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September 23, 2011

VIA FACSIMILE (304) 424.1804
AND U.S. MAIL

Ms. Carole Jones
Clerk, Wood County Circuit Court
Wood County Courthouse
2 Government Square, Room 133
Parkersburg, WV 26101

Re: Jack W. Leach, et al. v. E. I. du Pont de Nemours and Company
Civil Action No. 01-C-608
Circuit Court of Wood County, West Virginia

Dear Ms. Jones:

Enclosed for filing in the above-referenced matter is the “**Stipulation Regarding Science Panel Status Report**,” a copy of which has been provided to the parties of record.

Thank you for your attention to this matter. Should you have any questions or comments, please feel free to contact me.

Sincerely,

Clifford F. Kinney, Jr.

CFK/djs
Enclosure

cc: Larry A. Winter, Esquire (*via U.S. Mail, Fax & E-Mail*)
R. Edison Hill, Esquire and Harry G. Deitzler, Esquire (*via Fax & U.S. Mail*)
Gerald J. Rapien, Esquire and Robert A. Bilott, Esquire (*via Fax & U.S. Mail*)
Libretta Stennes, Esq. (*via Fax and E-Mail*)
Laurence F. Janssen, Esquire (*via Fax and E-Mail*)

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West Virginia

North Carolina

Pennsylvania

Virginia

IN THE CIRCUIT COURT OF WOOD COUNTY, WEST VIRGINIA

JACK W. LEACH, et al.,

Plaintiffs,

v.

CIVIL ACTION NO.: 01-C-608
(Judge John D. Beane)

E.I. DU PONT DE NEMOURS AND COMPANY,

Defendant.

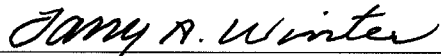
STIPULATION REGARDING SCIENCE PANEL STATUS REPORT

Counsel for plaintiffs and counsel for defendant hereby stipulate and agree that on September 23, 2011, they received the attached Status Report from the Science Panel entitled: "C8 (PFOA) Exposure and Pregnancy Outcome based on Ohio and West Virginia Birth Records and Linkage to C8 Health Project Participants"

Stipulated and agreed to on September 23, 2011.

FOR PLAINTIFFS:

FOR DEFENDANT:



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September 23, 2011

Status Report: C8 (PFOA) Exposure and Pregnancy Outcome based on Ohio and West Virginia Birth Records and Linkage to C8 Health Project Participants

We conducted an analysis of birth outcomes among residents of the geographic areas of Ohio and West Virginia with elevated exposure to PFOA in the water, including Mason and Wood counties in West Virginia and Athens, Meigs, and Washington counties in Ohio. We analyzed births that occurred from 1990 through 2005, since that includes the period when the contrasts were highest between study population serum PFOA estimates (based on contaminant releases and transport through the environment) and background levels, and therefore the period when the study should be best able to identify any exposure related effects. Stillbirth records were available only from West Virginia and live birth records were provided by both Ohio and West Virginia for the time period of interest. We examined several indicators of the health of pregnancy based on the information available: stillbirth (death of the fetus), pregnancy-induced hypertension, preterm birth (early delivery), and several indicators of the infant's size including low birth weight among full-term infants, small-for-gestational-age infants, and average birth weight. Exposure estimates were based on the location of the mother's home at the time of delivery, using estimated levels of PFOA in the water supply in the period before her pregnancy. We assigned exposure to all births with the health problems listed above as well as a group of healthy pregnancies that we used for comparison. For a subset of birth records we were able to link the birth records to participants in the C8 Health Project. For these linked births we were able to assign exposure based on a complete residential history instead of just where the mother lived at the time of delivery, which is all of the information we have from the birth certificates. We made statistical adjustments to account for the calendar year when the birth

occurred, the mother's age at the time of the birth, the mother's education, parity (whether the woman had previous births), and tobacco smoking history.

Based on all births to women in the area, we found no association between estimated PFOA level and the risk of stillbirth (adjusted odds ratio per 100 ng/ml PFOA = 1.15, 95% CI = 0.89-1.50), pregnancy-induced hypertension (adjusted odds ratio per 100 ng/ml PFOA = 1.07, 95% CI = 0.89-1.28), preterm birth (adjusted odds ratio per 100 ng/ml PFOA = 1.02, 95% CI = 0.95-1.08), term low birth weight (adjusted odds ratio per 100 ng/ml PFOA = 1.00, 95% CI = 0.89-1.02), or small-for-gestational-age births (adjusted odds ratio per 100 ng/ml PFOA = 0.98, 95% CI = 0.70-1.08). Average birth weight was also not related to PFOA exposure overall (adjusted change in mean birth weight per 100 ng/ml PFOA = 11.5 grams, 95% CI = -34.4 – 11.5), but there was some indication that male infants with the highest exposure to PFOA weighed slightly less at birth (for >80th percentile compared to ≤40th percentile, mean change in birth weight = -56.7 grams, 95% CI = -125.9 – 12.5).

In the analysis of birth records that were linked to C8 Health Project participants, we again saw no overall association between estimated PFOA level and risk of pregnancy-induced hypertension (adjusted odds ratio per 100 ng/ml PFOA = 1.01, 95% CI = 0.89-1.04), preterm birth (adjusted odds ratio per 100 ng/ml PFOA = 1.09, 95% CI = 1.00-1.08), term low birth weight ((adjusted odds ratio per 100 ng/ml PFOA = 1.00, 95% CI = 0.82-1.21), or small-for-gestational-age births (adjusted odds ratio per 100 ng/ml PFOA = 1.07, 95% CI = 0.98-1.17). Even for preterm birth, which was marginally elevated, the adjusted odds ratios across the upper three quintiles compared to the lowest two were 1.2, 0.8, and 1.2, not showing a dose-response gradient. There was some indication that female infants with the highest exposure to PFOA weighed slightly less at birth (for >80th percentile compared to ≤40th percentile, mean change in birth weight = -36.1 grams, 95% CI = -89.5 – 17.2).

These small differences in birth weight with conflicting patterns across the two analyses, one limited to male births and the other of female births, are of uncertain significance.

This analysis is the first to address birth outcomes using the individual birth records from Ohio and West Virginia. Birth certificates provide more detailed information on the infant's weight and the duration of the pregnancy than was available from the C8 Health Project questionnaires. Additionally the data from the birth certificates does not rely on recall. We had a large number of births in the analysis of preterm birth and reduced birth weight, with smaller numbers of stillbirths and cases of pregnancy-induced hypertension. The main limitation in the birth records analysis is the lack of residential history information which limits our ability to estimate PFOA exposure. The linkage to the C8 Health Project participants overcomes that limitation. The results of the analysis of the subset of women who were in both the birth records and C8 Health Project gave similar results to the overall analysis of birth records, increasing confidence in our findings. Overall, these results provide little or no support for an association between PFOA exposure and any adverse effects on pregnancy.

IN THE CIRCUIT COURT OF WOOD COUNTY, WEST VIRGINIA

JACK W. LEACH, et al.,

Plaintiffs,

v.

Civil Action No. 01-C-608
(Judge John D. Beane)

E. I. DU PONT DE NEMOURS
AND COMPANY,

Defendant

CERTIFICATE OF SERVICE

I, Clifford F. Kinney, Jr., do hereby certify that on this 23rd day of September, 2011, the foregoing "STIPULATION REGARDING SCIENCE PANEL STATUS REPORT" was served upon counsel of record via Facsimile and via United States First Class Mail, postage prepaid, and addressed as follows:

VIA FACSIMILE & U.S. MAIL

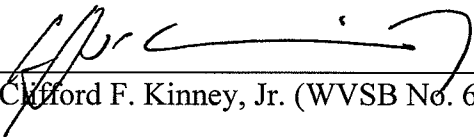
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