussion and conclusions
7. Recommendations
8. Appendices

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Report : Evidence reviewed by the Panel

- Literature review
- 1 expert by experience gave evidence
- 9 subject matter experts gave evidence, including:
  - Professor Jonathan Martin, Stockholm University
  - Dr Ann-Christine Lyngberg, University Hospital of Holbæk
  - Professor Kristina Jakobsson, University of Gothenburg
  - Dr Courtney Carignan, Michigan State University
  - Professor Willie Hamilton, Exeter University
  - Dr Axel Andersson, University of Gothenburg
  - Dr Roger Klein
  - Dr Alan Ducatman

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Report 3: Testing, biomonitoring and management of PFAS in the human body

Recommendations:

1. That PFAS testing should be conducted at laboratories that have been accredited for assessing PFAS levels in human samples, with a full chain of custody and evidence of prevention of contamination from the point of sampling to the completion of the analytical testing. This is a prerequisite for test results to be considered valid.
2. That PFAS testing be offered to those who met the 2022 PFAS testing criteria but did not choose to participate in the programme and also to those who did not have a relevant condition or symptoms, but met the other criteria for the 2022 programme.
3. That PFAS testing be offered to those who worked as firefighters during the period when firefighting foams containing PFAS of concern were in use, and to those who were involved in the cleanup of the foams as part of their job.
4. That background levels of PFAS in the wider community, by parish, be estimated by the analysis of altruistic blood donation samples, excess serum collected to perform other tests, or by other means. This should be undertaken on an anonymous basis.
5. That clinicians, when seeing people with known PFAS exposure, should consider testing for serum cholesterol.
6. That when PFAS-exposed people exhibit symptoms which are consistent with kidney cancer or testicular cancer, clinicians should have a higher level of suspicion of cancer than in unexposed populations.
7. That regular testicular self-examination should be considered in PFAS-exposed populations

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Report 3: Testing, biomonitoring and management of PFAS in the human body

Recommendations:

8. That colesevelam be made available, on a case by case basis, to women of child bearing potential (who are not currently pregnant nor planning to be pregnant during any course of treatment) who have been found to have a total across 8 measured PFAS compounds (PFHxS PFOS PFOA PFHpS PFNA PFPeS PFDA MeFOSAA) of at least 10 nanograms per millilitre of blood serum. Those eligible should receive information explaining the potential impact on future offspring so they can make an informed choice about whether they wish to take colesevelam.
9. That colesevelam be considered as a lipid lowering therapy in people who have elevated cholesterol and who have been found to have a total across 8 measured PFAS compounds (PFHxS PFOS PFOA PFHpS PFNA PFPeS PFDA MeFOSAA) of at least 20 nanograms per millilitre of blood serum.
10. That clinicians consider, for people who have been found to have a total across 8 measured PFAS compounds (PFHxS PFOS PFOA PFHpS PFNA PFPeS PFDA MeFOSAA) of at least 20 nanograms per millilitre of blood serum, whether there is any particular benefit from the prescribing of colesevelam in a case by case basis.
11. That, for those people who otherwise meet the criteria for an intervention but for whom colesevelam is not an appropriate intervention, therapeutic phlebotomy be considered as a second line offer.
12. That people taking colesevelam or having phlebotomy to reduce PFAS, should have periodic repeat PFAS blood tests to check on the effect of treatment.
13. That when an individual's serum PFAS levels reach the median background levels, further colesevelam prescribing or therapeutic phlebotomy should not be undertaken.

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Questions and comments on draft Report 3

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