

**THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

convenes the

SIXTEENTH MEETING

PEASE COMMUNITY ASSISTANCE PANEL (CAP) MEETING

September 28, 2021

The verbatim transcript of the Meeting of the Pease Community Assistance Panel held virtually on September 28, 2021.

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P R O C E E D I N G S

(6:00 p.m.)

WELCOME AND INTRODUCTIONS

CDR MUTTER: Hey good evening, this is Jamie Mutter. We are at the Pease CAP meeting, so thank you for joining us today. We're going to go ahead and get started with our agenda. We're going to start off with welcome and introductions, I'm going to go down the list and we can start introductions. So, Andrea.

MS. AMICO: Hi my name is Andrea Amico, I'm a Portsmouth, New Hampshire resident. And a co-founder of the Community Action Group Testing for Pease. And I've been on the CAP since the beginning.

CDR MUTTER: Thank you. Karen Anderson was not able to join us, nor Michelle Dalton. So is Alayna on? Okay, Rich DiPentima? Also think he was not able to join us today. Senator Martha Fuller Clark? Rob Harbeson? Cliff Lazenby?

MR. LAZENBY: Good evening, Cliff Lazenby City Counselor, been on the CAP for just under four years.

CDR MUTTER: Thank you. Toni McLellan's also not able to join us. Bill McQuillen?

MR. MCQUILLEN: Hi everybody. Bill McQuillen, I am the Assistant Fire Chief here in Portsmouth, so I live here in Portsmouth. And this is my first meeting actually.

CDR MUTTER: Yes, thank you, welcome. We'll go easy on you tonight.

MR. MCQUILLEN: Thank you, appreciate it.

CDR MUTTER: You're welcome. Joe Ryan? Okay. Jared Sheehan? Mark Sullivan? Shelley Vetter?

MS. VETTER: Hi, yep Shelley Vetter, I'm the owner and Executive Director of Discovery Child Enrichment Center, which is on the Tradeport and I've been with the CAP from the beginning as well.

CDR MUTTER: Thank you. Let's see, our technical advisors, Dr. Carignan? Dr. Durant? Dr. Schaidler?

DR. SCHAIDER: Hi everyone, this is Laurel Schaidler from Silent Spring Institute, I've been a Technical Advisor to the CAP since about 2016.

CDR MUTTER: Thanks so much. We'll go on to NCEH/ATSDR staff. Dr. Breysse.

DR. BRYESSE: Yep, Dr. Breysse the Director of the NECH and ATSDR, happy to be here.

CDR MUTTER: Thank you, Dr. Bove.

DR. BOVE: Frank Bove, co-PI on the Pease study.

CDR MUTTER: Kim.

MS. DILLS: Hi, Kim Dills, NCEH/ATSDR Policy Office.

CDR MUTTER: Thank you, Pam.

MS. WYTON: Hi, Pam Wyton NCEH/ATSDR Office of Communication.

CDR MUTTER: And myself, Jamie Mutter, CAP Coordinator, Project Manager for the Pease Study. If we could get Abt please.

DR. HUNT: Hi Danielle Hunt, I'm the Project Director of the Pease Study.

MS. JEDDY: I'm Zuha Jeddy, I'm the Project Manager for the Pease Study on the Abt side.

MS. DUROCHER: And I'm Kate Durocher, the task lead for the communications on the Abt side.

CDR MUTTER: Thank you. Let's see, Colonel Holifield.

COL HOLIFIELD: Good evening, this is Colonel Freeman Holifield from the Air Force Secretariat, along with Major Kenneth Kirk, also from the Air Force Secretariat.

CDR MUTTER: Thanks so much. Anybody I have missed on the call? Alright, with that if Dr. Breysse wouldn't mind giving a introduction we would appreciate it.

DR. BRYESSE: So welcome everybody. Welcome everybody, I'm happy to be here tonight. Normally, Chris Reh attends these meetings, Chris is on vacation. And so I'm sitting in for Chris, this is part of our commitment to make sure that we have senior leader attend the CAP meetings going forward. So, I'm happy to stand in for Chris and hope he has a nice time. So I'm looking forward to brief you on the progress as we go forward. This continues to be an important priority for us at ATSDR. And along those lines I just want to say this is the first CAP meeting since we executed the extended contract for Abt. So, we have that in place. I know some of you were concerned about that. Personally, I knew we'd get there and you know working for the government, you never

quite know where all the hurdles are until you start jumping over them, then so you think you're over one you find another one going forward. But we were successful in navigating that and right now the Abt contract has been extended so. The project period now instead of ending 9/21, at the end of this month, it's going to end at the end of September next year, so. So we're excited to have that, to have that in place. And we look forward to another year of effective collaboration with Abt and really appreciate their support for what we do. So I'll be here to answer any questions we have about through this session as well, so feel free if there's something you think I can, I can address to let me know.

PEASE STUDY UPDATE

CDR MUTTER: Thank you so much sir, appreciate that. So next we'll go to the Pease study update. I'll start with a few items of outreach that we've done recently. We've been very busy, especially since we have Abt back on with us. It's been very nice, very helpful. So, recently in September we've been very busy, we've had an article published, and a video air from News Center Maine, that was done on September 7th, where Dr. Bove was interviewed, as well as I believe Andrea Amico. We also attended several events in September. We went to the Thunder Over New Hampshire, which is the air show up in Pease. And we also went to Market Square Day. Which was a weekend, week ago, maybe two weeks ago, can't remember, September 18th. And we were able to hand out materials at both of those really high profile events in Portsmouth. In addition to that, we've been busy working with the schools, we've been to three elementary open houses, one middle school open house. Recently as well as we attended a, or we gave a presentation at the Seacoast Public Health Network, which was last week as well as, we were able to attend a Testing for Pease virtual webinar that was held last week on the 22nd. So that's what we've done recently. I will let Kate from Abt talk about what we have planned for October, what we've already confirmed and other ideas that we have that we're looking into. Kate would you mind?

MS. DUROCHER: Sure, yeah. This weekend we have a couple things taking place. We will be at the Portsmouth soccer games, that are taking place at the high school. So we'll be there handing out information, as well as enrolling interested people. We will also be at the Dover's Apple Harvest Festival taking place on Saturday, we'll be there for all day doing the same. There is also an opportunity for us to have staff outside of the daycare, which we'll be doing October 4th at Discovery Kids and then looking for opportunities to have, to also be at the other

daycare. We will, also we're, we've reached out to the recreation department for upcoming events to both have tables at some of the sporting events, as well as some of the fall festivals that are taking place I think on the 23rd. A few other ideas that we are reaching out to, looking for opportunities for table include some of the sporting events, like the hockey rink in Dover. As well as some of the fall events like mazes and other activities that are attracting children. I mentioned the sporting events. So we're also keeping a calendar of events into November, into December, so that we can keep just all the upcoming activities in the area to have outreach. Let's see there's, also we've started going back out to the businesses, sending emails and following up, making phone calls so that we can share information and have employees just generate more awareness about the study and participation. We have also, the PDA put information on their website and also helped get approval to have information shared at the golf course. So, we won't be able to have a table there, but we are putting up posters and having brochures distributed through the golf course. The Department of Transportation is also allowing two of the large electronic signs to be put up. So, we are having them start in October and run for two weeks and then we'll look at future dates going forward. So they're those big electronic signs we had used in the past. We're also updating any of our outreach to the hospitals, making sure that we have that coverage. And we're also looking to run media in the Portsmouth area, so on websites and through distributed email very targeted lists. So a lot of things taking place.

CDR MUTTER: Thanks Kate, does anybody have any questions on the outreach? I also want to mention that if you'd like to join us at Apple Harvest Day, please let us know, we'd love to have a community member there with our staff. Just let me, send me an email, let me know if you're interested and we can arrange that for you guys.

DR. BRYESSE: That sounds like a lot of fun.

CDR MUTTER: Right, there's tons of booths on this one, even more than Market Square Day, so I was actually very surprised about that. So, let's see, are there any other questions, there's no questions for outreach, just an update on the study in general. Here in our current completed activities. Numbers for the study, the adults, the exposed adults we have 592 and unexposed we have 98 currently. For exposed children we have 133 and unexposed we have five. So, that equates to 63% of adults have completed right now and 26% of children have completed the study at this point. With that Frank, do you.

DR. BRYESSE: Jamie, do you have the numbers about the number of kids and adults that are in the pipeline, that have consented and are in the process of completing the study?

CDR MUTTER: I can look it up while Frank or Danielle has anything to add to that.

DR. BOVE: Well, we have about 12 people that were screened week or so ago, and seven of them were in wave one or two. And I think out of those seven, three were children. So, we're still slow rate of recruitment. And need to keep doing what we're doing to get some more people to participate, so. So.

CDR MUTTER: So, to answer your question Pat, we have 197 children enrolled and 811 adults enrolled. So, we have 811 adults enrolled, we have 690 of those adults completed. And we have 197 children enrolled and we have 138 of those completed.

DR. BRYESSE: Thank you.

CDR MUTTER: Absolutely. Danielle or Zuha, anything to add to the Pease Study?

DR. HUNT: Nothing from me, happy to answer any questions.

CDR MUTTER: Okay. Are there any questions from the CAP? We'll open it up for audience questions right after this, but are there any CAP questions about the Pease Study? Okay. So.

MS. AMICO: Jamie, I have raised my hand.

CDR MUTTER: Sorry my bad, go ahead.

MS. AMICO: So I have a few. So Dr. Breyse you mentioned that the contract has been signed, which is great. And you said that ATSDR have a contract with Abt through September of next year. Do you have an update as to when data collection will stop, cause I know initially there was a talk of through the data collection would be through the end of this year. But, there was a talk of kind of looking at how recruitment was going and getting a sense of that could be bumped out further.

DR. BRYESSE: Yeah, so I think the recruitment was going to, right now the recruitment is planned to be wrapped up by the end of this year. So there will be the data collection will still, you know, go forth as people move [inaudible]. But, we're going to sit down and look very carefully, we're going to talk to Frank and we're going to look at trajectory and we'll be talking to you guys about, you know, does it make sense to keep the recruitment open given the rate of which we're recruiting people or not, or we just going to, you know spend a lot of money to

get another ten kids or not, so if you look at the numbers, I mean we're getting pretty good with the adults. And we have over 70% if you look at people are in there. And at the rate we're going, we're likely to, you know get, you know pretty close to our target. You know the kids have always been the challenge. And I think we're going to have to look at the rate which we're recruiting kids or not and see, you know what the value in setting it is further, and how much more we'll get. Extending another six months gets us from, you know 26% to 35%, you know it's still not, you know we'll have to make a hard choice at that point. But if the trajectory is picking up, and we're starting to get the kids in and we're going to have it a few more months, will get us a lot closer to our goal. You know we'll consider that then, so we're looking at the numbers very carefully. We're also looking at the trajectory and seeing how it's changing right now so. As you heard, the next couple of months are going to be crucial and the focusing particularly on getting kids in the study. And, you know sometime, you know at the end of October, early November, I think we'll reevaluate where we are and what trajectory is like. And how might want to proceed that for that.

MS. AMICO: Okay. And, you know if we don't hit the numbers and the data, you know, at some point you have to stop the data collection. What does that mean for answers for our community from this study?

DR. BRYESSE: Well I'll let Frank maybe jump in on that since [inaudible] PI in the study.

DR. BOVE: Well I mean, you know the more people you have in a study the more precision you have when you estimate the risk factor, risk estimates. So, it will affect the statistical power through all of the study. I think that the focus really needs to be on getting as many exposed children as possible, I'm not as concerned about the unexposed. Because they'll be enough wide range of PFAS blood levels that, you know, if we don't get too many unexposed that's okay. But, it really would be important to get as many of the exposed children as possible. But remember, the Pease is part of the Multi-site Study, so they'll be children in all the other studies as well. And we'll pool that information, so we'll have better statistical power when we pool it with the other sites.

MS. AMICO: Okay. Thank you. I didn't know if you could speak a little bit about report back. I know we've heard from people in the community who participated back in 2019 and early 2020. And they're really anxious to get their results and I know ATSDR said all along their planning to kind of process everything at

once and send it out. We heard someone on our lunch-n-learn last week ask that question. You know, when am I going to get the results and I think Frank you had mentioned possibly trying to process the PFAS data early on, earlier for people if possible, just to give them that information. So, I didn't know if you all could touch upon that particular piece of the report back, but then also if we could just talk about report back in general. Like, how can the community expect to receive their results, I know I was asked to be part of a working group that worked with Silent Spring on their Derby tool, which I thought was really great. And I was curious if the derby tool is being considered for report back for our community?

DR. BOVE: A couple of questions there, okay. We're working to get the PFAS results back. We're working on the letters as, you know, as we speak. So, we're pulling that together. As for the clinical results, those will wait to the end of the study, cause that's really the part of what we're trying to find, is whether there's association between the serum levels PFAS and the clinical results. So, we're not going to release those results until the end of the study when we have something to say about what we've found. So the PFAS blood levels we're going to get to the participants, you know soon, I don't know how soon it will take us to get all the letters together. And we also have to have staff ready for the inquiries we'll get once the letters go out and the participants see what their PFAS levels are. We're not going to be using Derby, I thought derby was a good program, but, I think the problem was we couldn't do it in time. So, so what the participant will get is a letter comparing their PFAS levels to the NHANES PFAS levels. So I don't know if that answers all the questions.

MS. AMICO: Yeah, yeah. I mean I would hope to, with the report back there would be some more context too, that's the nice thing about Derby is that, you can put it in context with the other people that participated, you can get a sense of where you compare to other people in your community and so will be there any of that type of data provided to people?

DR. BOVE: Well I mean, at the end of the study we're going to provide all that information, because by then we'll have all the PFAS results for everybody in the study. So, we're sending out, as I said, the PFAS results that we have now, we have somewhere between three and 400 I think results. And at this point, so, it's not all the results. But it's what we have that already been analyzed by the lab at CDC. So, so we'll be sending that to you, to the participants. And we'll be sending a fact sheet that goes along with it that we used in the exposure assessment, so

there will be some context to it. But none of this is a substitute for having the community meeting at the end of this study, where we address the results and are there to answer any questions the community has.

DR. BRYESSE: And Andrea there will also be, you know, opportunity in the letter for them to reach out to one of our SME's and talk about their specific results. So we will also give them opportunity to give us a call if they need to be, which is when Frank mentioned we have to have our staff ready to answer questions, they'll be available if anybody wants that.

MS. AMICO: Will the CAP be able to view like a sample of what the report back looks like, and the fact sheet, and all of that? Can we view that ahead of time to provide feedback?

DR. BOVE: Well we had to get R&B approval for the letter, so the letter can't change.

MS. AMICO: Okay.

DR. BOVE: We also have to get OMB as well. So, the letter.

DR. BRYESSE: We can share it.

DR. BOVE: We can share it, but the letter can't change without...

MS. AMICO: What about the fact sheet? Is that just a standard PFAS fact sheet ATSDR has, or will this be specific to Pease?

DR. BOVE: No this will be the standard one that we used in the exposure assessments as far as I know, that's what we are planning on using.

DR. BRYESSE: We sent this out, data out to, you know many many people [inaudible] exposure assessments. And we found a fact sheet to be pretty effective at kind of placing results into perspective. But we have to share it to you in advance and if you think more information is valuable we can figure out a way to do that. We probably wouldn't change this fact sheet, because again that's been cleared. But if there's more information we'll think about a way to kind of make that available to the community.

MS. AMICO: Okay, thanks. Yeah, if you wouldn't mind sharing it, it would be helpful to read it ahead of time just to know what our community will be receiving.

DR. BOVE: Sure, we can do that. And again we're going to have a community meeting, we can have more community meetings if necessary. And we will have staff to answer particular questions

and I'm sure they'll come up. Because, they've come up with Camp Lejeune anytime we've released any information on Camp Lejeune, a flurry of inquiries. So we expect that to happen here as well.

MS. AMICO: Yeah, yeah and I appreciate that and I fully expected, you know a community meeting at the end. I think it was, you know being asked to be part of that Derby, you know testing group or whatever you called it, was kind of exciting to me to think that we possibly could've, you know there was obviously no commitments made, but, I spent different sessions giving feedback and one of the things that I loved about that tool was, you could sit down as an individual, look at your results and you could kind of compare them to different, you know you could change some of the, you know parameters and look at different things and I think for some people being able to look at your individual results and compare it to your community, not in the middle of a community meeting, but in front of your own computer. Where you can kind of process the information, just makes it a lot more relevant to people and a lot more helpful. So, you know I brought that up and not that I didn't think you were doing a community meeting, it was would've been nice to have a more like interactive pool, like the Derby versus paper results. That's why I brought it up. The other question I had was around, you know, Jamie talked about the numbers that were completed. And then there's people in the pipeline, but do you, does ATSDR, Abt have a sense of how many people, I recall there being some people that maybe done the blood draw, or just the questionnaire, because they didn't want to come into the office. Is there a large amount of people that have kind of half completed the study?

CDR MUTTER: So, that's actually in the weekly update that we send out. If you want specifics I can look that up right now, but if you just want to go back to the email, it's in there, how many have completed the blood draw. How many people completed the interview and the blood draw, you know it goes by steps, all the way up.

MS. AMICO: I'll look at it. I don't think I knew it was broken down that way, so I'll take a closer look. And if I have questions. Okay. Yeah and the last thing I just wanted to mention for recruitment was New Hampshire Department of Health and Human Services sent a letter to all the blood testing participants. Another letter over the summer, or end of summer. So that's something else that they've done to help and I've been working with an elected official here to try to get New Hampshire DHHS to do, be able to do more, have more resources to like call those people, or text them. And nothings been

committed to yet, but I think the prior blood testing participants are a key group of people that we want to target obviously, to bring them back to participate in the study. And so hopefully we can see some progress there in terms of getting them to be able to do more to help with recruitment of the prior blood testing participants. So, I just wanted to mention that too. So thank you.

CDR MUTTER: Thanks Andrea. There any questions on the Pease Study from the CAP before we go to the audience? Okay, Pam if you wouldn't mind just outlining how the audience can ask questions.

MS. WYTON: Sure Jamie. So, everyone is capable of raising their hand. So the way you do that, is you can click on the button that's noted raise hand in your Zoom bar. Or you can also press the alt plus the Y key. Or if you're on the phone only you can also press star nine and it will raise your hand. And if you raise the hand then I can see it, and I'll allow you to speak.

CDR MUTTER: Okay, so I'll pause to see if we have any questions from our community members that were able to join us, I see we have several there. So I will just wait a second or two to see if there's any questions. Okay, I don't see anybody raising their, oh, Laurel's typing questions, then she went to the dentist. And her mouth is numb, let's see what she says. Sorry got to scroll. Okay, I'm curious, hold on. I'm curious about the rationale for waiting so long, oh it's not scrolling well for me. Pam can you read that comment from Laurel, okay thank you.

MS. WYTON: Yeah, sure. It says, I'm curious about the rationale for waiting so long for reporting back on clinical measures. It seems like it would be helpful for people to know their cholesterol, blood sugar, etcetera, closer in time to when the samples are collected. I'm also curious if you're planning any outreach to local physicians around the time when you send back PFAS results?

DR. BOVE: Okay. Let me take a shot at this. The clinical measures, yes it would be helpful if people had their measures earlier. But, the point of this study is to see if these clinical measures are associated with the PFAS blood levels. So that's the point of the clinical measures. And so, it's not, this is not a biomonitoring program or something of that sort, or even a physical where you would get this information. This is really a study and that's, and these kinds of measures are released at the end of the study when you can make, when you can evaluate associations between these clinical measures and the PFAS blood levels. So that's why we're holding back on the

clinical measures. Also we'd have to then explain to people what it meant, what their cholesterol, or blood sugar, or whatever. We tested the immune function and so on. What it meant and people would naturally ask, is it related to the PFAS blood levels? We wouldn't be able to answer that question until the end of the study. So, that's the reason, another reason why we want to hold back on the clinical measures until we have a sense of, we've analyzed the data and be able to say something about whether these clinical measures are related to the PFAS blood levels. So that's, that's some of the reasons. As for outreach to the local physicians, we certainly plan to do that at the end of the study. We haven't planned to do this yet for the PFAS blood levels when we send the letters out, because we're going to be sending out a group of letters now, but we'll be sending in a group of letters out later as we get results for the people who participated later in the study so. So they'll be batches of letters going out, different points in time. So, we haven't thought about doing particular outreach to local physicians when we send these letters out.

DR. BRYESSE: But we've already done some outreach through.

DR. BOVE: We've done some outreach already, yeah, but we haven't planned on doing outreach specifically when we mail these results out.

DR. BRYESSE: Hey Frank can I also ask you that, if we got a result from some of the clinical tests that indicate some severe abnormality, we wouldn't wait at that point right? We would let them know?

DR. BOVE: Yes, yes.

DR. BRYESSE: So there are thresholds, you know these measures, you know above which, you know, we'll be addressing, informing the people about the results.

DR. BOVE: Right, we're required to do that yeah. Yeah.

CDR MUTTER: Thanks Frank, Andrea I see you have your hand up.

MS. AMICO: Yeah, I just had a question about, so for the PFAS you said Frank they've processed like three to 400 so far. Have the participants blood been processed for these other biomarker, you know whatever, end points like cholesterol, have they even gone through that testing yet and you have the data, you're not just releasing it, or you haven't even processed it yet?

DR. BOVE: Actually I want to know Abt would like to weight in here? Cause I don't know how many of the clinical measures have been analyzed yet.

DR. HUNT: Yeah we have most of the clinical measures for each of the participants, yep.

DR. BOVE: Okay.

MS. AMICO: And if you saw, like an abnormal, like let's just say a high cholesterol, would you have notified somebody right now or no they would, you would wait?

DR. HUNT: Yeah, so the threshold is for notification was set by ATSDR and so anybody that would've exceeded that threshold, we would've notified by now. When we would get the results back, we reviewed them. And so we would earmark them and notify them at that point in time.

MS. AMICO: And how does someone get notified? A phone call? A letter? Both?

DR. HUNT: We haven't notified anyone yet to my knowledge, right Zuha?

MS. JEDDY: Yeah, that's correct.

DR. HUNT: Yeah, there haven't been any results that have exceeded the ATSDR that limits for notification.

DR. BRYESSE: But if we did, you recall what our protocol is to give them a call or?

DR. HUNT: Yeah we would call them, that would be the first [inaudible]. I will say not everybody has answered our phone calls, so if they don't answer then we would probably, if we had an email or something probably try to follow up with them in that way.

MS. JEDDY: Yeah I believe the protocol is a phone call and then a follow up letter if needed.

MULTI-SITE STUDY UPDATE

CDR MUTTER: Thank you. Anymore questions of the Pease study before we move forward? Okay we can circle back around to audience questions right before we sign off as well. Alright so Multi-site study update is next. And Multi-site study team gave me an update to read. So, their report is New Jersey and Michigan sites have started their recruitment activities. Let's see, at the end of August, early September, 138 persons were screened, 124 of those were eligible. And 43 adult participants

have completed all study activities by September 20, 2021. The remaining five sites plan to open study offices and start recruitment in October and November of 2021. Any questions on the Multi-site study? So it sounds like they are moving ahead and making some good progress.

PEASE HEALTH CONSULTATION UPDATE

CDR MUTTER: With no questions there we'll move on to the Pease Health Consultation for the private well drinking water. That report is in our e-clearance process and I don't have any updates on that. Past that update, are there any questions that I can take back for the Health Consultation?

EXPOSURE ASSESSMENT UPDATE

CDR MUTTER: Okay, we'll move on to the exposure assessment update. And the update on that is the first report from Massachusetts is in our e-clearance after peer review. And we expect peer review comments from West Virginia, Delaware, and Washington reports this week. And our team will start clearance after those comments come in this week. Those are the updates on EA, any questions on the exposure assessments? Okay

CAP CONCERNS

CDR MUTTER: So that is all we have, the next thing on the agenda is CAP concerns, anybody want to bring up anything that we haven't already discussed to this point? Andrea.

MS. AMICO: Sorry I couldn't find mute. I just had a question, it's unrelated to this situation, but related to PFAS. So, there was an article in our paper today about some concerns about PFAS being in an artificial turf in our community. And I was curious, and obviously I don't expect an answer today, but does ATSDR, CDC have they ever put out any information about PFAS in artificial turf and exposures? Just curious if there's any information you could share with our community on that?

DR. BRYESSE: That's a new one to me. You know, when, we constantly learning about ways that PFAS is being used, the way it creeps into our products and things. I was not, I was not aware of the artificial turf issue, we could take it back to our Community of Practice and ask about it. And see if there's any information, but I think we're not aware of that. I'll see what we can find out though.

MS. AMICO: Okay, great. Thank you.

CDR MUTTER: Thanks, Joe I see your hand. Joe, can you get off mute please?

MR. RYAN: There you go. That helps. Has there been any concerted outreach to physician groups in the affected area here in Portsmouth, Portsmouth, Seacoast area?

CDR MUTTER: Right. So, Kate, we are working on a list of all of the physician groups on the Tradeport and pediatricians nearby is that correct?

MS. DUROCHER: Yep, that is correct.

CDR MUTTER: Okay. So we're working on that list for outreach Joe, and so hopefully we'll have that done soon and we can begin that outreach.

DR. BRYESSE: We've done Grand Rounds with clinicians in the past. Correct?

CDR MUTTER: I'm not sure we've done Grand Rounds in Pease.

DR. BRYESSE: Okay.

CDR MUTTER: I could be wrong, but it doesn't sound familiar to me.

DR. BRYESSE: We've done clinician outreach before, we never would [inaudible] what the format of that was?

CDR MUTTER: I don't.

MS. DUROCHER: Oh sorry. I do know that when this study launched we did send fact sheet and information and letter to physicians in the area. I don't know about the ground rounds, that wasn't with us.

DR. BOVE: We also presented with the Seacoast Health Network last week.

CDR MUTTER: Yeah.

MS. DUROCHER: Yes.

CDR MUTTER: John I see you have a question.

DR. DURANT: Yeah, thank you. On the exposure assessment, if I come back to that if I may, can you just remind me the scope of that study? Who's exposure are we assessing, is it just for Pease or is it for a larger population?

DR. BRYESSE: It's actually not for Pease. So, we were asked by Congress in an appropriation to do an exposure assessment in communities that were impacted by contaminated drinking water for the Department of Defense facilities. And we picked, somebody remind me, eight sites, or seven, eight sites and we've

done two ourselves, we had ten sites. We went into communities and we recruited people in a random way. And we collected their blood, and their urine, we measured dust in their home, we measured what, took a water sample, we administered a questionnaire. The purpose of the study is just to try and understand the relationship between PFAS in people's bodies and what the contaminated drinking water was. Recognizing that we all have PFAS in our bodies, because while consumer products we come in contact with, but the big question is, you know what's the specific contribution of contaminated drinking water? Both in terms of the levels of PFAS and the individual chemicals in the PFAS family that might be in people's blood. You know in many cases we know there's a signal that might be associated with firefighting foam for example. It has high levels of hexane sulfonate in there and so we're looking for things like that. And so we've done this across the country, and we're going to be the first ever profile of PFAS levels in communities with contaminated drinking water. Collecting samples in a represented way. So we could compare them across communities. And we can compare measures over time. We didn't do Pease, because Pease has had already had a pretty aggressive PFAS biomonitoring program done by the state early on when first being submitted. And so we didn't include Pease in that study because they're already been a fair amount of testing already conducted.

DR. DURANT: Okay, that's great. Appreciate your explaining it to me. Is that something that you're going to want the CAP and the technical advisors to look at in a critical way or is that being already taken care of by your reviewers?

DR. BRYESSE: So right now we will share those results with you when they become available. But we will not be asking the CAP to review the data since they weren't part of your study. But, we do have very rigorous peer review criteria and so we sent it off to independent peer reviewers. And they sent us comments with [inaudible] comments. We also had an internally cleared peer review. And so we'll be pretty confident that the conclusions are appropriate and the data are strong before we ever release it. And like you heard, we'll be releasing the first one from Massachusetts pretty soon I imagine. Going forward, there will be a number in fall shortly after that. And I'll just share informally that, the comments conducted in the peer reviews were very supportive of the presentation we made in the way we analyze the data. There are some issues that they raised that we're addressing. But the peer review was quite strong. And based on that peer review we're now clearing it through CDC.

DR. DURANT: Okay, yep thank you very much.

CDR MUTTER: Alright, anything else anybody would like to bring up before we close out the meeting today? I'm looking for any hands, so I don't see it any.

DR. BRYESSE: Any public comments?

CDR MUTTER: Yeah if we want to go back to the community, if the community has any questions please feel free to raise your hand. Pam can let you speak. Love to hear from you.

DR. BRYESSE: While we're waiting I might add I mentioned this at the beginning that, I had, I gave a briefing to Senator Shaheen not too long ago. In August, obviously she's concerned about how things were. The briefing went quite well and we're committed to keeping her office informed as we report. And certainly with recruitment and she was obviously interested in whether we were going to get the contract with Abt to extend the study or not. And while we hadn't exactly had that completed by the time I spoke to her, I was able to commit to her that in fact it was going to get done. And so she was happy to hear about that. And we talked about the safety, we talked about here about how we're approaching our target for adults. But kids are not, our kids are going to be the issue going forward and we're going to focus on our kids recruitment in particular. So, the same message we, discussed with your review we had with the senator. And she continues to be a strong supporter of this community and she continues to make sure that we focus on and do the best we can to address the concerns.

QUESTIONS FROM THE AUDIENCE

CDR MUTTER: Thank you for that update. Alright last chance, any other comments, questions, concerns?

MS. WYTON: Jamie we have an attendees, your hand raised.

CDR MUTTER: Yes wonderful. Go ahead.

MS. WYTON: Chuck Henderson you should be able to unmute yourself.

MR. HENDERSON: Oh. Hi this is Chuck Henderson, this is my first one of these meetings, I'm here because Peter Clark is gone on to a different job, but I just wanted to let people know that the Senator Sheehan's office is represented on this call. Thank you.

CDR MUTTER: Thank you sir.

WRAP-UP/ADJOURN

CDR MUTTER: Alright, everybody, thank you so much for your time tonight, we appreciate it. Have a great week ahead.

DR. BRYESSE: Cheers everybody.

UNIDENTIFIED SPEAKER: Thank you.

UNIDENTIFIED SPEAKER: Okay, bye-bye.

UNIDENTIFIED SPEAKER: Thank you.