

MHealth PFAS Clinical Guidance



Encourage PFAS exposure reduction if a source of exposure is identified, especially for pregnant persons.

In addition to the usual standard of care, clinicians should:

- Prioritize screening for dyslipidemia with a lipid panel (for patients over age 2) following American Academy of Pediatrics (AAP) recommendations for high-risk children and American Heart Association (AHA) guidance for high-risk adults.
- · At all well visits:
 - Conduct thyroid function testing (for patients over age 18) with serum thyroid stimulating hormone (TSH),
 - Assess for signs and symptoms of kidney cancer (for patients over age 45), including with urinalysis, and
 - For patients over age 15, assess for signs and symptoms of testicular cancer and ulcerative colitis.

2-<20 (ng/mL) PFAS*

Encourage PFAS exposure reduction if a source has been identified, especially for pregnant persons.

Within the usual standard of care clinicians should:

- Prioritize screening for dyslipidemia with a lipid panel (once between 9 and 11 years of age, and once every 4 to 6 years over age 20) as recommended by the AAP and AHA.
- Screen for hypertensive disorders of pregnancy at all prenatal visits per the American College of Obstetricians and Gynecologists (ACOG).
- Screen for breast cancer based on clinical practice guidelines based on age and other risk factors such as those recommended by US Preventive Services Task Force (USPSTF).

<2 (ng/mL) PFAS*

Provide usual standard of care

* Simple additive sum of MeFOSAA, PFHxS, PFOA (linear and branched isomers), PFDA, PFUnDA, PFOS (linear and branched isomers), and PFNA in serum or plasma