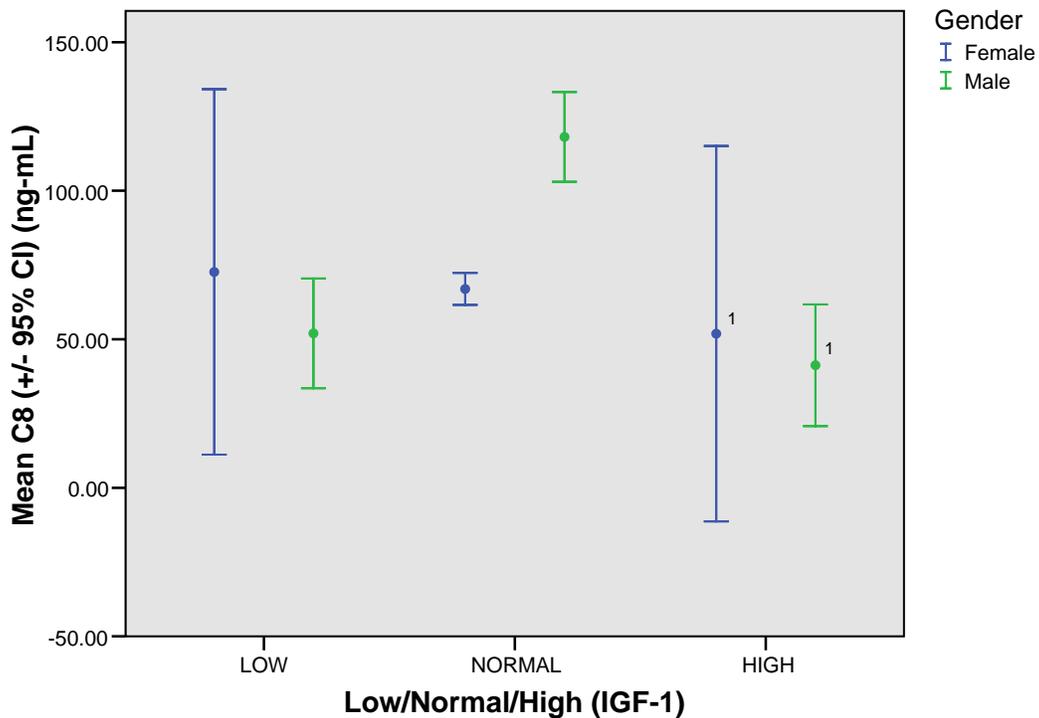


**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 40$  And  $< 45$  Years Of Age**  
C8 (ng-mL)

IGF-1	Gender	N	Mean
LOW	Female	50	72.6580
	Male	75	51.9907
	Total	125	60.2576
NORMAL	Female	3128	66.9444
	Male	2670	118.0995
	Total	5798	90.5015
HIGH	Female	7	51.8714
	Male	9	41.2444
	Total	16	45.8938
Total	Female	3185	67.0010
	Male	2754	116.0480
	Total	5939	89.7448

**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 40$  And  $< 45$  Years Of Age**



Females: Low  $< 58$ , Normal 58-318, High  $> 318$  (Units: ng/mL)  
Males: Low  $< 70$ , Normal 70-307, High  $> 307$  (Units: ng/mL)

Source: <http://www.aruplab.com/guides/ug/tests/0070125.jsp>

<sup>1</sup> Note, very small sample size.

The WVU website is a communication vehicle to depict associations or their absence for public use. These tables and graphs show many comparisons between lab tests and corresponding population serum PFOA (C8) levels. When it appears that there is a clear relationship between serum C8 and a clinical laboratory value, the meaning of that relationship still requires thought and discussion. Some of the relationships, while real, are weak and not likely to be important. Several are strong, interesting and potentially important, and none of them can be taken to show an etiologic (cause and effect) relationship or its absence without more work. When it comes to causes, scientists interpret these preliminary data with deference to additional work that needs to be done.

These data concerning associations are for public use. They will receive additional collaborative work in peer review format. We hope they prompt public curiosity and suggestions of interested scientists.