Joint Statement by the European Society of Endocrinology, the European Society for Paediatric Endocrinology and the Endocrine Society in response to the publication of an updated PFAS restriction proposal by ECHA

Urgent Need for a Universal PFAS Restriction in the EU

- **The European Society of Endocrinology (ESE), the European Society for Paediatric Endocrinology (ESPE) and the Endocrine Society acknowledge the latest update of the PFAS restriction proposal published by the European Chemicals Agency (ECHA) on 20 August 2025.**

- **We welcome the expansion to include additional sectors and the continuous commitment to aim for a more general PFAS restriction instead of individual assessments.**

- **However, we remain concerned about several elements in the updated proposal that, in our view, should be addressed in ECHA´s final opinion.**

PFAS public health effects

Per- and polyfluoroalkyl substances (PFAS) are synthetic "forever chemicals" used in many sectors of the economy and in common household products including cookware, carpets and textiles. They are highly persistent, contaminating water, soil, air, and even accumulating in human bodies across generations. PFAS can mimic hormones and disrupt the endocrine system, leading to adverse health effects. Exposure has been linked to outcomes ranging from thyroid dysfunction and immune suppression to certain cancers and developmental problems. As highlighted in more detail by the ESPE statement on PFAS, children and other vulnerable groups face the greatest risk: PFAS readily cross the placenta and transfer via breastmilk, exposing infants during critical developmental windows. Because of their developing organs and immature detoxification systems, children are especially sensitive to PFAS toxicity. Paediatric endocrinologists warn that the extreme persistence of these chemicals makes them "particularly harmful for children's health". Early-life PFAS exposure is associated with endocrine disruption, for example, altered pubertal timing and reduced vaccine antibody responses through hormone-related receptors.

While essentially all Europeans are to some degree exposed to PFAS, children and future generations will bear the heaviest burden if we fail to act in a timely manner.

In addition, PFAS pollution poses a severe threat to our environment and has come at a high economic cost, as detailed in a recent open letter from our three societies and as documented by the Forever pollution project.

The Case for a Comprehensive EU PFAS Restriction

To date, regulators have evaluated PFAS on an individual basis, an approach that is too slow and inadequate, considering there are over 10,000 PFAS chemicals. Restricting them case-by-case has allowed regrettable substitutions, perpetuating exposure and subsequent health effects. Regulatory authorities,

including ECHA and the European Commission, note that regulating PFAS individually is not efficient and does not fully address the concerns of this chemical class.[i] All long-chain PFAS chemicals share a defining hazard, specifically extreme persistence, while emerging evidence on short-chain PFAS also raises concerns within the scientific community; combined with evidence of toxicity for many members of the class, this justifies treating them as a group. Group-wide regulation also avoids "regrettable substitutions" of banned PFAS with similar unregulated ones. In short, a universal restriction with limited exemptions for essential use is the only effective way to protect health and the environment from the collective risks inherent in the use of these chemicals.

The goal must remain the total elimination of PFAS pollution over time. Encouragingly, some EU Member States are already paving the way, e.g. Denmark and France have enacted national bans on PFAS in specific products like food packaging, textiles, and cosmetics, demonstrating that alternatives are feasible and strengthening the case for an EU-wide universal restriction.

Our three recommendations are:

1. Require the use of safe alternatives once they become available

Replacing PFAS with safer, non-toxic alternatives is essential to protect both public health and the environment. As soon as an alternative becomes available, the use of PFAS should be phased out. Even for approved exemptions, measures should minimise PFAS emissions to air and water. PFAS are highly persistent in the environment and can travel long distances through air and water, leading to widespread contamination far from their original source. Therefore, any permitted use must be accompanied by robust controls, such as closed-loop systems, advanced filtration and emissions monitoring, to prevent unintended release. These safeguards help reduce the cumulative environmental burden of PFAS, protect public health and ensure that exemptions do not undermine broader efforts to phase out these harmful substances.

2. Limit derogations and transition periods

Time unlimited derogations should not be allowed, while time-bound derogations must be strictly limited in duration and scope. They should apply only to specific, critical uses for which no viable alternatives currently exist and must include the shortest possible transition periods. In comparison to previous drafts, we observed extended transition periods for specific industry sectors to adapt their products or production processes. While in some instances these may be justified, we are concerned that these extended derogations could delay the reduction in harmful exposures to PFAS, undermining the goal of the restriction proposal.

- *We call on ECHA to carefully define and limit derogations in the development of its opinion and ensure that they are truly necessary and do not lead to unnecessary delays that could jeopardise the long-term goals of reducing PFAS exposure.*
- *We urge ECHA to refrain from allowing time unlimited derogations as this will slow down efforts to seek alternatives*

3. Reconsider the introduction of the "continued use under risk-controlled conditions (RO3)"

The previous draft laid out two restriction pathways: a full restriction, or restriction with time-limited derogations (exemptions) for certain use cases-. The new restriction introduced a third option, in the form of risk-controlled conditions - RO3 model. This concerns the use of PFASs with strict emission limits, or additional emission controls to increase the effectiveness of an RO2.[ii]

However, the restriction as it is currently presented may be based on limited or incomplete data regarding the long-term behaviour of PFAS substances, particularly their persistence in the environment and their bioaccumulation in living organisms. Although the model may be able to assess short-term risks under controlled conditions and only applied under exceptional circumstances, it may not account for the gradual accumulation of PFAS over time, which could have catastrophic environmental and public health implications. We are also concerned that the RO3 model might not adequately consider the vulnerability of certain groups (e.g., children, pregnant women, low-income communities) to PFAS exposure.

- *We call on ECHA to reconsider the RO3 model as in its current format because available data on PFAS exposure pathways suggests that the real-world application of RO3 would lead to adverse public health effects.*

Conclusion: Protecting Health with a Group Restriction

For the sake of current and future generations, the EU must enact a universal restriction on PFAS with limited exemptions and short transition periods. This comprehensive approach will put public health first, ahead of short-term commercial interests, and align with Europe's vision of a toxin-free environment. It will prevent developmental harm to children from exposure to this category of EDCs and avoid the astronomical costs of inaction. European estimates project cost of €2 trillion over 20 years to remediate PFAS pollution if emissions continue unabated.

We are urging EU policymakers, regulators, and Member States to move swiftly and decisively on this issue. Every year of delay extends the damage from these "forever chemicals."

We call on the EU to adopt a bold, precautionary approach now, to ensure that our children and communities are no longer unwittingly exposed to these dangerous substances.
We also urge the industry to pro-actively phase out PFAS from their products and production processes. Such a step could benefit EU health and environment while we await the introduction of stricter EU wide legislative measures.

By acting now to restrict PFAS, we will safeguard public health, encourage innovation of safer alternatives, and set a global precedent in chemical safety. The science is clear, and the call from health experts is unanimous: it's time to eliminate PFAS contamination at its source and protect European citizens, especially our children, from further harm.

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About ESE

The European Society of Endocrinology (ESE) provides a platform to develop and share leading research and best knowledge in endocrine science and medicine. Through the 50 National Societies involved with the ESE Council of Affiliated Societies (ECAS) and partnership with specialist endocrine societies, ESE and its partners jointly represent a community of over 20,000 European endocrinologists. ESE and its partner societies work to promote knowledge and education in the field of endocrinology for healthcare professionals, researchers, patients and the public. ESE informs policymakers on health decisions at the highest level through advocacy efforts across Europe.

Find out more: www.ese-hormones.org. Follow us on X @ESEndocrinology, Facebook @EuropeanSocietyofEndocrinology and LinkedIn: european-society-of-endocrinology.

About ESPE

The European Society for Paediatric Endocrinology (ESPE) is a globally recognised organisation committed to advancing the highest standards of clinical care for infants, children, and adolescents with endocrine disorders.

The leading society for paediatric endocrinologists, researchers and nurses, ESPE is present in 120 countries and is a member of the International Consortium of Paediatric Endocrine Societies (ICPE). In partnership with specialist endocrine societies and through its Affiliated Societies Group, ESPE represents a community of over 10.000 European endocrinologists.

Dedicated to improving healthcare outcomes, particularly in underserved regions, ESPE engages with EU policymakers to shape a healthier environment for both children and adults across the globe. Find out more: www.eurospe.org. Follow us on LinkedIn european-society-for-paediatric-endocrinology, Facebook @EuroSPE, X @EuroSPE, and Instagram @espe_endocrinology.

About the Endocrine Society

The Endocrine Society is the largest global organization of scientists devoted to hormone research and physicians who care for people with hormone-related conditions. The Society has more than 18,000 members in 133 countries, including all EU Member States. Since 2013, the Endocrine Society has made improving regulation of EDCs a top priority and has been the leading voice of endocrine science in global policy efforts.

To learn more about the Society and the field of endocrinology, visit our site at www.endocrine.org.

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[i] **European Chemicals Agency (ECHA).** *Annex XV Restriction Report: Proposal for a Restriction on Per- and Polyfluoroalkyl Substances (PFAS).* Helsinki: ECHA; 2023. Updated 2025. Available from: https://echa.europa.eu/restrictions-under-consideration

[ii] RO3 options are considered for a limited number of sectors, based on whether relevant information was provided in the consultation on the Annex XV report in the initial public consultation phase where interested parties, including companies and stakeholders, provided input on the initial proposal to ban most PFAS.