

# Ultrafine Particle Exposure and Surface Mining

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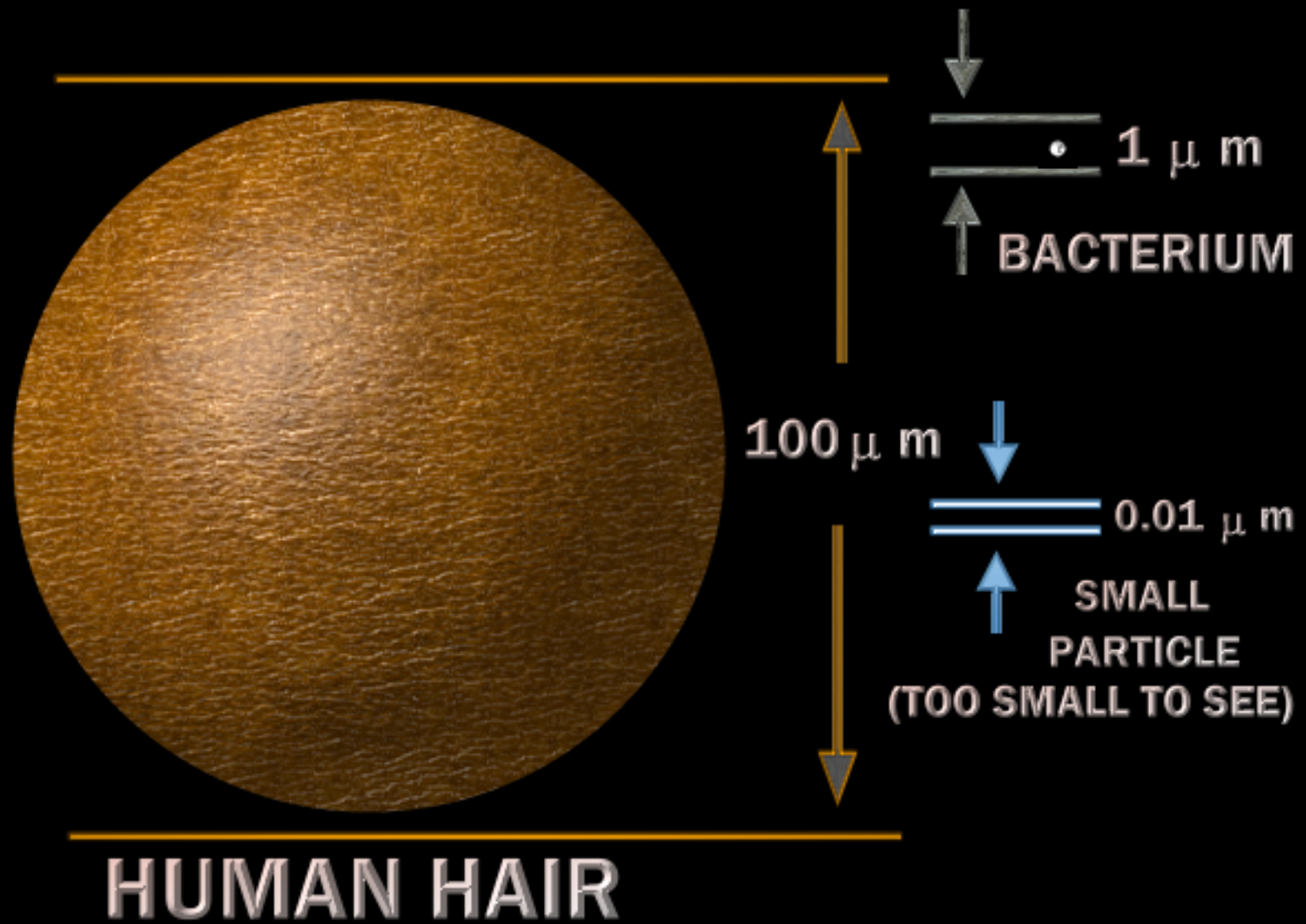
# Overview

- Definition of “Ultrafine” particles and “Deposition”
- Mountain Top Mining and ultrafine particle exposure
- Health Effects in Surface Mining Area in West Virginia
- Methods for Determining Air Concentrations of Ultrafine Particles

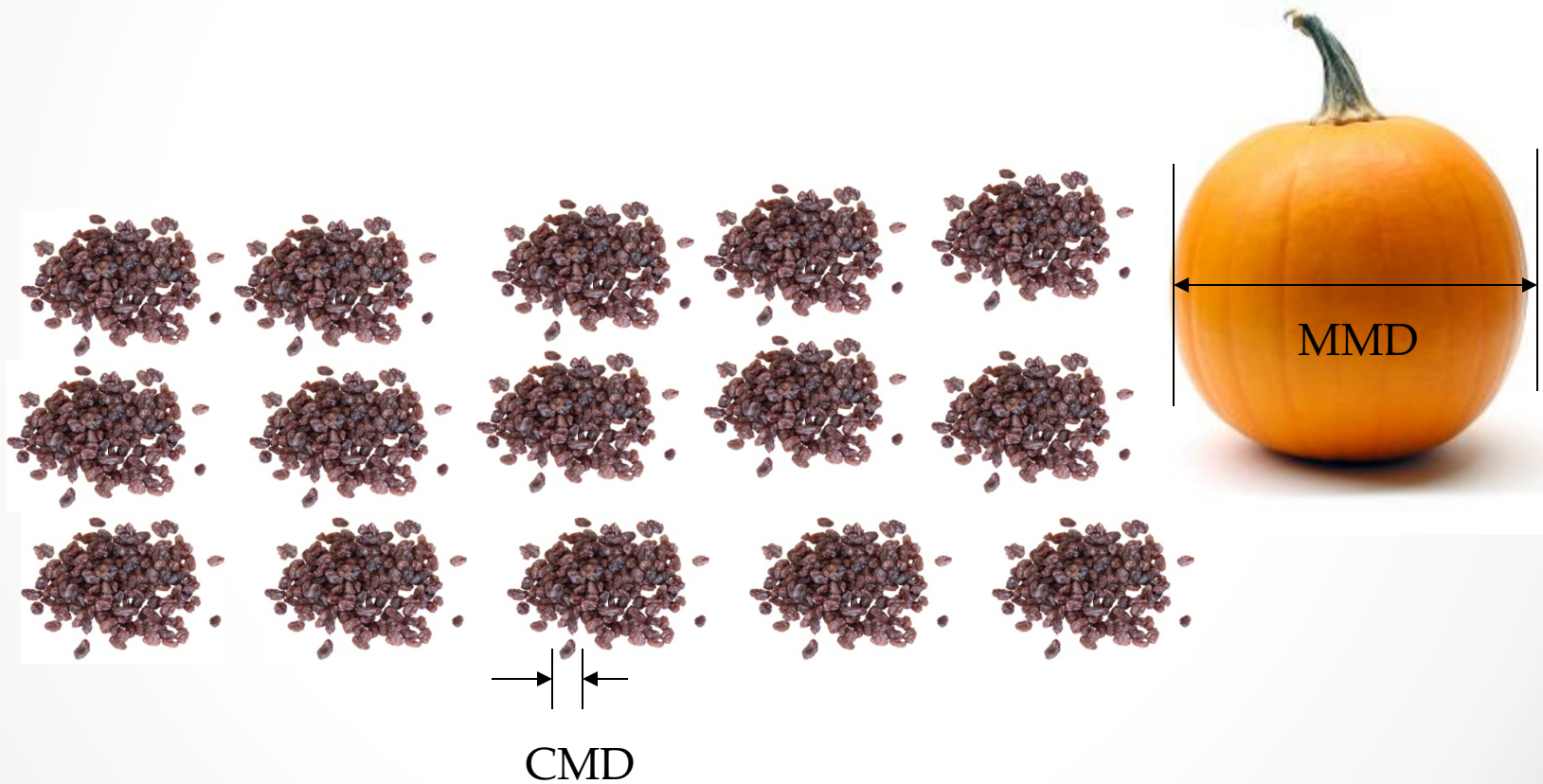
# Effect of UFP's

- UFP – causes greater oxidative stress, leading to inflammation (Li, et al., 2003).
- Decrement in evening peak flow in a group of asthmatic patients was best associated with the ultrafine component of the airborne particles during an episode of severe air pollution (Peters et al., 1997).
- Rats exposed to an equal airborne mass concentration of fine and ultrafine TiO<sub>2</sub> particles, showed far more bronchoalveolar inflammation in the group with ultrafine exposure (Ferin et al., 1992).
- As little as 8,000 p/cc of a size fraction of UFP was associated with an increase in pediatric asthma admissions to emergency rooms (Anderson, et al., 2010)

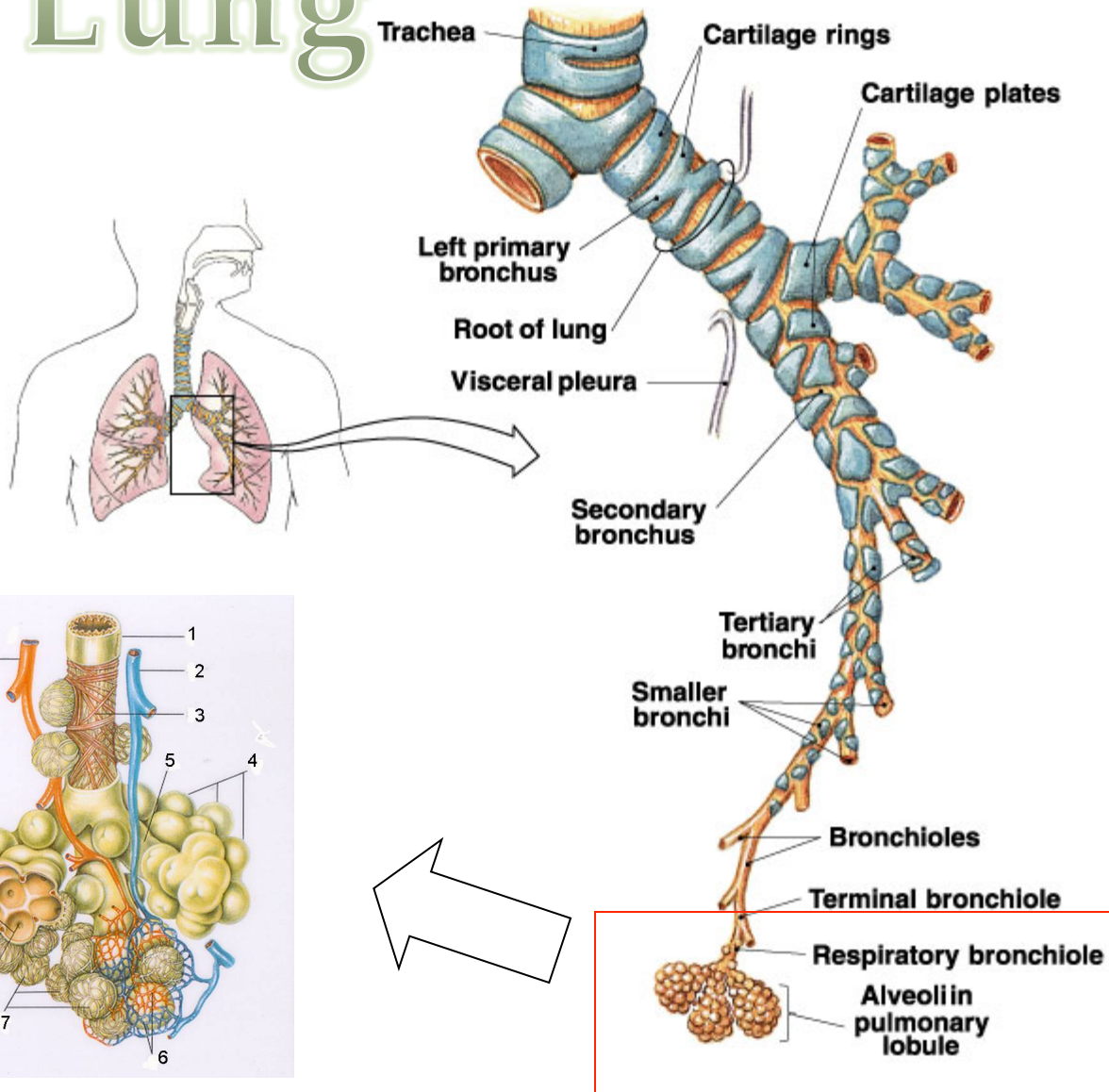
# HOW SMALL IS SMALL?

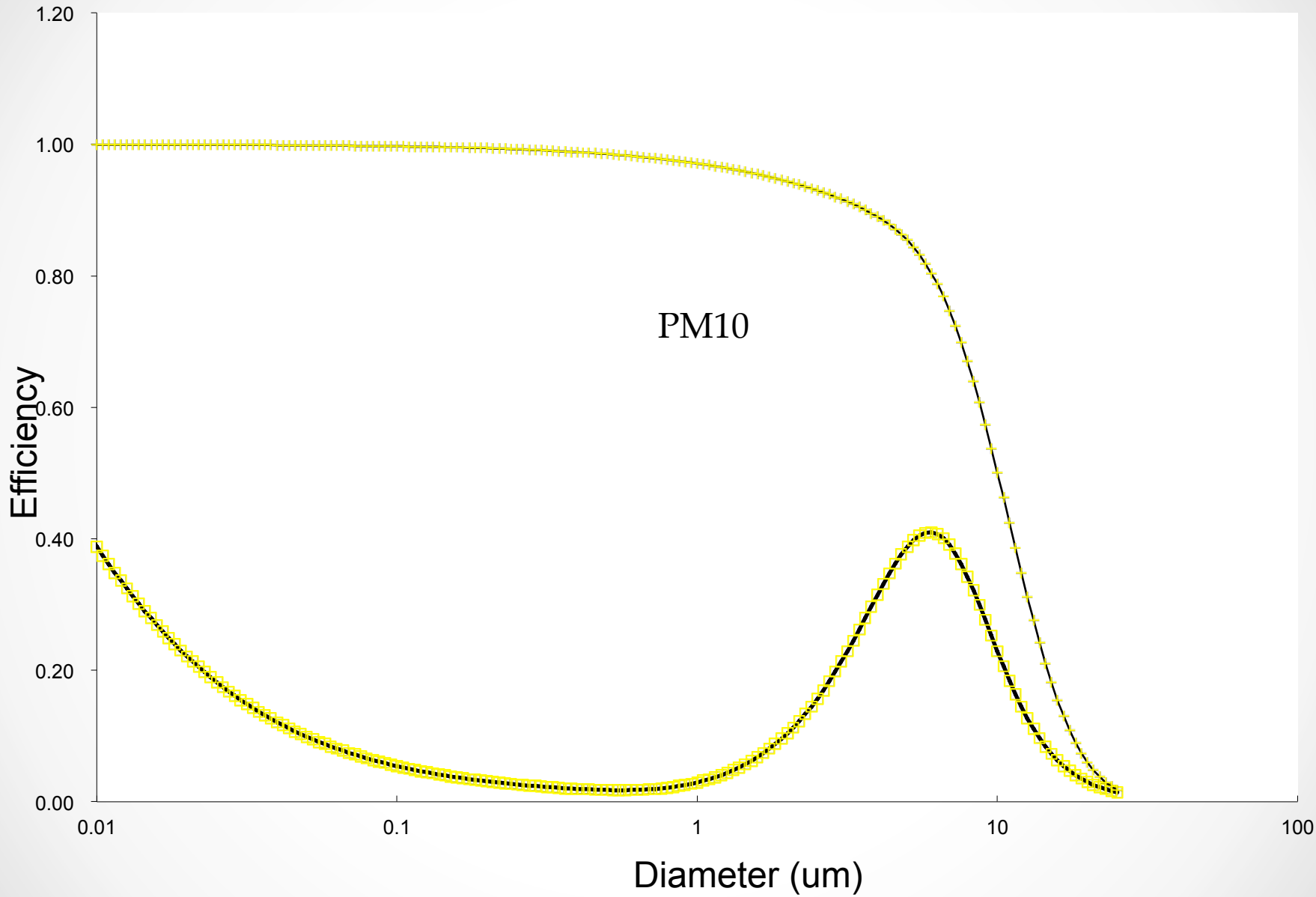


# COUNT vs MASS DISTRIBUTIONS



# The Lung





# Mountain Top Mining



# Surface Mining Operations



Mined Area



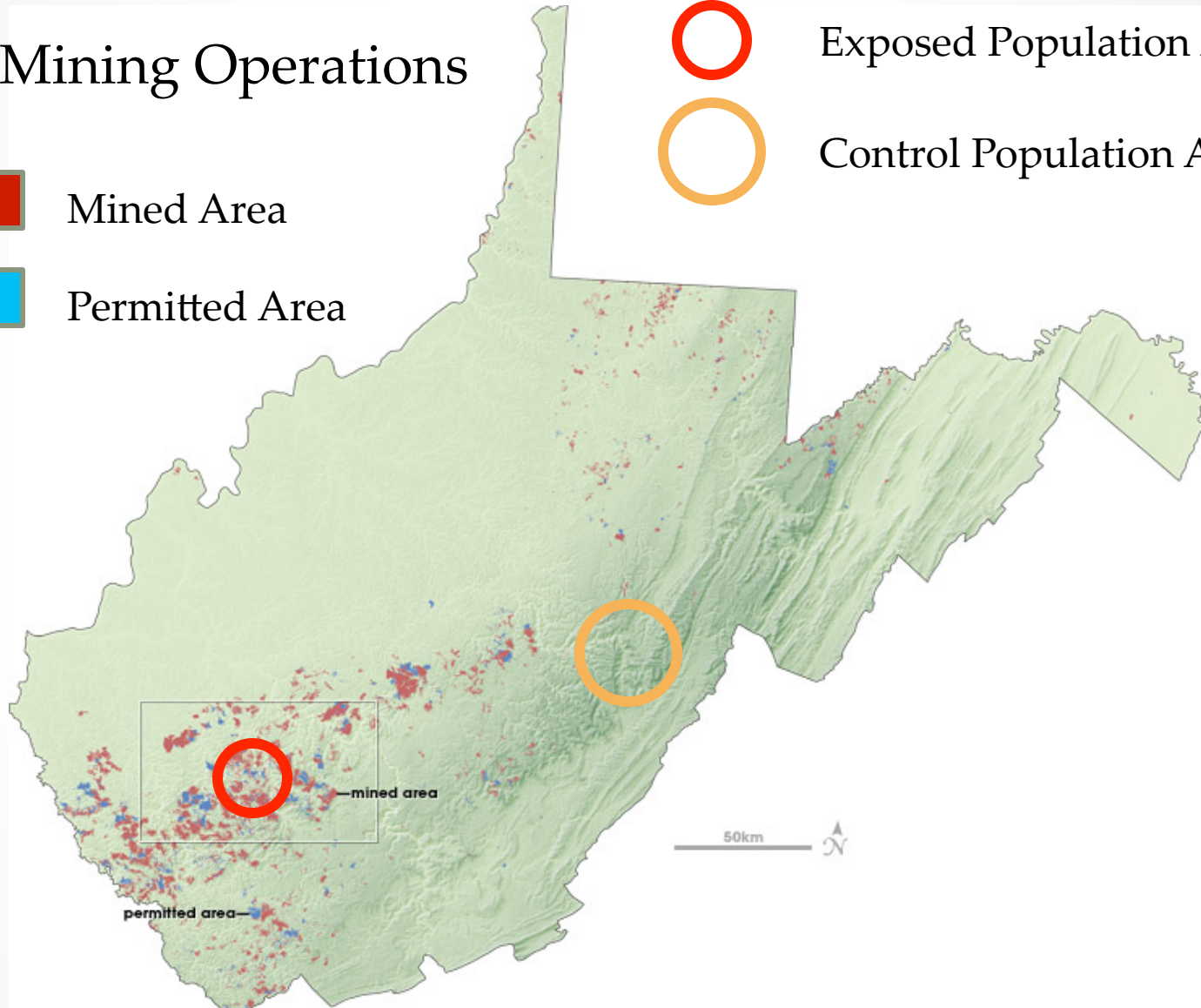
Permitted Area



Exposed Population Area

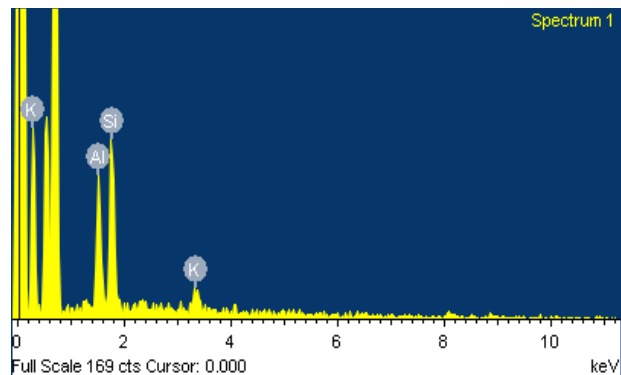
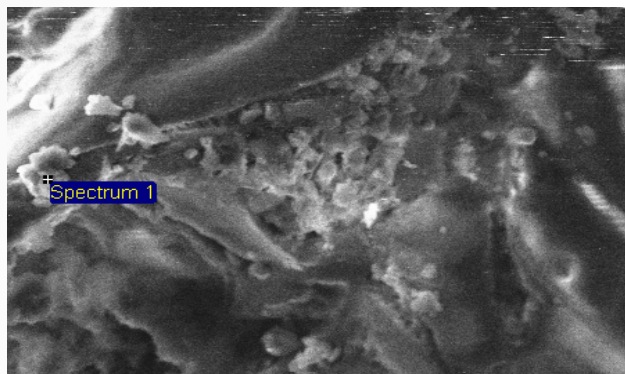


Control Population Area



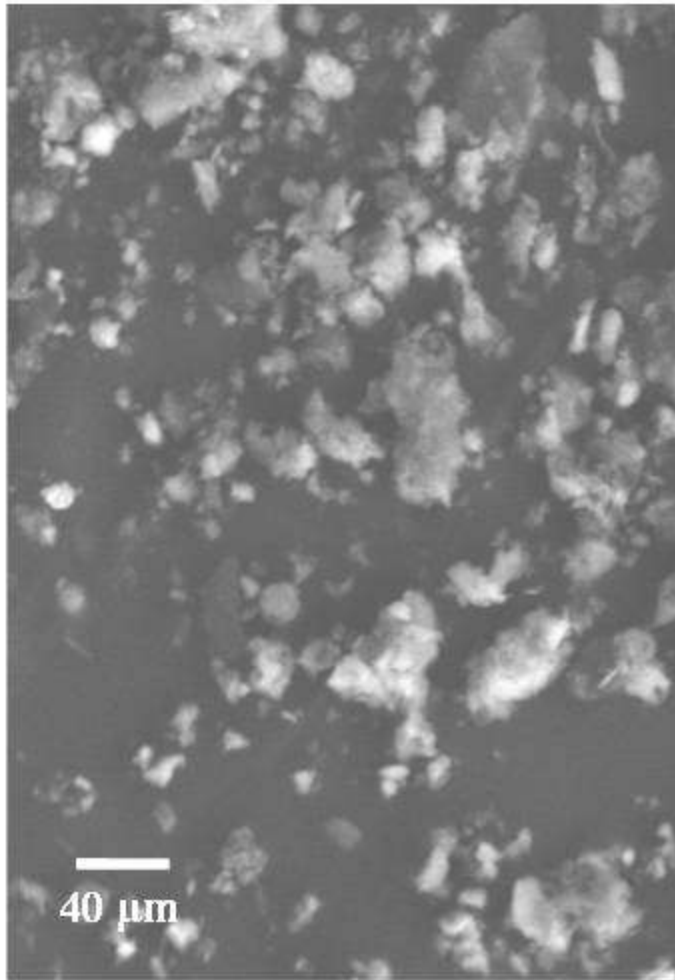
Parameter	Higher Disease Rate Area (n)	Lower Disease Rate Area (n)	p-Value
Total Mass, ug/m <sup>3</sup> Mean	6.8 (n=18)	4.8 (n=8)	0.27
PM <sub>10</sub> , ug/m <sup>3</sup> Mean	3.4 (n=76)	2.0 (n=31)	0.004
PM <sub>2.5</sub> , ug/m <sup>3</sup> Mean	1.2 (n=76)	0.9 (n=31)	0.27
Total Number, #/cc Mean	6830 (n=90)	4770 (n=44)	<.001
Deposited Number, #/cc Mean	3082 (n=90)	2315 (n=44)	<.001

# Elemental Concentration of Total PM at MTM and Non-Coal sites.



TSP filter sample from Site A (Edwight, Boone County, WV) June, 2011 Sample

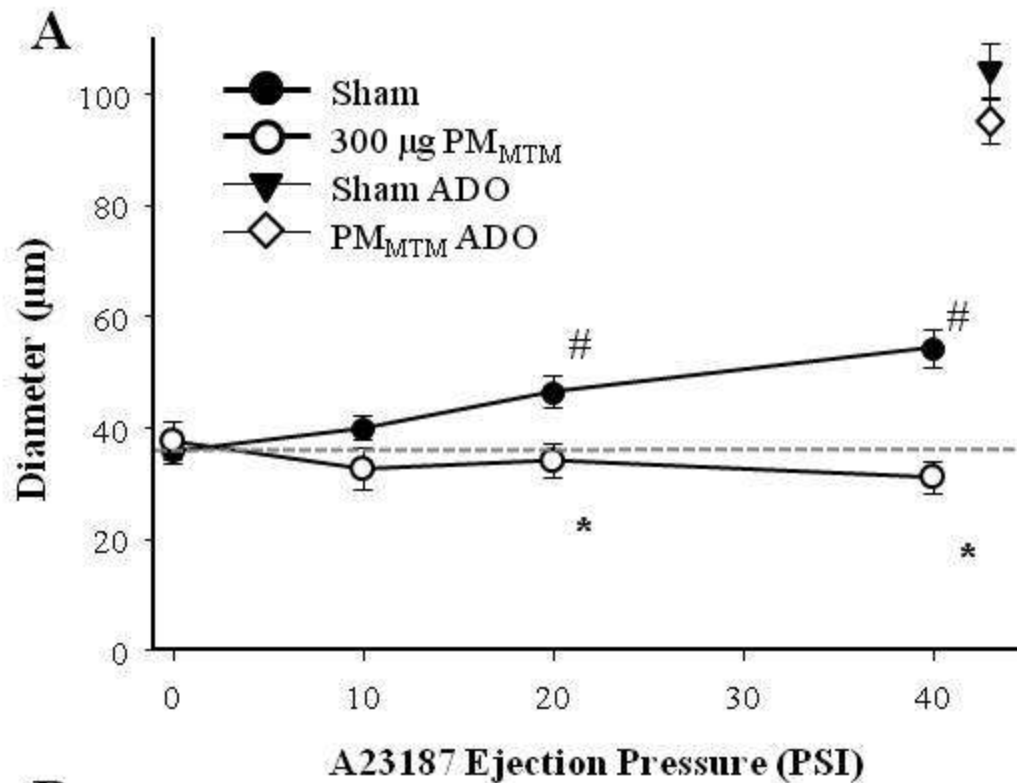
<b>Crustal Elements</b>	Al, Ca, Fe, Ga, Rb, Mg, Si, Ti, Na, K, & rare earth elements
<b>Anthropogenic Elements</b>	As, Cd, Cr, Mn, Ni, Pb, V



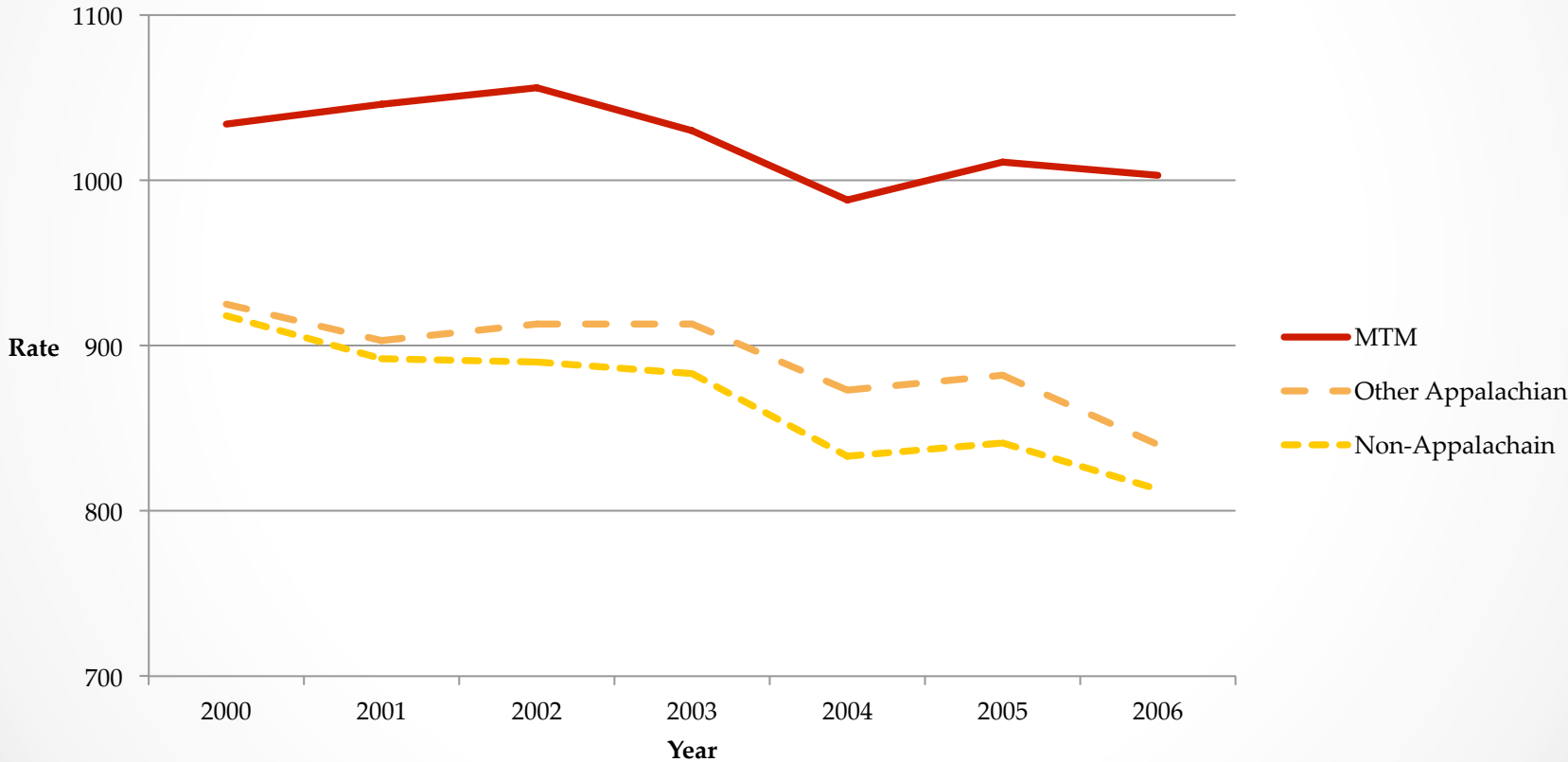
Element Weight %

Al <sup>+</sup>	6.8
Ca <sup>++</sup>	10.6
Cl <sup>-</sup>	0.2
Cu <sup>++</sup>	0.1
Fe <sup>++</sup>	4.3
K <sup>+</sup>	8.8
Mg <sup>++</sup>	0.3
Mo <sup>+6</sup>	0.6
Na <sup>+</sup>	2.5
P <sup>+3</sup>	0.6
S <sup>+6</sup>	37.8
Si <sup>+4</sup>	24.3
Ti <sup>+4</sup>	1.1
Zn <sup>++</sup>	2.0
Total	100.0

# PMMTM exposure inhibits endothelium dependent vasodilation in skeletal muscle arterioles *in vivo*.



# Age-adjusted total mortality per 100,000 by MTM county status



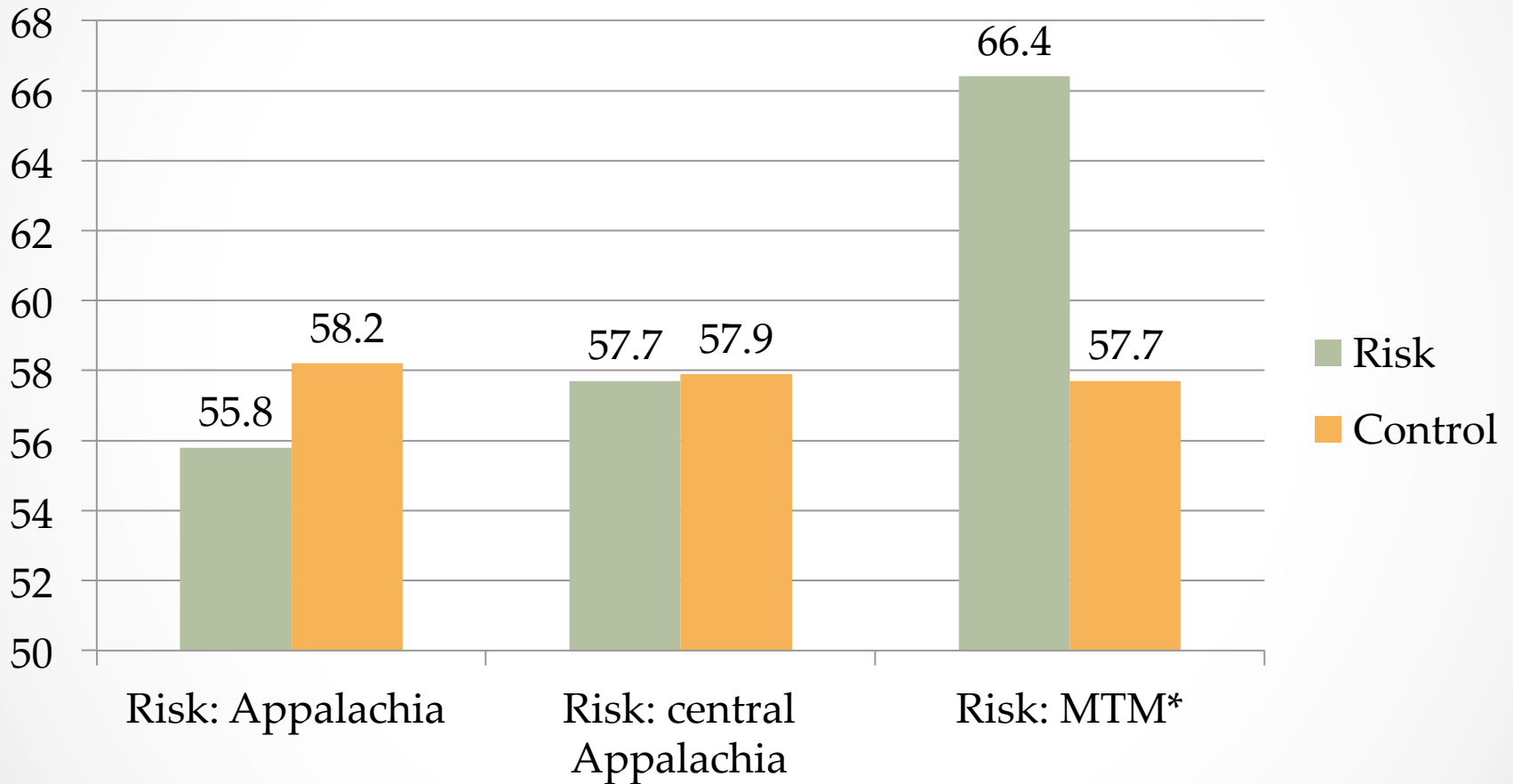
Hendryx, Journal of Health Disparities Research and Practice, 2011, 4(3), 44-53.

# Self-reported cardiovascular and respiratory symptoms (N=895)

	MTM Community	Non-mining control
	Odds ratio (95% CI)*	
Cardiovascular (chest pain, arrhythmia)	1.44 (1.10, 1.88)	1.00
Respiratory (persistent cough, shortness of breath, wheezing)	1.71 (1.35, 2.15)	1.00

\*Controlling for age, sex, smoking, occupational history as a miner, obesity, marital status, education ; survey of eastern KY adults, Spring 2012 (Hendryx, 2012, under review).

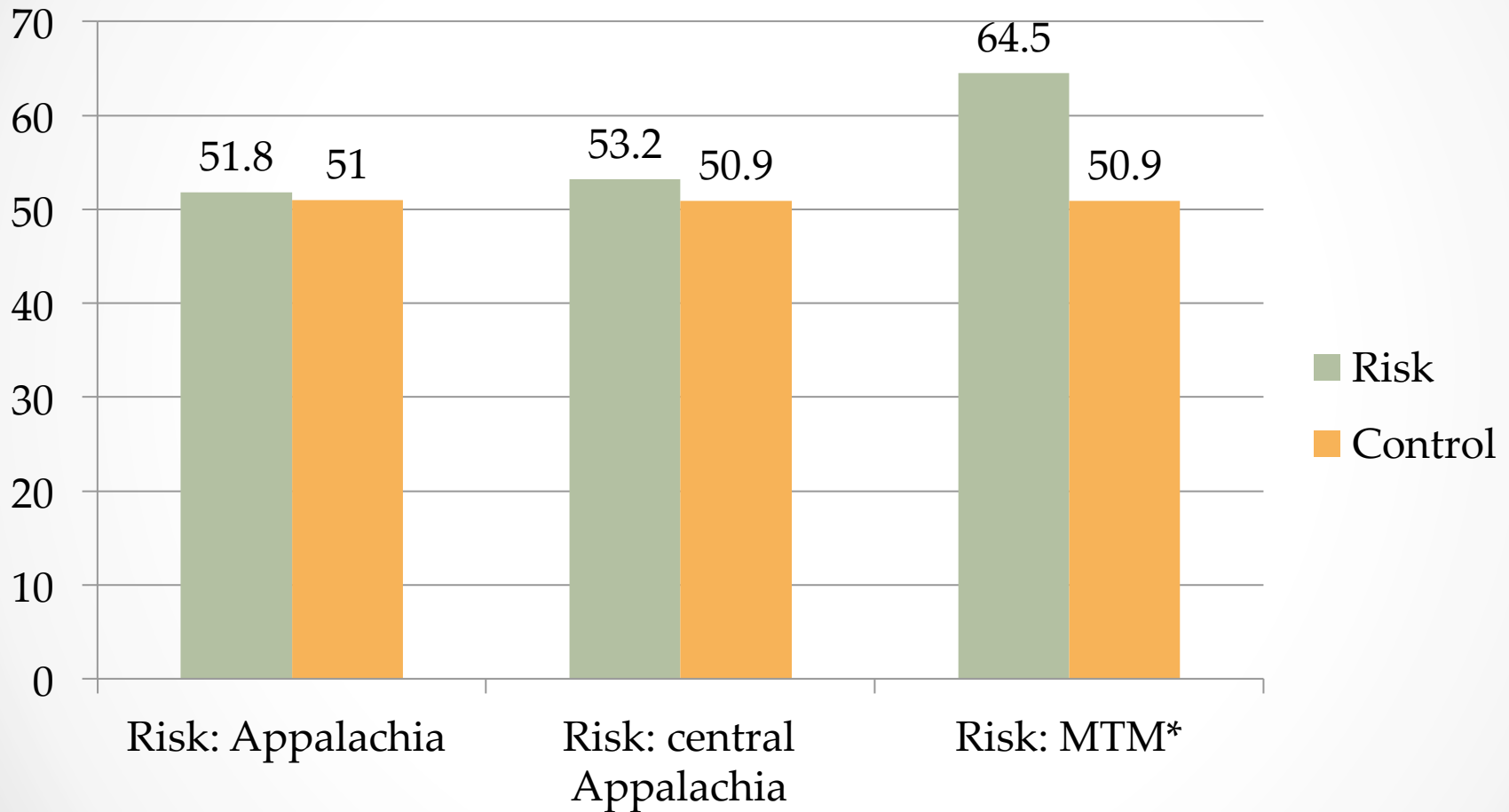
Controlling for covariates, there is no Appalachian disparity except in MTM counties: Age-Adjusted Lung Cancer Deaths per 100,000, 2005-2009



Appalachia versus rest of nation; central Appalachia versus rest of nation; MTM versus rest of nation. Controlling for rates of smoking, obesity, sex, race/ethnicity, poverty, education, rural/urban setting, supply of practicing physicians. \* $p < .0001$



Controlling for covariates, there is no Appalachian disparity except in MTM counties: Age-Adjusted Non-Cancer Lung Disease Deaths per 100,000, 2005-2009



Appalachia versus rest of nation; central Appalachia versus rest of nation; MTM versus rest of nation. Controlling for rates of smoking, obesity, sex, race/ethnicity, poverty, education, rural/urban setting, supply of practicing physicians. \*p<.0001

# Chronic cardiovascular deaths are higher in MTM counties

- MTM associated with a 63.3 excess deaths per 100,000 compared to non-mining areas
- Other forms of non-MTM mining associated with 21.9 excess deaths per 100,000
- Controlling for age, sex, race/ethnicity, smoking, poverty, obesity, rural/urban, supply of physicians

(Esch and Hendryx, Journal of Rural Health, 2011)

# Past Bio Studies of Ultrafine Particles

- Induce cellular heme oxygenase-1 (HO-1) expression and deplete intracellular glutathione, both important in oxidant stress responses (**Li et al., 2003**)
- Epithelial cells exposed to suspensions of both urban ultrafine particles and diesel exhaust particles had decreased membrane potential and loss of mitochondrial membrane mass as well as undergoing increased apoptosis (**Xia et al., 2004**)
- Increased biologic potency of ultrafine particles is related to the content of redox cycling organic chemicals and ability to damage mitochondria (**Sioutas, 2005**).
- Cardio-respiratory symptoms significantly increased at total particle concentrations between 6000 and 8000 p/cc (**Andersen et al 2008**).
- Ultrafine (< 0.1  $\mu$ m) particle number concentration from traffic sources may be associated with asthma exacerbation (**Wichmann et al., 2000, DeHartog, et al., 2003, Li et al., 2003, Peters, et al., 2006, Timonen et al., 2006, Andersen et al., 2008**).

# Sampling Methods

# Aim 1. To quantify the elemental concentration of total PM at MTM and non-coal sites.

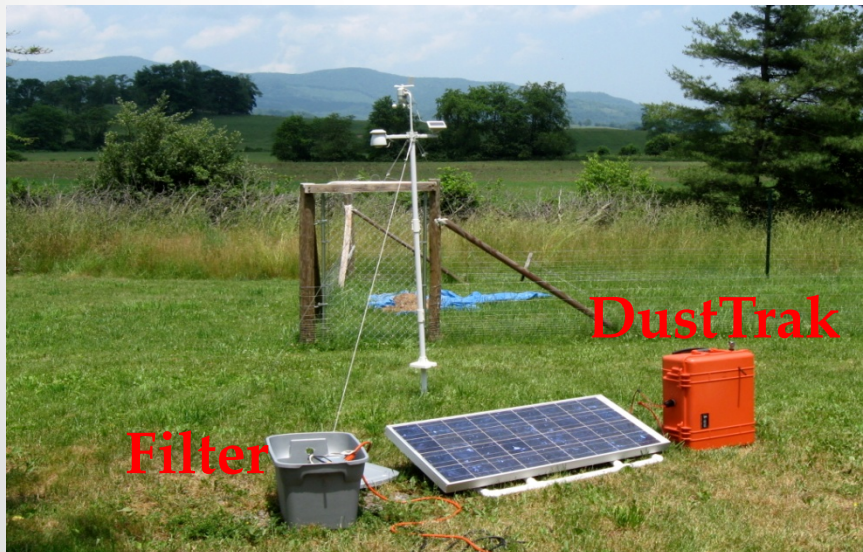
- Methods:
  - 1. Monthly samples of total suspended particles from 3 sites over 1 year (12 samples x 3 sites= 36 samples).



**Filters with collected TSP**

## Brief sampling (25-32 hrs) was conducted at 9 sites within 3 sampling areas.

- Mass concentration ( $\text{mg}/\text{m}^3$ ) was obtained - gravimetric filter analysis.
- Derive variability measures for filter mass-DustTrak II.
- Particle size and number distributions were determined with an Aerodynamic Particle Sizer and Submicrometer Particle Sizer.



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