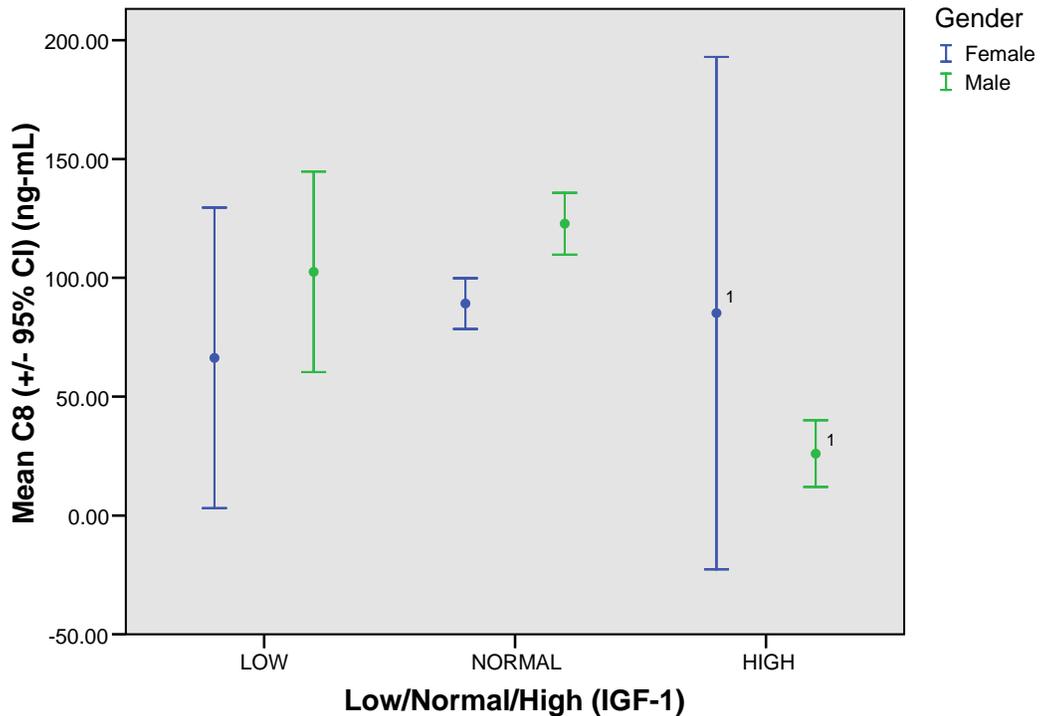


**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 50$  And  $< 55$  Years Of Age**  
C8 (ng-mL)

IGF-1	Gender	N	Mean
LOW	Female	43	66.3372
	Male	82	102.5256
	Total	125	90.0768
NORMAL	Female	2740	89.1617
	Male	2609	122.7694
	Total	5349	105.5540
HIGH	Female	9	85.1556
	Male	7	26.0286
	Total	16	59.2875
Total	Female	2792	88.7972
	Male	2698	121.9031
	Total	5490	105.0667

**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 50$  And  $< 55$  Years Of Age**



Females: Low  $< 49$ , Normal 49-292, High  $> 292$  (Units: ng/mL)  
Males: Low  $< 61$ , Normal 61-285, High  $> 285$  (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.