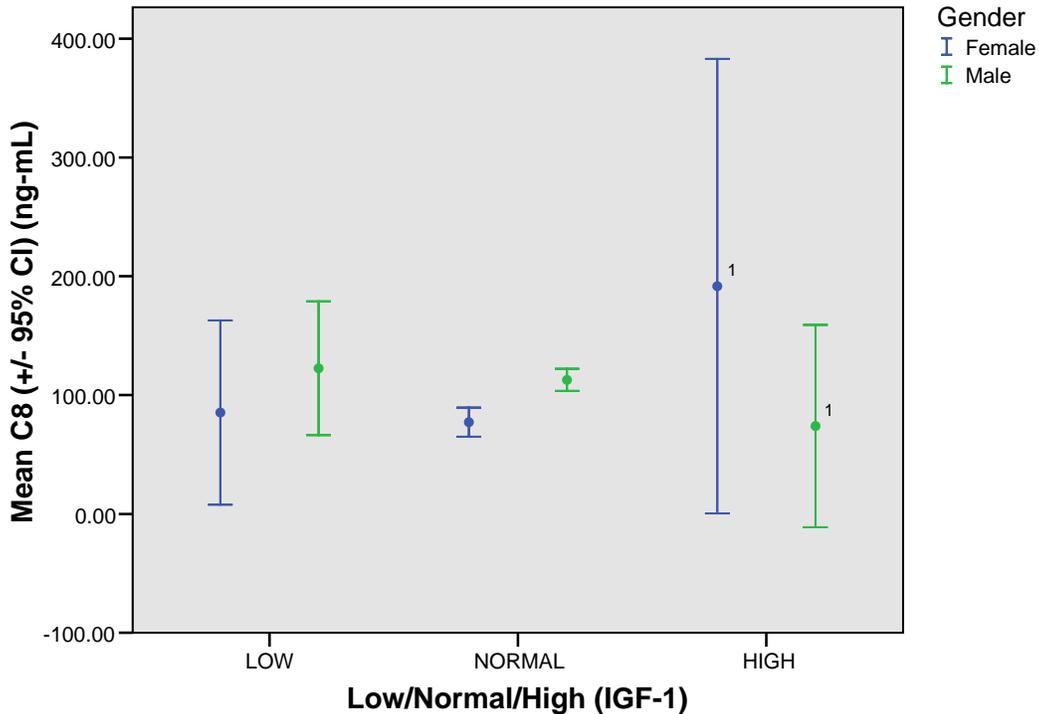


**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 45$  And  $< 50$  Years Of Age**  
C8 (ng-mL)

IGF-1	Gender	N	Mean
LOW	Female	43	85.3233
	Male	97	122.5536
	Total	140	111.1186
NORMAL	Female	3140	77.1868
	Male	2766	112.8413
	Total	5906	93.8852
HIGH	Female	5	191.6600
	Male	9	73.9444
	Total	14	115.9857
Total	Female	3188	77.4761
	Male	2872	113.0475
	Total	6060	94.3344

**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 45$  And  $< 50$  Years Of Age**



Females: Low  $< 54$ , Normal 54-307, High  $> 307$  (Units: ng/mL)  
Males: Low  $< 66$ , Normal 66-296, High  $> 296$  (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.

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