



PFAS Health Study: Blood Serum Study FAQs for GPs

My patient has had a PFAS test done and they want to know if there is any treatment?

There is no practical treatment available to lower levels of PFAS in the blood. Avoiding exposure sources is the best way to reduce blood PFAS levels.

How would my patient avoid future exposure?

If your patient lives in an area that is not contaminated, including Dalby, Alice Springs or Kiama/Shellharbour, they can expect that their blood level of PFAS will naturally go down over time without making any changes to their daily habits. PFAS was widely used in a range of consumer products and for other uses and is found throughout the environment, so almost all Australians are exposed to low levels. Studies that have been done in Australia show that levels of many PFAS chemicals in the general population have been decreasing over the past decades, since the more persistent PFAS chemicals were phased out.

My patient has a high PFAS level but doesn't live in a known contaminated area, what should they do?

Usually people who have levels above the 95th percentile have been exposed through fire-fighting foams (occupational) or from living in a PFAS contaminated area. However, it is not possible to identify the source of exposure from a patient's blood result. It is likely that an individual's PFAS levels will go down naturally over time. It is not recommended to repeat the blood test to monitor, even if a patient's level is currently high, as there is no clinical benefit. If your patient lives in or visits PFAS Investigation and Management Areas frequently and for an extended duration of time, they may like to look at the guidelines to understand how to avoid ongoing exposure. Depending on the area, you can find the guidelines by searching PFAS on the following sites: Australian Government (Department of Health, Department of Defence and Department of Agriculture, Water and the Environment) and local State and Territory Governments.

What are the main sources of exposure in contaminated areas?

In areas contaminated with PFAS the main sources of exposure are consumption of water and locally sourced or produced food. This includes home slaughtered meat, eggs, milk, poultry, fruit, vegetables, locally sourced bushfood and seafood.

My patient's PFAS levels are high – should I be retesting their PFAS levels in the future to see if their levels decline?

It is not recommended to repeat the blood test, even if a patient's level is currently high. Blood tests to determine the level of PFAS in blood have no current value in informing clinical management, including diagnosis, treatment or prognosis. However, this is a clinical decision for discussion between you and your patient. Please note that a repeat blood test for PFAS is outside of the scope of the PFAS Health Study and is an expensive test. If a repeat blood test was to be undertaken, it would be important to consider the long half-lives of 2 to 9 years for PFAS when determining the timing of repeat testing.

My patient's biomarker results are abnormal and their PFAS results are high – how should I treat my patient?

The participant's PFAS levels do not alter the clinical interpretation, investigation or management of the participant's abnormal biochemical test results. We would recommend

treating the abnormal biomarkers no differently than you usually would. There is no practical treatment for a high PFAS level. With regards to the high PFAS level, we would recommend that you discuss with the patient that, under the precautionary principle, if they live in an area of contamination there are local guidelines to follow to prevent further exposure.

My patient's PFAS levels are high – are there any conditions I need to screen for in the future?

While PFAS can persist in humans, animals and the environment, currently there is limited evidence of significant impacts on human health from exposure to PFAS chemicals. The Environmental Health Standing Committee (enHealth) issued revised guidance statements in 2019 to reflect the most current evidence relating to PFAS, including that PFAS exposure has been associated with mildly elevated levels of cholesterol, effects on kidney function and effects on the levels of some hormones. However, these effects are small and generally within ranges seen in the general population. We would recommend that you follow the normal RACGP Red Book recommendations for preventative health screening.

My patient has a disease, will their PFAS result affect their condition?

The association between PFAS exposure and health outcomes is an area of active research. More research is required before definitive statements can be made on causality or risk but, currently, there is no evidence of a significant impact on human health.