

*PFOA Induces Liver & Serum
Dyslipidemia in a Humanized PPAR α
Mouse Model Fed an American Diet*

How do we design studies in animal models to test associations
observed in human epidemiology?

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Perfluorooctanoic acid,
PFOA



Perfluorooctane
sulfonic acid,
PFOS



- 1) PFAS are large group of chemicals (2000 and counting) have been identified in the environment
 - Exposure typically occurs as a mixture
- 2) PFAS have an “unusual” chemistry for environmental contaminants
 - Amphipathic, leading to binding to serum proteins, require transport to cross membranes
- 3) In humans, serum PFAS concentrations are associated with adverse birth outcomes, reduced response to vaccines, reduced bone quality, and increased serum cholesterol.



GBD

Atherogenic dyslipidemia (elevated triglycerides, decreased HDL-C) and increased blood LDL-C are major contributors to cardiovascular disease, the leading cause of mortality in the US.

HDL-C = high density lipoprotein cholesterol particles
LDL-C = low density lipoprotein cholesterol particles

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doi: 10.2903/j.efsa.2018.5194

**Risk to human health related to the presence of
perfluorooctane sulfonic acid and perfluorooctanoic acid
in food**

PFOA

- “a considerable proportion of the population exceeds the TWI of 6 ng/kg bw per week”

PFOS

- “a considerable proportion of the population exceeds the TWI of 13 ng/kg bw per week”

Point of departure determined based on increased serum total cholesterol (& reduced vaccine response for PFOS) based on human epidemiology

ADOPTED: 9 July 2020

doi: 10.2903/j.efsa.2020.6223

Risk to human health related to the presence of perfluoroalkyl substances in food

“Based on available studies, in animals and humans, effects on the immune system were considered most critical for risk assessment.”

Why the change in the endpoint for determining the point of departure?

Rodent toxicology

Do rodent studies imply the epidemiology studies are incorrect?

e.g., Pouwer et al 2019 found *decreased* serum cholesterol and triglycerides in mice (APOE*3-Leiden.CETP) given high doses of PFOA

Some considerations:

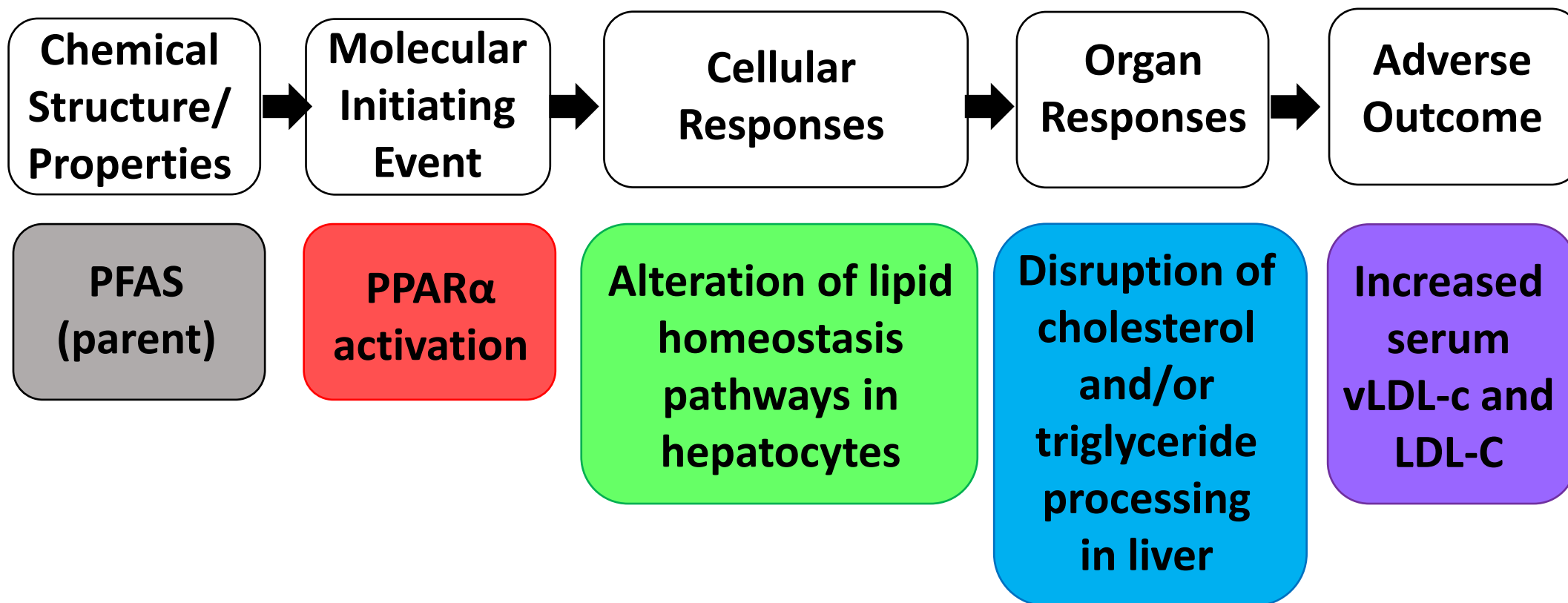
- Dose (and serum levels) in mice vs humans
- Rodent chow (normally low in fats/cholesterol)
- Strain differences
- Potentially important species differences
 - Rodents do not express CETP*
 - PPAR α (a target of PFAS)

* transfer cholesterol esters from HDL to LDL and triglycerides from LDL to HDL

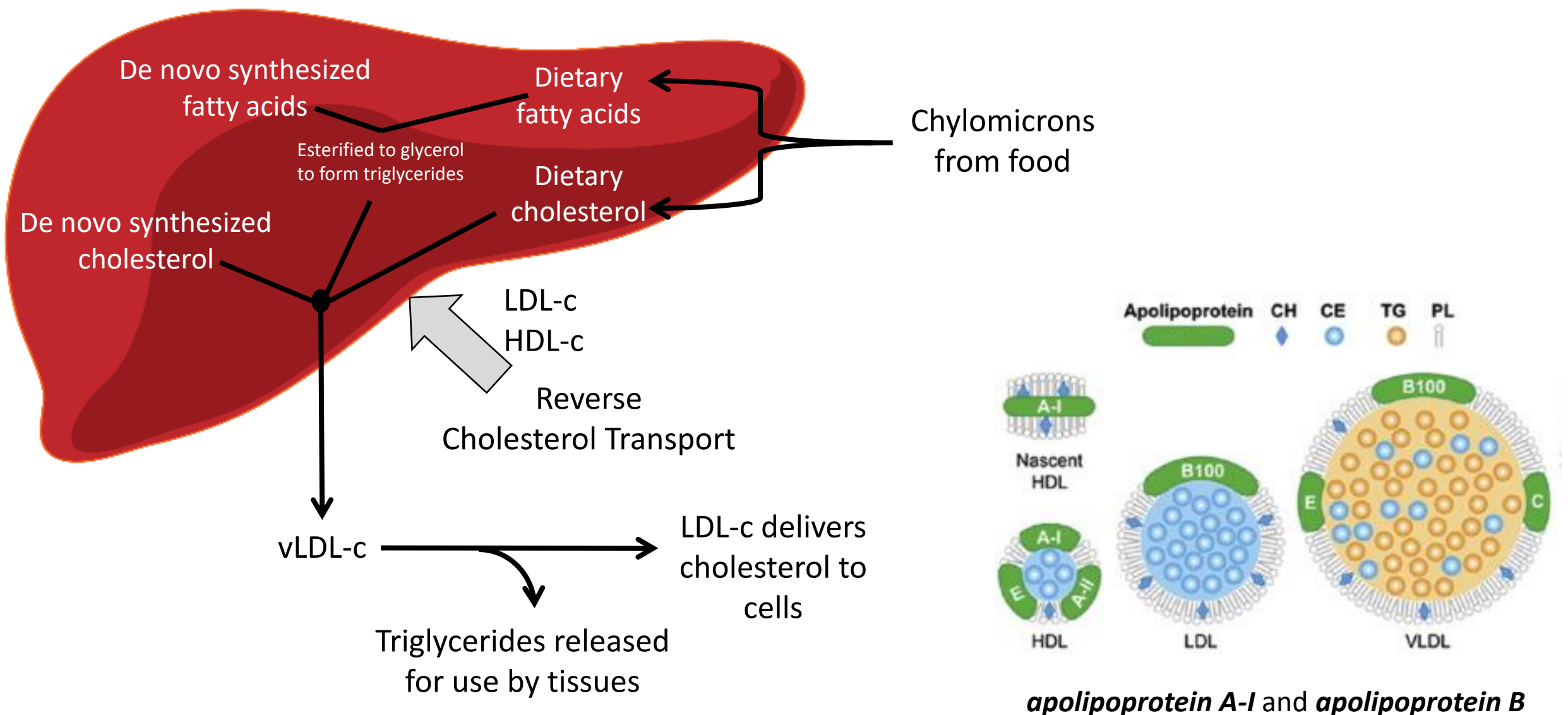
Hypothesis: PFAS induce dyslipidemia* through human PPAR α activation.

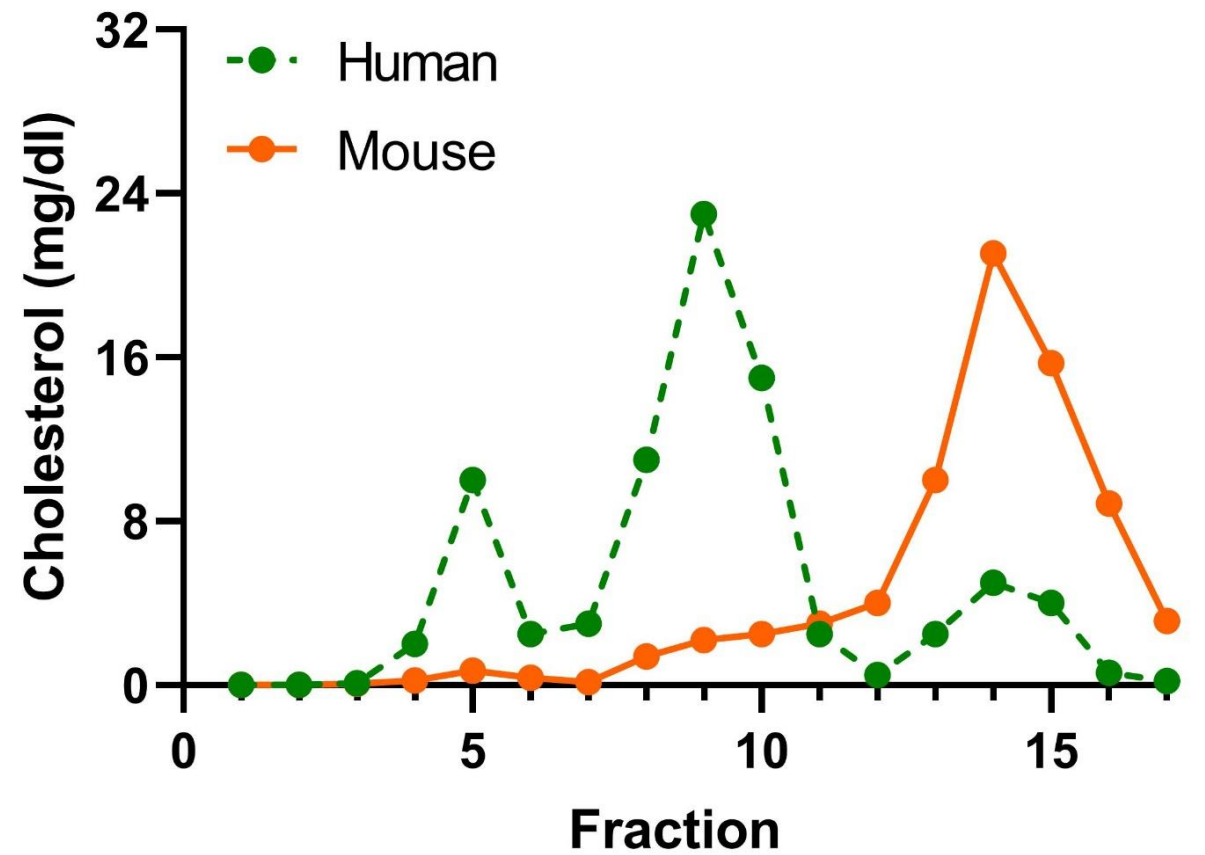
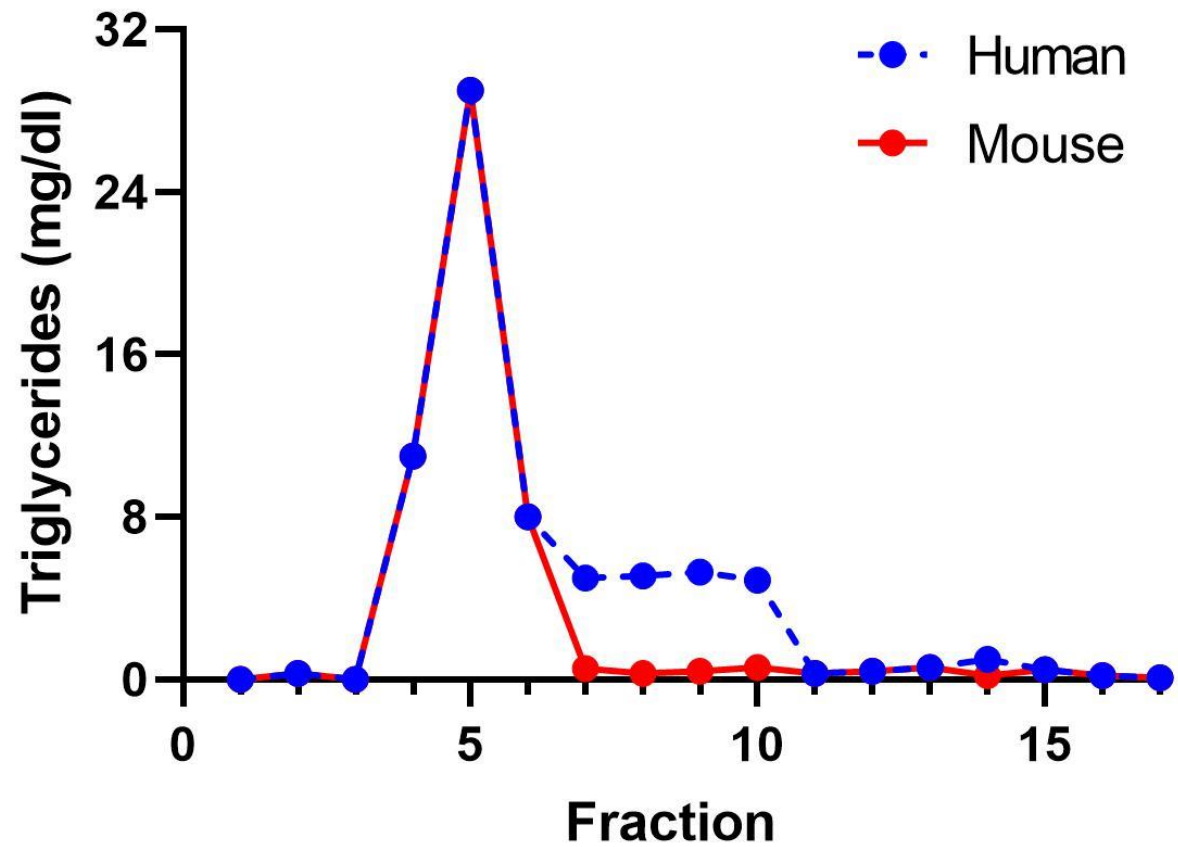
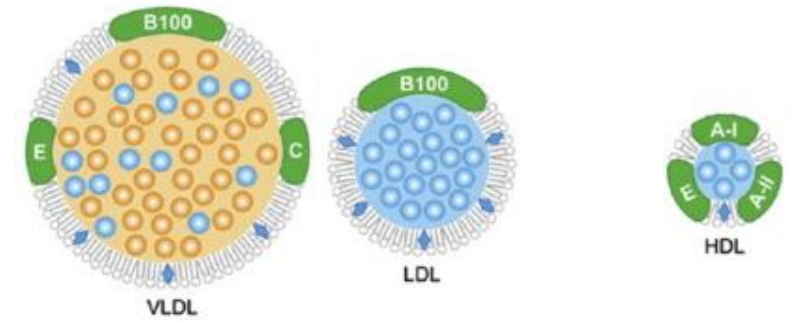
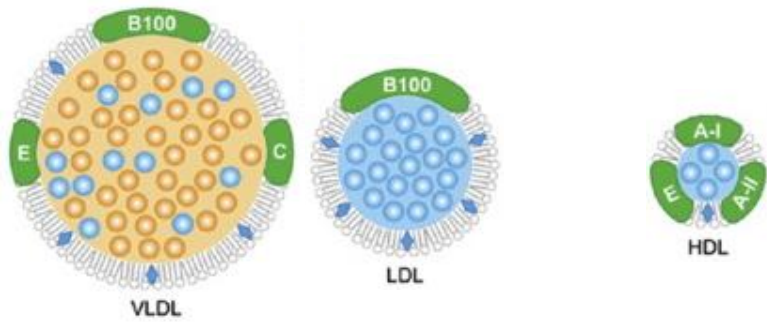
*Increased serum triglycerides (vLDL-C) and LDL-C, major contributors to CVD

Adverse Outcome Pathway (AOP)



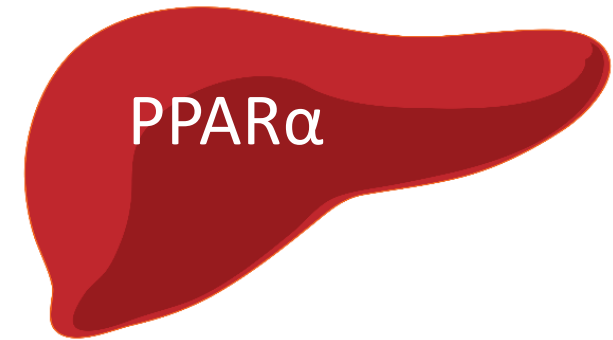
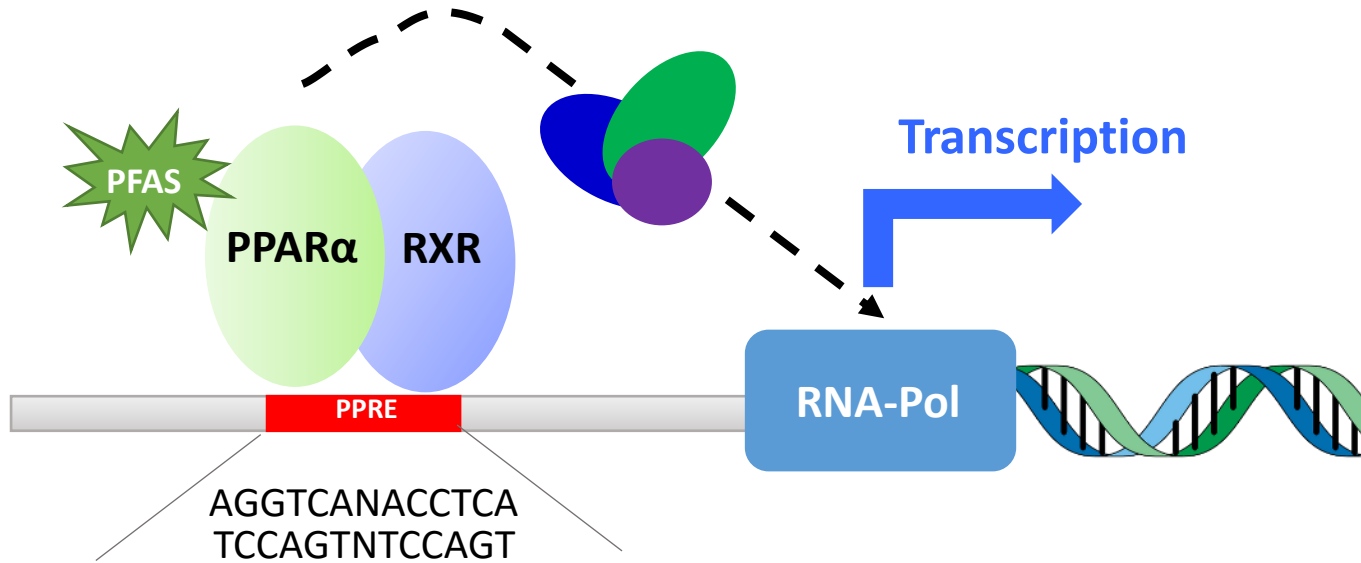
Cholesterol is packaged in particles with triglycerides in the liver.





Activation of PPAR α as a molecular initiating event.

PPAR α is a nuclear receptor.



Lipid Use

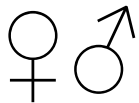
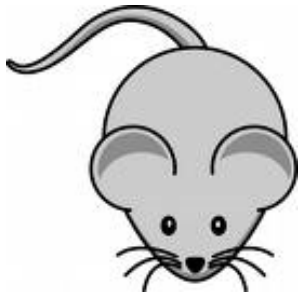
Control of genes involved
in lipid uptake, synthesis,
transport, storage,
oxidation, and excretion

What is the Big Stink about PPAR α ?

Experimental design.

Hypothesis: PFAS induce dyslipidemia through human PPAR α activation.

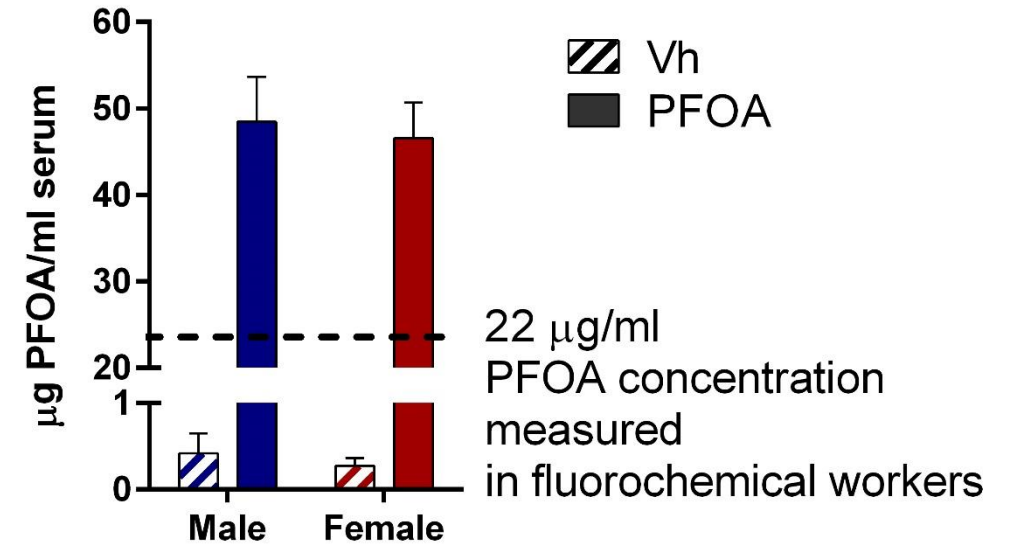
PPAR α null
Humanized PPAR α
SV129 strain



Control Water
PFOA Water

Treated 3-9 weeks of age

“What we eat in America” diet
NHANES 2013/14
2-19 year olds



[PFOA] in drinking water:

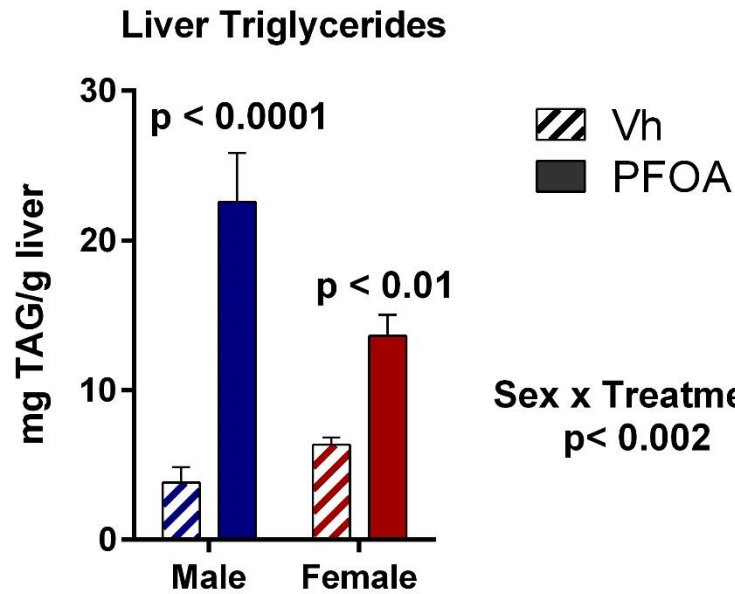
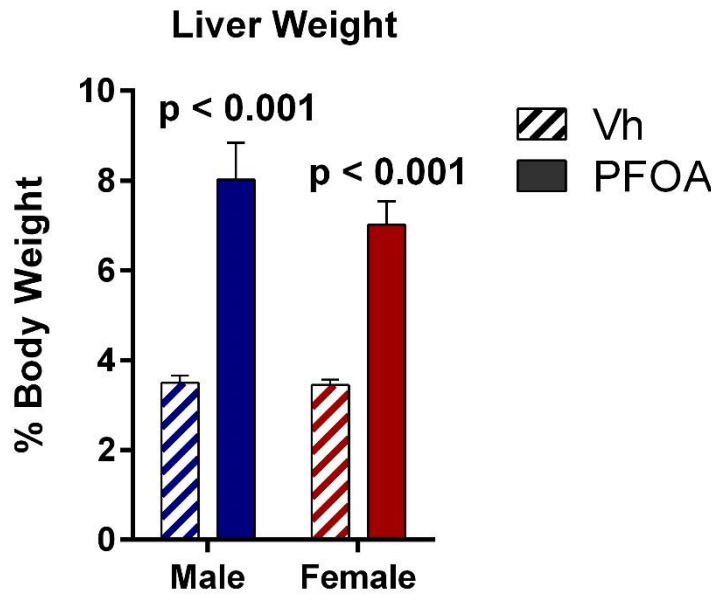
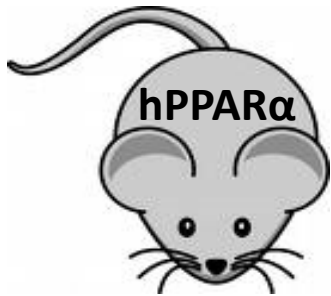
$3509 \pm 138 \mu\text{g/l}$

Mouse $C_s/C_w \approx 19$

(assuming a 20 day half life and that 75% of steady state was reached)

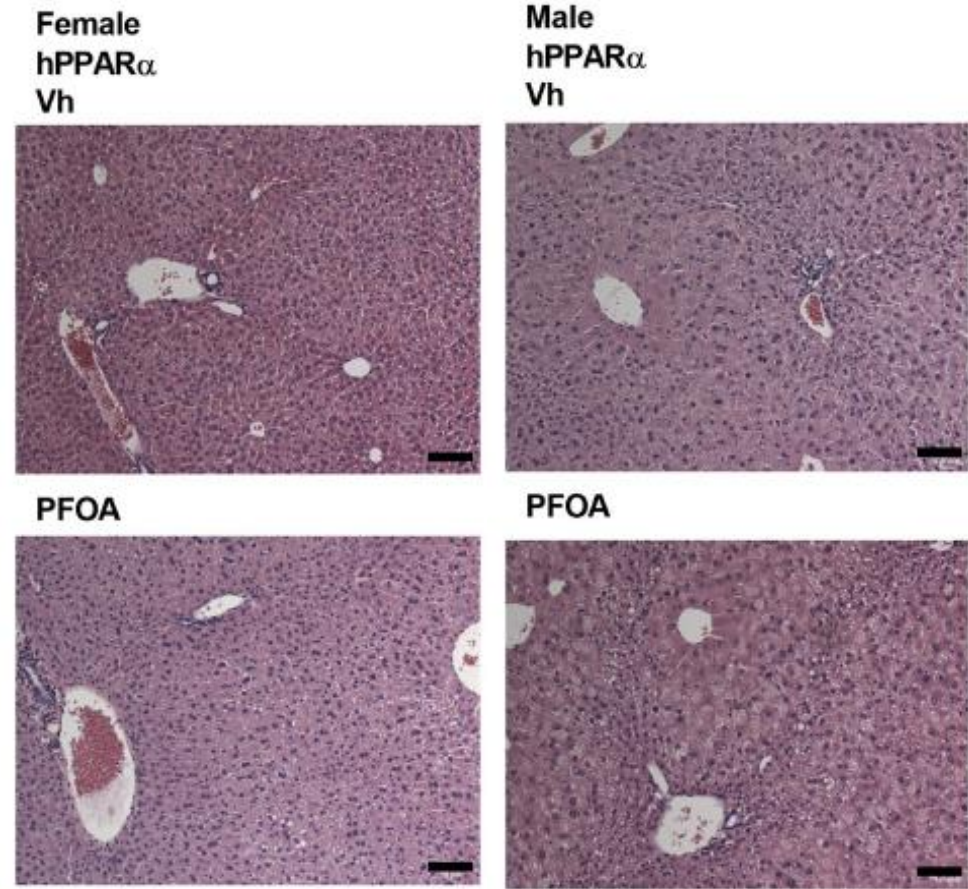
Human $C_s/C_w \approx 141$

PFOA induces hepatomegaly and increases liver triglycerides.

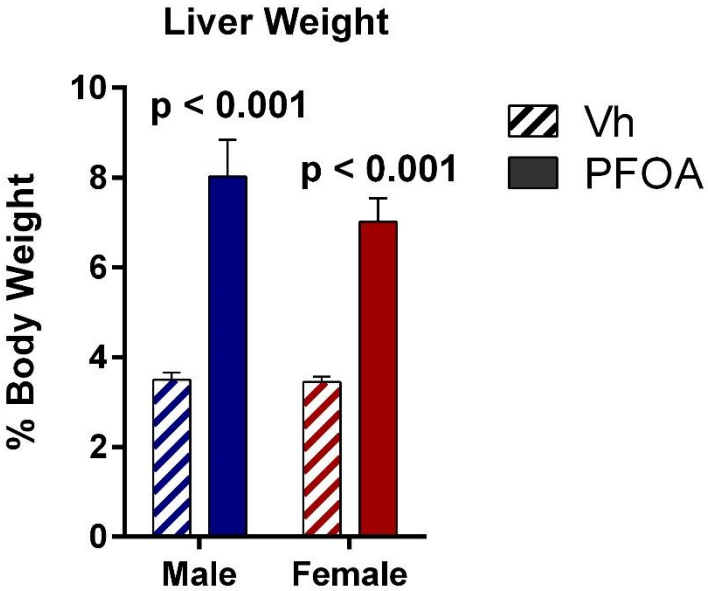
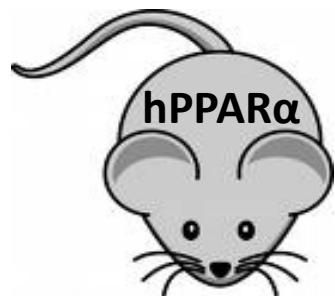


Sex x Treatment
 $p < 0.002$

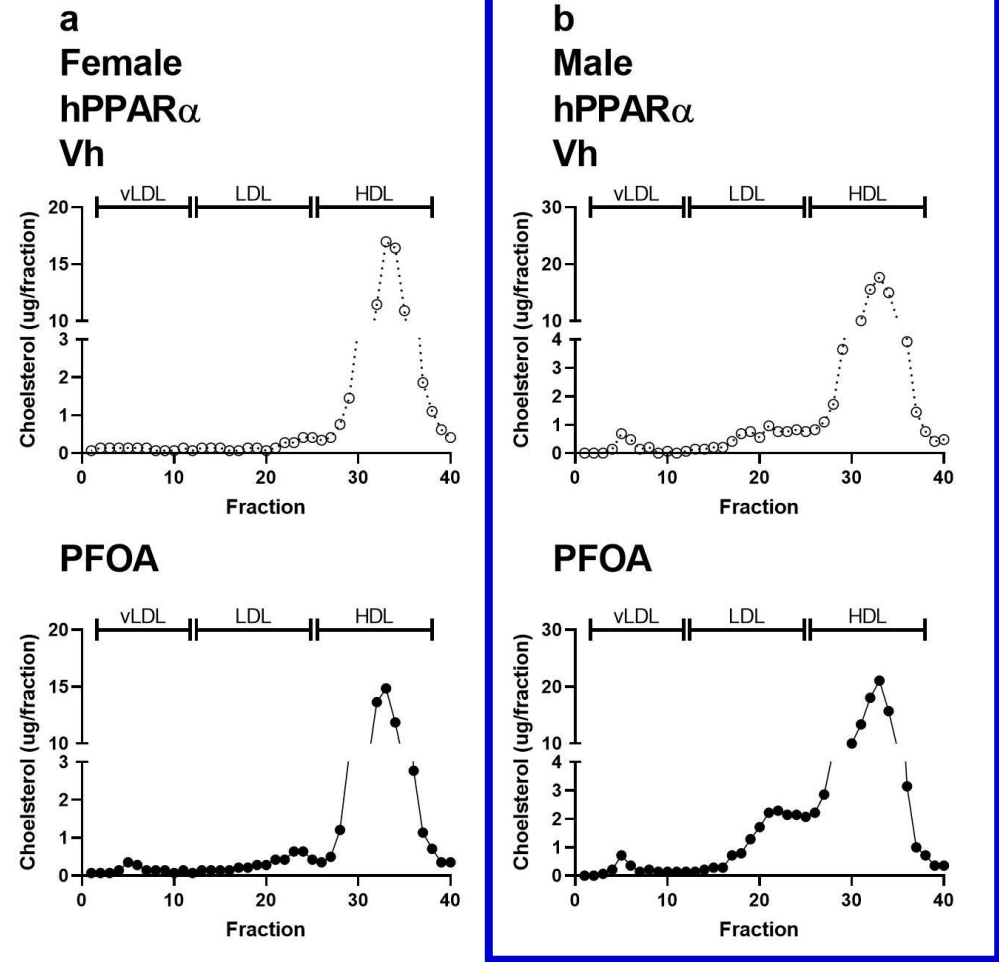
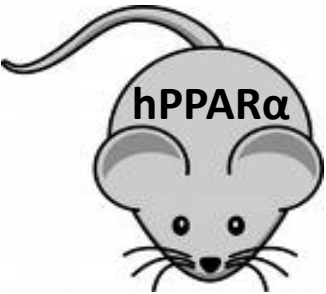
Liver Histology



PPAR α is an important regulator of liver triglycerides.



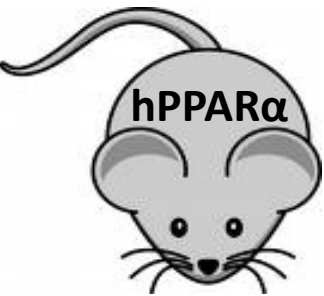
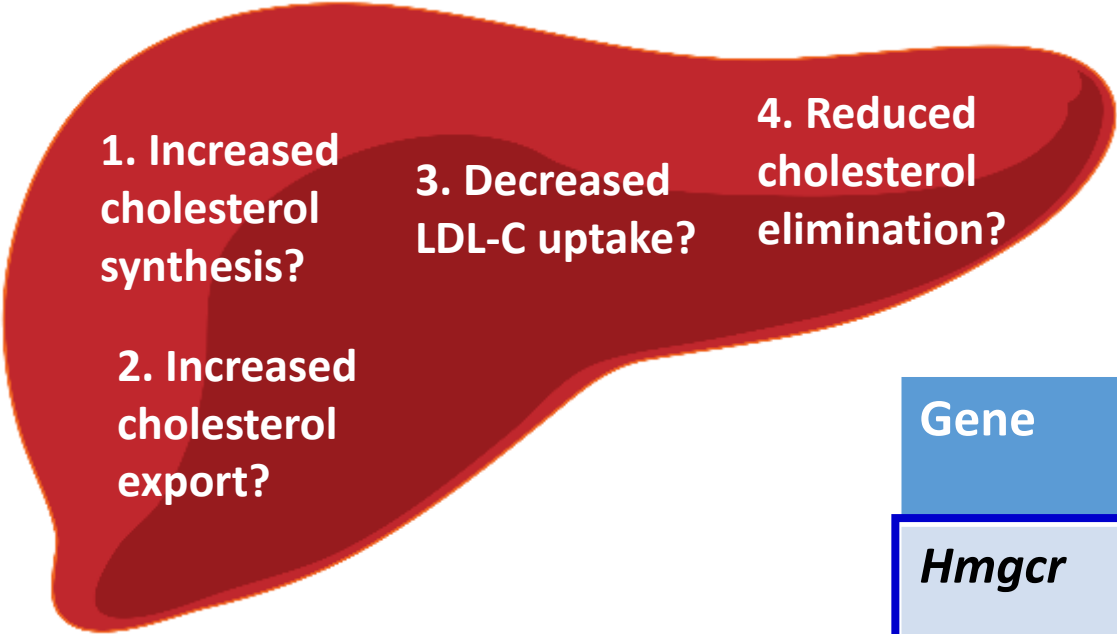
PFOA increases serum LDL-C, particularly in male hPPARα mice.



c

	Female		Male	
	Vh	PFOA	Vh	PFOA
Total Cholesterol (mg/dl)	81	78	97	128
	% Distribution			
vLDL-C	1.6	2.2	1.8	1.8
LDL-C	3.5	5.7	8.2	14.5
HDL-C	95.0	92.1	90.0	83.8

PFOA changes expression of genes involved in multiple aspects of cholesterol homeostasis

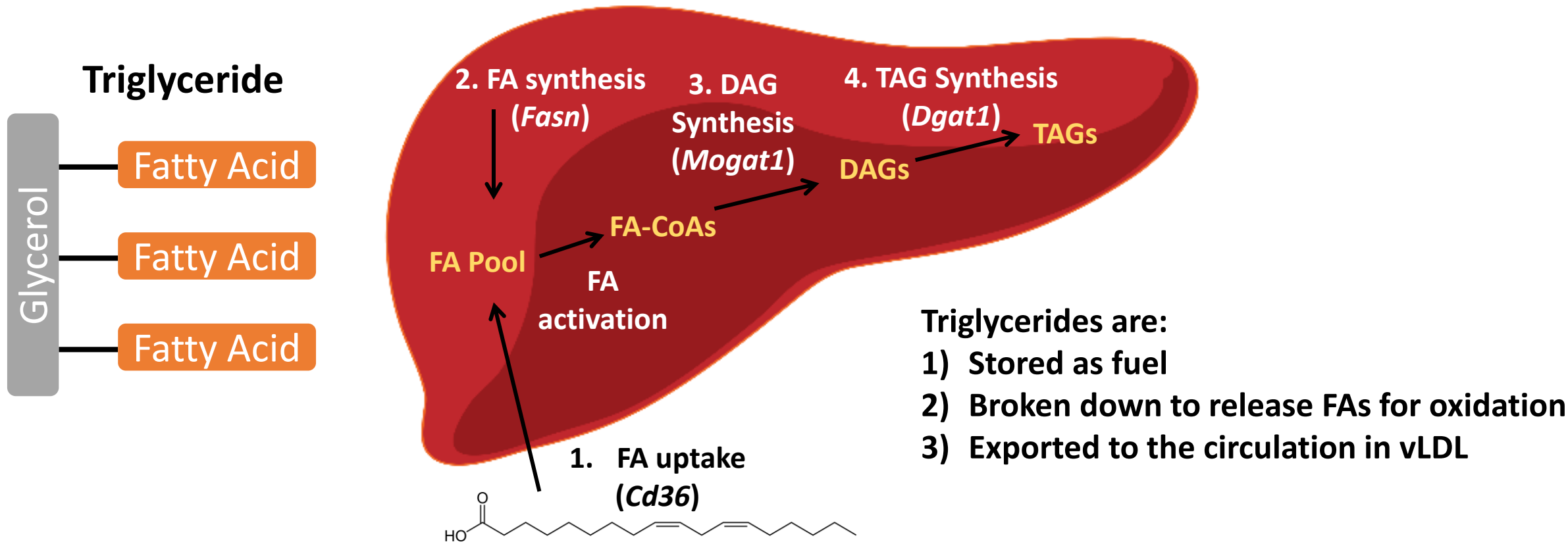


Comparison with PPARα null mice shows that induction is PPARα-dependent

Gene	Protein Function	Female – Fold Change	Male – Fold Change
<i>Hmgcr</i>	1. Rate limiting step in cholesterol synthesis	0.58*	0.77
<i>Apob1</i>	2. Required for VLDL production	1.23	1.05
<i>Ldlr</i>	3. Transports LDL into hepatocytes	0.59**	0.89
<i>Cyp7a1</i>	4. Rate limiting step in synthesis of bile acids	0.30****	0.54

PFOA increases serum triglycerides, particularly in female PPAR α null mice.

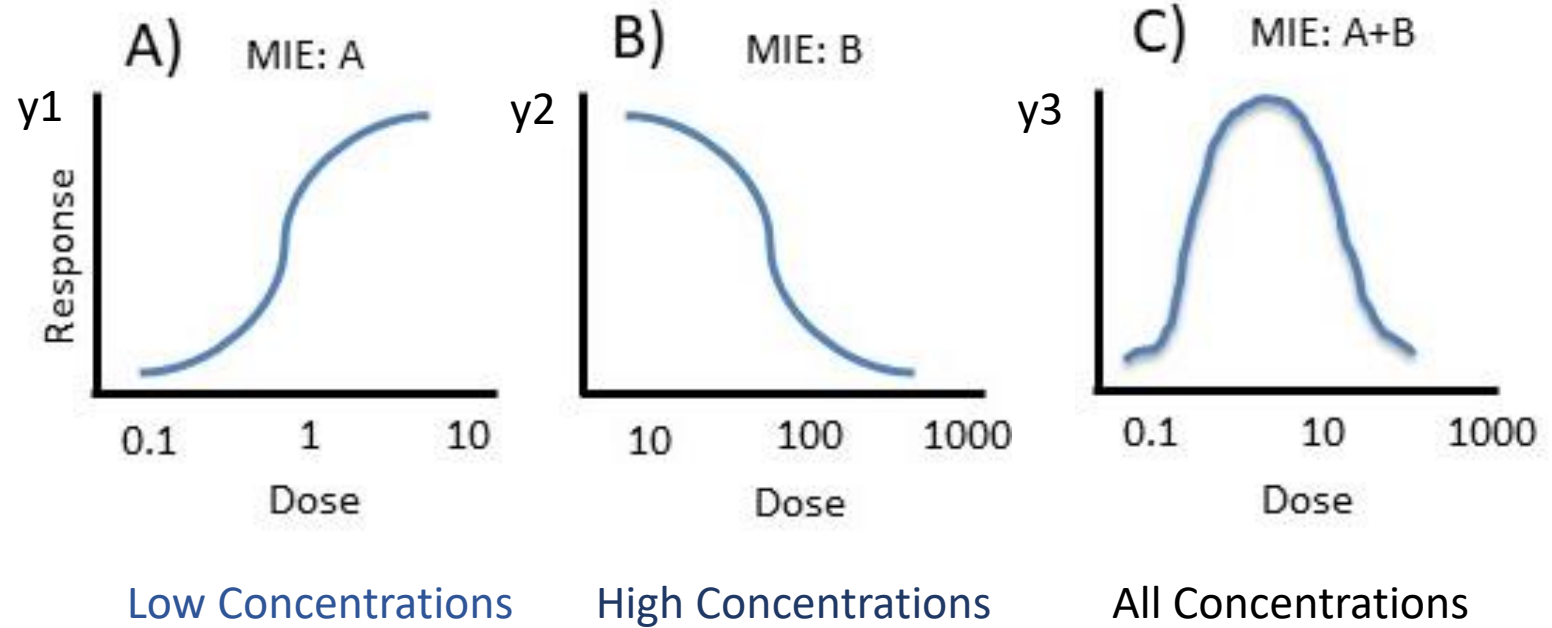
PFOA changes expression of genes involved in multiple aspects of triglyceride homeostasis



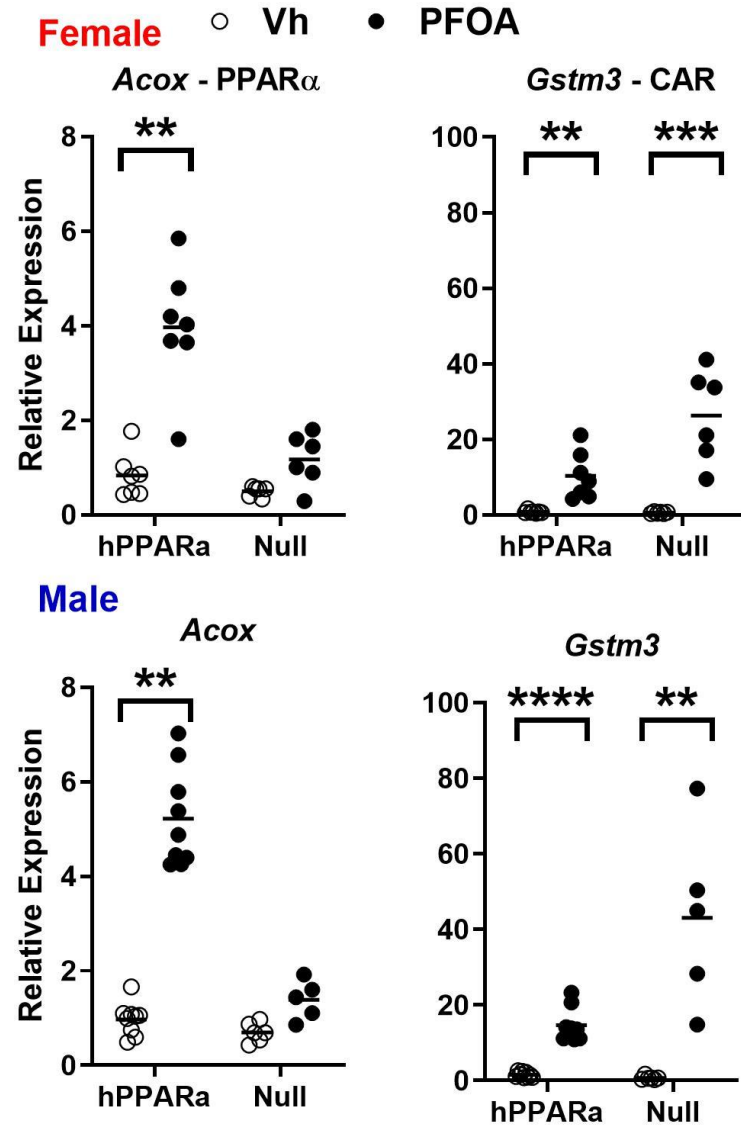
PFOA changes expression of genes involved in multiple aspects of triglyceride homeostasis

PFOA induces
changes in
serum
triglycerides in a
non-monotonic
manner.

What can
cause a non-
monotonic
dose
response?

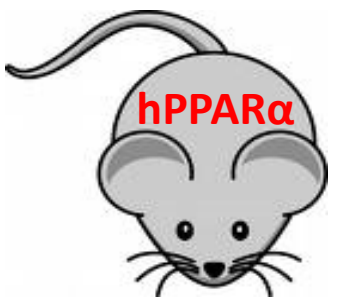


PFOA activates more than one molecular initiating event.



Potential PFOA-related MIEs:

- 1) PPAR α
- 2) Other nuclear receptors (AR, CAR, ER, PXR, HNF4 α)
- 3) Fatty acid binding proteins
- 4) Free fatty acid receptors



“What we eat in America” diet

Conclusions

- **PFOA at an occupational exposure-related serum concentration:**
 1. Induces liver hypertriglyceridemia
 2. Induces serum hypercholesterolemia, particularly in male hPPARα mice
 3. Does not decrease serum triglycerides in male or female hPPARα mice
 4. Induces serum hypertriglyceridemia, particularly in female PPARα null mice
- **The data are consistent with:**
 1. Human epidemiological data.
 2. A multiple MIE-driven, non-monotonic dose response.
- **Developing human-relevant, *in vivo* models will be essential to understanding mechanisms of action and biological effects of mixtures of PFAS.**

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