



Although I'm sure that some of you have these rules memorized from previous CLU-IN events, let's run through them quickly for our new participants.

Please mute your phone lines during the seminar to minimize disruption and background noise. If you do not have a mute button, press *6 to mute #6 to unmute your lines at anytime. Also, please do NOT put this call on hold as this may bring delightful, but unwanted background music over the lines and interupt the seminar.

You should note that throughout the seminar, we will ask for your feedback. You do not need to wait for Q&A breaks to ask questions or provide comments. To submit comments/questions and report technical problems, please use the ? Icon at the top of your screen. You can move forward/backward in the slides by using the single arrow buttons (left moves back 1 slide, right moves advances 1 slide). The double arrowed buttons will take you to 1st and last slides respectively. You may also advance to any slide using the numbered links that appear on the left side of your screen. The button with a house icon will take you back to main seminar page which displays our agenda, speaker















Riters **Polybrominated Diphenyl Ethers** Cryptorchidism Decreased Sperm Quality - Main et al, 2007 - Akutse et al, 2008 Reproductive Hormone Effects Diabetes Meeker et al, 2009: Decrease in Androgens and LH; Increase in FSH and Inhibin - Lim et al, 2008 Turyk et al, 2009 (only in hypothyroid subjects) Meijer et al, 2008: Decrease in Testosterone Thyroid Homeostasis Reproductive Effects Stapleton et al, 2011: T4 elevated during pregnancy Eskenazi et al, 2009: Low Birth Weight & Altered Behaviors Chevrier et al, 2010: TSH elevated in pregnancy Harley et al, 2010: Increased time to pregnancy

- Neurological Effects
- Herbstman et al, 2010: Decreased IQ
- Meeker et al, 2009: elevated T4 & TBG
- Dallaire et al, 2009: Elevated T3 from BDE47

- Eskenzai et al, 2009: Low TSH

2/7/2012





2/7/2012





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Regulation of BFRs TBBPA – not regulated HBCD banned in Norway & EU "SVHC"Nominated as a "POP" in November 2009 PBDEs – Penta and Octa targeted for elimination under Stockholm Convention, May 9, 2009 Deca – EPA (March, 2010) announced voluntarily US phase-out by 2013















- Introduction and Background

 What is a flame retardant (FR) and how do they work?
 - b. What regulations govern the use of FRs in products? c. What type of products contain FRs?
 - d. What type of FRs are used in consumer products?

2. Early Exposure to PBDEs

- a. Serum PBDEs in a Pregnancy Cohort: Associations with Thyroid Hormones and
 - Birth Outcomes b. Toddlers Exposure to PBDEs in Indoor Environments: Exposure Pathways and Associations with SES

Health Affects Related to PBDE Exposures

 Toxic Mechanisms reported from *in vitro* and animal studies, effects on thyroid regulation

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b. Human health effects and neurodevelopment problems in children

4. Conclusions/ Discussion



Definition: "A substance added or a treatment applied to a material in order to suppress, significantly reduce or delay the combustion of the material" EHC:192, WHO 1997

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Statistics:

•Every year in the U.S. there are over a million fires reported

 Direct losses account for billions in damages





Regulations That Govern the Use of FRs

Furniture:

- California Technical Bulletin 117
- California Technical Bulletin 603
- Federal Mattress Flammability Standard (CFR 1633)

Electronics:

- Underwriters Laboratory Certifications for Insurance purposes (e.g. UL 746 and -94 V-2 – E&E)

Textiles:

- Children's Sleepwear (CPSC)
- Seats and Drapes in Public Buildings (NFPA 701, CA TB 133)
- Camping Equipment (CPAI-84)
- Building and Construction: (variable)











Major Concerns about PBDEs

- Rapidly accumulating in humans and environment
- Hormonal disruption
 - Animal exposure studies have observed decreases in thyroid hormone levels (Zhou et al., 2001; Tomy et al. 2004)
 - Associations between PBDEs and thyroid hormones (Turyk et al., 2008; Chevrier et al., 2010) and reduced fecundability (Harley et al., 2010) in human population
- Developmental effects
 - Associations between cryptorchidism and PBDEs in male infants (Main et al., 2007);
 - Associations between PBDE exposure at birth and neurodevelopment measures in children (Roze et al., 2009; Herbstman et al., 2010);

- Cancer?
 - Structures similar to known carcinogens (PCBs, PBBs)











- Pregnant women attending the Lincoln Community Health Center (Durham, NC, USA), who are part of a larger cohort of women currently enrolled in a pregnancy outcomes study, were approached and asked to participate in this study. (>34 weeks gestation)
- Two tubes of blood were collected during a routine blood draw (thyroid hormones and PBDEs).
- Thyroid hormones analyzed by Duke Universit Hospital Clinical Laboratory for: Thyroid Stimulating Hormone (TSH); Thyroxine (T4) (free and total) and Triiodothyronine (T3) (free and total)



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Serum analyzed for PBDEs and phenolic metabolites using mass spectrometry



PBDEs Concentrations in ng/g lipid (n=137)						
BDE 28	38.7	1.2-3.0	<1.2	16.9	N/A	6.00
BDE 47	94.9	2.0-4.5	<2.0	297.5	16.5	114.4
BDE 99	64.2	2.0-4.5	<2.0	249.1	4.72	49.8
BDE 100	89.1	1.2	<1.2	107.5	4.19	25.9
BDE 85,100	16.1	1.2	<1.2	10.5	N/A	4.58
BDE 153	96.4	1.2	<1.2	67.6	5.93	32.3
BDE 154	48.2	1.2	<1.2	52.9	N/A	7.59
ΣPBDEs	K	******	******************	694	36.6	228










Multiple Linear Regression Models for Thyroid Hormones (Controlling for Maternal Characteristics)

	Explanatory Variables										
Thyroid Hormone	LN BDE 47		LN BDE 99		LN BDE 100		LN BDE 153		$LN \sum BDE$		
	Beta	95% CI	Beta	95% CI	Beta	95% CI	Beta	95% CI	Beta	95% CI	
TT4	0.42*	0.05. 0.78	0.32*	0.02. 0.63	0.41*	0.003. 0.82	0.12	-0.35, 0.58	0.50*	0.06. 0.9	
LN FT4	0.05**	0.01, 0.08	0.02	009, 0.05	0.02	-0.02, 0.06	0.05*	0.006, 0.09	0.05*	0.01, 0.0	
LN TSH	0.07	-0.02, 0.16	0.04	-0.04, 0.11	0.01	-0.09, 0.11	0.03	-0.08, 0.14	0.06	-0.04, 0.17	
LN TT3	0.04	-0.01.0.08	0.01	-0.03, 0.05	0.001	-0.05, 0.05	0.01	-0.04, 0.07	0.02	-0.03, 0.08	
LN FT3	0.01	-0.01, 0.03	0.003	-0.01, 0.02	0.0004	-0.02, 0.02	-0.02	-0.04, 0.01	0.01	-0.02, 0.04	

***PC-01 **C+02 Cl Confidence Interval These models report the individual BDE congener-thyroid hormone association after controlling for smoking status, maternal race, age, gestational age at blood draw, and parity.

•Significant associations with T4, but no significant associations with TSH or T3

•No significant associations noted between thyroid hormones and phenolic metabolites; however, a negative relationship between TT3 and OH-BDE 49 was suggestive (p = 0.08).

K										
served Relationships between Thyroid Hormones and Pl										
↑TSH	↑FT3/TT3	↑FT4/TT4								
Human Studies										
No effect	No effect	↑BDE 100/BDE 153								
↓BDE 47	No effect	↑ΣBDEs								
↓PBDEs	NM	No effect								
No effect	↓ OH-BDE 49	↑ΣBDEs								
↑PBDEs/OH- BDEs	NM	No effect								
Animal Studies										
No effect	No effect	↓PBDEs								
NM	No effect	↓PBDEs								
NM	No effect	↓PBDEs								
	hips between TSH Human No effect JBDE 47 JPBDEs No effect TPBDEs/OH- BDEs Animal No effect NM NM	bips between Thyroid Ho ↑TSH ↑FT3/TT3 Human Studies No effect No effect ↓BDE 47 No effect ↓PBDEs NM No effect ↓ OH-BDE 49 ↑PBDEs/OH- BDEs NM No effect No effect No effect No effect No effect No effect No effect No effect NM No effect NM No effect								







Serum PBDEs in US Toddlers: Associations with Hand Wipes, House Dust and Socioeconomic Variables (Stapleton et al. 2012, In Review)

Research Hypotheses:

1.Children residing in the US between the ages of 1-3 yrs of age are receiving the highest exposure to PBDEs in the world, due to dust exposure and subsequent hand-to-mouth activities;

2.Dust is the primary source of exposure to young children; not breast milk or diet;

3.PBDE exposure are higher in minorities and families with lower income;



Recruitment:

- Targeted families with children between the ages of 12 36 months; residents residing in central North Carolina;
 Recruited at the North Roxboro Duke Pediatrics Health Clinic, or by letters;
 Recruited Between May 2009 September 2010
 All families signed informed consent

Sample Collection:

- Blood sample (venipuncture)
 Hand wipe sample (Investigator Collected)
 House dust sample (Investigator Collected)
 Researcher administered questionnaire

Sample Analysis:

- Serum analyzed for PBDEs (CDC)
 Hand wipes and house dust analyzed for PBDEs and new flame retardants in our laboratory using mass spectrometry







Summary of Toddlers Exposure Data

- PBDEs present in all toddler serum samples;
- Significant associations observed between PBDEs in serum and PBDE residues on hand wipes;
- Toddlers exposure to PBDEs is associated with hand-to-mouth behavior, SES, breast milk ingestion and age;
- Are PBDEs an environmental justice issue?

What are the consequences of this early life exposure??



















- Exposure to PBDEs occurs during early development;
- PBDEs are significantly associated with circulating thyroid hormone levels during pregnancy;
- Maternal PBDE levels are associated with deficits in birth outcomes (e.g. birth weight and head circumference)
- Children have higher body burdens than adults and toddlers may represent the age class with the highest exposure to PBDEs;
- PBDEs on hand wipes are a better predictor of serum PBDE levels in toddlers compared to house dust;
- PBDE exposure may be an environmental justice issue;
- PBDEs affect thyroid hormone regulation via multiple mechanisms which may be influencing growth and neurodevelopment;
- New flame retardants on the market need to be studied to understand whether any human health concerns are warranted.





Neurobehavioral, Hormonal, and Reproductive Effects Following Developmental Exposure to a Commercial Mixture, DE-71

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Co-authors:



Cary Coburn, Virginia Moser, Robert MacPhail, Sue Fenton, Tammy Stoker, Jennifer Rayner, K Kannan and Linda Birnbaum Joyce Royland, Witold Winnik and Oscar Alzate

NIEHS Superfund Webinar – February 3, 2012

United States Environmental Protection Agency



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	Benefits of BFRs (as per industry/BSEF)
Fire re (Fir p	gulations require a high degree of protection res kill 3000 people, injure more than 20,000 people, and result in roperty damages exceeding \$11 million in US alone)
Flame	retardants save lives and property
\$ 2 bill	ion/year industry; 300 million kg/year; US usage – 1/3
Cost-e	ffective
BFRs j flash	prevent the spread of fires or delay the time of nover, enhancing the time people have to escape
United	60 States Environmental Protection Agency























Comparison of approximate PBDE adipose levels to PCB adipose levels among Californians										
Comparison of approximate PBDE adipose levels to PCB adipose levels among Californians										
PBDEPCBDifference(PCB/PBDE)										
PBDE-47 (33 ng/g) PCB-153 (170 ng/g) 5-fold										
sum PBDE (86 ng/g) sum PCB (690 ng/g) 8-fold										
and PBDE levels are increasing	72									










	-2-	1_0	Get # 76276, Samples:	Sample (Band Spot On Gel)	Proteia Name	Species	Database Accession ID ¹	MW (Da)	MS & MS MS Scurv ²	Peptide Sequenced (Ion Score) ³	m
	e - ai	-	This get compares samples 2M control (PND 14) vs D7M	03-792	Rengt - Rethn sorregion (Ret)	Eartin	QINHV7_RAT	40180.1	187	139	×
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-			Tissue: CEREBELLUM	63-792	Hasphil protein - Kotton norvegican (Kat)	Ramii	Q499RS_RAT	20167.3	172	113	E
	1.5	•		04-841	BC078896 N2D - Ratus norvegicus	Rattus nor/wpictus	AASTERM	47098.2	351	406	ж
Protein	Table T-test	t and Av.Ratio:	Treated / Control	05.964	Aldsleie C. Buctoie Sigkenplate - Rattus noriegicus (Rat)	Rattan norvegicus	Q54A14_RAT	39239.2	1200	920	R
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Potential Risk Assessment of PBDEs
(Proposed by Dr. Deb Rice)
Since there is not sufficient pharmacokinetic data for extrapolation from rodents to humans, one approach could be to compare current levels of PBDEs in humans with the levels of PCBs that are known to produce adverse human health effects including developmental neurotoxicity which is considered to be one of the most sensitive endpoints.
Studies from Netherlands & Germany documented adverse effects associated with cognition when breast milk levels of PCBs were in the range of 263-1615 ng/g (median = 690 ng/g).
In North America (TX and NC), PBDEs in breast milk were reported to be in the range of 6- 1078 ng/g with a median of 34-58 ng/g, which is ten times less than those of PCBs. In North America (NY), cord blood conc varied from 1 to 955 ng/g with a median of 19 ng/kg
However, the top 5% of population have levels similar to PCBs and this may pose a risk.
Since the effects of PCBs and PBDEs are mostly additive and some times synergistic, the levels of PBDEs at current level may be producing adverse health effects.
Additional research is needed to better assess the risk associated with exposure to these persistent chemicals. 86
United States Environmental Protection Agency









