NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 271



TOXICOLOGY AND CARCINOGENESIS STUDIES OF

HC BLUE NO. 1

(CAS NO. 2784-94-3)

IN F344/N RATS AND B6C3F₁ MICE

(FEED STUDIES)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

NATIONAL TOXICOLOGY PROGRAM

The National Toxicology Program (NTP), established in 1978, develops and evaluates scientific information about potentially toxic and hazardous chemicals. This knowledge can be used for protecting the health of the American people and for the primary prevention of disease. By bringing together the relevant programs, staff, and resources from the U.S. Public Health Service, DHHS, the National Toxicology Program has centralized and strengthened activities relating to toxicology research, testing and test development/validation efforts, and the dissemination of toxicological information to the public and scientific communities and to the research and regulatory agencies.

The NTP is made up of four charter DHHS agencies: the National Cancer Institute (NCI), National Institutes of Health; the National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health; the National Center for Toxicological Research (NCTR), Food and Drug Administration; and the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control. In July 1981, the Carcinogenesis Bioassay Testing Program, NCI, was transferred to the NIEHS.

NTP TECHNICAL REPORT ON THE

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NATIONAL TOXICOLOGY PROGRAM P.O. Box 12233 Research Triangle Park, NC 27709

August 1985

NTP TR 271

NIH Publication No. 85-2527

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NOTE TO THE READER

These studies are designed and conducted to characterize and evaluate the toxicologic potential, including carcinogenic activity, of selected chemicals in laboratory animals (usually two species, rats and mice). Chemicals selected for testing in the NTP Carcinogenesis Program are chosen primarily on the bases of human exposure, level of production, and chemical structure. Selection per se is not an indicator of a chemical's carcinogenic potential. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical has the potential for hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

Five categories of interpretative conclusions were adopted for use in June 1983 in the Technical Reports series to specifically emphasize consistency and the concept of actual evidence of carcinogenicity. For each definitive study result (male rats, female rats, male mice, female mice), one of the following quintet will be selected to describe the findings. These categories refer to the strength of the experimental evidence and not to either potency or mechanism.

- Clear Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of malignant neoplasms, studies that exhibit a substantially increased incidence of benign neoplasms, or studies that exhibit an increased incidence of a combination of malignant and benign neoplasms where each increases with dose.
- Some Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of benign neoplasms, studies that exhibit marginal increases in neoplasms of several organs/tissues, or studies that exhibit a slight increase in uncommon malignant or benign neoplasms.
- Equivocal Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related marginal increase of neoplasms.
- No Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing no chemically related increases in malignant or benign neoplasms.
- Inadequate Study of Carcinogenicity demonstrates that because of major qualitative or quantitative limitations, the studies cannot be interpreted as valid for showing either the presence or absence of a carcinogenic effect.

Additionally, the following concepts (as patterned from the International Agency for Research on Cancer Monographs) have been adopted by the NTP to give further clarification of these issues:

The term chemical carcinogenesis generally means the induction by chemicals of neoplasms not usually observed, the earlier induction by chemicals of neoplasms that are commonly observed, or the induction by chemicals of more neoplasms than are generally found. Different mechanisms may be involved in these situations. Etymologically, the term carcinogenesis means induction of cancer, that is, of malignant neoplasms; however, the commonly accepted meaning is the induction of various types of neoplasms or of a combination of malignant and benign neoplasms. In the Technical Reports, the words tumor and neoplasm are used interchangeably.

This study was initiated by the National Cancer Institute's Carcinogenesis Bioassay Program, now part of the National Institute of Environmental Health Sciences, National Toxicology Program. The studies described in this Technical Report have been conducted in compliance with NTP chemical health and safety requirements and must meet or exceed all applicable Federal, state, and local health and safety regulations. All NTP toxicology and carcinogenesis studies are subjected to a data audit before being presented for peer review.

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to identify any mistakes so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in this report is encouraged to make this information known to the NTP. Comments and questions about the National Toxicology Program Technical Reports on Toxicology and Carcinogenesis Studies should be directed to Dr. J.E. Huff, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709 (919-541-3780).

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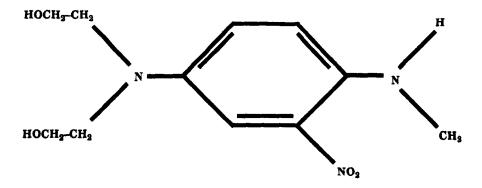
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HC BLUE NO. 1

CAS No. 2784-94-3

2,2'((4-(METHYLAMINO)-3-NITROPHENYL)IMINO)BIS(ETHANOL) C₁₁H₁₇N₃O₄ Molecular Weight: 255.3

ABSTRACT

Toxicology and carcinogenesis studies of HC Blue No. 1 (97% pure), a semipermanent hair dye, were conducted by administering the test chemical in feed for 103 weeks to groups of 50 F344/N rats and 50 B6C3F₁ mice of each sex. The dietary concentrations used were 0, 1,500, or 3,000 ppm for rats and male mice and 0, 3,000, or 6,000 ppm for female mice. These concentrations were selected on the basis of results from single-administration gavage studies and 14-day and 13-week feed studies.

The survival of male and female rats and male mice was not affected by administration of HC Blue No. 1. Survival of high dose female mice was reduced (P < 0.05); the early deaths in this group are believed to have been caused by hepatocellular carcinomas. Body weights of high dose rats and dosed mice were lower than those of the respective control groups; female rats and mice were more affected than were males.

Administration of HC Blue No. 1 produced significant positive trends in the incidences of male rats with hepatocellular neoplastic nodules/carcinomas (neoplastic nodules: control, 0/49; low dose, 0/50; high dose, 3/50; neoplastic nodules/carcinomas: 1/49; 0/50; 6/50). In male and female mice, both doses of HC Blue No. 1 increased the incidences of hepatocellular carcinoma (male: 11/50; 20/50; 30/50; female: 1/50; 24/48; 47/49) and the low doses increased the incidences of hepatocellular adenomas (male: 4/50; 17/50; 10/50; female: 2/50; 11/48; 4/49).

HC Blue No. 1 produced dose-related increases in the incidences of proliferative lesions of the lungs (adenomatous hyperplasia and alveolar/bronchiolar adenomas or carcinomas) in female rats (hyperplasia: 2/50; 5/49; 8/50; adenoma/carcinoma: 1/50; 3/49; 7/50).

In male mice, HC Blue No. 1 at the 6,000-ppm dose increased the incidences of thyroid gland follicular cell hyperplasia and adenomas (hyperplasia: 3/47; 7/49; 14/50; adenoma: 0/47; 0/49; 5/50).

HC Blue No. 1 was mutagenic in strains TA97, TA98, and TA100 of Salmonella typhimurium in the presence or absence of Aroclor-induced male Sprague-Dawley rat or Syrian hamster liver S9; HC Blue No. 1 was negative in strain TA1535. HC Blue No. 1 was mutagenic in the absence of activation in the L5178Y/TK^{+/-} mouse lymphoma assay and induced unscheduled DNA synthesis in rat hepatocytes in vitro.

An audit of the experimental data was conducted for these carcinogenesis studies on HC Blue No. 1. No data discrepancies were found that influenced the final interpretations.

Under the conditions of these feed studies, there was equivocal evidence of carcinogenicity* in male F344/N rats, since HC Blue No. 1 caused a marginal increase in the incidence of hepatocellular neoplastic nodules/carcinomas. For female F344/N rats, there was some evidence of carcinogenicity in that HC Blue No. 1 induced increased incidences of alveolar/bronchiolar neoplasms. There was clear evidence of carcinogenicity of HC Blue No. 1 for male and female B6C3F₁ mice as shown by increased incidences of hepatocellular carcinomas. The incidences of follicular cell adenomas of the thyroid gland were also increased in male mice receiving HC Blue No. 1.

^{*}Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

CONTRIBUTORS

The NTP Technical Report on the Toxicology and Carcinogenesis Studies of HC Blue No. 1 is based on the 13-week studies that began in May 1978 and ended in August 1978 and on the 2-year studies that began in May 1979 and ended in April 1981 at Southern Research Institute.

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PEER REVIEW PANEL

The members of the Peer Review Panel who evaluated the draft Technical Report on March 23, 1984, are listed below. Panel members serve as independent scientists, not as representatives of any institution, company, or governmental agency. In this capacity, Panel members have five major responsibilities: (a) to ascertain that all relevant literature data have been adequately cited and interpreted, (b) to determine if the design and conditions of the NTP studies were appropriate, (c) to ensure that the Technical Report presents the experimental results and conclusions fully and clearly, (d) to judge the significance of the experimental results by scientific criteria, and (e) to assess the evaluation of the evidence of carcinogenicity and other observed toxic responses.

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SUMMARY OF PEER REVIEW COMMENTS ON THE TOXICOLOGY AND CARCINOGENESIS STUDIES OF HC BLUE NO. 1

On March 23, 1984, the draft Technical Report on HC Blue No. 1 received peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The review meeting began at 9:00 a.m. in the Hubert Humphrey Building in Washington, D.C.

Dr. S. Friess, a principal reviewer, was unable to attend the meeting; his comments were read by Dr. J. Hook, Panel Chair. Dr. Freiss agreed with the conclusions as given. He noted that cytoplasmic pigmentation of the follicular epithelial cells of the thyroid gland occurred at increased incidences in dosed animals of both species and sexes and asked if the unidentified pigment may have had some causative role in enhanced incidences of follicular cell adenomas. Further, he inquired whether the positive Sendai virus titers in rats and mice could have had any impact on development of proliferative lesions in the lungs or in other target tissues. Dr. J. Mennear, NTP, responded that although a relationship between pigment deposition and proliferative changes in follicular cells could not be ruled out, no consistent relationship was observed in other NTP dye studies or in studies by other laboratories. With regard to the possible role of Sendai, the available data do not allow a definitive conclusion about any interaction between virus and chemical in tumor causation. NTP unpublished data show no difference in incidence of pulmonary tumors in controls that have had positive Sendai titers and those that did not.

As a second principal reviewer, Dr. C. Harper agreed with the conclusions. He thought the doses selected for the 2-year study in female mice might have been rather high, perhaps contributing to low survival, but he did not think the low survival invalidated the interpretation of the findings in female mice. Dr. Mennear observed that the early deaths were likely due to hepatocellular carcinomas. Dr. Harper asked for a statement in the Technical Report explaining why the feed route was used rather than dermal application. [See page 19.]

As a third principal reviewer, Dr. B. Turnbull said he agreed with the conclusions in mice but was not totally convinced about those for rats. He questioned the use of a one-sided P value of 0.05 (5%) as the nominal limit value for significance, and he expressed concern about a high probability of false positives. He proposed that a 1% criterion (P < 0.01) would be preferable. As further reasons for a lower level of evidence for the rat studies, he mentioned the different primary tumors in male versus female rats and the marginally significant increase of lung tumors in female rats. Dr. Turnbull supported a designation of equivocal evidence of carcinogenicity for both sexes of rats. Dr. J. Haseman, NIEHS, said that the NTP does not employ a rigid decision rule (5% or 1%) in the final interpretation of carcinogenicity data. He stated that the designation of some evidence of carcinogenicity in female rats was supported by the seven lung tumors (14%) in the high dose group, which exceeded the highest control incidence seen in the Program, and the increase in neoplasms being paralleled by an increase in adenomatous hyperplasias.

Dr. S. Tannenbaum (and two of the principal reviewers) expressed concern about the incomplete chemical identification of the 3% impurities. He said that during the synthesis of nitroaromatic chemicals, nitrosamines are often formed as contaminants, in this case, probably derivatives of nitrosomethylaniline. Dr. C. Jameson, NTP, said a more definitive characterization would be made of the impurities. [See page 55.] Mr. L. Beliczky asked whether there were uses for HC Blue No. 1 other than as a hair dye and whether there was more than one manufacturer. [Dr. Mennear subsequently determined that there were no other uses or other manufacturers in the United States.]

In other discussion, Dr. Turnbull commented on how animal cage assignment randomly by rows rather than by individual cages might affect the power of statistical inference. Dr. R. Kociba asked that the doses that were expressed as parts per million also be given as milligrams per kilogram per day in the report and that the sections on clinical observations and nonneoplastic toxicology be expanded. Dr. Swenberg stated that the designation of clear evidence based on liver tumors in mice was strengthened by the lack of hepatotoxicity even in females, where the maximal tolerated dose likely was exceeded, and because the mouse liver is a target organ for aromatic amines. The interpretation of lung tumors in female rats as associated with the chemical was more difficult. Dr. G. Boorman, NTP, said that the NTP Pathology Working Group [see page 12] was in unanimous agreement that the lung diagnoses supported a designation of a carcinogenic response.

Dr. Harper moved that the Technical Report on the toxicology and carcinogenesis studies of HC Blue No. 1 be accepted with the conclusions as stated and with the modifications as discussed. Dr. D. Davis seconded the motion, and the Technical Report was approved by 10 affirmative votes with 1 abstention (Dr. Turnbull).

I. INTRODUCTION

HOCH₂-CH₂

$$\begin{array}{c} & & & \\ &$$

HC BLUE NO. 1

CAS No. 2784-94-3

2,2'((4-(METHYLAMINO)-3-NITROPHENYL)IMINO)BIS(ETHANOL) C₁₁H₁₇N₃O₄ Molecular Weight: 255.3

HC Blue No. 1 is a nitrophenylenediamine derivative used exclusively as a semipermanent hair dye. Semipermanent hair color products are generally "shampoo-in" preparations that are applied to the hair, lathered, and allowed to remain in contact with the hair and scalp for 30-45 minutes (Frenkel and Brody, 1973). The concentration of HC Blue No. 1 used in these preparations ranges from 1% to 2%. Approximately 20,000-30,000 pounds of HC Blue No. 1 are used annually (C. Burnett, personal communication to NTP, 1983).

Frenkel and Brody (1973) reported that dermally applied HC Blue No. 1, dissolved in saline, is absorbed through the skin of rabbits and rats and that the dye is excreted unchanged in the urine and bile. Intraperitoneally and subcutaneously administered HC Blue No. 1 is also excreted unchanged in rabbit and rat urine and bile.

Under conditions of use, HC Blue No. 1 is absorbed through the human scalp (Maibach and Wolfram, 1981). A commercial hair dye formulation, which had been enriched with ¹⁴C-HC Blue No. 1, was applied to the hair of human volunteers and allowed to remain in contact with the hair and scalp for 30 minutes. Radioactivity, accounting for 0.09% of that in the dye applied to the hair, was detected in the urine over the 7-day period after the dye application.

Since the urinary excretion products were not identified, the metabolic fate of HC Blue No. 1 in humans remains unknown.

HC Blue No. 1 has been administered to laboratory animals in studies of complex mixtures of dyes, dye intermediates, and product base chemicals (solvents and detergents). Wernick et al. (1975) administered a composite of 15 semipermanent hair dyes, formulated in product base materials, to dogs, rats, and rabbits. The composite contained 6.95% dye chemicals, including 1.54% HC Blue No. 1. The mixture was tested for systemic effects in beagle dogs (dietary administration for 2 years), for teratologic effects in Sprague-Dawley rats (dietary administration on days 6 through 15 of gestation) and New Zealand white rabbits (gavage administration on days 6 through 18 of gestation), and for reproductive effects in Sprague-Dawley rats (dietary administration). The largest doses of HC Blue No. 1 delivered in the mixture were 1.5 mg/kg per day to dogs and rabbits and 12 mg/kg per day (estimated) to rats. No compoundrelated effects were reported.

Burnett et al. (1976) studied a formulation containing 13 dyes and dye intermediates and 8 base chemicals. This mixture, which contained 1.6% HC Blue No. 1, was applied to the skin of New Zealand white rabbits (1.0 ml/kg twice weekly for 13 weeks) and pregnant Charles

River rats (2.0 ml/kg on days 1, 4, 7, 13, 16, and 19 of gestation). Neither systemic nor teratologic effects were observed.

The National Toxicology Program found that HC Blue No. 1 was mutagenic in Salmonella typhimurium strains TA97, TA98, and TA100 in the presence or absence of Aroclor-induced Sprague-Dawley rat or Syrian hamster liver S9 (Appendix M). The compound was not mutagenic in strain TA1535. HC Blue No. 1 was mutagenic in the L5178Y/TK+/- mouse lymphoma forward mutation assay without activation. These combined results suggest that HC Blue No. 1 is a direct-acting frameshift mutagen whose mutagenic activity is either not changed or is slightly enhanced by the addition of S9. The sample used for the Salmonella study was taken from the same lot (no. 3670379) that was used for the last 13 months of the 2-year studies described in this report. In addition, the NTP found that this lot of HC Blue No. 1 induced unscheduled DNA synthesis in rat hepatocytes (Appendix M).

Apparently, a different sample of HC Blue No. 1 (not used in the NTP 2-year studies) was tested for genetic toxicity in a variety of short-term tests by Darroudi et al. (1983), Loprieno et al. (1983), and Shahin and Bugaut (1983). This sample was not mutagenic in strains TA98, TA100, TA1535, TA1537, or TA1538 of Salmonella in the presence or absence of Aroclorinduced rat liver S9 (Shahin and Bugaut, 1983); purity was confirmed by high-performance liquid chromatography and thin-layer chromatography.

Loprieno et al. (1983) studied the genetic toxicity of HC Blue No. 1 in four test systems using yeast and mammalian cells. Although HC Blue No. 1 was negative for forward mutation and mitotic gene conversion in yeast, the doses used never decreased cell survival below 66% or 80%, respectively. Thus, the negative results in yeast should be considered preliminary until higher doses are used. HC Blue No. 1 did not

induce either unscheduled DNA synthesis in HeLa cells or 6-thioguanine-resistant mutants in Chinese hamster V79 cells. Survival data were not reported for either mammalian cell test, so it is unclear whether the doses tested (30 mM and 100 mM, respectively) were adequate. HC Blue No. 1 reportedly did not induce either sex-linked recessive lethal mutations in Drosophila or micronuclei in mouse bone marrow (Darroudi et al., 1983). Once again, LD50 values were not reported, so it is uncertain whether adequate doses were tested. HC Blue No. 1 also was tested for cytogenetic effects in vitro in Chinese hamster ovary cells. Although HC Blue No. 1 did not induce chromosomal aberrations, exposure of the cells to 200 µg/ml for 24 hours vielded a frequency of sister-chromatid exchanges twice that of the solvent control.

The International Agency for Research on Cancer (IARC, 1982) has published a monograph on aromatic amines, including hair dye preparations. The epidemiologic information concerning relationships between various human cancers and either employment as a hairdresser or the personal use of hair dyes was evaluated as inconclusive.

HC Blue No. 1 is one of five semipermanent hair dyes selected for toxicology and carcinogenicity assessment in a class study of hair color materials. The other dye studies that have been peer reviewed and will be printed in 1985 are HC Blue No. 2 (NTP, 1985a), C.I. Disperse Blue 1 (NTP, 1985b), and HC Red No. 3 (NTP, 1985c). A fifth study, C.I. Acid Orange 3, is currently in histopathology analysis. HC Blue No. 1 is absorbed through the skin of rats (strain unspecified) and rabbits in small but detectable amounts (Frenkel and Brody, 1973). Because a larger proportion of a dose would be absorbed through the gastrointestinal tract than through the skin, the dosed feed route of administration was selected for these studies to provide more systemic exposure than would have been possible by dermal application.

II. MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF HC BLUE NO. 1
PREPARATION AND ANALYSIS OF FORMULATED DIETS
SINGLE-ADMINISTRATION STUDIES
FOURTEEN-DAY REPEATED-EXPOSURE STUDIES
THIRTEEN-WEEK STUDIES
TWO-YEAR STUDIES

Study Design
Source and Specifications of Test Animals
Animal Maintenance
Clinical Examinations and Pathology
Statistical Methods

PROCUREMENT AND CHARACTERIZATION OF HC BLUE NO. 1

HC Blue No. 1 was obtained in two lots (lot no. 3270877 and lot no. 3670379) from Clairol Research Laboratories (Stamford, CT). Purity and identity determinations were conducted on both lots (Appendix G). Lot no. 3270877 was used for the single-administration, 14-day repeated-exposure, and 13-week studies and for the first 11 months of the 2-year studies. Lot no. 3670379 was used for the last 13 months of the 2-year studies.

Chemical identity was confirmed by infrared, ultraviolet, and nuclear magnetic resonance spectroscopy. All spectroscopic data were consistent with the structure of HC Blue No. 1 and with the spectra of the purified dye provided by Clairol.

Purity of the two lots was determined by elemental analysis, water analysis, titration of the amine group, thin-layer chromatography, and high-performance liquid chromatography. Results of the elemental analyses agreed with the theoretical values. The water content was quite low, the maximum concentration being 0.35%. Titration of the amine function indicated that the material was 99% pure. Chromatographic data indicated six impurities greater than or equal to 0.1% (lot no. 3270877) and three impurities greater than or equal to 0.1% (lot no. 3670379); these impurities were not identified. For both lots, the combined area of the impurities was less than 3% that of the major com-The overall data obtained in these studies indicate that both lots were approximately 97% pure.

A heat stability test performed by the analytical chemistry laboratory indicated that the compound should be stable in storage for at least 2 weeks at 60° C (Appendix G). After receipt of HC Blue No. 1 from the analytical chemistry laboratory, the testing laboratory stored the material at 5° C. Periodic characterization of HC Blue No. 1 by infrared and ultraviolet/visible spectroscopy detected no deterioration over the course of the studies (Appendix G).

PREPARATION AND ANALYSIS OF FORMULATED DIETS

Formulated diet mixtures were shown to be homogeneous (Appendix H). Further studies demonstrated that HC Blue No. 1 was stable in feed when stored for 2 weeks at temperatures equal to or less than 25° C. The testing laboratory prepared the formulated diets by adding a dry premix (approximately equal amounts of feed and HC Blue No. 1) to the appropriate amount of feed. The mixture then was blended for 15 minutes. Formulated diets were stored at 5° C for no longer than 14 days.

Analyses for HC Blue No. 1 in feed mixtures were performed to confirm that the animals were administered the dye in feed at the correct concentrations. The method of analysis involved methanolic extraction as a purification step and a spectrophotometric reading as a quantitation step (Appendix I). Occasionally, the testing laboratory's periodic analysis indicated that a sample was not within 10% of the target concentration (Table 1). Because 6 of 80 samples examined were not within 10% of the target concentrations, the feed mixtures were estimated to have been within specifications 92% of the time.

TABLE 1. ANALYSES OF FORMULATED DIETS IN THE THIRTEEN-WEEK AND TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

Target Concen- tration (ppm)	Measured Concen- tration (ppm)	Number of Samples	Coefficien of Variation (percent)	-
Thirteen	-Week			
750	780	1		
1,500	1,700	1	••	
3,000	2,920	1		
6,250	6,560	1		
12,500	12,300	1		••
Two-Yea	r			
1,500	1,465	26	6.7 1	,250-1,660
3,000	2,926	26		,470-3,300
6,000	5,865	13		,600-6,200

SINGLE-ADMINISTRATION STUDIES

Male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries (Indianapolis, IN) and held for approximately 13 days before the test began. The animals were 8-9 weeks old when placed on study.

Groups of five F344/N rats of each sex were administered a single dose of 31, 62, 125, 250, or 500 mg/kg HC Blue No. 1 in 1% carboxymethylcellulose ether sodium salt in saline by gavage; and groups of five mice of each sex were administered 62, 125, 250, 500, or 1,000 mg/kg by the same route. Details of animal maintenance are presented in Table 2.

Animals were observed for mortality twice daily for 14 days. Weights were taken on the day of dosing and on day 15. Necropsies were not performed.

FOURTEEN-DAY REPEATED-EXPOSURE STUDIES

Male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries and held for approximately 2 weeks before the study began. Animals were approximately 8-9 weeks old when placed on study. Groups of five males and three or five females were fed diets containing 0, 3,100, 6,200, 12,500, 25,000, or 50,000 ppm HC Blue No. 1 for 14 days. Rats and mice were observed twice daily for mortality and were weighed on day 1 and day 15. Feed consumption was not measured. Necropsies were performed on all animals. Details of animal maintenance are presented in Table 2.

THIRTEEN-WEEK STUDIES

Thirteen-week studies were conducted to evaluate the cumulative toxicity of HC Blue No. 1 and to determine the concentrations to be used in the 2-year studies. Six-week-old male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries, observed for 2 weeks, and then assigned to cages according to a table of random numbers. The cages were assigned to dosed and control groups according to another table of random numbers.

Diets containing 0, 750, 1,500, 3,000, 6,250, or 12,500 ppm HC Blue No. 1 were fed to groups of

10 rats and 10 mice of either sex. Diets consisted of Wayne Lab Blox® mash and the required amount of HC Blue No. 1. Control diets consisted of Wayne Lab Blox® mash. Formulated diets, control diets, and water (via an automatic watering system) were available freely. Further experimental details are summarized in Table 2.

Animals were checked twice daily for signs of moribundity and mortality; moribund animals were killed. Feed consumption by cage and individual animal weights were recorded weekly. At the end of the 13-week studies, survivors were killed. Necropsies were performed on all animals except those excessively autolyzed or cannibalized. Tissues and groups examined are listed in Table 2.

TWO-YEAR STUDIES

Study Design

Diets containing 0, 1,500, or 3,000 ppm HC Blue No. 1 were fed to groups of 50 male and female rats and 50 male mice for 103 weeks. Groups of 50 female mice were fed diets containing 0, 3,000, or 6,000 ppm. Rats and mice were approximately 8 weeks old when placed on study (Table 2).

Source and Specifications of Test Animals

The male and female F344/N rats and B6C3F₁ (C57BL/6N, female, \times C3H/HeN MTV-, male) mice used in this study were produced under strict barrier conditions at Harlan Industries under a contract to the Carcinogenesis Program. Breeding starts for the foundation colony at the production facility originated at the National Institutes of Health Repository. Animals shipped for testing were progeny of defined microfloraassociated parents that were transferred from isolators to barrier-maintained rooms. Animals were shipped to the testing laboratory at 6 weeks of age. The animals were quarantined at the testing facility for 2 weeks. Thereafter, a complete pathologic examination was performed on a selected number of animals to assess their health status. The rodents were 53 days old when placed on study. The health of the animals was monitored during the course of the study according to the protocols of the NTP Sentinel Animal Program (Appendix K).

TABLE 2. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE STUDIES OF HC BLUE NO. 1

Single-Administration Studies	Fourteen-Day Repeated Exposure Studies	Thirteen-Week Studies	Two-Year Studies
EXPERIMENTAL DESIGN			
Size of Test Groups			
5 males and 5 females of each species	5 males and 3 or 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses			
Rats31, 62, 125, 250, or 500 mg/kg HC Blue No. 1 in 1% carboxymethylcellulose (CMC) by gavage; mice62, 125, 250, 500, or 1,000 mg/kg in 1% CMC by gavage	0, 3,100, 6,200, 12,500, 25,000, or 50,000 ppm HC Blue No. 1 in the diet	0, 750, 1,500, 3,000, 6,250, or 12,500 ppm HC Blue No. 1 in the diet	Rats and male mice0, 1,500, or 3,000 ppm HC Blue No. 1 in the diet; female mice0, 3,000, or 6,000 ppm in the diet
Date of First Dose			
1/24/78	2/15/78	5/24/78	5/1/79
Date of Last Dose			
N/A	2/28/78	8/22/78	4/20/81
Duration of Dosing			
Single dose	14 d	13 wk	103 wk
Type and Frequency of Obs	ervation		
Observed 2 × d for 14 additional days for signs of moribundity and mortality; weighed on d 0 and d 15	Observed 2 × d for 15 d for signs of moribundity and mortality; weighed on d 1 and d 15; feed consumption not measured	Observed $2 \times d$ for signs of moribundity and mortality; body weight and feed consumption recorded $1 \times wk$	Observed 2 × d for signs of moribundity and mortality; weighed on d 1, 1 × wk for 13 wk, 1 × mo thereafter; feed consumption measured 1 wk/mo
Necropsy and Histologic Ex	amination		
Necropsies not performed	Standard necropsies performed on all animals; no histopath exam performed	Necropsies performed on all animals; the following tissues were examined histopathologically in all control and high dose animals: skin, mandibular lymph node, mammary gland salivary gland, thigh muscle, femur including marrow, thymus, trachea, lungs and bronchi, heart, thyroid gland, parathyroids, stomach, small intestine, esophagus, colon, mesenteric lymph node, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenal gland, brain, pituitary gland, urinary bladder, vesicular glano, prostate/testes, or ovaries/uterus; in addition, lungs of all mice, thyroid glands and lungs of 3,000- and 6,250-ppm rats and mice, and mesenteric masses of 1,500- and 6,250-ppm female rats were examined	Necropsies performed on all animals; histopathologic exam performed on the following: pituitary gland, brain, eyes, external and middle ear, spinal cord, mandibular lymph node, nasal cavity, thyroid gland, parathyroids, salivary glands, thymus, larynx, liver, gall-bladder (mice), pancreas, spleen heart, adrenal gland, kidneys, urinary bladder, inguinal lymph node, masmary gland, sciatic nerve, bone (femur), trachea, esophagus, lungs and bronchi, stomach, costochrondral junction (rib), duodenum, jejunum, ileum, cecum, colon, rectum, bone marrow (femur), thigh muscle, ovaries/fallopian tubes/uterus/vagina, or seminal vesicles/prostate/testes/epididymus, and skin

TABLE 2. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE STUDIES OF HC BLUE NO. 1 (Continued)

Single-Administration Studies	Fourteen-Day Repeated- Exposure Studies	Thirteen-Week Studies	Two-Year Studies
ANIMALS AND ANIMAL	MAINTENANCE		
Species			
F344/N rats; B6C3F ₁ mice	Same as single-	Same as single-	Same as single-
Animal Source	administration studies	administration studies	administration studies
Harlan Industries (Indianapolis, IN)	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
Festing Laboratory			
Southern Research Institute	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
Time Held Before Start of To	est		
13 d	13 d	Rats15 d; mice14 d	14 d
Age When Placed on Study			
8-9 wk	8-9 wk	8-9 wk	53 d
Age When Killed			
10-11 wk	10-11 wk	21-22 wk	112-115 wk
Necropsy Dates			
None performed	Rats3/2/78-3/5/78; mice3/2/78-3/6/78	8/23/78-8/27/78	4/29/81-5/20/81
Method of Distribution			
Assigned to cages, then to groups according to two tables of random numbers	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
reed			
Wayne Lab Blox® pellets (Allied Mills, Inc., Chicago, IL); ad libitum	Wayne Lab Blox® mash (Allied Mills, Inc., Chicago, IL); ad libitum	Same as 14-d studies	Same as 14-d studies
Bedding			
Heat-treated hardwood chips (PWI, Inc., Lowville, NY)	Same as single- administration studies	Same as single- administration studies	Beta Chips [®] (Northeastern Products Corp., Warrensburg, NY)
Automatic watering system (Edstrom Industries, Waterford, WI); ad libitum	n Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
Cages			
Polycarbonate (Lab Products, Garfield, NJ)	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies

TABLE 2. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE STUDIES OF HC BLUE NO. 1 (Continued)

Single-Administration Studies	Fourteen-Day Repeated- Exposure Studies	Thirteen-Week Studies	Two-Year Studies
Cage Filters			
Reemay [®] spun-bonded polyester disposable filters (Snow Filtration, Cincinnati, OH)	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
Animals per Cage			
5	5	5	5
Animal Room Environment			
15 changes room air/h; fluorescent light 12 h/d; temp21°-23° C; rel hum40%-60%	Same as single- administration studies	Same as single-administration studies except humidity30%-50%	Same as single-adminis- tration studies except humidity30%-65%
Other Chemicals on Test in S	Same Room		
None	None	None	None
CHEMISTRY			
ot Numbers Used			
3270877	3270877	3270877	3270877; 3670379
Date of Initial Use of Subseq	uent Lots		
N/A	N/A	N/A	3/3/80
Supplier			
Clairol Research Lab (Stamford, CT)	Same as single- administration studies	Same as single- administration studies	Same as single- administration studies
CHEMICAL/VEHICLE			
Preparation			
Appropriate amounts of chemical were weighed into a beaker and brought to volume with 1% CMC in saline and mixed using a sonifier with a probe for 10 min	Small portion of feed mixed with chemical in a specimen cup and manually shaken for 20 sec; premix and remaining feed were mixed for 15 min in a 4-qt Patterson-Kelly® (P-K) twin-shell blender equipped with intensifier bar		Equal amounts of feed and chemical were manually shaken for 1 min; the premix was layered between equal amounts of remaining feed in a 16-qt P-K® blender equipped with an intensifer bar and mixed for 15 min
Maximum Storage Time			
3 h	7 d	14 d	13 d
Storage Conditions			
N/A	Sealed in plastic bag in plastic container at room temp	5°C for 7 d; room temp for 7 d	5° C prior to use; room temp thereafter

Animal Maintenance

Rats and mice were housed five per cage. Formulated diets, control diets, and water (via an automatic watering system) were available ad libitum. Details of animal maintenance are summarized in Table 2.

Clinical Examinations and Pathology

All animals were observed twice daily for signs of moribundity or mortality. Clinical signs were recorded once per week. Body weights by cage were recorded once per week for the first 13 weeks of the study and once per month thereafter. Mean body weights then were calculated for each group. The average feed consumption per animal was calculated by dividing the total feed consumption for all cages in the dose groups by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the study were killed with carbon dioxide, and necropsies were performed. Necropsies were also performed on all animals found dead, unless they were excessively autolyzed or cannibalized. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and is not necessarily equal to the number of animals that were placed on study in each group.

Examinations for grossly visible lesions were performed on major tissues or organs. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Tissues examined microscopically are listed in Table 2.

When the pathology examination completed, the slides, individual animal data records, and summary tables were sent to an independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. All tumor diagnoses, all target tissues. and all tissues from a randomly selected 10% of the animals were evaluated by a quality assurance pathologist. Slides of all target tissues and those about which the original and quality assurance pathologists disagreed were submitted to the Chairperson of the Pathology

(PWG) Working Group for evaluation. Representative coded slides selected by the Chairperson were reviewed by PWG pathologists, who reached a consensus and compared their findings with the original and quality assurance diagnoses. When diagnostic differences were found, the PWG sent the appropriate slides and comments to the original pathologist for review. This procedure has been described, in part, by Maronpot and Boorman (1982) and Boorman et al. (1985). The final diagnoses represent a consensus of contractor pathologists and the NTP Pathology Working Group.

Nonneoplastic lesions are not examined routinely by the quality assurance pathologist or PWG. Certain nonneoplastic findings are reviewed by the quality assurance pathologist and PWG if they are considered part of the toxic response to a chemical or if they are deemed of special interest.

Statistical Methods

Data Recording: Data on this experiment were recorded in the Carcinogenesis Bioassay Data System (Linhart et al., 1974). The data elements include descriptive information on the chemicals, animals, experimental design, survival, body weight, and individual pathologic results, as recommended by the International Union Against Cancer (Berenblum, 1969).

Survival Analyses: The probability of survival was estimated by the product-limit procedure of Kaplan and Meier (1958) and is presented in the form of graphs. Animals were censored from the survival analyses at the time they were found dead of other than natural causes or were found to be missing; animals dying from natural causes were not censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) life table test for a dose-related trend. All reported P values for the survival analysis are two-sided.

Calculation of Incidence: The incidence of neoplastic or nonneoplastic lesions is given as the ratio of the number of animals bearing such lesions at a specific anatomic site to the number of animals in which that site was examined. In

II. MATERIALS AND METHODS

most instances, the denominators include only those animals for which the site was examined histologically. However, when macroscopic examination was required to detect lesions (e.g., skin or mammary tumors) prior to histologic sampling, or when lesions could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the number of animals on which necropsies were performed.

Analysis of Tumor Incidence: Three statistical methods are used to analyze tumor incidence data. The two that adjust for intercurrent mortality employ the classical method for combining contingency tables developed by Mantel and Haenszel (1959). Tests of significance included pairwise comparisons of high dose and low dose groups with controls and tests for overall dose-response trends.

For studies in which compound administration has little effect on survival, the results of the three alternative analyses will generally be similar. When differing results are obtained by the three methods, the final interpretation of the data will depend on the extent to which the tumor under consideration is regarded as being the cause of death. All reported P values for tumor analyses are one-sided.

Life Table Analyses.—The first method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "fatal"; i.e., they either directly or indirectly caused the death of the animal. According to this approach, the proportions of tumor-bearing animals in the dosed and control groups were compared at each point in time at which an animal died with a tumor of interest.

The denominators of these proportions were the total number of animals at risk in each group. These results, including the data from animals killed at the end of the study, were then combined by the Mantel-Haenszel method to obtain an overall P value. This method of adjusting for intercurrent mortality is the life table method of Cox (1972) and of Tarone (1975).

Incidental Tumor Analyses--The second method of analysis assumed that all tumors of a given type observed in animals that died before the end of the study were "incidental"; i.e., they were merely observed at necropsy in animals dying of an unrelated cause. According to this approach, the proportions of tumor-bearing animals in dosed and control groups were compared in each of five time intervals: 0-52 weeks, 53-78 weeks, 79-92 weeks, week 93 to the week before the terminal kill period, and the terminal kill period. The denominators of these proportions were the number of animals on which necropsies were actually performed during the time interval. The individual time interval comparisons were then combined by the previously described method to obtain a single overall result. (See Haseman, 1984, for the computational details of both methods.)

Unadjusted Analyses--Primarily, survival-adjusted methods are used to evaluate tumor incidence. In addition, the results of the Fisher exact test for pairwise comparisons and the Cochran-Armitage linear trend test (Armitage, 1971; Gart et al., 1979) are given. These two tests are based on the overall proportion of tumor-bearing animals and do not adjust for survival differences.

III. RESULTS

RATS

SINGLE-ADMINISTRATION STUDIES
FOURTEEN-DAY REPEATED-EXPOSURE STUDIES
THIRTEEN-WEEK STUDIES
TWO-YEAR STUDIES
Body Weights and Clinical Signs
Survival
Pathology and Statistical Analyses of Results

MICE

SINGLE-ADMINISTRATION STUDIES
FOURTEEN-DAY REPEATED-EXPOSURE STUDIES
THIRTEEN-WEEK STUDIES
TWO-YEAR STUDIES
Body Weights and Clinical Signs
Survival
Pathology and Statistical Analyses of Results

SINGLE-ADMINISTRATION STUDIES

Survival and body weight data for male and female rats administered a single gavage dose of HC Blue No. 1 (31-500 mg/kg) are summarized in Table 3. No rats died, and mean body weights of all dosed groups were comparable.

The urine of dosed rats was blue for several days after the chemical was administered, indicating that HC Blue No. 1 or a degradation product was absorbed via the gastrointestinal tract.

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE SINGLE-ADMINISTRATION GAVAGE STUDIES OF HC BLUE NO. 1

		Me	an Body Weights (grai	v Weights (grams)	
Dose (mg/kg)		Initial	Final	Change (b)	
IALE					
31	5/5	113 ± 3	173 ± 6	$+60 \pm 5$	
62	5/5	114 ± 3	186 ± 8	$+72 \pm 6$	
125	5/5	113 ± 4	160 ± 5	$+47 \pm 2$	
250	5/5	114 ± 2	166 ± 4	$+52 \pm 4$	
500	5/5	108 ± 1	164 ± 5	$+56\pm5$	
FEMALE					
31	5/5	94 ± 4	124 ± 6	+ 30 ± 3	
62	5/5	100 ± 1	130 ± 2	$+30\pm2$	
125	5/5	90 ± 2	122 ± 5	$+32\pm4$	
250	5/5	94 ± 2	125 ± 2	$+31 \pm 1$	
500	5/5	95 ± 3	127 ± 6	$+32\pm3$	

⁽a) Number surviving/number initially in the group

⁽b) Mean weight change of the group ± standard error of the mean

FOURTEEN-DAY REPEATED-EXPOSURE STUDIES

Dietary doses of HC Blue No. 1 used in the 14-day repeated-exposure studies ranged from 0 to 50,000 ppm. Survival and body weight data for these repeated-exposure studies are summarized in Table 4. Four of five males and 3/5 females receiving 50,000 ppm died. No other deaths occurred. Body weight gains were decreased in a

dose-related manner, and animals in the 25,000-ppm and 50,000-ppm groups lost weight. Feed consumption was not measured. Animals in the 50,000-ppm groups had dark violet urine, dark feces, and sunken eyes suggestive of dehydration; they walked with an unusual gait and were generally inactive.

TABLE 4. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE FOURTEEN-DAY REPEATED-EXPOSURE FEED STUDIES OF HC BLUE NO. 1

		Mea	ns)	
Dose (ppm)	Survival (a)	Initial (b)	Final	Change (c)
MALE				
0	5/5	126 ± 9	176 ± 11	$+50 \pm 3$
3,100	5/5	138 ± 5	179 ± 6	$+41 \pm 6$
6,200	5/5	134 ± 6	178 ± 6	$+44 \pm 3$
12,500	5/5	113 ± 10	134 ± 12	$+ 21 \pm 2$
25,000	5/5	124 ± 14	110 ± 12	-14 ± 4
50,000	(d) 1/5	96 ± 5	70	- 26
EMALE				
0	3/3	101 ± 1	125 ± 2	$+24 \pm 1$
3,100	5/5	112 ± 6	128 ± 5	$+ 16 \pm 2$
6,200	5/5	109 ± 2	123 ± 4	+ 14 ± 4
12,500	5/5	111 ± 8	116 ± 8	+ 5 ± 1
25,000	5/5	104 ± 7	92 ± 5	-12 ± 4
50,000	(e) 2/5	103 ± 3	74 ± 3	-32 ± 1

⁽a) Number surviving/number initially per group

⁽b) Initial mean body weight for all animals in the group. Subsequent calculations are based on those animals surviving to the end of the study.

⁽c) Mean body weight change of the survivors \pm standard error of the mean

⁽d) Days of death: 9, 10, 12, 14

⁽e) Days of death: 9, 13, 14

THIRTEEN-WEEK STUDIES

Dietary concentrations (0-12,500 ppm) of HC Blue No. 1 used in the 13-week studies were selected on the basis of survival and body weight gains during the repeated-exposure studies. Survival, body weight, and feed consumption data for the 13-week studies are summarized in Table 5. All rats survived the entire experimental period. Final mean body weights were depressed by 10.8% or 17.3% in male rats fed diets containing 6,250 or 12,500 ppm and by 9.7% in female rats fed diets containing 12,500 ppm. Feed consumption for rats receiving the

highest (12,500 ppm) dose was equal to or greater than that of the controls.

Brown-to-gold pigment granules (unidentified) were found in the cytoplasm of thyroid epithelial cells in 10/10 males and 10/10 females receiving 12,500 ppm and in 5/10 males and 10/10 females receiving 6,250 ppm. Additional pathologic changes were not observed, and other groups were not affected.

Doses of 1,500 and 3,000 ppm HC Blue No. 1 in feed were selected for rats in the 2-year studies.

TABLE 5. SURVIVAL, MEAN BODY WEIGHTS, AND FEED CONSUMPTION OF RATS IN THE THIRTEEN-WEEK FEED STUDIES OF HC BLUE NO. 1

		Mean Body Weights (grams)			Final Weight	Average Daily Feed	
Dose (ppm)	Survival (a)	Initial	Final	Change (b)	Relative to Controls (percent)		
MALE							
0	10/10	112 ± 3	295 ± 6	$+ 183 \pm 7$	••	17.0	
750	10/10	112 ± 4	289 ± 8	+ 177 ± 7	98.0	16.4	
1,500	10/10	115 ± 3	312 ± 7	+ 197 ± 6	105.8	17. 9	
3,000	10/10	110 ± 5	286 ± 9	$+ 176 \pm 7$	96.9	18.3	
6,250	10/10	117 ± 4	263 ± 7	+ 146 ± 8	89.2	17.0	
12,500	10/10	107 ± 3	244 ± 8	+ 137 ± 8	82.7	17.3	
FEMALE							
0	10/10	97 ± 2	175 ± 4	+ 78 ± 3	••	12.1	
750	10/10	99 ± 3	176 ± 4	$+ 77 \pm 3$	100.6	11.6	
1,500	10/10	97 ± 1	177 ± 4	+ 80 ± 4	101.1	12.4	
3,000	10/10	102 ± 3	177 ± 3	$+ 75 \pm 2$	101.1	11.6	
6,250	10/10	99 ± 3	165 ± 5	$+66 \pm 3$	94.3	10.7	
12,500	10/10	102 ± 3	158 ± 4	$+ 56 \pm 2$	90.3	14.4	

⁽a) Number surviving/number initially in the group

⁽b) Mean weight change of the group ± standard error of the mean

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Body weights of dosed and control rats are summarized in Table 6 and Figure 1. The mean body weights of dosed males and females were decreased relative to those of the controls in a dose-related manner. The difference between dosed and control males appeared around week 16. Beginning at week 50, only the high dose female rats showed body weights that were more than 10% different from those of the controls.

The average daily feed consumption by high dose groups was 95% that of the controls; feed consumption by all other dosed groups was comparable to that of the controls (Appendix L, Tables L1 and L2). The feed consumption data were not corrected for scattering of feed. The calculated average dose per day during the 2-year studies was 66 and 129 mg/kg for low dose and high dose males and 74 and 154 mg/kg for low dose and high dose females (Appendix L, Tables L1 and L2).

TABLE 6. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

Weeks on Study	Av. Wt. (grams)	ntrol No. of Survivors	Av. Wt. (grams)	1,500 ppm Wt. (percent of controls)	No. of Survivors	Av. Wt. (grams)	3,000 ppm Wt. (percent of controls)	No. of Survivors
MALE								
0 123456789011261693882605947115936112616938826059477888936114	99 128 154 172 188 197 205 224 232 254 265 303 336 365 391 409 419 426 429 420 421 429 421 421 422 424 424 424 424 424	50000000000000000000000000000000000000	104 128 154 170 184 193 201 2018 217 226 238 256 275 320 344 3352 377 382 390 393 402 407 406 409 406 407 406 409 399 399 399 399 399 399 399 399 382	105 100 100 109 98 98 97 97 97 97 98 91 97 97 96 96 96 96 95 95 93 94 95 95	50000000000000000000000000000000000000	105 133 171 186 1998 2178 2240 2532 2715 3355 344 369 378 399 399 399 399 399 399 399 399 399 39	106 102 99 99 97 97 97 98 109 98 109 94 94 94 94 93 93 93 93 93 93 93 93 93 93 93 93 93	50000000000000000000000000000000000000
FEMALE		50 50 50 50	90 100			90	101	
01234567890112618933826056694718889996104	89 104 116 1228 1338 146 153 159 167 186 1202 212 230 249 257 267 230 249 257 257 257 257 257 257 257 257 257 257	55555555555555555555555555555555555555	114 1127 1338 1440 1551 1558 1674 1892 1907 1200 2210 2210 2227 2353 2478 2288 2277 2288 2289 2294	101 998 999 1000 997 999 997 877 765 945 999 997 997 997 997 998 998 998 998 998	50 50 50 50 50 50 50 50 50 50 50 50 50 5	102 11128 1128 11226 1133 11446 1153 1160 11888 1190 1190 1203 1203 1203 1203 1203 1203 1203 120	38775565999999999999999999999999999999999	55555555555555555555555555555555555555

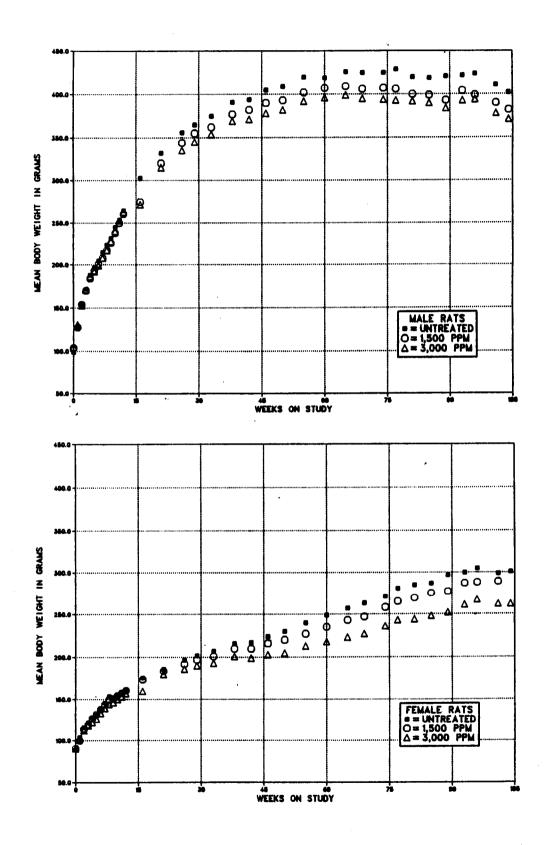


FIGURE 1. GROWTH CURVES FOR RATS ADMINISTERED HC BLUE NO. 1 IN FEED FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female rats fed diets containing HC Blue No. 1 at the concentrations used in these studies and those of the controls are shown in the Kaplan-Meier survival curves in Figure 2. No significant differences in survival were observed between any groups of either sex (Table 7).

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidence of animals with neoplastic or nonneoplastic lesions. Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; Tables A3 and A4 give the survival and tumor status for individual male and female rats. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Appendix E, Tables E1 and E2, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. Historical incidences of tumors in control animals are listed in Appendix F. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes).

TABLE 7. SURVIVAL OF RATS IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

	Control	1,500 ppm	3,000 ppm
MALE (a)			
Animals initially in study	50	50	50
Vonaccidental deaths before termination (b)	11	16	9
Killed at termination	37	32	41
Died during termination period	2	2	0
Survival P values (c)	0.541	0.347	0.591
EMALE (a)			
nimals initially in study	50	50	50
Nonaccidental deaths before termination (b)	10	12	9
Killed at termination	40	34	40
Died during termination period	0	4	1
Survival P values (c)	0.930	0.262	0.985

⁽a) Terminal kill period: weeks 104-107

⁽b) Includes animals killed in a moribund condition

⁽c) The results of the life table trend test are in the control column, and those of the life table exact pairwise comparisons with the controls are in the dosed columns.

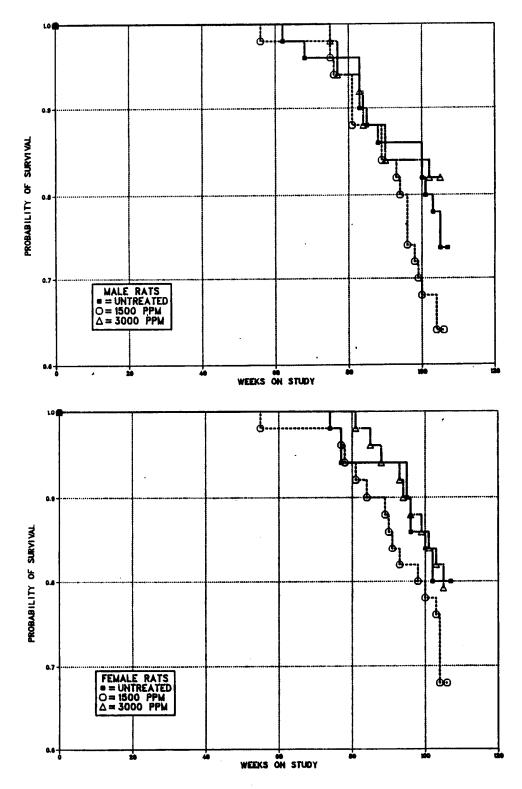


FIGURE 2. KAPLAN-MEIER SURVIVAL CURVES FOR RATS ADMINISTERED HC BLUE NO. 1 IN FEED FOR TWO YEARS

Liver: Neoplastic nodules were classified according to the recommendations of Squire and Levitt (1975) and the National Academy of Sciences (1980) with some modification; that is, small focal lesions causing only minimal compression, with little or no cytologic atypia in livers or with toxic or anoxic hepatic change (such as occurs with mononuclear cell leukemia), were classified in this study as nodular

hyperplasia. Neoplastic nodules and neoplastic nodules or carcinomas (combined) occurred in male rats with significant positive trends, but the incidences in the dosed groups were not significantly higher than those in the controls (Table 8). One low dose female rat had a neoplastic nodule, and one high dose female rat had an hepatocellular carcinoma. No toxicologically significant nonneoplastic lesions were found.

TABLE 8. ANALYSIS OF LIVER TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (a)

	Control	1,500 ppm (b)	3,000 ppm (b)
Veoplastic Nodule			
Overall Rates	0/49 (0%)	0/50 (0%)	3/50 (6%)
Adjusted Rates	0.0%	0.0%	6.8%
Terminal Rates	0/38 (0%)	0/34 (0%)	2/41 (5%)
Life Table Tests	P = 0.045	(c)	P = 0.135
Incidental Tumor Tests	P = 0.050	(c)	P = 0.157
arcinoma			
Overall Rates	1/49 (2%)	0/50 (0%)	3/50 (6%)
Adjusted Rates	2.6%	0.0%	7.3%
Terminal Rates	1/38 (3%)	0/34 (0%)	3/41 (7%)
Life Table Tests	P = 0.199	P=0.522N	P = 0.333
Incidental Tumor Tests	P = 0.199	P = 0.522N	P = 0.333
Neoplastic Nodule or Carcinoma (d)			
Overall Rates	1/49 (2%)	0/50 (0%)	6/50 (12%)
Adjusted Rates	2.6%	0.0%	14.0%
Terminal Rates	1/38 (3%)	0/34 (0%)	5/41 (12%)
Life Table Tests	P = 0.023	P = 0.522N	P = 0.072
Incidental Tumor Tests	P = 0.025	P = 0.522N	P = 0.082

⁽a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes).

⁽b) The equivalent dose in milligrams per kilograms per day is given in Body Weights and Clinical Signs (page 33) and Appendix L.

⁽c) No P value is presented because no tumors were observed in 1,500-ppm and control groups.

⁽d) Historical incidence at testing laboratory--mean: 3%; range: 0%-5%; historical incidence in NTP studies--mean: 4%; range: 0%-14%

Lung: Adenomatous hyperplasia of the lung was found at increased incidences in dosed male and female rats (male: control, 3/50, 6%; low dose, 5/50, 10%; high dose, 7/50, 14%; female: control, 2/50, 4%; low dose, 5/49, 10%; high dose, 8/50, 16%). Alveolar/bronchiolar carcinomas and alveolar/bronchiolar adenomas or carcinomas (combined) occurred in female rats with significant positive trends (Table 9). The combined incidence of these tumors was significantly greater in the high dose group than in the controls. Alveolar/bronchiolar carcinomas occurred in dosed male rats (control, 0/50; low dose, 2/50, 4%; high dose, 1/50, 2%), but the increases were not significant.

The alveolar/bronchiolar proliferative lesions appear to represent a continuum with no sharp demarcations between hyperplasia, adenoma, and carcinoma. All are focal lesions, but they tend to merge gradually with the surrounding normal parenchyma. Hyperplasia is defined as a single layer of plump epithelial cells lining contiguous alveoli that sometimes contain macrophages. Adenomas are defined as proliferative lesions in which the epithelial cells form solid sheets that fill adjacent alveoli or line papillary structures that project into the alveoli. Carcinomas show features characteristic of adenomas; but the neoplastic cells show a greater degree of anaplasia and better defined patterns of growth, and they invade blood vessels or pleura.

TABLE 9. ANALYSIS OF LUNG LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Control	1,500 ppm	3,000 ppm
Adenomatous Hyperplasia	and the second s		
Overall Rates	2/50 (4%)	5/49 (10%)	8/50 (16%)
Alveolar/Bronchiolar Adenoma			
Overall Rates	1/50 (2%)	2/49 (4%)	3/50 (6%)
Adjusted Rates	2.5%	5.4%	7.3%
Terminal Rates	1/40 (3%)	2/37 (5%)	3/41 (7%)
Life Table Tests	P = 0.233	P = 0.473	P = 0.314
Incidental Tumor Tests	P = 0.233	P = 0.473	P = 0.314
Alveolar/Bronchiolar Carcinoma			
Overall Rates	0/50 (0%)	1/49 (2%)	4/50 (8%)
Adjusted Rates	0.0%	2.7%	9.4%
Terminal Rates	0/40 (0%)	1/37 (3%)	3/41 (7%)
Life Table Tests	P = 0.030	P = 0.484	P = 0.068
Incidental Tumor Tests	P = 0.029	P = 0.484	P = 0.062
Alveolar/Bronchiolar Adenoma or C	Carcinoma (a)		
Overall Rates	1/50 (2%)	3/49 (6%)	7/50 (14%)
Adjusted Rates	2.5%	8.1%	16.6%
Terminal Rates	1/40 (3%)	3/37 (8%)	6/41 (15%)
Life Table Tests	P = 0.021	P = 0.278	P = 0.036
Incidental Tumor Tests	P = 0.020	P = 0.278	P = 0.034

(a) Historical incidence at testing laboratory--mean: 2%; range: 0%-3%; historical incidence in NTP studies--mean: 1%; range: 0%-10%

Uterus: Endometrial stromal polyps occurred with a significant positive trend in female rats, and the incidence in the high dose group was significantly greater than that in the controls (Table 10). One sarcoma also was observed in each group.

Kidney: Pigmentation of the renal tubular epithelial cells occurred at increased incidences in dosed male and female rats (male: control, 0/50; low dose, 36/50, 72%; high dose, 42/50, 84%; female: control, 0/50; low dose, 39/50, 78%; high dose, 40/50, 80%). A renal tubular cell adenocarcinoma and a transitional cell papilloma were observed in 2/50 (4%) high dose male rats. An adenoma in the kidney cortex was observed in 1/50 (2%) control male rats. No kidney tumors were observed in dosed or control female rats or in low dose male rats.

Zymbal Gland: Carcinomas occurred in female rats with a significant negative trend, but the incidences in the dosed groups were not signifi-

cantly lower than that of the controls (control, 3/50, 6%; low dose, 0/50; high dose, 0/50).

Thyroid Gland: Pigmentation of follicular cells in the thyroid gland was found at increased incidences in dosed male and female rats (male: control. 0/50; low dose, 42/48, 88%; high dose, 48/50. 96%: female: control. 0/40; low dose. 44/50, 88%; high dose, 47/50 (94%). C-Cell adenomas occurred in female rats with a significant negative trend (control, 5/49, 10%; low dose, 2/50, 4%; high dose, 0/50; P = 0.015), and the incidence in the high dose group was significantly lower than that in the controls (P=0.029). The incidences of C-cell carcinomas and of adenomas or carcinomas (combined) were not significant (C-cell adenomas or carcinomas: control. 7/49, 14%; low dose, 6/50, 12%; high dose, 2/50, 4%).

Eye: Retinopathy and cataracts occurred at increased incidences in high dose males and low dose females (Table 11).

TABLE 10. ANALYSIS OF UTERINE TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Control	1,500 ppm	3,900 ppm
Endometrial Stromal Polyp (a)			· · · · · · · · · · · · · · · · · · ·
Overall Rates	5/50 (10%)	9/50 (18%)	14/50 (28%)
Adjusted Rates	12.5%	21.0%	33.2%
Terminal Rates	5/40 (13%)	5/38 (13%)	13/41 (32%)
Life Table Tests	P = 0.020	P = 0.174	P = 0.023
Incidental Tumor Tests	P = 0.023	P = 0.289	P = 0.022

(a) Historical incidence at testing laboratory--mean: 15%; range: 8%-22%; historical incidence in NTP studies--mean: 18%; range: 4%-37%

TABLE 11. INCIDENCES OF EYE LESIONS IN RATS IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1 (a)

	Control	1,500 ppm	3,000 ppm
MALE	- <u> </u>		
Retinopathy Cataracts	5 5	1 1	21 19
FEMALE			
Retinopathy Cataracts	5 2	21 20	3 1

⁽a) Fifty animals in each group.

Hematopoietic System: Mononuclear cell leukemia occurred in male rats with a significant negative trend, and the incidence in the high dose group was significantly lower than that in the controls (Table 12). The incidences of mononuclear cell leukemia in dosed female rats were not significantly different from that in the controls (control, 4/50, 8%; low dose, 3/50, 6%; high dose, 5/50, 10%).

Pituitary Gland: Adenomas or carcinomas (combined) occurred in male rats with a significant negative trend (adenoma: control, 9/49, 18%; low dose, 8/49, 16%; high dose, 3/47, 6%; adenoma or carcinoma: control, 11/49, 22%;

low dose, 9/49, 18%; high dose, 4/47, 9%; P=0.037), but the incidence in the high dose group was significantly lower than that of the controls only by the life table test (P=0.039).

Adrenal Gland: Cortical adenomas occurred in female rats with a significant negative trend (control, 5/50, 10%; low dose, 2/50, 4%; high dose, 0/50; P < 0.02). The incidences of cortical adenomas in high dose females and of pheochromocytomas in low dose females (control, 8/50, 16%; low dose, 2/50, 4%; high dose, 3/50, 6%) were significantly lower than those in the controls.

TABLE 12. ANALYSIS OF HEMATOPOIETIC SYSTEM TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Control	1,500 ppm	3,000 ppm
Mononuclear Cell Leukemia (a. b)			
Overall Rates	13/50 (26%)	9/50 (18%)	2/50 (4%)
Adjusted Rates	30.2%	20.9%	4.5%
Terminal Rates	9/39 (23%)	3/34 (9%)	0/41 (0%)
Life Table Tests	P = 0.003N	P = 0.343N	P = 0.003N
Incidental Tumor Tests	P = 0.003N	P = 0.160N	P = 0.008N

⁽a) Designated as monocytic leukemia in the Carcinogenesis Bioassay Data System and in Appendix A

⁽b) Historical incidence of leukemia at testing laboratory--mean: 27%; range: 12%-40%; historical incidence in NTP studies--mean: 28%; range: 0%-46%

SINGLE-ADMINISTRATION STUDIES

Survival and body weight data for male and female mice administered a single gavage dose of HC Blue No. 1 (62-1,000 mg/kg) are summarized in Table 13. No compound-related deaths occurred. The urine of dosed male and female mice was blue. No other compound-related clinical signs were observed.

TABLE 13. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE SINGLE-ADMINISTRATION GAVAGE STUDIES OF HC BLUE NO. 1

		М	lean Body Weights (gr	ams)
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)
MALE				
62	5/5	20.8 ± 0.9	22.6 ± 0.7	$+1.8 \pm 0.4$
125	5/5	20.8 ± 0.7	23.6 ± 0.9	$+2.8 \pm 0.2$
250	(d) 4/5	21.6 ± 0.4	24.3 ± 1.1	$+2.7 \pm 0.7$
500	5/5	20.8 ± 0.2	23.4 ± 0.5	$+2.6 \pm 0.5$
1,000	5/5	21.8 ± 1.0	24.2 ± 0.9	$+2.4\pm0.5$
FEMALE				
62	5/5	16.4 ± 0.4	18.0 ± 0.4	$+1.6 \pm 0.4$
125	5/5	18.0 ± 0.8	19.0 ± 0.6	$+1.0 \pm 0.3$
250	5/5	17.6 ± 0.7	17.8 ± 1.4	$+0.2 \pm 0.9$
500	5/5	17.6 ± 0.7	19.4 ± 0.9	$+1.8 \pm 0.4$
1,000	5/5	18.6 ± 0.7	19.4 ± 0.5	$+0.8 \pm 0.4$

⁽a) Number surviving/number initially in the group

⁽b) Initial mean body weight of all animals in the group. Subsequent calculations are based on those animals surviving to the end of the study.

(c) Mean weight change of the group ± standard error of the mean
(d) One animal died on day 10 of unknown causes.

FOURTEEN-DAY REPEATED-EXPOSURE STUDIES

Dietary doses of HC Blue No. 1 used in the 14-day repeated-exposure studies ranged from 0 to 50,000 ppm. Survival and body weight data for these repeated-exposure studies are summarized in Table 14. One male receiving 50,000 ppm died; no other deaths occurred. Body weight gains were depressed in a dose-related manner in animals receiving the compound at the 6,200-ppm concentration or higher. Four of four

male mice and 4/5 female mice receiving 50,000 ppm, 3/5 male mice and 2/5 female mice receiving 25,000 ppm, and 4/5 male mice receiving 12,500 ppm lost weight. Two of five female mice receiving 25,000 ppm and 3/5 female mice receiving 12,500 ppm gained no weight. (Feed consumption was not measured.) Violet urine and dark feces were observed for all dosed mice.

TABLE 14. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE FOURTEEN-DAY REPEATED-EXPOSURE FEED STUDIES OF HC BLUE NO. 1

		M	ean Body Weights (gr	ams)
Dose (ppm)	Survival (a)	Initial (b)	Final	Change (c)
IALE				
0	5/5	21.2 ± 0.6	23.0 ± 0.5	$+ 1.8 \pm 0.2$
3,100	5/5	21.0 ± 0.6	22.8 ± 0.7	$+ 1.8 \pm 0.4$
6,200	5/5	21.6 ± 0.2	23.0 ± 0.3	$+ 1.4 \pm 0.2$
12,500	5/5	20.4 ± 1.0	19.8 ± 0.6	-0.6 ± 0.7
25,000	5/5	20.0 ± 0.5	19.2 ± 0.4	-0.8 ± 0.7
50,000	(d) 4/5	20.8 ± 0.4	17.0 ± 1.6	-3.5 ± 1.5
EMALE				
0	5/5	17.6 ± 0.5	19.2 ± 0.5	$+ 1.6 \pm 0.2$
3,100	5/5	17.8 ± 0.4	19.6 ± 0.4	$+ 1.8 \pm 0.2$
6,200	5/5	17.2 ± 0.2	18.4 ± 0.2	$+ 1.2 \pm 0.4$
12,500	5/5	18.6 ± 0.7	19.0 ± 0.7	$+ 0.4 \pm 0.2$
25,000	5/5	18.0 ± 0.4	17.6 ± 0.2	-0.4 ± 0.5
50,000	5/5	18.2 ± 0.4	17.0 ± 0.5	-1.2 ± 0.6

⁽a) Number surviving/number initially in the group

⁽b) Initial mean body weight of all animals in the group. Subsequent calculations are based on those animals surviving to the end of the study.

⁽c) Mean body weight change of the survivors \pm standard error of the mean

⁽d) One mouse died on day 15.

THIRTEEN-WEEK STUDIES

Dietary concentrations (0-12,500 ppm) of HC Blue No. 1 used in the 13-week studies were selected on the basis of survival and body weight gains during the repeated-exposure studies. Survival, body weight, and feed consumption data for the 13-week studies are summarized in Table 15. All mice survived for the entire experimental period. The final mean body weight relative to that of the controls was depressed by 12% for male mice administered 12,500 ppm and by 5% for female mice administered 12,500 ppm.

Brown-to-golden pigment granules were detected in the cytoplasm of thyroid gland epithelial

cells in 10/10 male and female mice receiving 12,500 ppm and in 5/10 male mice receiving 6,250 ppm. Yellow crystals occurred extracellularly or in the phagocytes of some bronchioles or alveoli in all mice receiving 6,250 or 12,500 ppm and in 7/10 males and 8/10 females receiving 3,000 ppm. These crystals, although not identified, were not considered to be of toxicologic significance. No other histopathologic lesions were observed.

Doses of 1,500 or 3,000 ppm HC Blue No. 1 in feed were selected for male mice and doses of 3,000 or 6,000 ppm HC Blue No. 1 in feed were selected for female mice in the 2-year studies.

TABLE 15. SURVIVAL, MEAN BODY WEIGHTS, AND FEED CONSUMPTION OF MICE IN THE THIRTEEN-WEEK FEED STUDIES OF HC BLUE NO. 1

		Mean	Body Weights	(orams)	Final Weight	Average Daily Feed
Dose (ppm)	Survival (a)	Initial	Final	Change (b)	Relative to Controls (percent)	Consumption (grams)
MALE						
0	10/10	23.3 ± 0.5	31.8 ± 1.0	$+8.5 \pm 0.8$		6.6
750	10/10	22.8 ± 0.8	29.8 ± 0.6	$+7.0 \pm 0.5$	93.7	6.4
1,500	10/10	22.7 ± 0.5	31.2 ± 0.6	$+8.5 \pm 0.6$	98.1	6.2
3,000	10/10	23.7 ± 0.4	31.3 ± 0.7	$+7.6 \pm 0.6$	98.4	7.0
6,250	10/10	23.3 ± 0.6	29.3 ± 0.5	$+6.0 \pm 0.3$	92.1	6.8
12,500	10/10	23.8 ± 0.6	27.9 ± 0.5	$+4.1 \pm 0.3$	87.7	7.0
FEMALE						
0	10/10	18.4 ± 0.5	24.9 ± 0.7	$+6.5 \pm 0.4$		6.0
750	10/10	18.7 ± 0.4	24.4 ± 0.4	$+5.7 \pm 0.3$	98.0	6.3
1,500	10/10	19.2 ± 0.6	25.7 ± 0.6	$+6.5 \pm 0.2$	103.2	6.2
3,000	10/10	18.7 ± 0.3	25.3 ± 0.3	$+6.6 \pm 0.3$	101.6	6.7
6,250	10/10	18.6 ± 0.4	24.5 ± 0.5	$+5.9 \pm 0.5$	98.4	6.1
12,500	10/10	19.3 ± 0.3	23.6 ± 0.4	$+4.3 \pm 0.4$	94.8	6.0

⁽a) Number surviving/number initially in the group

⁽b) Mean weight change of the group ± standard error of the mean

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Body weights of dosed and control mice are summarized in Table 16 and Figure 3. Final mean body weights of dosed male and female mice were lower (10%-12% and 21%-29%, respectively) than those of the controls, and the depressions in mean body weight gain were dose related. The average daily feed consumption

relative to the control groups was approximately 100% for both dosed male groups and 105% for both dosed female groups (Appendix L, Tables L3 and L4). The feed consumption data were not corrected for scattering of feed. The average dose per day during the 2-year studies was 309 and 650 mg/kg for low dose and high dose males and 778 and 1,634 mg/kg for low dose and high dose females (Appendix L, Tables L3 and L4).

TABLE 16. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1 $\,$

Weeks	C^	ntrol		I am Daa				
Weeks on Study	Av. Wt. (grams)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of controls)	No. of Survivors	Av. Wt. (grams)	High Dose Wt. (percent of controls)	No. of Survivors
MALE				1,500 ppm			3,000 ppm	
0 123345678991012612223338244695596547771885892661104	25.2 25.6 25.6 28.9 28.9 31.2 32.5 32.3 32.3 32.3 34.0 357.3 34.0 41.8 42.1 43.4 43.6 43.6 43.0 7 42.0 41.1 42.6 42.6 43.6 43.6 43.6 43.6 43.6 43.6 43.6 43	500 500 500 500 500 500 500 500 500 500	24.3 24.8 24.2 25.4.7 28.1.5 30.1.5 31.3 31.3 31.3 31.3 31.3 31.3 31.3	96 998 997 998 999 991 995 995 995 995 995 995 995 995	50 50 50 50 50 50 50 50 50 50 50 50 50 5	25.0 24.7 25.0 22.5 22.5 22.5 22.5 22.5 22.5 22.5	99 97 100 100 101 103 102 197 98 97 98 97 95 95 95 94 93 93 93 93 93 93 93 93 93 93 93 93 93	5000005550000055500000005550000005550000
EMALE				3,000 ppm			6,000 ppm	
01234567890112616938826677788588266777885882661104	19.1 19.6 19.6 20.3 22.3 22.3 22.3 22.3 22.3 22.3 22.3	500000555000555000555000555000555000555000555000555000555000550005550050005000500500050005000500050005000500050005005000500050005000500050000	18.4 18.3 20.6 21.1 22.3 24.1 23.8 23.9 24.2 25.1 26.0 27.8 29.5 29.5 29.5 30.2 31.9 31.4 31.5 32.5 33.1 32.5 33.1 33.1 33.1 33.1 33.1 33.1 33.1 33	96 97 99 99 99 99 90 91 96 95 97 98 98 91 99 90 88 81 81 81 81 81 81 81 81 81 81 81 81	50 550 550 550 550 550 550 550 550 550	18.3 19.3 18.6 20.7 22.5 24.3 22.5 24.3 22.5 22.5 22.5 22.5 23.3 22.5 22.5 23.3 24.9 22.5 25.0 26.8 27.8 27.8 29.3 29.3 29.3 29.3 29.3 29.3 29.3 29.3	96 103 99 97 99 97 99 99 99 98 99 98 99 98 99 98 89 89 88 88	50000000000000000000000000000000000000

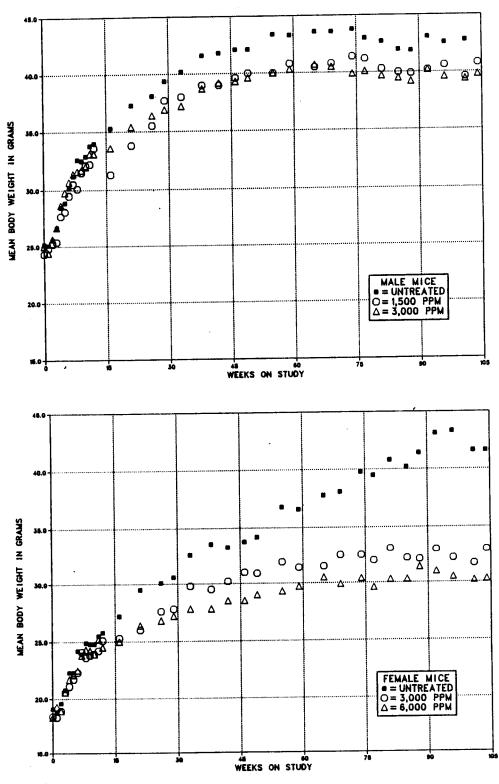


FIGURE 3. GROWTH CURVES FOR MICE ADMINISTERED HC BLUE NO. 1 IN FEED FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female mice fed diets containing HC Blue No. 1 at the concentration of these studies and for the controls are shown in the Kaplan-Meier survival curves in Figure 4. The survival of high dose female mice was significantly less than that of the controls (P=0.026) (Table 17).

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidence of animals with neoplastic or nonneoplastic lesions. Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; Tables B3 and B4 give the survival and tumor status for individual male and female mice. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Appendix E, Tables E3 and E4, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. Historical incidences of tumors in control animals are listed in Appendix F. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes).

TABLE 17. SURVIVAL OF MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

	Control	Low Dose	High Dose
MALE (a)		1,500 ppm	3,000 ppm
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	17	13	20
Killed at termination	32	35	30
Died during termination period	1	2	0
Survival P values (c)	0.601	0.515	0.734
FEMALE (a)		3,000 ppm	6,000 ppm
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	14	22	26
Killed at termination	36	27	22
Died during termination period	0	1	2
Survival P values (c)	0.017	0.141	0.026

⁽a) Terminal kill period: weeks 104-107

⁽b) Includes animals killed in a moribund condition

⁽c) The results of the life table trend test are in the control column, and those of the life table exact pairwise comparisons with the controls are in the dosed columns.

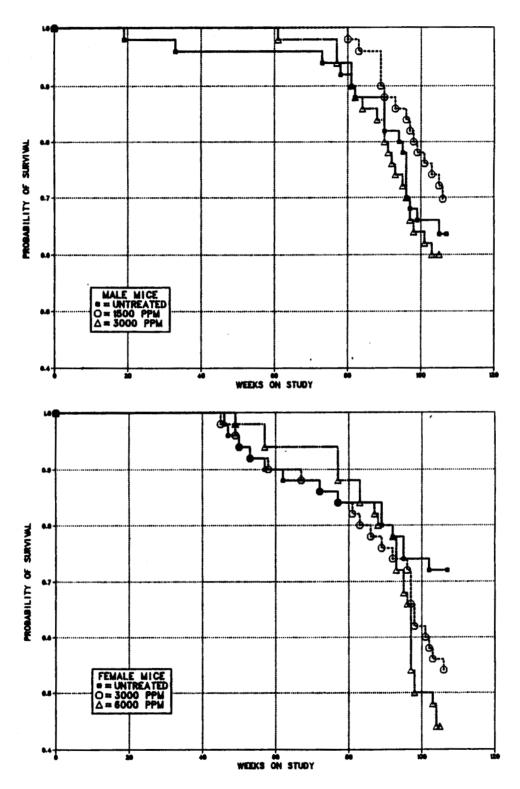


FIGURE 4. KAPLAN-MEIER SURVIVAL CURVES FOR MICE ADMINISTERED HC BLUE NO. 1 IN FEED FOR TWO YEARS

Liver: Hepatocellular adenomas in male mice and hepatocellular carcinomas in male and female mice occurred with significant positive trends (Table 18). The incidences of hepatocellular adenomas in low dose males and females and of hepatocellular carcinomas in dosed males and females were significantly greater than those in the controls. These hepatocellular tumors had the usual morphological pattern; that of carcinomas was trabecular.

TABLE 18. ANALYSIS OF LIVER TUMORS IN MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1 (a)

	Control	Low Dose (b)	High Dose (b)
IALE	##	1,500 ppm	3,000 ррт
lepatocellular Adenoma			
Overall Rates	4/50 (8%)	17/50 (34%)	10/50 (20%)
Adjusted Rates	12.1%	45.9%	30.5%
Terminal Rates	4/33 (12%)	17/37 (46%)	8/30 (27%)
Life Table Tests	P = 0.046	P = 0.003	P = 0.051
Incidental Tumor Tests	P = 0.052	P = 0.003	P = 0.062
lepatocellular Carcinoma			
Overall Rates 11/50 (22%)		20/50 (40%)	30/50 (60%)
Adjusted Rates	25.4%	44.7%	67.2%
Terminal Rates	4/33 (12%)	13/37 (35%)	16/30 (53%)
Life Table Tests	P<0.001	P = 0.107	P<0.001
Incidental Tumor Tests	P<0.001	P = 0.040	P<0.001
iepatocellular Adenoma or Carcinoma (c)			
Overall Rates	15/50 (30%)	31/50 (62%)	37/50 (74%)
Adjusted Rates	35.7%	70.0%	83.6%
Terminal Rates	8/33 (24%)	24/37 (65%)	23/30 (77%)
Life Table Tests	P<0.001	P = 0.012	P<0.001
Incidental Tumor Tests	P<0.001	P = 0.002	P<0.001
EMALE		3,000 ppm	6,000 ppm
lepatocellular Adenoma			
Overall Rates	2/50 (4%)	11/48 (23%)	4/49 (8%)
Adjusted Rates	5.6%	36.0%	15.2%
Terminal Rates	2/36 (6%)	9/28 (32%)	3/24 (13%)
Life Table Tests	P = 0.127	P = 0.002	P = 0.190
Incidental Tumor Tests	P = 0.259	P = 0.004	P = 0.276
epatocellular Carcinoma			
Overall Rates	1/50 (2%)	24/48 (50%)	47/49 (96%)
Adjusted Rates	2.5%	74.7%	100.0%
Terminal Rates	0/36 (0%)	20/28 (71%)	24/24 (100%)
Life Table Tests	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests	P<0.001	P<0.001	P<0.001
epatocellular Adenoma or Carcinoma (d)			
Overall Rates	3/50 (6%)	33/48 (69%)	47/49 (96%)
Adjusted Rates	7.9%	97.0%	100.0%
Terminal Rates	2/36 (6%)	27/28 (96%)	24/24 (100%)
Life Table Tests	P<0.001	₽<0.001	P<0.001
Incidental Tumor Tests	P<0.001	P<0.001	P<0.001

⁽a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes).

⁽b) The equivalent dose in milligrams per kilograms per day is given in Body Weights and Clinical Signs (page 44) and Appendix L.

⁽c) Historical incidence at testing laboratory--mean: 32%; range: 24%-38%; historical incidence in NTP studies--mean: 31%; range: 16%-58%

⁽d) Historical incidence at testing laboratory--mean: 7%; range: 4%-18%; historical incidence in NTP studies-mean: 8%; range: 0%-20%

Hepatocellular carcinomas metastasized to the lungs in one control male, two low dose males, two high dose males, one control female, three low dose females, and three high dose females. An hepatocellular carcinoma metastasized to the kidney in another high dose female mouse.

There was no evidence of toxicologically significant nonneoplastic liver lesions induced by HC Blue No. 1 in either male or female mice.

Thyroid Gland: Follicular cell hyperplasia was observed at increased incidences in dosed male mice (Table 19). Pigmentation occurred at increased incidences in dosed male and female mice (male: control, 0/47; low dose, 49/49, 100%; high dose, 50/50, 100%; female: control, 0/47; low dose, 42/46, 83%; high dose, 44/44, 100%).

Follicular cell adenomas occurred in male mice with a significant positive trend, and the incidence in the high dose group was significantly greater than that in the controls (Table 19); no carcinomas were observed. The combined incidence of follicular cell adenomas or carcinomas in dosed female mice was lower than that in the controls (control, 3/47, 6%; low dose, 0/46; high dose, 2/44, 5%).

Integumentary System: Rhabdomyosarcomas of the skin occurred in male mice with a significant negative trend, but the combined incidence of this lesion in the skin or subcutaneous tissue was not statistically significant in dosed male mice.

Lung: Adenomatous hyperplasia was observed at increased incidences in all groups of mice (male: control, 22/50, 44%; low dose, 24/50, 48%; high dose, 25/50, 50%; female: control, 9/50, 18%; low dose, 13/48, 27%; high dose, 15/48, 32%). A positive Sendai titer was detected in sentinel animals at week 26.

Spleen: Hematopoiesis was seen at increased incidences in high dose female mice (control, 9/50, 18%; low dose, 10/47, 21%; high dose, 19/49, 39%) but not in dosed male mice (control, 8/50, 16%; low dose, 7/50, 14%; high dose, 7/49, 14%).

Reproductive System: Cystic disease of the mammary gland occurred at increased incidences in dosed female mice (control, 1/50, 2%; low dose, 5/48, 10%; high dose, 15/49, 31%).

Suppurative inflammation of the uterus, ovaries, or multiple organs was found in 7 control, 14 low dose, and 6 high dose female mice that died before the end of the study. This infection has been present in female B6C3F₁ mice at this and other laboratories. Both Klebsiella oxytoca and K. pneumoniae have been isolated from the ovarian abscesses; however, the exact etiology is not known.

TABLE 19. ANALYSIS OF THYROID GLAND LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Control	1,500 ppm	3,000 ppm
Follicular Cell Hyperplasia			
Overall Rates	3/47 (6%)	7/49 (15%)	14/50 (28%)
n			
Follicular Cell Adenoma (a)			
Overall Rates	0/47 (0%)	0/49 (0%)	5/50 (10%)
Adjusted Rates	0.0%	0.0%	16.7%
Terminal Rates	0/32 (0%)	0/37 (0%)	5/30 (17%)
Life Table Tests	P = 0.004	(b)	P = 0.027
Incidental Tumor Tests	P=0.004	(b)	P = 0.027

⁽a) Historical incidence at testing laboratory--mean: 2%; range: 0%-6%; historical incidence in NTP studies--mean: 1%; range: 0%-6%

⁽b) No P value is presented because no tumors were observed in 1,500-ppm and control groups.

IV. DISCUSSION AND CONCLUSIONS

Toxicology and carcinogenesis studies of HC Blue No. 1, a semipermanent hair dye, were conducted by administering the test chemical in the diet to groups of 50 male and 50 female F344/N rats and to groups of 50 male and 50 female B6C3F₁ mice for 103 weeks. Groups of 50 rats and 50 mice of each sex served as untreated controls. HC Blue No. 1 is absorbed through the skin of rats (strain unspecified) and rabbits in small (not quantitated) but detectable amounts, as evidenced by urinary and biliary excretion (Frenkel and Brody, 1973). Because a larger proportion of a dose would be absorbed through the gastrointestinal tract than through the skin. the dosed feed route of administration was selected for these studies to provide more systemic exposure of the chemical than would have been possible by dermal application.

The dietary concentrations of HC Blue No. 1 used in these 2-year studies (rats and male mice: 0, 1,500, and 3,000 ppm; female mice: 0, 3,000, and 6,000 ppm) were selected on the basis of survival, body weight gains, and histopathologic changes produced during 13-week studies in which dietary concentrations ranged from 0 to 12,500 ppm. The results of those studies showed that in both species the thyroid gland is a potential target organ. A brown-to-gold pigment was detected in the cytoplasm of thyroid epithelial cells in rats and mice of each sex. The pigment was not identified, and no other histopathologic lesions were observed in either species during these 90-day studies.

In the 2-year studies, the mean body weights of dosed rats were lower than those of the controls and the decreases were dose related. Female rats receiving the compound at the 3,000-ppm concentration had a mean body weight that was 12%-15% lower than that of the control group between weeks 50 and 104. Mean body weights of dosed mice were lower than those of controls, and females were more severely affected. Mean body weights of dosed male mice ranged from 89% to 103% that of controls. Mean body weights of low dose females were from 9% to 26% lower than that of controls, and those of high dose females were from 10% to 30% lower than that of controls. These body weight differences cannot be attributed to a reduction in feed consumption, as no consistent differences were observed among groups (Appendix L) and feed

consumption data are considered to be generally useful but less than fully accurate.

The survival of dosed rats and of dosed male mice was not significantly different from that of controls. The survival of female mice dosed with HC Blue No. 1 at the 6,000-ppm concentration was reduced relative to that of the control group (24/50, 48%, vs 36/50, 72%). This reduced survival is not considered to be a compromising factor for the studies. Sixteen of the 26 early deaths in the high dose female mouse group occurred after week 91; therefore, most high dose females were at risk for the development of cancer. Further, 23/26 of the high dose female mice that died early had hepatocellular carcinomas. These early deaths were probably due to this hepatic lesion.

HC Blue No. 1 was carcinogenic in mice, causing increases in the incidences of hepatocellular carcinomas in both males and females. All 24 of the high dose female mice surviving to the end of the study had this lesion. Of the 49 high dose females that were examined microscopically, only one animal that died at week 49 and one that died at week 57 did not have hepatocellular carcinoma. The earliest carcinoma was diagnosed in a high dose animal that died during week 57. The only control female with an hepatocellular carcinoma died during week 92. The number of female mice in the 6,000-ppm group having hepatocellular carcinoma (47/49, 96%) represents one of the highest incidence rates seen in any chemically exposed group in the National Toxicology Program.

Significantly increased incidences of hepatocellular adenomas occurred in low dose mice (male: 1,500 ppm; female: 3,000 ppm). Hepatocellular carcinomas metastasized to the lungs in one control, two low dose, and two high dose males and in one control, three low dose, and three high dose females. In addition, a metastatic hepatocellular carcinoma was found in the kidney of one high dose female.

The administration of HC Blue No. 1 was associated with a marginally increased incidence of hepatocellular neoplasia in male rats, as shown by positive trends in the incidences of neoplastic nodules (control, 0/49; low dose, 0/50; high dose,

3/50) and of neoplastic nodules or hepatocellular carcinomas (control, 1/49; low dose, 0/50; high dose, 6/50). Pairwise comparisons did not reveal statistically significant differences between dosed and control groups (Table 8). The overall rate of hepatocellular carcinoma in the high dose male group (3/50) exceeds the mean historical rate for this tumor in untreated controls at this laboratory (12/438, 3%) or in the Carcinogenesis Program (96/2,306, 4%; Appendix F, Table F1). There was no evidence of an hepatocarcinogenic effect of HC Blue No. 1 in female rats.

Cytoplasmic pigmentation of the follicular epithelial cells of the thyroid gland occurred at incidences ranging from 83% to 100% in dosed rats and mice. None was observed in any control animal. This pigmentation also was detected during the 13-week studies in both species (rats and male mice dosed at 6,250 ppm or higher and female mice dosed at 12,500 ppm). The pigment was not identified. Since the pigment was not detected in the 13-week studies at the concentrations used in the 2-year experiments, its presence in the 2-year studies appears to be indicative of a cumulative effect, at least for periods longer than 13 weeks.

The administration of HC Blue No. 1 was associated with a significant positive trend in the incidence of thyroid gland follicular cell adenomas in male mice (control, 0/47; low dose, 0/49; high dose, 5/50), and the incidence in the high dose group was significantly increased (P=0.027). In addition, a dose-related increase in hyperplasia of thyroid gland follicular cells (control, 3/47; low dose, 7/49; high dose, 14/50) was observed. The administration of HC Blue No. 1 was not associated with the production of proliferative lesions of the thyroid gland in male or female The proliferative rats or in female mice. changes in the thyroid glands of male mice were considered to be compound related.

Follicular cell pigmentation seems unrelated to production of thyroid gland proliferative changes. Pigmentation of tissues is commonly observed in studies of hair dye toxicity, and no consistent relationship between the presence of pigments per se and proliferation has been noted (C. Burnett, personal communication to NTP, 1984). Results from two other NTP studies of

hair dye pigments, C.I. Disperse Blue 1 (tetraaminoanthraquinone) (NTP, 1985b) and HC Red No. 3 (1985c), indicate dose-related thyroid gland pigmentation without consistent hyperplasia of the thyroid gland.

Dose-related increases in lesions of the lung occurred in male and female rats. These changes-adenomatous hyperplasia, alveolar/ bronchiolar adenoma, and alveolar/bronchiolar carcinoma-represent a spectrum of proliferative lesions with no clear demarcation between stages. The lesions occurred in 5/50 control, 8/50 low dose, and 10/50 high dose males and in 3/50 control, 8/49 low dose, and 15/50 high dose females. The combined incidence of adenomas and carcinomas in high dose females is both significant and greater than concurrent and historical control rates (7/434, 2%, at the same laboratory; 27/2,354, 1.1%, throughout the Carcinogenesis Program: Appendix F, Table F2); the occurrence of adenomatous hyperplasia adds further support that these lesions are compound related.

The incidence of pulmonary neoplasms in dosed animals is not believed to have been significantly influenced by the Sendai infection that occurred during these studies. The NTP has compared the incidence of pulmonary neoplasms in Sendai-positive control animals with that in Sendai-negative controls. In studies completed before 1982, the incidence of positive Sendai reactions was 32% in rats and 25% in mice. No difference was found in the incidence of lung neoplasms in these control subgroups.

The pulmonary changes detected in female rats dosed with HC Blue No. 1 for 103 weeks are due to the administration of the chemical and are indicative of a carcinogenic effect. The marginally increased incidence of proliferative changes in male rats may have been related to HC Blue No. 1 administration. Bronchioles or alveoli of male and female mice administered 3,000 ppm HC Blue No. 1 in the 13-week studies contained unidentified yellow crystals; no compound-related changes were found in the lungs. The crystals were not seen in mice in the 2-year studies, and no evidence of pulmonary neoplasia was found in male or female mice.

Uterine stromal polyps occurred in female rats with a significant positive trend, and the

incidence in the high dose group was significantly greater (P=0.022) than that in the control group (control, 5/50; low dose, 9/50; high dose, 14/50). The incidence of this lesion in the untreated controls is lower than that observed historically at the same laboratory (66/438, 15%) and throughout the Carcinogenesis Program (424/2,318, 18%; Appendix F, Table F3). In addition, the incidence in the high dose group was within the range of incidences seen in untreated controls throughout the Carcinogenesis Program.

Uterine polyps generally represent benign tumors (Altman and Goodman, 1979; Baba and Von Haan, 1976; Burek, 1978); however, morphologic criteria have not been established to distinguish between small focal lesions that may represent hyperplasia and autonomous benign tumors. In the NTP, polypoid lesions of the uterine corpus are diagnosed as uterine polyps. Although this practice produces consistency throughout the laboratories, it may result in more lesions being diagnosed as polyps. In a review (Baba and Von Haan, 1976) of a series of chemically induced uterine tumors in rats, the tumors were found to be either epithelial (squamous cell carcinomas or adenocarcinomas) or mesenchymal (endometrial stromal sarcomas or sarcomas). Uterine polyps were not mentioned. and the NTP is not aware of any chemical reported to induce only uterine polyps. Thus, these uterine polyps were not considered to be related to the administration of HC Blue No. 1.

High dose male and low dose female rats exhibited increases in the incidences of retinopathy and cataracts. These lesions are believed to be related to cage placement relative to light source rather than to HC Blue No. 1 administration. This study was conducted before cages were routinely rotated during 2-year studies; therefore, the rats remained in their initially assigned cage positions for the full length of the study. High dose males and low dose females (the groups affected) were housed in the top rows of their respective cage racks. Control males and high dose females were housed in intermediate rows, and control females and low dose males were housed in the bottom rows. No relationship between cage position and tumor incidence was observed.

Zymbal gland carcinomas occurred in 3/50 (6%) control female rats. The incidence of these tumors in untreated females is 4/439 (0.9%) at this laboratory and 9/2,370 (0.4%) throughout the Carcinogenesis Program. The incidence in the present study is included in the laboratory and Program historical data (Appendix F. Table F11). Zymbal glands are examined microscopically only when a grossly observable lesion is detected in the external ear canal at necropsy. Thus, small tumors may go undetected. The actual incidence of this lesion in the present study and throughout the Carcinogenesis Program may be greater. The Zymbal glands from five control females and two high dose male rats were examined microscopically. Three control females and one high dose male had carcinomas. This lesion is frequently found in rats dosed with aromatic amines. The negative trend in female rats and the single carcinoma found in a high dose male rat are not considered to be due to administration of HC Blue No. 1.

Negative trends in the incidences of leukemia and pituitary gland adenomas in male rats and of pituitary gland adenomas or carcinomas and adrenal gland adenomas in female rats were not considered to be due to administration of HC Blue No. 1. Negative trends in the incidences of rhabdomyosarcomas in male mice were not considered to be the result of HC Blue No. 1 administration.

The carcinogenicity of HC Blue No. 1 in rats and mice is consistent with the mutagenicity of the same lot in Salmonella, positive results for HC Blue No. 1 in the L5178Y/TK^{+/-} mouse lymphoma forward mutation assay, and the ability of this chemical to induce unscheduled DNA synthesis (UDS) in rat hepatocytes in vitro (Appendix M). These results contrast with the reported lack of genetic toxicity of a different lot of HC Blue No. 1 in eight of nine short-term tests (Darroudi et al., 1983; Loprieno et al., 1983; Shahin and Bugaut, 1983). The positive results in Salmonella and UDS assays produced by the lot used in the NTP studies and the negative results in the same two assays produced by the lot used by Shahin and Bugaut (1983) and Loprieno et al. (1983) suggest that the two lots are not identical and contain different components.

Frenkel and Brody (1973) reported that HC Blue No. 1 absorbed through the skin of rats and rabbits (or administered intraperitoneally or subcutaneously) is excreted unchanged in urine and bile. Although the dye administered by these routes may not undergo biotransformation, the earlier investigators did not demonstrate quantitative recovery of the administered doses. Therefore, the absence of metabolism of HC Blue No. 1 has not been conclusively demonstrated. In the present study, the excretion of a blue material in the urine provided evidence for absorption of the dye from the gastrointestinal tract: however, since the dve is blue, this observation cannot be taken to mean that any metabolism had occurred. No attempt was made to identify or quantitate the chemical(s) in the urine.

When administered orally, as in the present study, the dye is exposed to the bacterial flora of the gastrointestinal tract. Nitro reduction, Ndemethylation, or N-dealkylation could be carried out by the anerobic flora of the intestinal tract. Any of these metabolic steps could result in the formation of a free aromatic amine that might be absorbed and then subjected to hepatic N-acetylation and hydroxylation (metabolic steps believed to be associated with the activation of carcinogenic aromatic amines). HC Blue No. 1 was negative in the in vivo mouse micronucleus test, in which chemicals are administered by intraperitoneal injection (Darroudi, 1983). This route of administration limits the amount of chemical available for metabolic reduction to a free aromatic amine by the intestinal flora.

Subsequent to the conduct of these studies, it was determined that the dve sample used for the 2-year studies contained approximately 45 ppm of nitrosamines. There were three discrete nitrosamines in the sample, and only one (Nnitrosodiethanolamine, 9 ppm) was identified. Based on the total nitrosamine content of the dve and the concentrations of dve in the diets, it is estimated that the high dose male and female rats and male mice received approximately 138 ppb of total nitrosamines and high dose female mice received approximately 276 ppb. These dietary concentrations correspond to approximately half the concentrations of nitrosamines received by rats and mice in the NTP studies of HC Blue No. 2 (NTP, 1985a). In the latter study, no compound-related neoplastic effects were observed in either sex or species. Therefore, it seems unlikely that the nitrosamines in the HC Blue No. 1 studies influenced the results of the present studies.

Conclusions: Under the conditions of these feed studies, there was equivocal evidence of carcinogenicity* in male F344/N rats, since HC Blue No. 1 caused a marginal increase in the incidence of hepatocellular neoplastic nodules/carcinomas. For female F344/N rats, there was some evidence of carcinogenicity in that HC Blue No. 1 induced increased incidences of alveolar/bronchiolar neoplasms. There was clear evidence of carcinogenicity of HC Blue No. 1 for male and female B6C3F₁ mice as shown by increased incidences of hepatocellular carcinomas. The incidences of follicular cell adenomas of the thyroid gland were also increased in male mice receiving HC Blue No. 1.

^{*}Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

V. REFERENCES

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
NTEGUMENTARY SYSTEM		:				· ···········
*SKIN	(50)		(50)		(50)	
SQUAMOUS CELL PAPILLOMA				(2%)	(00)	
BASAL-CELL TUMOR				(2%)	1	(2%)
BASAL-CELL CARCINOMA			•	1.07		(2%)
SEBACEOUS ADENOCARCINOMA						(2%)
KERATOACANTHOMA	1	(2%)	1	(2%)		(2%)
NEURILEMOMA	•	(2 %)		(2%)	•	(270)
*SUBCUT TISSUE	(50)		(50)	(2 %)	(50)	
FIBROMA		(4%)		(8%)	(00)	
FIBROSARCOMA	_	(40)		(2%)	1	(2%)
NEURILEMOMA	1	(2%)		(4%)		(470)
		·-~/				
RESPIRATORY SYSTEM						
*NASAL CAVITY	(50)		(50)		(50)	
SQUAMOUS CELL CARCINOMA	1	(2%)				
#LUNG	(50)		(50)		(50)	
SQUAMOUS CELL CARCINOMA		(2%)				
ALVEOLAR/BRONCHIOLAR ADENOMA		(4%)	1	(2%)	2	(4%)
ALVEOLAR/BRONCHIOLAR CARCINOMA	_	,		(4%)		(2%)
C-CELL CARCINOMA, METASTATIC	1	(2%)		,		,
IEM A MODOLETIC CYCTEM		- 				
HEMATOPOIETIC SYSTEM	(EQ)		(50)		(EA)	
*MULTIPLE ORGANS	(50)	(00%)	(50)	(100)	(50)	
MONOCYTIC LEUKEMIA		(26%)		(16%)		(4%)
#LIVER	(49)		(50)		(50)	(00)
LEUKEMIA, NOS				(00)	1	(2%)
MONOCYTIC LEUKEMIA			1	(2%)		
CIRCULATORY SYSTEM						
#SPLEEN	(50)		(49)		(50)	
HEMANGIOSARCOMA	2	(4%)			,	
#STOMACH	(50)		(49)		(50)	
HEMANGIOSARCOMA				(2%)	,	
*MESENTERY	(50)		(50)		(50)	
HEMANGIOSARCOMA					1	(2%)
#TESTIS	(50)		(50)		(50)	•
HEMANGIOSARCOMA				(2%)		
DIGESTIVE SYSTEM	. .				· · · · · · · · · · · · · · · · · · ·	
	(EO)		(EA)		(EA)	
*TONGUE	(50)		(50)		(50)	(90%
SQUAMOUS CELL CARCINOMA	das		(FA)			(2%)
#LIVER	(49)		(50)		(50)	(00)
NEOPLASTIC NODULE		(00)			3	(6%)
HEPATOCELLULAR CARCINOMA		(2%)			3	(6%)
#PANCREAS	(49)	•	(49)		(49)	
ACINAR-CELL ADENOMA	/= + ·		1	(2%)		
#FORESTOMACH	(50)		(49)		(50)	
SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA						(2%)
					1	(2%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH D	OSE
URINARY SYSTEM						
#KIDNEY	(50)		(50)		(50)	
TUBULAR CELL ADENOCARCINOMA	(00)		(00)			(2%)
#KIDNEY/CORTEX	(50)		(50)		(50)	,_,,,
ADENOMA, NOS	1	(2%)	(007		(00)	
#KIDNEY/PELVIS	(50)	(2,0)	(50)		(50)	
TRANSITIONAL CELL PAPILLOMA	(00)		(44)			(2%)
ENDOCRINE SYSTEM						
#PITUITARY	(49)		(49)		(47)	
CARCINOMA, NOS	2	(4%)	2	(4%)	1	(2%)
ADENOMA, NOS	9	(18%)	7	(14%)	3	(6%)
ACIDOPHIL ADENOMA			1	(2%)		
#ADRENAL	(49)		(49)		(50)	
CORTICAL ADENOMA	/	(2%)	1	(2%)		
PHEOCHROMOCYTOMA		(41%)		(35%)	17	(34%)
PHEOCHROMOCYTOMA, MALIGNANT		(2%)		(2%)	2	(4%)
GANGLIONEUROMA		(2%)	-			
#THYROID	(50)	V= 127	(48)		(50)	
FOLLICULAR-CELL ADENOMA	,50)			(4%)	,- ,-	
C-CELL ADENOMA	9	(18%)		(8%)	5	(10%)
C-CELL CARCINOMA		(2%)		(4%)	2	(4%)
#PANCREATIC ISLETS	(49)		(49)		(49)	
ISLET-CELL ADENOMA		(10%)		(8%)	1	(2%)
ISLET-CELL CARCINOMA			1	(2%)		
DEDDO DUCTIVE SVSTEW						
REPRODUCTIVE SYSTEM	(50)		(50)		(50)	
*MAMMARY GLAND FIBROADENOMA	(50)			(2%)	(00)	
	(50)		(50)	(270)	(50)	
*PREPUTIAL GLAND		(4%)		(2%)		(4%)
CARCINOMA, NOS		(4%)		(4%)		(4%)
ADENOMA, NOS	(50)	19270)	(50)	(470)	(50)	(= 10)
*SEMINAL VESICLE	(50)			(2%)	(00)	
CARCINOMA, NOS, METASTATIC	(50)		(50)	(2 10)	(50)	
#TESTIS INTERSTITIAL-CELL TUMOR		(90%)		(88%)		(88%)
NIEDWOLIS SYCTEM						
NERVOUS SYSTEM #CEREBRUM	(50)		(49)		(50)	
#CEREBRUM SQUAMOUS CELL CARCINOMA, METASTA	\ ·	(2%)	(47)		(00)	
· · · · · · · · · · · · · · · · · · ·		(2%)	(49)		(50)	
#BRAIN	(50)			(2%)	(00)	
ASTROCYTOMA			1	(2%)		
SPECIAL SENSE ORGANS						
*EXTERNAL EAR	(50)		(50)		(50)	
NEUROFIBROSARCOMA		(2%)	,			
*ZYMBAL GLAND	(50)		(50)		(50)	/o~:
SQUAMOUS CELL CARCINOMA					1	(2%)
MUSCULOSKELETAL SYSTEM NONE						
BODY CAVITIES						
*TUNICA VAGINALIS	(50)		(50)		(50)	
MESOTHELIOMA, NOS				(2%)		(2%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

ALL OTHER SYSTEMS *MULTIPLE ORGANS SARCOMA, NOS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT TAIL SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL *NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TOOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSEXED OTHER CASES	(50) 1 (2%) 1 (2%) 2 (4%) 1 1 1 1 LLY 50 7 11	(50) 1 (2%
*MULTIPLE ORGANS SARCOMA, NOS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT TAIL SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL *NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE TERMINAL SACRIFICE ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	1 (2%) 1 (2%) 2 (4%) 1 1 1 LLY 50	1 (2%) 50 7
MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT TAIL SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL * NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TOOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	1 (2%) 2 (4%) 1 1 1 LLY	50 7
MESOTHELIOMA, MALIGNANT TAIL SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE TERMINAL SACRIFICE TOOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	2 (4%) 1 1 LLY 50 7	7
TAIL SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NDS ANIMAL MISSING ANIMAL MISSEXED	1 1 1 LLY 50 7	7
SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA LEG FIBROSARCOMA # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	1 1 LLY 50 7	7
KÉRATOACANTHOMA LEG FIBROSARCOMA * NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH 9 MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	1 1 LLY 50 7	7
LEG FIBROSARCOMA **NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED **ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY 50 NATURAL DEATH 9 MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE 4 SCHEDULED SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	1 LLY 50 7	7
FIBROSARCOMA FIBROSAROMA FIBROSARCOMA FIB	50 7	7
# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICAL NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY 50 NATURAL DEATH 9 MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	50 7	7
NUMBER OF ANIMALS NECROPSIED ANIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY 50 NATURAL DEATH 9 MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	50 7	7
ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TERMINAL SACRIFICE ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	7	7
ANIMALS INITIALLY IN STUDY NATURAL DEATH MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE TOOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	7	7
NATURAL DEATH 9 MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE TERMINAL SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	7	7
MORIBUND SACRIFICE 4 SCHEDULED SACRIFICE TERMINAL SACRIFICE 37 DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	11	2
SCHEDULED SACRIFICE TERMINAL SACRIFICE TOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED		
DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED		
ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED	32	41
ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED		
ANIMAL MISSING ANIMAL MISSEXED		
ANIMAL MISSEXED		
OTHER CASES		
TUMOR SUMMARY		
TOTAL ANIMALS WITH PRIMARY TUMORS** 49	49	50
TOTAL PRIMARY TUMORS 124	125	105
TOTAL ANIMALS WITH BENIGN TUMORS 47	47	49
TOTAL BENIGN TUMORS 99	97	78
TOTAL ANIMALS WITH MALIGNANT TUMORS 21	22	20
TOTAL MALIGNANT TUMORS 25	26	23
TOTAL ANIMALS WITH SECONDARY TUMORS## 2	1	
TOTAL SECONDARY TUMORS 2	1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN-	0	A
BENIGN OR MALIGNANT	$egin{array}{c} 2 \\ 2 \end{array}$	4 4
TOTAL UNCERTAIN TUMORS	z	4
TOTAL ANIMALS WITH TUMORS UNCERTAIN-		
PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS		
TOTAL CHOEMIAN TOMONS		

^{**} PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS
SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

FIBROSARCOMA 1 (2%) RESPIRATORY SYSTEM #LUNG SQUAMOUS CELL CARCINOMA, METASTA 1 (2%) ALVEOLAR/BRONCHIOLAR ADENOMA 1 (2%) 2 (4%) 3 ALVEOLAR/BRONCHIOLAR CARCINOMA 1 (2%) 4 HEMATOPOIETIC SYSTEM *MULTIPLE ORGANS (50) (50) (50) MALIG. LYMPHOMA, LYMPHOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 (2%) MALIGNANT LYMPHOMA, MIXED TYPE 1 (2%) MONOCYTIC LEUKEMIA 4 (8%) 3 (6%) 5 #THYMUS (48) (50) (49) THYMOMA 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) (50) (50) HEMANGIOSARCOMA 1 #ENDOCARDIUM (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) (50) NEOPLASTIC NODULE (50) (50) (50)	OW DOSE HIGH DOSE	LOW	rol (untr)	CON	
ANIMALS NECROPSIED 50 50 50 50 ANIMALS EXAMINED HISTOPATHOLOGICALLY 50 50 50 INTEGUMENTARY SYSTEM *SKIN (50) (50) (50) SQUAMOUS CELL PAPILLOMA 1 (2%) *SUBCUTTISSUE (50) (50) (50) (50) FIBROMA 2 (4%) 1 (2%) 4 FIBROSARCOMA 1 (2%) 1 (2%) 4 FIBROSARCOMA 1 (2%) 1 (2%) 4 RESPIRATORY SYSTEM #LUNG (50) (49) (50) SQUAMOUS CELL CARCINOMA, METASTA 1 (2%) 2 (4%) 3 (40) (50) SQUAMOUS CELL CARCINOMA 1 (2%) 2 (4%) 3 (40) (40) (40) (40) (40) (40) (40) (40)	0 50	50		50	ANIMALS INITIALLY IN STUDY
*SKIN (50) (50) (50) (50) (50) (50) (50) (50)	0 50	50		50	
*SKIN (50) (50) (50) (50) (50) SQUAMOUS CELL PAPILLOMA 1 (2%) (50) (50) (50) (50) (50) (50) (50) (50	0 50	50		50	ANIMALS EXAMINED HISTOPATHOLOGICALLY
SQUAMOUS CELL PAPILLOMA KERATOACANTHOMA 1 (2%) KERATOACANTHOMA 1 (2%) SUBCUTTISSUE (50) FIBROMA 2 (4%) FIBROSARCOMA 1 (2%) RESPIRATORY SYSTEM #LUNG SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA 1 (2%) 4 FIBROTORY SYSTEM #MULTIPLE ORGANS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE MALIG. LYMPHOMA, MIXED TYPE MALIG. LYMPHOMA, MIXED TYPE MALIG. HYMPHOMA, MIXED TYPE MALIG. SYSTEM #THYMUS (48) #THYMUS (48) CIRCULATORY SYSTEM *SUBCUTTISSUE (50) CIRCULATORY SYSTEM *SUBCUTTISSUE (50) ANITSCHKOW-CELL SARCOMA 1 (2%) MEMANGIOSARCOMA 1 (2%) THYMOMA 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (50) (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 (2%) #LIVER (50) MEDPLASTIC NODULE MEPATOCELLULAR CARCINOMA 1 (2%) TINNARY SYSTEM					NTEGUMENTARY SYSTEM
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ALVEOLAR/BRONCHIOLAR ADÉNOMA ALVEOLAR/BRONCHIOLAR CARCINOMA ALVEOLAR/BRONCHIOLAR CARCINOMA ALVEOLAR/BRONCHIOLAR CARCINOMA ALVEOLAR/BRONCHIOLAR CARCINOMA **MULTIPLE ORGANS **MULTIPLE ORGANS **MULTIPLE ORGANS **MULTIPLE ORGANS **MULTIPLE ORGANS **MALIG. LYMPHOMA, LYMPHOCYTIC TYPE **MALIG. LYMPHOMA, HISTIOCYTIC TYPE **MALIG. LYMPHOMA, MIXED TYPE **MALIGNANT LYMPHOMA, MIXED TYPE **MONOCYTIC LEUKEMIA **MULTIPLE ORGANS **MALIG. LYMPHOMA, LIZWO **MALIG. LYMPHOMA, LIZWO **MALIG. LYMPHOMA, LIZWO **MALIG. LYMPHOMA, LIZWO **MULTIPLE ORGANS **MOLTONIA	(50)	(49)		(50)	
ALVEOLAR/BRONCHIOLAR CARCINOMA 1 (2%) HEMATOPOIETIC SYSTEM *MULTIPLE ORGANS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE MALIG. LYMPHOMA, MIXED TYPE MONOCYTIC LEUKEMIA MONOCYTIC LEU					SQUAMOUS CELL CARCINOMA, METASTA
#MULTIPLE ORGANS (50) (50) (50) (50) MALIG. LYMPHOMA, LYMPHOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, MIXED TYPE 1 (2%) MALIGNANT LYMPHOMA, MIXED TYPE 1 (2%) MONOCYTIC LEUKEMIA 4 (8%) 3 (6%) 5 5 #THYMUS (48) (50) (49) THYMOMA 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) (50) (50) HEMANGIOSARCOMA 1 (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) MEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM 1 (2%)			(2%)	1	
*MULTIPLE ORGANS (50) (50) (50) MALIG. LYMPHOMA, LYMPHOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 (2%) MALIGNANT LYMPHOMA, MIXED TYPE 1 (2%) MALIGNANT LYMPHOMA, MIXED TYPE 1 (2%) MONOCYTIC LEUKEMIA 4 (8%) 3 (6%) 5 #THYMUS (48) (50) (49) THYMOMA 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) (50) (50) HEMANGIOSARCOMA 1 (50) #ENDOCARDIUM (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM	1 (2%) 4 (8%)	1 (2			ALVEOLAR/BRONCHIOLAR CARCINOMA
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, MIXED TYPE 1 MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 (2%) MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 MALIG. LYMPHOMA, HISTIOCYTIC TYPE 1 MONOCYTIC LEUKEMIA 4 (8%) 3 (6%) JEWINARY SYSTEM (48) (50) (50) WEINARY SYSTEM (50) (50) (50) MEDICATE NODULE 1 (2%) (50) MEDPLASTIC NODULE 1 (2%) (50)					
MALIG. LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE MONOCYTIC LEUKEMIA #THYMUS (48) THYMOMA *SUBCUT TISSUE *SUBCUT TISSUE (50) HEMANGIOSARCOMA #ENDOCARDIUM ANITSCHKOW-CELL SARCOMA DIGESTIVE SYSTEM #LIVER #LIVER #LIVER #LIVER #LIVER #EPATOCELLULAR CARCINOMA 1 URINARY SYSTEM **SUBCUT TISSUE (50) (50) (50) (50) (50) (50) (50) (50)				(50)	
MALIGNANT LYMPHOMA, MIXED TYPE MONOCYTIC LEUKEMIA					
MONOCYTIC LEUKEMIA 4 (8%) 3 (6%) 5 #THYMUS (48) (50) (49) THYMOMA 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) (50) (50) HEMANGIOSARCOMA 1 #ENDOCARDIUM (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM	1 (2%)	1 (2			
#THYMUS THYMOMA (48) (50) (49) 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) HEMANGIOSARCOMA (50) ANITSCHKOW-CELL SARCOMA (50) DIGESTIVE SYSTEM #LIVER #LIVER #LIVER (50) NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA (48) (50) (50) (50) (50) (50) (50) (50) 1 (2%)		3 /6	(8 <i>9</i> 6)	1	
THYMOMA 1 CIRCULATORY SYSTEM *SUBCUT TISSUE (50) (50) (50) HEMANGIOSARCOMA 1 #ENDOCARDIUM (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM			(070)		
*SUBCUT TISSUE (50) (50) (50) (50) HEMANGIOSARCOMA 1 #ENDOCARDIUM (50) (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM	1 (2%)	(00)		(40)	
*SUBCUT TISSUE (50) (50) (50) (50) HEMANGIOSARCOMA 1 #ENDOCARDIUM (50) (50) (50) (50) ANITSCHKOW-CELL SARCOMA 1 DIGESTIVE SYSTEM #LIVER (50) (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM					CIRCULATORY SYSTEM
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ANITSCHKOW-CELL SARCOMA DIGESTIVE SYSTEM #LIVER (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM	1 (2%)				HEMANGIOSARCOMA
DIGESTIVE SYSTEM #LIVER (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM		(50)		(50)	
#LIVER (50) (50) (50) (50) NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM	1 (2%)				ANITSCHKOW-CELL SARCOMA
NEOPLASTIC NODULE 1 (2%) HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM					
HEPATOCELLULAR CARCINOMA 1 URINARY SYSTEM				(50)	, — · · - · ·
	1 (2%)	1 (2			
ENDOCRINE SYSTEM			***		FNDOCDING SYSTEM
#PITUITARY (50) (49)	(49)	(49)		(50)	
			(12%)		#
ADENOMA, NOS 25 (50%) 21 (43%) 18					ADENOMA, NOS
#ADRENAL (50) (50)	• • • • • • • • • • • • • • • • • • • •	,			
CORTICAL ADENOMA 5 (10%) 2 (4%)					
PHEOCHROMOCYTOMA 8 (16%) 2 (4%) 3 #THYROID (49) (50) (50)			(10%)		
FOLLICULAR-CELL ADENOMA 1 (2%) (50) (60)			(2%)		
	1 (2%)	2 (4	(= ·V/	•	
C-CELL ADENOMA 5 (10%) 2 (4%)	2 (4%)	2 (4			
C-CELL CARCINOMA 3 (6%) 4 (8%) 2	4 (8%) 2 (4%)	4 (8			C-CELL CARCINOMA
#PARATHYROID (48) (49) (48)		(49)		(48)	
ADENOMA, NOS	1 (2%)				ADENOMA, NOS

TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
ENDOCRINE SYSTEM (Continued)						
#PANCREATIC ISLETS	(50)		(50)		(50)	
ISLET-CELL ADENOMA			1	(2%)		
ISLET-CELL CARCINOMA	1	(2%)			1	(2%)
REPRODUCTIVE SYSTEM						
*MAMMARY GLAND	(50)		(50)		(50)	
ADENOCARCINOMA, NOS	3	(6%)				
MIXED TUMOR, MALIGNANT		,	1	(2%)		
FIBROADENOMA	13	(26%)	12	(24%)	8	(16%)
*CLITORAL GLAND	(50)	(20,0)	(50)		(50)	,
CARCINOMA, NOS		(6%)		(10%)		(6%)
SQUAMOUS CELL CARCINOMA	Ū	10707		(2%)	·	(0,0,
ADENOMA, NOS	1	(2%)	•	,	1	(2%)
#UTERUS	(50)		(50)		(50)	(m. 70)
ADENOCARCINOMA, NOS	(00)			(2%)	(00)	
ENDOMETRIAL STROMAL POLYP	5	(10%)		(18%)	14	(28%)
ENDOMETRIAL STROMAL SARCOMA		(2%)		(2%)		(2%)
#CERVIX UTERI	(50)	TM IVI	(50)	1-707	(50)	
LEIOMYOMA	(00)		,	(2%)	(00)	
MAN IN A VIVAX						
NERVOUS SYSTEM						
#CEREBRUM	(50)		(50)		(49)	
GLIOMA, NOS			1	(2%)		
#BRAIN	(50)		(50)		(49)	
CARCINOMA, NOS, INVASIVE					1	(2%)
SPECIAL SENSE ORGANS						
*ZYMBALGLAND	(50)		(50)		(50)	
SQUAMOUS CELL CARCINOMA		(2%)	14-7		(
ADENOSQUAMOUS CARCINOMA		(4%)				
MUSCULOSKELETAL SYSTEM						
*SKULL	(50)		(50)		(50)	
OSTEOSARCOMA	(00)			(2%)	(50)	
OJIBOBANOOMA				(2 R)		
BODY CAVITIES						
*MEDIASTINUM	(50)		(50)		(50)	
CARCINOSARCOMA				·	1	(2%)
ALL OTHER SYSTEMS						
*MULTIPLE ORGANS	(50)		(50)		(50)	
MUCINOUS ADENOCARCINOMA	\ ·			(2%)	, •	
FIBROSARCOMA				(2%)		
MIXED TUMOR, METASTATIC				(2%)		
CARCINOSARCOMA				(2%)		
CARCINOSARCOMA						

 $[\]ensuremath{\#}$ NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DEATH	4	6	4
MORIBUND SACRIFICE	6	10	6
SCHEDULED SACRIFICE			
TERMINAL SACRIFICE	40	34	40
DOSING ACCIDENT			
ACCIDENTALLY KILLED, NDA			
ACCIDENTALLY KILLED, NOS			
ANIMAL MISSING			
ANIMAL MISSEXED			
OTHER CASES			
TUMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS#		43 82 35 55 23 26	45 83 37 53 25 30
TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAIN-	1	1	1
BENIGN OR MALIGNANT		1	
TOTAL UNCERTAIN TUMORS		1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			

^{**} PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS
SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: UNTREATED CONTROL

ANIMAL	T 0 !	0	9	0	91	9	0 1	•	0	0	6	٠ •	•	•	•	0]	6]	ē,		0		_e1		-
HUMBER WEEKS OR	- :	_2 -2	٩	- ;	5	-	뷔	8	- 3	٠	-11-	补	4	4	4	4	ᆲ	٠	٠	å	2	- 2	1	-
STUDY	8	•			•	ė		•			•		i	ا	غ	إ	3	•	•			:	•	ģ
THTEGUMENTARY SYSTEM	Τ.														_									
KERATDAGAHTHOMA	<u>.</u>		•		•	<u>.</u>	٠	_	•	•	<u> </u>	<u>.</u>	•	•	•	<u> </u>	*	•	_	_	•	•	<u> </u>	
SUBCUTANEOUS TISSUE Fidroma Neurilemoma	•	×	4	*	٠	×	•	٠	٠	٠	•	•	•	٠	٠	•	+	•	×	٠	٠	•	•	•
RESPIRATORY SYSTEM	+	-	_												_						_			
LUNGS AND BRONCHI Squamdus cell carcinoma Alvedlar-bronchiolar adenoma C-cell garcinoma, metastatic	ŀ	٠	٠	٠	*	+	٠	*	•	+	* X	٠	•	•	×	•	•	•	٠	•	٠	٠	•	• •
TRACHEA		+	+	٠	•	_	•	•	·	٠	+	•	•	•	•	4	+	•	•	+	+	+	•	+
NASAL CAVITY Squamous cell carcinoma	N	H	N	Ħ	Ħ	H	H	Ħ	H	H	H	H	H	H	ĸ	Ħ	H	H	H	H	H	H	H	H 1
REMATOPOIETIC SYSTEM	\top												_						_			_	_	
BONE MARROW	 	٠	٠	٠	•	•	•	٠.	•	٠	<u>+</u>	٠	•	٠_	<u>*</u>	٠	٠.	+	٠	+	٠	٠	٠	• •
SPLEEN Hemangiosarcoma	ŀ	+	٠	+	٠	٠	•	+	•	٠	+	+	•	•	٠	+	<u>*</u>	*	٠	٠	٠	٠	٠	• •
LYMPH HODES		•	•	•		٠.	•	. +	•	•	•	+	•	•	+	_		·	٠	+	٠	+	•	•
THYMUS	•	+	-	-	•	-	+		+	•	+	+	٠	•	+	+	+	٠	٠	4	٠	٠	+	• •
CIRCULATORY SYSTEM	-	_		-			-	-						_		_		_			_			
HEAPT	+	•	4	٠	٠	٠	٠	+	٠	٠	٠	4	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	• •
DIGESTIVE SYSTEM	+-																_							
SALIVARY GLAND	<u>+</u>	٠.	٠	•	٠.	٠	٠	٠.	٠	٠.	+	+		٠.	٠	<u>. </u>	•	•	+	٠	•	٠	٠	• •
LIVER	•	٠	٠	٠	٠	٠	+	÷	•	4	٠	٠	٠	•	+	٠	+	٠	٠	٠	•	٠	٠	
HEPATOCELLULAR CARCINOMA BILE DUCT		_			_			٠.		4	_		_		4				_			_		
GALLBLADDER & COMMON SILE DUCT	H	N N	H	×	N	N	Ň.	N.	N	Ň	N	<u>. </u>	H H	N.	<u>т —</u>	N.	Ň.	N	N	H	H	<u> </u>	×	
PANCREAS	1	+	+	٠	٠	•	+		*	•	_		+	*	٠.	٠	•	•	٠	+	•	•	•	
ESDPHAGUS		•	•	+_				٠		•		•		•	•	•	•	•	÷		•	٠	•	•
STOMACH		•	•	•	•	•	•	٠	•	<u>. </u>	•	•	-	٠.	•	•		+	+	•	•	٠.	•	•
SMALL INTESTINE		٠	+	٠.	٠.	+	٠	٠.	٠	<u>+</u>	٠	٠	٠	<u>. </u>	•	• •	•	4	٠	٠	٠	٠	٠	• •
LARGE INTESTINE	٠	٠	٠	٠	4	٠	٠	٠	٠	٠	•	•	٠	٠	٠	•	٠	٠	4	٠	٠	٠	٠	• •
URTHARY SYSTEM	_					_	_			-		***	_	-		_								
KIDHEY ADEHOMA, HOS	+	•	+	•	•	+	٠	٠	*	•	•	<u> </u>	•	•	•	•	_	٠	٠	<u>.</u>	٠	•	•	• •
URIHARY BLADDER	٠	4	•	4	٠	٠	٠	٠	٠.	+	4	•	•	٠	٠	• •	•	٠.	٠	+	+	٠.	٠	+ +
ENDUCRINE SYSTEM																								
PITUITARY Carcinoma, NOS Adenoma, NOS	×	•	×	•	•	+	+	•	•	•	•	•	•	٠.	•	• •	<u> </u>	•	* X	•	<u>.</u>	<u> </u>	•	
ADRENAL CORTICAL ADENOMA		٠	+	٠	٠	٠	٠	٠	•	٠	•	٠.			٠	•			٠	٠	٠	٠	٠	• •
PHEOCHROMOCYTOMA Pheochromocytoma, malignant Ganglioneuroma	×	X			×	×	×			×	×			× ;	× 			×	_	X		×	×	
THYROID C-CELL ADENOMA C-CELL CARCINOMA	•	*	*	•	•	٠	•	*	٠	٠	*	•		ŧ	•	•	• —	•	٠	ż	•	•	•	• •
PARATHYROXD		+	٠	٠	•	•	٠.	•	•		<u>۔</u>	<u>. </u>	٠	<u>. </u>	٠	•	•	٠	4	٠	٠.	•	٠	+ +
PANCREATIC ISLETS ISLET-CELL ADENOMA REPRODUCTIVE SYSTEM	·	•	٠	<u>.</u>	•	٠	٠	٠	٠	+	-	٠	ż_	٠	٠	•	•	•	<u>:</u>	•	•	٠	•	
MAMMARY GLAND		N			•				.	4				<u>+</u>			٠.		٠	٠	٠	٠		• •
TESTIS	٠	٠	•	•		÷	•	<u>.</u>		<u>.</u>	:	<u>.</u>	<u>.</u>	<u>:</u>	<u>.</u>	•	٠	:	:	٠	:	:	:	; ;
INTERSTITIAL-CELL TUMOR PROSTATE	-	<u>×</u>	<u>×</u>	<u>.</u>	.X	<u>×</u>	<u>.</u>	<u>.</u>	×.	ř	<u>. </u>	<u>*</u> _	<u>*</u>	<u>`</u>	<u>. </u>	-	.	•	•	•	٠	•	•	
PREPUTIAL/CLITORAL GLAND CARCINOMA, NOS ADENOMA, NOS	X	H	H	H	H	Ħ	H	H	H	H	H	H	H	Ħ	H	H	N	H	H	X	Ħ	Ħ	H	H)
RERVOUS SYSTEM	_	_							_			-					_							
BRAIN SQUAMOUS CELL CARCINOMA, METASTAT		٠	•	٠	٠	٠	٠	•	+	٠	٠	٠	٠	•	٠	٠	٠	٠	•	•	•	•	٠	• •
SPECIAL SENSE ORGANS													_		_			×	ĸ	*			×	
EAR HEUROFIBROSARCOMA ALL OTHER SYSTEMS		*	H	H	H	,	•	H	H	+	H	*	-	*	N	_	H	_				-1		
MULTIPLE ORGANS HOS MONOCYTIC LEUKEMIA		H	H	H	H	N	H	Ħ	H	H	Ħ	H	H	Ħ	H	H	H	H	H	H	Ħ	Ħ	H	H 1
MONOCYTIC LEUKEMIA	1	1						_	_					٠.	_		_	_	_	_	_	_	_	

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

ANIMAL NUMBER	0	2	2	2	0	0	3	3	3	3	3	3	3	3	91	0	9	:	1	9	9	9	5	9	5	
WEEKS ON	-	-71	4	-	-4	+	-2	4	4	١	+	+	٩	+	4	1	0 8	3	+	- 1	-	-7	4		- C	TOTAL TISSUES
STUDY INTEGUMENTARY SYSTEM	;	;	?	,	;	ز	;	3	;	;	;	<u>;</u>	;	;	;	,	8	8	ŝ	7	;	,	;	ţ	<u> </u>	TUMORS
SKIN KERATOACANTHOMA	+	+	٠	٠	٠	+	٠	•	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	•	÷	+	501
SUBCUTANEOUS TISSUE FIBROMA NEURILEMOMA	٠	+	+	٠	٠	•	•	+	•	•	٠	÷	4	•	+	+	٠	٠	٠	٠	٠	•	٠	•	•	37:
RESPIRATORY SYSTEM	-					_									_				-	_				_	-	
LUNGS AND BRONGHI SQUAMOUS CELL CARCINOMA ALVEDLAR/BRONGHIDLAR ADENDMA C-CELL CARCINOMA, METASTATIC	•	٠	•	•	+	٠	•	•	٠	•	٠	•	•	•	•	•	٠	٠	•	* X	٠	•	•	٠	•	30 1 2
TRACHEA	٠	٠	٠	٠	•	•	٠	+	•	٠		+	*	4	<u>.</u>	•	٠	٠	<u>-</u>	•	•	•	4	÷	٠	
NASAL CAVITY Squamous cell carcindma	ĸ	Ħ	H	H	H	H	H	H	Ħ	H	Ħ	Ħ	Ħ	×	N	N	N	H	×	H	H	H	H	H	×	30m
HEMATOPOIETIC SYSTEM		_				_			_												_	-		_	+	
BONE MARROW	•	•	٠	÷	٠.	+	٠	٠.	<u>*</u>	٠	+	<u>+</u>	•	<u>*</u>	٠	٠	٠	٠.	<u>+</u>	+	٠	•	.	4	*	
SPLEEN Hemangiosarcoma	٠	_	+	+	•	٠	+	•	٠	٠	٠	*	+	4	*	4	٠	ż.	*	٠	*	*	•	*	4	31,
LYMPH NODES	٠	٠	٠	٠	٠	٠.	٠	٠	٠	٠	٠_	•		٠	٠_	٠	•	٠.	٠.	٠	٠	٠	<u>.</u>	٠.	4	_11_
THYMUS		٠	٠	٠	•	•	٠	•	•	٠	٠	٠	4	٠	٠	+	٠	+	٠	٠	٠	4	*	•	٠	46
CIRCULATORY SYSTEM																										
HEART		<u>.</u>	٠	<u>+</u>	+	٠	*	•	+	+	•	<u>.</u>	4	•	٠	+	٠	٠	•	•	•	•	<u>.</u>	<u>.</u>	•	51
DIGESTIVE SYSTEM SALIVARY GLAND		•			_									•												
LIVER	Ť	÷	÷	÷	Ť	÷	Ť	÷				·			_		<u>. </u>	*	÷	÷	•	Ť	Ť	<u>*</u>	•	49
HEPATOCELLULAR CARGINOMA	<u> </u>	_	_	_		_										-			-						+	
BILE DUCT	<u>.</u>	<u>+</u>		÷	<u>.</u>	<u>.</u>	<u>.</u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u>:</u>	!	•	<u>.</u>	<u> </u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	÷	<u>.</u>	<u>.</u>	÷	•	
GALLBLADDER & COMMON BILE DUCT PANCREAS		•	-ال	-	•		•	÷	-	•	•	•	•	•	•	•	٠.	<u>٠</u>	<u>.</u> _	•	•	4	•	•	•	
ESOPHAGUS	•	•	•	٠	٠	•	•	•	•	•	•	•	٠		•		٠	٠		•		٠	•	٠	٠	-11
STOMACH	•	•	•	•	•	٠	•	•	•	+		4	•	•	•	٠	٠	•	٠	·	·	٠	٠	٠	٠	_11_
SMALL INTESTINE	•	•	•	•	٠	•	•		_	٠	٠.	٠	•	•	•	•	•		•	•	٠	•	٠	٠	٠	
LARGE INTESTINE	٠	4	+	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	+	+	4	٠		4	4	٠	٠	+	51
URIHARY SYSTEM	_	_		_	_		_	_	_	_									_						1	
KIDHEY Adenoma, Nos	+	٠	٠	٠	٠	•	•	*	<u> </u>	*	٠	4	+	+	٠	+	٠_	<u>.</u>	4	<u> </u>	•	+	•	٠	٠	51
URIMARY BLADDER	٠	٠	٠	٠	٠	+	*	٠	٠	+	٠	.*	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	31
ENDOCKINE SYSTEM								_		_					•		•	•						•		49
PITUITARY CARCINOMA, HOS ADENGMA, HOS	•	<u>.</u>	•	<u>+</u>	<u>.</u>	•	, <u>X</u>	×	·	<u>.</u>		-	_		-	<u>.</u>	<u>.</u>	<u>.</u>	×	- ' '}						
ADREMAL CORTICAL ADENDMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA MALIGHANT GAMGLIGNEUROMA	•	×	×	•	_	×	•	×			•	×	Ť	Ĭ		_	·	_	•	×	x	_		×		2
THYROID C-CELL ADEHOMA C-CELL CARCINOMA	٠	٠	×	٠	×	•	٠	٠	٠	٠	+	٠	٠	٠	٠	*	٠	٠	×	٠	٠	÷	٠	٠	· ×	31,
PARATHYROID	·	٠	+	•	•	•	+	•	٠	•	٠	٠	٠	•	٠		٠	_	+	٠	٠	٠.	٠	٠	•	
PANCREATIC ISLETS ISLET-CELL ADENOMA REPRODUCTIVE SYSTEM	•	٠	٠	•	<u>.</u>	•	<u>.</u>	<u>.</u>	<u>.</u>	٠	ż.	ţ	•	٠	•	4	+	•	•	*	+	•	•	•	•	
MAMMARY SLAND	1.	٠		. +	N.	٠	٠	•	٠	٠	4	н	+	*	٠_	٠.	•	+	٠	٠	٠	٠	٠	٠	٠	
TESTIS INTERSTITIAL-CELL TUMOR	, x	ż	<u>*</u>	ţ	ţ.	ţ.	÷	ţ.	ż	*	*	ţ.	÷	ţ.	÷	į.	ż	٠	ţ	*	ţ	ż	÷	÷	•	303
PROSTATE		ì	•	٠	•	•	•	•	+	٠	•	•	٠	٠	•	•	٠	•	٠	_	٠	·	•	٠	•	
PREPUTIAL/CLITORAL SLAND CARCINOMA, NOS ADENOMA, NOS	H	Ħ	H	N	H	H	H	H	H	H	H	N	×	H	Ħ	H	H	ĸ	H	Ħ	ĸ	N	×	×	×	5 5 5 5 8
HERVOUS SYSTEM									_							,		_				٠	•	•	٠	51
BRAIN SQUAMOUS CELL CARCINOMA, METASTAT SPECIAL SENSE DROAMS	•	•	<u> </u>	<u>, </u>	<u> </u>	•	•	_	•	•	<u> </u>	•	•	•	<u> </u>	_	_	<u> </u>	×	_	_		_		_	**,
EAR NEUROFISROSARCOMA	H	H	Ħ	H	٠	H	H	*	H	H	H	K	H	H	H	×	H	H	*	×	H	*	H	Ħ	×	50%
ALL STHER SYSTEMS MULTIPLE ORGANS MOS MORDCYTIC LEUKEMIA	H	ĸ	H		_	*	H	H	N	н	*	H		u	H		ĸ	ĸ		H		H			H	50T

^{*} ANIMALS NECROPSIED

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: LOW DOSE

ANIMAL Number				:	0	•	•		0	Ů	,		0	•	0	•	1	0	0	,	1	0 2	2	1	8
WEEKS ON Study		l	-	•	9	•	+	7		1	8	,	2	7	9	-	-	7	1		-	-	7	7	1
INTEGUMENTARY SYSTEM	─ ├ ^	_	_	a.	به	•	-	فسا		•	ш	_6	ليك	_61		_6_	-61	-6	للا	L 6	غا	•	٠	٤	ىب
SKIH SQUAMDUS CELL PAPILLOMA BASAL-CELL TUMOR KERATOACAHINOMA NEURILEMOMA	·		•	•	٠	٠	٠	×	•	•	+	٠	٠	•	•	٠	٠	•	٠	٠	×	•	٠	٠	•
SUBCUTAMEOUS TISSUE FIBROMA FIBROSARCOMA MEURILEMOMA	•	•	•	•	٠	×	•	٠	*	•	٠	×	٠	•	٠	٠	٠	٠	*	٠	٠	٠	٠	٠	٠
RESPIRATORY SYSTEM										•										-	_	_			
LUNGS AND BRONCH! ALVEDLAR/BRONCHIOLAR ADENOMA ALVEDLAR/BRONCHIOLAR CARGINOMA TRACHEA		3	_	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u> </u>	<u>.</u>	•	<u>*</u>	<u>.</u>	<u>.</u>	<u> </u>	<u>.</u>								
EMATOPOLETIC SYSTEM	- ·			_	_	_	_	_		_				<u>.</u>	<u> </u>	<u> </u>	•	<u> </u>	<u>.</u>	•	•	<u> </u>	•	•	_
SONE MARROW	1.			_	•	•				_+_			+	٠		٠		٠		٠	٠	. +			
SPLEEN		_			-	٠	•	•	٠	•	٠	•	٠	•	٠	•	٠	•	٠	•	٠	•	•	•	٠
LYMPH HODES	+	<u>د</u>			-	٠	٠.	٠	٠	+	٠	٠		•	٠	٠	٠	٠	•	٠	•	•	•	•	٠
THYHUS	٠	٠	•	•	-	٠	٠	+	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	•
IRGULATORY SYSTEM		_										_													
HEART IGESTIVE SYSTEM	<u> </u>	_		· 	<u>.</u>	<u>.</u>	_	<u>.</u>	<u> </u>	_	<u>.</u>	<u>.</u>	*	<u>.</u>	٠	•	<u>.</u>	٠	•	٠	_	٠	•	٠	•
SALIVARY GLAND					•	٠	٠	•	•		٠	•	•	٠	•	•			•	٠	٠	٠	٠	•	•
LIVER	1	4	-	,	•	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	4	٠	4
MONOCYTIC LEUKEMIA	-	-	_		-	-	_	-	•	•	•			-	•	•		•	•	•	•	_	•	•	
GALLBLADDER & COMMON BILE DUCT	Ť	N			N.	N	H	H	N.	ř	×	·	ĸ	-	-	N.	H	N	ĸ	Ť	N	×	×	H	×
PAHCREAS	1		_	_		٠	٠,		٠	•	٠	•	•			٠	٠	٠	٠	٠	•	٠	٠	٠	٠
ACINAR-CELL ADENOMA	\vdash	_			_								<u>×</u>						_				_		
ESOPHAGUS	+	*	•		<u>:-</u>	<u>.</u>	÷	<u>.</u>	<u> </u>	*	•	•	÷	<u>.</u>	<u>. </u>	<u>.</u>	•	•	÷	÷	÷	÷	÷	÷	÷
STOMACH Hemangiosarcoma	+	_	_		_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>			_	_	_	<u> </u>	<u> </u>		<u> </u>	_	<u>.</u>	ř.	<u> </u>	_
SMALL INTESTINE	1.	٠	٠		•	•	٠.	٠	٠	٠	٠	٠	٠	٠.	٠	+	•	+ .	•	•	۰	<u>+</u>	<u> </u>	٠.	•
LARGE INTESTINE	•	+	•		•	٠	٠	+	٠	+	٠	*	4	*	+	٠	•	*	+	•	•	٠	*	•	•
RIHARY SYSTEM	Τ.																								
KIDNEY URINARY BLADDER	†	÷	Ť	_	<u>. </u>	÷	÷	÷	÷	<u>,</u>	÷	÷	÷	÷	<u>. </u>	÷	÷	÷	÷	÷	•	•	<u>•</u>	•	÷
HOCKINE SYSTEM	ļ	_	_		_	_	<u> </u>	_	Ľ	_	_		_	_	_	•	<u> </u>	_	_	_	_	_		<u> </u>	<u> </u>
PITUITARY		+	•		-	٠	٠	٠	•	٠	٠	٠	٠	٠	+	٠	٠	+	٠	٠	•	+	٠	٠	٠
CARCIHOMA, HOS Adehoma, Hos Acidophil Adehoma	_	<u>×</u>				x					x ·								×		_	_	×		
ADRENAL CORTICAL ADENOMA PHEDCHROMOCYTOMA PHEDCHROMOCYTOMA, MALIGNANT	Ŀ	+	×	:	•	•	•	•	•	×	•	٠	×	×	•	×	×	×	×	•	×	<u> </u>	×	•	•
THYROID FOLLIGULAR-CELL ADEHOMA C-CELL ADEHOMA C-CELL GARCINOMA	•	* *	•		•	٠	•	•	•	٠	•	×	×	٠	+	٠	٠	٠	٠	×	•	•	٠	٠	٠
PARATHYROID	1.	•	٠.,		-	•	•	+	•	•	+		•	•	٠		+	•	•	٠	٠	•	•	+	-
PANCREATIC ISLETS ISLET-CELL ADENDMA ISLET-CELL GARCINOMA EPRODUCTIVE SYSTEM	٠	٠	•			٠	٠	٠	ż	*	٠	٠	•	•	•	٠	•	٠	٠	٠	٠	٠	٠	•	•
MANNARY GLAND		٠	•		H	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	H
FIBROADEHOMA TESTIS	+	_	_	_	-		•	_	_	_	-	-	-	•		•	•	•	-	•	•	<u>.</u>		•	-
THTERSTITIAL-GELL TUMOR HEMANGIOSARCOMA PROSTATE	×	×	-		-	÷	×	×	×	×	_	×	×	÷	×	<u>*</u>	×	×	×	×	×	×	×	×	×
SEMTHAL VESICLE	•	٠	,	,	٠	٠	٠	٠			٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠
PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS	H	H	,	1	Ħ	H	X N X	N	H	H	H	N	N	H	H	Ħ	H	N		H	H	H	H	H	M
ADENOMA, NOS ERVOUS SYSTEM	+																		<u>×</u>	_					
BRAIN ASTROCYTOMA	٠	٠		•	•	٠	٠	٠	٠	٠	٠	+	٠	•	٠	٠	٠	٠	٠	٠	ż	٠	٠	٠	٠
DDY CAVITIES TUNICA VAGINALIS MESOTHELIOMA, NOS	•	•		,	٠	٠	٠	٠	٠	٠	•	٠	+	+	٠	•	+	٠	•	٠	•	•	•	•	•
LL OTHER SYSTEMS	+-		_	-			-		-			_			-			_							
MULTIPLE DROAMS HOS Sarcoma, hos Mesothelioma, hos Mesothelioma, malignant Mongottig Leuremia	H		1	H	M	H	H	H	H	H	N	H	N	H	H	H	H	×	N	H	N	H	H	N	X
TATE					•																				
SÕUAMOUS CELL PAPILLOMA KERATOAGANTHOMA	+			_	-					_	_													×	
LEG HOS FIBROSARCOMA													¥												

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: LOW DOSE (Continued)

AMIMAL Number	5	2	2	Š	3	3	3	3	3	3	3	3	3	3	:	:	5	9	9	4 3					1
WEEKS BR STUDY	1	7	-	ᆌ	-	∦	1	升	1	1	1	7	1	#	*	#	21.	3	₩	1	-	+	╟	#	TESSUES
THYEGUNEHYARY SYSTEM	لقا	i	اف		āi	ا	اف	ăl.	اف	اق	<u>il</u>	اة	- 1	1	4	i.	<u>.</u>	<u>.</u>	Щ	1	Ш	Ļ	Ш	L	IUMURS
SKIN SQUAMOUS CELL PAPILLOMA BASAL-CELL TUMOR KERATOACANTMOMA NEURILEMOMA	•	•	•	٠	•	٠	×	٠	•	•	•	•	•	•	•	•	٠	• *	٠	• •	•	•	•	• •	50#
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA NEURILEMOMA	•	٠	٠	٠	×	٠	•	٠	٠	٠	٠	•	•	٠	•	٠	+	•	,	, (•	•		• •	391
RESPIRATORY SYSTEM	-								-							_		-	-	_				_	-
LUNGS AND BRONCHI ALVEDLAR/BRONCHIDLAR ADENDMA ALVEDLAR/BRONCHIDLAR GARCINOMA	Ŀ	•	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•		_	-		• •	31,
TRACHEA	•	•	+	*	+	٠	•	٠	*	٠	+	٠	•	٠	*	+	•	• •	•	• 4	•	•	• •	• •	49
HEMATOPDIETIC SYSTEM BONE MARROW										_															
SPLEEN	†:	•	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	<u>:</u>	<u>. </u>	•			•	_ •		<u> </u>	-31
LYMPH NODES		•	•	•	·	•	•	•	-	•	•	÷	÷	*	•	`	•	•	_		•	٠,			92
THYMUS	1	+	•	٠	٠	٠	٠	٠	٠	٠	٠		٠	٠	٠	+	•			•	٠	•	- 4		48
CIRCULATORY SYSTEM	╫								_		_			_		_			_			_	_		
HEART	•	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	•	٠	•	+	•	• •	•	•	٠	•	•	•	50
DIGESTIVE SYSTEM	Ţ.	,	,	,																					
SALIVARY GLAND LIVER	+	÷	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	÷	÷	÷	<u>•</u>	<u>. </u>				<u>•</u>	•	• •	_	<u>.</u>	- +	•			51
MONOCYTIC LEUKEMIA	<u> </u>	Ľ	×.		_	<u> </u>	_	<u> </u>	_	_		_	<u> </u>	_	_				_	_	_				
BILE BUCT	+	<u>.</u>	<u>۔</u>	•	<u></u>	<u> </u>	<u>*</u>	٠.	•	<u>+</u>	<u>* </u>	<u>*</u>	<u>.</u>	•	<u>•</u>	<u>•</u>	<u> </u>		_	•	_	_		•	- 30
GALLBLADDER & COMMON BILE DUCT PANCREAS		+	<u>.</u>	٠.	+	+	*	#_ ^	<u>.</u>	<u>+</u> -	+	" -			!	!		<u></u>		ب		<u>ا</u>			49
ACIHAR-GELL ADENOMA	<u> </u>	_	_	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_					_			_							
ESOPHAGUS	+	٠.	٠	٠	٠	٠	٠	٠	٠	<u>.</u>	٠.	٠_	٠.	٠	٠	•	<u>• </u>	• •	_	•	+	•	_	•	49_
STOMACH Hemangiosarcoma	•	+	•	•	•	+	٠	•	٠_	•	•	٠	•	٠	•	•	• •	<u> </u>	•	•	•	*	•	•	49
SMALL INTESTINE		•	٠	•	+	4	<u>, </u>	•		+	٠.		٠	٠	٠.		•		_		٠	•			- 44
LARGE INTESTINE	+	•	٠	٠	٠	•	٠	٠	•	٠	٠	٠	٠	٠	٠	•	•	• •	•	•	٠	+	4	•	49
URIHARY SYSTEM	1		_											_					_						
KIDNEY	+	٠	<u>.</u>	<u>.</u>	+	+	•	٠_	<u>*</u>	<u>*</u>	٠.	٠.			<u>*</u>	<u>•</u>	•			•	•	•	_ •	•	50
URIMARY BLADDER . ENDOCRIME SYSYEM	•	<u> </u>	<u>.</u>	<u>.</u>	•	<u> </u>	•	<u>. </u>	<u>.</u>	<u>.</u>	• -	•	<u> </u>	•	<u>. </u>	<u> </u>	• •	_		•	+	•		*	47
PITUITARY CARCIMOMA, MOS ADENOMA, MOS ACEDOPHIL ADENOMA	•	×	ż	•	٠	٠	٠	•	٠	•	٠	٠	•	+ X	٠	•	• •	• •	•	•	٠	××	٠	•	49
ADREMAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT		•	•	٠	* *	•	•	٠	•	٠	x	٠		-	×	•	• ;	, (×	•	•	_	49 - 27
THYROID FOLLIGULAR-CELL ADEHDMA C-CELL ADEHOMA C-CELL CARCIHOMA	•	٠	•	•	•	•	•	٠	•	٠	٠	•	•	•	•	•	۰ ۲_	_	•	•	×	•	•	×	44,
PARATHYROID	+	٠	<u>-</u>	+	٠	•	٠.	٠	-	٠.	•	-	÷	•	•	٠	٠	• •		-		_•			
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA REPRODUCTIVE SYSTEM	+	<u> </u>	<u> </u>	×	•	•	<u> </u>	×	•	<u>•</u>	•	•	•	<u>.</u>	•	•	•	_	_	-	_	<u>;</u>		•	**;
MAMMARY DIAND FIBROADENOMA	•	٠	+	٠	٠	٠	÷	•	٠	٠	•	٠	٠	٠	٠	٠	٠	• •	•	• •	•	4	•	• •	394
TESTIS INTERSTITIAL-CELL TUMBR HEMANGIOSARCOMA	ż	×	•	ż	*	×	ż	÷	٠	ż	*	*	*	·	ż	×	*	* :		<u>`</u>	;	;		*	*1,
PROSTATE	+	٠		٠	•	٠	٠		_	٠.	+	+	+	•			•	•	_			-	_	•	- 51_
SEMINAL VESICLE GARGINOMA, NOS, METASTATIC	Ŀ	+	٠.	+	•	٠	+	+	<u> </u>	٠	<u>.</u>	٠	<u> </u>	<u>.</u>	<u>.</u>	<u>.</u>	•	•	_	• •	•	•	_	• •	307
PREPUTIAL/CLITORAL GLAND CARCINDMA.NOS ADENDMA.NOS	H	N	H X	H	H	H	H	×	H	H	H	H	H	H	H	Ħ	K.	H	N	H 1	. 1	· •	-	K N	301
HERVOUS SYSTEM								_																	
BRAIH ASTROCYTOMA BODY CAVITIES	+	<u> </u>	٠	<u> </u>	<u>.</u>	<u> </u>	•	•	+	•	•	<u>.</u>	<u>.</u>	<u>.</u>	•	_	•	•	•	•	-	_	•	• •	47,
TURICA VAGINALIS MESOTHELIOMA, NOS	٠	•	٠	•	٠	٠	٠	•	<u>.</u>	•	٠	٠	•	٠	٠	٠	٠	•	•	٠	· _		•	• ;	
ALL OTHER SYSTEMS MILITIPLE DECAMS MOS SARCOMÁ, MOS MESOTHELIDMA, MOS MESOTHELIDMA, MOS MESOTHELIDMA, MALIONANT MONOCYTIC LEUKERIA	*	N	H	H	H	H	H _X_	H	H	R _X	H	H	N	H	H	H	ĸ	H X	H	H	H :		×	H 1	30
TAIL SQUAMOUS CELL PAPILLOMA KERATGACANTHOMA			_							x												_			1
LEG HDS	-																								1 .

- ANIMALS NECROPSIED

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: HIGH DOSE

WEEKS ON STUDY INTEGUMENTARY SYSTEM SKIN	++			8 1	ě i	ěÌ			•	9	11	•	1	•	•	1	1	•	1	9	9	9	8	3	ţ
INTEGUMENTARY SYSTEM SKIN		-1	+	1	-	+	+	-	1	4	+	1	4	+	+	4	7	+	1	- 8	+	취	4	-	٩
SKIN	1:1	اه	ا	•	3	:	•	1	•	١	•	1	1	:	اه	1	•	;	1	3	•	•	1	3	;
BASAL-CELL TUMOR Basal-Cell Carcinoma Sebaceous Adendcarcinoma Keratdacanthoma		٠	•	•	•	*	٠	٠	٠	٠	٠	•	•	٠	٠	٠	٠	٠	•	٠	×	•	•	•	٠
SUBCUTANEOUS TISSUE Fibrosarcoma	•	•	٠	٠	4	*	٠	٠	٠	٠	٠	٠	•	٠	٠	•	4	٠	٠	٠	٠	4	٠	٠	٠
RESPIRATORY SYSTEM	1		_	_					_					_		_	_						_	-	_
LUNGS AND BRONCH! ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR GARCINOMA	Ŀ	•	•	•	•	•	•	<u>.</u>	•	•	*	+	•	•	•	_	•	•	•	•	•	•	ž	•	•
TRACHEA	4	4	4	٠	•	*	+	*	•	+	+	•	+	•	٠	*	4	٠	٠	٠	4	4	•	•	٠
HEMATOPOLETIC SYSTEM														_										_	_
BONE MARRON	+	÷	÷	÷	÷	÷	÷	÷	<u>+</u>	<u>.</u>	<u>.</u>	<u>.</u>		<u>:</u>	÷	÷	<u>. </u>	÷	÷	÷	÷	÷	÷	÷	÷
SPLEEK	+	÷	÷	÷	<u>. </u>	÷	÷	÷	÷	÷	<u>. </u>	<u>:</u> -	÷	<u>:</u>	<u>:</u> -	<u>. </u>	÷	÷	÷	Ť	÷	Ť	Ť	Ť	Ť
LYMPH HODES THYMUS	1	÷	÷	÷	÷	÷	<u>. </u>	<u>-</u>	÷	÷		•		•	÷	÷	<u>. </u>	•	•	Ť	Ť	÷	÷	÷	Ì
CIRCULATORY SYSTEM	 	<u> </u>	<u> </u>	_	_	`	_	<u> </u>	_	<u> </u>		_	<u> </u>	_	<u> </u>	_	_		<u> </u>	_	_	_	<u>.</u>	_	Ĺ
HEART		٠		٠	+	٠	۵	٠	•	٠	٠	+		•	•	+		٠	٠	٠	+	4	٠	٠	٠
DIGESTIVE SYSTEM	+			_			_				_			_					_	_					-
ORAL CAVITY	н	ĸ	Ħ	ĸ	ĸ	H	×	H	ĸ	Ħ	H	H	H	H	H	ĸ	Ħ	H	H	H	H	N	H	Ħ	H
SQUAMOUS CELL CARCINOMA	1	_	_	_	_	_	_	_	_	_	<u>۸</u>	_	_	_	_		_	_	•	•	•	•	•		ᆟ
SALIVARY GLAND	÷	÷		<u>+</u>	÷	÷			÷	<u>.</u>	<u> </u>	<u>+</u>	<u>.</u>	•	<u>:</u>	-	<u>:</u>	÷	÷	÷	÷	÷	÷	÷	÷
LIVER NEOPLASTIC HODULE HEPATOCELLULAR GARCINOMA LEUKEMIA, MOS	Ŀ	•	•	•	×		ŧ	• ×	•	×		_	•	_	_	•	_	×	·	<u> </u>	<u> </u>	_	_	_	_
SILE DUCT		+	٠	<u>.</u>	٠	+	+_	٠_	٠	•	+	+	<u>.</u>	<u> </u>	٠	٠	<u>.</u>	٠.	٠	٠	•	٠	٠	٠.	٠
GALLBLADDER & COMMON BILE DUCT	<u> </u>	N.	N_	н_	ĸ.	H_	À.	H	K_	K	N	Ħ.	N_	N	H_	<u>K</u> _	H.	Ħ_	N_	Н.,	H.	ĸ	١	<u>K</u> _	Ħ
PAHCREAS	+	•	٠	+	•	٠	<u> </u>	٠	<u>+</u>	•	+	٠	٠	<u>+</u>	<u> </u>	٠	٠	•	+	•	+	+	<u>+</u>	•	٠
ESOPHAGUS	+	٠	+	٠	•	٠	٠.	<u>+</u>	+	٠	*	<u>+</u>	<u> </u>	+	+	٠	٠.	+	<u>+</u>	•	•	4	٠	-	٠
STOMÁCH SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA	·	•	*	+	<u> </u>	•	•	•	•	•	, X	•	*	•	•	•	•	•	•	•	•	•	<u>.</u>	<u>.</u>	•
SMALL INTESTINE	+	٠	٠	٠.	•	+	•	٠	٠.	<u>.</u>	•	<u>+</u> _	+	•	•	<u>. </u>	<u>•</u>	٠.	<u> </u>	<u> </u>	٠.	٠.	٠	-	۰
LARGE INTESTINE	+	•	•	٥	٠	•	+	<u>+</u>	+	•	*	+	٠	+	+	+	*	4	*	٠	٠	*	٠_	•	٠
URINARY SYSTEM																									
KIDHEY Tubular-cell adenocarcinoma	<u> </u>	٠	<u>* .</u>	*	<u>.</u>	<u>. </u>	٠_	<u>.</u>	<u>.</u>	•]	*	*	+	•	<u>.</u>	٠	<u>. </u>	<u>.</u>	*	•	<u>.</u>	<u> </u>	<u>.</u>	<u> </u>	_
KIDHEY/PELVIS		٠	+	*	٠	٠	٠	+	٠	٠	+	+	+	+	٠	٠	٠	٠	٠	٠	٠	÷	٠	٠	٠
TRANSITIONAL-CELL PAPILLOMA	+	-			_	•	-	_	•	_	,	ė.	+	-	•		•	•		•	•	÷	•	•	
URINARY BLADDER	<u> </u>	<u>.</u>	•	•	*	_	<u>.</u>	•	<u>.</u>	<u>.</u>	_	`	*	_	_	<u> </u>	_	_	_	_	<u>.</u>			_	_
PITUITARY CARCINOMA.HOS ADENDRA, MOS		+	+	•	٠	٠	• *	•	•	٠	٠	•	•	•	•	•	•	٠	٠	٠	٠	٠	•	٠	٠
ADREMAL PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA MALIGNANT	•	+	*	÷	*	٠	•	٠	ž	*	ż.	•	ţ	٠	÷	٠	;	٠	٠	٠	ţ	٠	٠	٠	٠
THYROID C-CELL ADEHDMA C-CELL GARGINOMA	•	٠	×	٠	٠	• ×	٠	٠	*	٠	٠	*	٠	•	•	٠	+	٠	٠	٠	٠	+	٠	٠	٠
PARATHYROID	•	٠	•	٠		•	+	•	+	+_	+	+	4	•	٠	٠	•	+	•	٠	•	·	•	٠	٠
PAHCREATIC ISLETS ISLET-CELL ADEXOMA	•	٠	+	٠	٠	٠	٠	٠	٠	٠	*	+	•	•	٠	٠	٠	•	٠	٠	٠	•	•	•	٠
REPRODUCTIVE SYSTEM	+	_	_	_		_			-					_	_		_		_						_
MAMMARY GLAND	+	٠	+	٠.	+	4	٠	٠.,	٠	٠	٠.	+	<u> </u>	+	٠	4	+	٠.	•	•	•	٠	+	•	<u> </u>
TESTIS INTERSTITIAL-CELL TUMOR	÷	*	+	*	•	ţ.	*	ţ.	*	*	ŧ_	÷	<u></u>	ŧ.	ż.	ż	÷	ż.	ż	ż	ż	÷	÷	<u>:</u>	ند
PROSTATE	<u> </u>	٠	٠	•	•	٠	٠	•	٠	•	+	+	•	•	•	٠	+	٠	٠	•	•	٠	•	٠.	٠
PREPUTIAL/CLITORAL GLAND CARCINOMA, NOS ADENOMA, MOS	H	H	H	H	H	H	H	H	H	H	H	H	ĸ	H	Ħ	H X	H	Ħ	H	H	Ħ	H	ĸ	×	M
HERVOUS SYSTEM	+									_					_	_	_		_	_			_		_
BRAIH		٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	+	٠	+	٠	٠	٠	٠	٠	•	٠	٠	٠
	ĸ	H	H	н	H	н	H	ĸ	H	н	×	H	H	ĸ	×	H	H	H	×	H	H	٠	H	ĸ	*
SPECIAL SENSE ORGANS ZYMBAL'S GLAND SAUGROUS CELL CARCINOMA	1	_				_			_			•			-	•	•	•	•	_	-	_		_	-
EDDY CAVITIES	1	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	٠	•	•	•	•	•	•	٠	٠	٠	٠	•	
SQUAMOUS CELL CARCIHOMA	·	٠	٠	•	_	•	<u>.</u>	<u>.</u>	_					-	_		_		_			-	_		_
EDDY CAVITIES	·	+ H	H	* *	×	+	ĸ	H	_				H	-	H	H	_	*	_			-	_	*	•

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: HIGH DOSE (Continued)

AHIMAL Number	2	3	2	2	3	3	3	3	3	3	3	3	3	3		Ħ	4	4		4		;	•		3	TOTAL
WEEKS ON STUDY	1	1	•	-	#	1	1	1	#	:	1	1		1	;	#	#	#	#	∦	*	#	-	1	•	TISSUES
INTEGUNENTARY SYSTEM	151	لف	71	31	-11	لف	لف	اف	لف	Šĺ	لف	اف	اف	لف	ــلـــ	سلف	لف	بلة.	لف	لف	لف	١.	لة	اف	اف	
SKIH BASAL-CELL TUMOR BASAL-CELL CARCIHOMA SEBACEOUS ADENGGARCIHOMA KERATOACANTHOMA	•	•	•	•	٠	•	•	٠	•	•	٠	•	•	×	•	•	•	٠	•	•	٠	•	•	•	•	501
SUBCUTANEOUS TISSUE FIBROSARCOMA	•	٠	+	٠	٠	٠	٠	٠	•	٠	٠	•	+	+	+	\$	4	٠	٠	٠	٠	٠	٠	٠	٠	507
RESPIRATORY SYSTEM					_		_										_			_	_		_	_	+	
LUNGS AND BRONCHI ALVEOLAR/BRONCHIGLAR ADEMOMA ALVEOLAR/BRONCHIGLAR GARGINOMA	•	•	•	٠	<u> </u>	•	٠	•	•	†	•	•	٠ <u>۲</u>	•	•	•	•	•	•	٠	•	•	•	<u>.</u>	٠	312
TRACHEA		4	•	4	+	٠	٠.		4	+	٥	4	+	4	+	٠	•	٠	4	•	4	٠	*	٠	٠	31
HEMATOPOIETIC SYSTEM	П						-																		T	
BONE MARROW Spleen	+	÷	÷	<u>+</u>	÷	÷	<u>.</u>	÷	<u>.</u>	<u>. </u>	<u> </u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>•</u>	<u>. </u>	<u>*-</u> -	<u>* </u>	<u>. </u>	<u>.</u>	<u>.</u>	<u>•</u>	÷	÷	+	56
LYMPH NODES	Ť.	•	Ť	Ť	Ť	÷	•	÷	<u>. </u>	*	÷	•	÷	<u>. </u>	*	<u>-</u>	*	<u>. </u>	*	<u>*</u>	·	Ť	Ť	· ·	Ť	51
THYMUS	1	4	•	•	•	•	٠	•	•		٠	+	+	,			4	4		4		•	4	+	٠	31
CIRCULATORY SYSTEM	-	_		_		-	-				_	_		_	-				-		_			_	+	
HEART		٠	٠	٠	٠	٠	٠	•	٠	+	٠	٠	٠	+	•	٠	٠	٠	+	٠	٠	•	٠	٠	٠	31
DIGESTIVE SYSTEM	1-				_												_				_		_		+	
ORAL CAVITY SQUAMOUS CELL CARCINOMA	N	<u> </u>	H	N	N .	R .	H	H		_		-			H 1	_	-	_	N •	H	N	H	H	H	H	50 = 50
SALIVARY GLAHD LIVER	÷	÷	÷	÷	÷	÷	÷	÷		_				_		-	<u>:</u> _	-	<u>• </u>	÷	÷	÷	•	÷	•	31 51
HIDPLASTIC HODULE HEPATOCELLULAR GARCINOMA LEUKEMIA, NOS	L	_	_	•	_		×	_		•	×	_				_	_	_	•	_		_	_	_		3
BILE DUCT	+	<u>+</u>	٠	<u>+</u>	٠	<u>+</u>	•	•	÷.	•	٠_	<u>*</u>	٠	•	•	<u>.</u>	<u>-</u>	<u>+</u>	٠	٠	<u>+</u>	٠	٠.	٠	+	
GALLBLADDER & COMMON BILE DUCT	<u> </u>	×	ĸ	H_	N.	.K	н_	N_	Ņ.	K	N.	N	H	L	نسكا		K	H	<u> </u>	<u>N</u> .,	H	К	N.	N.	4	
PAHCREAS	+	•	+	<u>+</u>	<u>.</u>	<u>*</u>	+	•	•	٠.	٠_		<u> </u>	<u> </u>	•	<u>-</u>	<u>. </u>	٠	<u>. </u>	<u>.</u>	٠_	•	-	۰	+	
ESOPHAGUS	+	٠.	<u> </u>	-	<u> </u>	<u>.</u>	+	•	<u>+</u>	•	_					<u>-</u>	<u>-</u>	•	<u>. </u>	<u> </u>	<u>.</u>	<u>.</u>	<u>.</u>	÷	*	
STOMACH SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARGINOMA	Ŀ	<u> </u>	•	•	+	•	•	<u>.</u>	•	•	•	•	+		•	-	-	•	•	<u>.</u>	<u>.</u>	<u> </u>	<u> </u>	<u>.</u>	1	
SMALL INTESTINE	+	<u></u>	<u>.</u>	<u>.</u>	<u> </u>	÷	+	•	<u>*</u>	<u>*</u>	<u>+</u>	•	<u> </u>	<u>. </u>	•	•	<u>•</u>	•	<u>.</u>	<u>.</u>	+	<u>.</u>	-	<u>.</u>	+	
LARGE INTESTINE	•	<u> </u>	•	•	*	4	<u> </u>	•	+	<u>. </u>	+	٠	٠	•	•	<u>. </u>	+	٠	٠_	+	*	•	•	<u>.</u>	•	51
JRIHARY SYSTEM Kidhey Tubular-cell adendcarcingma	•	٠	٠	٠	٠	÷	٠	٠	٠	•	٠	•	•	•	•	•	•	٠	٠	٠	٠	٠	٠	٠	٠	51
KIDHEY/PELVIS	1.	•	•	4	+	•	•	+	٠	•	+	+	+	•	•	•	+	4	+	•	+	٠	٠	٠	+	31
TRANSITIONAL-CELL PAPILLOMA	\vdash				-	_													_		_	-	•	-	•	31
URINARY BLADDER	l.		<u> </u>	•	<u> </u>	<u> </u>	<u>.</u>	<u>.</u>	<u> </u>	+	<u>.</u>	*	•	•	_	•	<u>. </u>	٠	<u>.</u>	<u>.</u>	٠	<u>.</u>	_	<u> </u>	4	
PITUITARY CARCINOMA.NOS ADENOMA.NOS		٠	+	٠	٠	-	٠	+ ¥	٠	+ X	٠	•	+	•	• :	•	•	٠	•	÷	٠	٠	٠	٠	٠	47
ADRENAL PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGHANT	ż	٠	٠	• ×	٠	٠	*	٠	٠		\$		ģ	٠	•	•	4	٠	٠	4	ż	•	٠	ź	×	*1,
THYROID C-CELL ADEHOMA C-CELL CARGINGMA	·	٠	+	+	ż	٠	٠	٠	•	٠	•	× ×	•	•	•	•	•	•	٠	•	٠	٠	•	٠	•	'' ;
PARATHYROID	1	٠	٠	٠.	*	٠	٠	<u>+</u>	٠	٠		•				_	٠_	٠_	•	٠.	٠	•	•	•	•	
PANCREATIC IBLETS ISLET-CELL ADENOMA	•	٠	٠	٠	٠	•	٠	٠.	•	٠	+	٠	٠	٠	٠	•	•	•	+	٠	+	٠	•	•	•	49,
REPRODUCTIVE SYSTEM	+							_			_				_			_			-			_		
MAMMARY GLAND		4	٠	٠_	٠	٠	٠	•		•		٠	٠.	٠	٠	•	٠.	٠.	٠	٠.	٠	٠	٠	٠	٠	364
TESTIS	:	ţ	÷	÷	:	+	÷	٠	;	‡	÷	+	÷	÷	÷	÷	ţ	÷	÷	÷	÷	÷	÷	٠	÷	31
INTERSTITIAL-CELL TUMOR Prostate	*	<u>.</u>	_Ā_	<u>.</u>	ř		- - -		<u>.</u>	•	<u>. </u>	•	٠.	٠	•	<u> </u>	•	•	•	•	•	•	•	•	٠	
PREPUTIAL/CLITORAL GLAND CARGINGMA, NOS ADEMOMA, NOS	H	H	H	H		N	H	H	Н	H		H	H	N		K	N	H	H	H	X	H	H	H	×	397
RERVOUS BYSTEM	+														-				-		-		_		-	
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	•	٠	+	٠	٠	٠	٠	+	٠	٠	•	31
SPECIAL SEMSE ORGANS ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA		N	÷	×	N	N	N	×	N	×	н	H	н	H	н	H	H	H	H	N	H	N	H	H	Ħ	504
SOBY CAVITIES	+	•	<u> </u>	•	+	•			•	•	-		•	•		•	•	•	•	•	•	•	•	•	٠	391
TURICA VAGINALIS Mebothelioma, Hob	<u> </u>						<u> </u>	Ť																	-	1
MESENTERY HEMANGIOSARCOMA ALL OTHER SYSTEMS	H	N	N	H	N	H	H	N	H	N	H	H	*	H	H	H	H	H	×	X	N	H	H	*	*	***
MULTIPLE ORGANS HOS SARCOMA, NOS MONDOTTIC LEUREMIA	*	ĸ	H	N	Ħ	ĸ	ĸ	ĸ	H	*	×	Ħ	H	×	×	Ħ	H	Ħ	Ħ	Ħ	Ħ	H	Ħ	ĸ	H	30

AHIMALS HECROPSIED

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: UNTREATED CONTROL

AHIMAL MUMB ER	0	0 2	0	0	9	0	0	0		1	11	11	11	1	1	1	11	11	3	2	2	2	2	2
HEEKS ON Study	0					DI	9	0	0	01	0		0	01	1	91	61	?	1	11	0	11	1	1
THYEOUMENTARY SYSTEM	1				- 6	7 1	3.	7.1	7.1	7.1		71	7.1	61	7 1	7.1	-6.1	.71	21	71	.71	.71	.71	7.1
SKIH Squamdus Gell Papilloma Keratdaganthoma	•	•	٠	•	٠	*	٠	٠	•	•	•	٠	٠	٠	٠	*	٠	٠	٠	•	٠	٠	٠	•
SUBCUTANEDUS TISSUE Fibroma Fibrosarcoma	•	٠	•	•	٠	•	•	•	٠	•	+	٠	٠	•	*	٠	•	٠	٠	•	•	٠	•	٠
RESPIRATORY SYSTEM	-	-	_				_					_			_		-	-		-				_
LUNGS AND BRONCH! SQUAMOUS CELL CARCINOMA, METASTAT ALVEDLAR/BRONCHIOLAR ADENOMA	·	٠	•	٠	٠	٠	٠	•	٠.	ķ	٠	٠	٠	* .	٠	٠	٠	٠	٠	•	٠	٠	٠	٠
TRACHEA	+	٠	•	•	٠	٠	+	•	٠	•	٠	•	•	٠	•	•	•	•	٠	•	•	٠	•	٠
REMATOPOLETIC SYSTEM	-			_	_		_		_	_					-	_			-					
BONE MARROW		•	٠	٠	٠	. •	•	•	•	٠	٠	•	٠	٠	•	•	•	٠	٠	٠	٠	٠	•	٠
SPLEEN	Ŀ	٠	٠	٠	٠	٠	•		٠	•	•	•	•	٠	٠	•	٠	٠	٠	•	4.	٠	٠	٠
LYPPH HODES		٠	٠	•			٠		٠	•		٠	٠	٠	•	•	٠	•	•		4	٠	٠	•
THYMUS	-	•	•	•	•	+	•	•	•	·	•	•	4	•	•	•	-	٠	•	+	•	•	+	•
SECULATORY SYSTEM	-						-							-	_		_					_		_
HEART	•	•	٠	•	•	•	•	٠	•		•	٠	•	•	٠		٠	٠		•	•	•	•	•
DIGESTIVE SYSTEM	-				_		_	_	_						_		_		-		_	-	-	_
SALIVARY GLAND			•	4		٠	٠	٠	•	٠	•	•	٠	•	٠	٠	٠	٠	•	٠	٠	٠	٠	٠
LIVER		٠	•	•	•	•	٠	٠	٠			•	٠	٠	٠	•	٠	٠	•	•	٠	•	•	•
BILE DUCT	٠		•	•	•	٠	٠	•	•	٠	٠	٠	•			•	٠	•_	٠	•	•	•	. •	•
SALLBLABDER & COMMON SILE DUCT	N	×	. *	•	H	×	R.			N	H.	N	ĸ			ĸ	*	×		k	*	×		
PAHCREAS		•	•	•	•	٠		•						•				٠		4		4		4
ESOPHABUS		•	•	Ť	<u>.</u>	`	Ť	÷	Ť	÷	•	·	•	·	<u>. </u>	<u>.</u>	<u>.</u>	Ì	Ť	<u>.</u>	Ť	Ť	Ť	<u>.</u>
STOMACH		Ì	<u> </u>	Ť	Ť	Ť	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ť	Ť	<u>.</u>	<u> </u>	·	·	Ť	Ť	·	÷	Ť	· ·	•	Ť
		÷		÷	•	÷	<u>.</u>	•	÷	•	•	•	•	<u>-</u>	÷	÷	÷	÷	÷	÷	-	÷	•	•
SMALL INTESTINE	÷	<u>.</u>	<u>.</u>	•	•	•	•	<u>.</u>	•	<u> </u>	٠	<u> </u>	•		٠.	<u>-</u>	•	<u> </u>	•	<u>.</u>	٠.	<u>.</u>	<u> </u>	•
LARGE INTESTINE	*	٠		•	•	•	•	•	•	* -	•	•	•	•	•	•	+	٠	•	•	•	٠	•	*
RINARY SYSTEM																								
KIDNÉY	•	<u>.</u>		<u></u>	<u> </u>	•	•	•	•	•		<u>-</u>	<u> </u>	•	•	٠	•	<u>-</u>	<u>.</u>	•	•	•	•	•
URINARY BLADDER	•	•	•	<u> </u>	<u> </u>	<u> </u>	•	<u> </u>	<u> </u>	•	<u> </u>	<u>.</u>	•	•	٠	•	•	•	•	٠	•	•	•	•
MODERINE SYSTEM																								
PITUTTARY GARCINOMA, MOS ADENOMA, MOS	•	×	•	•	_	•	<u>.</u>	*	<u>.</u>	•	:	•	•	•	* .	<u>.</u>	• *	ž	•	• •	•	:	•	•
ADREMAL CORTICAL ADENOMA PHEDCHROMOCYTOMA	٠	٠	٠	٠	٠	•	٠	٠	•	٠	٠	•	•	•	٠	•	*	•	٠	•	•	• •	٠	•
THYROID	٠	•	•	٠	+	•	•	•	•	•	٠	•	•	•	•	•	•	٠	٠	•	•	+	•	•
FOLLĪCULAR-CELL ADEHOMA C-CELL ADEHOMA C-CELL CARCINOMA	×	x	X																		×			
C-CELL CARCINOMA	_	Ĭ.					· · ·			-	<u> </u>	_	<u> </u>			_		-	-	_			<u> </u>	
PARATHYRUID	÷	•	•	•	•	<u>.</u>	•	•	٠	•	<u>+</u>	-	<u>. </u>	•	•	٠.	٠	•	•	•	•	•	•	•
PANGREATIC ISLETS ISLET-CELL GARCINSMA	•	•	•	٠	•	*	•	•	•	٠	•	٠	•	•	٠	•	•	•	•	٠	٠	*	•	٠
EPRODUCTIVE SYSTEM		_								_		_			_	_	_				_	_		_
Martary Gland Adengcareinoma, Mos Fibroadenoma	٠	٠	٠	•	٠	٠	٠	•	٠	•	•	•	•	•	•	•	•	٠	•	+ x	*	•	•	*
PREPUTIAL/CLITORAL BLAND CARCINOMA. HOS -ADEHOMA, HOS	N	×	ĸ	Ħ	H	N	Ņ	· N	Ħ	Ħ	Ħ	Ħ	K	Ħ	ĸ	¥	Ħ	N	Ħ	K	N	H	ĸ	N
UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	٠	•	٠	4	•	•	•	•	•	•	•	٠	•	•	•	→	•	•	٠	•	*	*	•	*
DVARY	•	٠	•	•	+	•	+	4	•	٠	•	•	•		•	*	•	٠	•	+	•	٠	٠	٠
ERVOUS SYSTEM	_	-		-		-		_			_			-			_	-	_	_			_	_
BRAIN		•	•	•	•	• .			4	٠	•	٠	•	٠	•	•	٠	٠	٠	٠	٠	٠	•	•
PECIAL SERSE ORGANS	_	_		-			_		_	_		_		_						_	_	-	_	
TYPBAL'S GLAND SQUARDUS CELL CARCIMONA ADENOSQUARDUS CARCIMONA	N	ĸ	• x	ĸ	ĸ	N	• x	ĸ	M	K	H	ĸ	ĸ	ĸ	N	ĸ	N	•	•	N	ĸ	K	ĸ	N
LL DYNER SYSTEMS		_		-		_	-		-			_	_		_			_		_				_
								N																ĸ

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

ANIMAL HUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3				3	4	١		;	4		3	TOTAL
WEEKS DH STUDY	0	0	0	0	0	0	0	8	0	7	0	•	0 1			9		0	7	9	0	01	0	9 7	TUMOR
INTEGUMENTARY SYSTEM	71		71	_/,1	71	71	71	71	71	•	/1_	/1	71		بيا	<u> </u>	-			/1	41	-/-	- 61	1	
SKIN Squamqus cell papilloma Keratoaganthoma	•	٠	•	•	•	+	٠ ×	+	+	•	+	٠	•		• •	• •	•	_	*	•	<u> </u>	•	<u> </u>	1	59×
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA	•	×	٠	•	+	+	+	+	+	•	•	•	•		• •	• •	•	*	+ ×	•	•	+	•	•	50m 2 1
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI SQUAMDUS CELL CARCINOMA, METASTAT ALVEOLAR/BRONCHIOLAR ADENOMA	Ŀ	+	•	+	<u> </u>	_	<u>.</u>	*	<u>.</u>	<u> </u>	•	+	+				_	_	<u> </u>	•		<u>.</u>	_	1	51
TRACHEA	+	+	.+	+	٠	+	+	+	+	+	+	+	• •	•	• (• •	+	*	•	٠	+	*	*	+	50
EMATOPOIETIC SYSTEM																									
BONE MARRON	<u> • </u>	+	+		+	<u>+</u>	<u>+</u>	+	<u>*</u>	<u>+</u>	<u>+</u>	+	<u>+ · · · · · · · · · · · · · · · · · · ·</u>	<u> </u>		<u></u>		<u> </u>	<u>.</u>	<u> </u>	+	+	<u>+</u>	+	
SPLEEN	-	<u> </u>	<u>.</u>	<u>.</u>	<u>+</u>	<u> </u>	<u>.</u>	+	+	<u>+</u>	<u>+</u>	<u>*</u>	<u>* </u>					<u> </u>	<u>.</u>	+_	<u>.</u>	*	<u> </u>	+	58
LYMPH HODES	+	<u>+</u>	+	+	<u>.</u>	<u> </u>	<u>.</u>	+	<u>+</u>	<u>+</u>	+	<u>. </u>	<u>*</u>	•	•	<u> </u>	•	<u> </u>	<u>.</u>	<u> </u>	<u>+</u>	•	•	+	
THYMUS		<u> </u>	+	+	+	+	+	+	+	+	+	+	+ •	• •	٠ ،	• •	*	*	*	+	+	*	*	*1	48
IRCULATORY SYSTEM																									
HEART	•	_	+	+	<u> </u>	•	<u>.</u>	<u> </u>	<u> </u>	+	+	<u>*</u>	+ ·	• •	•	• •	*			*	+	*	_	-1	50
IGESTIVE SYSTEM	١.		_						ı.			_						_		_	_	_			50
SALIVARY GLAND Liver	<u>;</u>	Ť	•	÷	<u> </u>	.	Ť	÷	÷	•	.	÷	•				<u>~</u>	Ť	•	Ť	÷	•	•	7	
SILE DUCT	•	Ť	Ť	•	<u>.</u>	Ť	Ť	Ť	Ť	·								•	•	•	•	+	+	+	. 50
GALLBLADDER & COMMON BILE DUCT		×			×	N.	N	N N	<u>.</u>							4 X	N	N	×	N	×	ж	H.	N	- 50
PANCREAS		•	•	•	•	•		•	•			•					•	•	•	+	Ţ	+	+	•	
ESOPHAGUS	•	+	•		•		•		•			٠			• •	,	+		٠	•	+	•	+	٠	- 31
STOMACH	•	•	+	+		•	•	+.	+		٠						•	•	٠	ŧ	٠	٠	, +	•	50
SMALL INTESTINE	٠	٠	+	+	٠	٠	•	+		٠	٠		+ .			• •			•	•		•	•	•	49
LARGE INTESTINE	٠	•		+	+	÷		+	+	+	•	+	,	, ,	• 4	+ +	4	+	•	+	+	•	+	+1	50
RIHARY SYSTEM	 	_				`.						-									_			+	
KIDNEY	٠	. +	٠	٠	+	٠	÷	+	+	٠	٠		•			• •	٠	٠		+	٠	٠	٠	•	- 50
URINARY BLADDER	+	+	+	+	+	+	4	+	4	٠	+	•	•		•		+	+	+	+	+	•	+	+	50
NDOCRINE SYSTEM	-								*				÷											+	يين جمعي
PITUITARY CARCINOMA.NOS ADENOMA.NOS		÷ ÷	٠ <u>×</u>	٠	÷ X	٠ x	•	٠	+ X	٠ <u>×</u>	•	٠ <u>۲</u>		<u> </u>	;	× +	+ *	+ *	+	+	٠ <u>×</u>	٠ ٢	×	1	56 2
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA	+ *	٠	•	•	٠	•	*	• '	*	+	٠	+ <u>*</u>	•	•	• •	٠. •	· •	×	٠	*	+	+	• ×	×	50
THYROID Follicular-cell adenoma C-cell adenoma C-cell carcinoma	×	•	+	+	* *	•	•	+	•	٠	•	•	+	•	•	• •	•	•	•	•	•	+	•	×	49
PARATHYROID	Ŀ	•	•	•	•	•	•	٠	+	+	•	<u>+</u>	+			. ,	•	•	٠	٠	٠	٠	٠	•	48
PANCREATIC ISLETS ISLET-GELL CARCINOMA	•	٠	٠	+	٠	٠	٠	+	٠	٠	٠	+		÷ X	•	+ ;	•	٠	٠	٠	+	٠	٠	+	50
REPRODUCTIVE SYSTEM							_					-												+	
MAMMARY GLAND ADENOCARCINOMA, NOS FIBROADENOMA	+	•	٠	٠	•	• *	• x	•	+ x	•	٠ ×_	+ X	*	•	+ -	• •	•	+	+	+	+ *	* X	+ x	•	58
PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS ADENOMA, NOS	×	H	H	H	×	N	H	N	H	N	×	H	H X	¥ .	N I	N N	N	X	. X	N	ĸ	H	×	×	50
UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	·	•	+	٠	+	×	•	*	٠	٠	•	*	٠	•	•	• •	•	•	•	•	٠ <u>ٽ</u> ــــــــــــــــــــــــــــــــــــ	٠	+	1	50
CVARY		+	٠	+	+	٠	+	+	٠	٠	+	+	+	•	•	• •	+	+		+	+	+	٠	٠	50
ERVOUS SYSTEM	1			_																					
BRAIH	٠	*	+	+	+	٠	*	٠	٠	+	+	+	+	٠	•	• •	+	+	٠	٠	٠	•	•	+	50
SPECIAL SENSE ORGANS ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA ADENOSQUAMOUS CARCINOMA	N	N	N	н	н	н	N	н	N	н	н	N	н	+	N I	H }	H	н	N	н	N	N	H	×	50
ALL OTHER SYSTEMS																		٠.							
MULTIPLE ORGANS NOS MONOCYTIC LEUKEMIA	X	N X	N	N	H	N	H	H	N	N	N	N	N ·	N	N	n 1	N X	N	N.	N	N	H	H	N	50

^{*} ANIMALS NECROPSIED

ANIMAL HUMS ER	0	0	0	0	0		8	0				1			1		1			2	2	2	2	2
WEEKS ON Study	0	0	0		-	91	01	31	8	0	-	1	1	11	1	-	1	8				1	-	引
INTEGUMENTARY SYSTEM	61	هـ	_61	_01	61	-31	6.1	61	- 1	-61	- 6	6	61	_لف	61	61	لف	بن	31	41	_61	61	6	اف
SUBCUTAMEOUS TISSUE FIBROMA	+	+	٠	+	+	+	٠	*	•	+	+	•	•	٠	٠	*	+	+	+	•	+	•	٠	+
RESPIRATORY SYSTEM			_												-									-
LUNGS AND BRONCHI ALVEDLAR/BRONCHIDLAR ADENOMA ALVEDLAR/BRONCHIDLAR CARCINOMA	·	+	+	*	•	٠	+	×	*	+	•	+	+	•	•	•	+	+	+	٠	•	٠	٠	•
TRACHEA	+	+	+	*	*	+	<u> </u>	•	+	+	+	+	+	+	•	+		•	•	•	•	•		•
HEMATOPOIETIC SYSTEM	-	_															_			_				
BONE MARROW		+		+	+	+			+		+	+ .	+	+						٠			٠	٠
SPLEEN	1	+		+					+	+		+	+ .	+	٠	+			-	•	<u> </u>	•		
LYMPH NODES		+	+	+	٠	+	•	÷	•	+	+	+	+	+	•	•	+	+	•	٠		•	·	+
THYMUS		+	•	+	4	+	•	+	+	+	+	+	+	•	•	•	+	•		•		•	_	•
SIRCULATORY SYSTEM	-	_									-						_					_		
HEART		٠	٠														٠						٠	
DIGESTIVE SYSTEM	-														_			_						_
SALIVARY GLAND		٠		٠	٠					٠,									_			_		_
		•		•	•	_	÷	<u></u>	÷	+	+	+	+	+	•	•	•	•	Ť	Ť	<u> </u>	<u>.</u>	Ť	<u> </u>
LIVER NEOPLASTIC HODULE	<u> </u>	•				-	_	_	*	_	_	_	<u>,</u>	_		_	_	_	_	_		_	_	<u> </u>
BILE DUCT	1	٠	٠	+	٠	+	+	+	٠	+	٠	٠	٠	٠.	٠	+	٠	+ :	+		+	٠	٠	+
GALLBLADDER & COMMON BILE DUCT	<u> </u>	N	Н.	N	×	н	н	N.	ж	N	N	н_	N	н.	H	N		H	N	н	N	М.	N	М
PANCREAS	-	٠	+	٠		٠	+	٠		+	٠	٠	*	٠	٠		٠	+	+	+		٠	+	٠
ESOPHAGUS		٠	+	٠	٠	٠	٠	•	+	+	٠	+	+	٠	٠	٠	•	•	٠	+	٠	٠	+	÷
STOMACH	1	٠			+	٠	+	<u>.</u>	٠	٠	+	+	+	٠.	•	٠	•	+	+	٠	+	+	٠	•
SMALL INTESTINE		+	+	+	+	+	٠	+		٠	+	٠	+	+	•		<u>.</u>	+	+	٠	+	+	٠.	+
LARGE INTESTINE		+	+	+	٠	+	+	+	+	+	+	+	+	4	+	+	+	٠	+	+	•	+	+	•
JRINARY SYSTEM	-							_	-														-	
KIDNEY	1.		•			٠	٠	+		.+	•	*	•	•	•	+		•	+	•		•	٠	
URINARY BLADDER		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•
ENDOCRINE SYSTEM	-	-															_			_				
PITUITARY		+	+	+		+	+		+		+		÷	+			+	+	+		٠			
CARCINOMA, NOS Adenoma, Nos	×	¥		¥			¥	¥			¥						¥				¥	¥		
ADRENAL	1	+	•	+	+	+	-	•	+	+	+	+	+	+	+	+	*	+	+	•	•	+	•	+
CORTICAL ADENOMA Pheochromocytoma	-	×			-		· .						X.		_									
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA	•	•	•	+	•	+	+	٠	•	* .	•	•	+ •	+	•	+	•	•	•	•	•	•	* *	•
PARATHYROID										_	_	_						_	_			4		_
PANCREATIC ISLETS		Ì		_	•	_	Ť					_	_	_	<u> </u>						•			-
ISLET-CELL ADENOMA		•	•	•	•	•	•	•	-	•	•	•	•	•	•	•	•	Ť	•	Ť	•	•	•	•
REPRODUCTIVE SYSTEM	1			_							_			-				-		_				
MAMMARY GLAND Mixed Tumor, Malignant Fibroadenoma	+	+ x	*	٠	* X	*	•	* X	* *	•	* X	•	.*	*	•	+ x	+ X	٠	+ ¥	* *	•	*	+	•
PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS SQUAMOUS CELL CARCINOMA	N	H	N	N	, H	N	N	H	N	H	N	H	H	X	H	H	N	N	H	N	N	H	X	H
UTERUS	1.	•	+	•	+	•	•	+	+	+	+	•	•	٠	•	+	+	•	+	٠	٠	•	+	•
ADENOCARCINOMA, NOS Leidmyoma	1			X						٠								• •		• • .				
ENDOMETRIAL STROMAL POLYP Endometrial Stromal Sarcoma						X										X	X		X					×
OVARY	T•	•	+	•	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	•	•	+	•
NERVOUS SYSTEM	-																							
BRAIN		+	٠	+		+		+			+	+	+	٠							•	+		
GLIOMA, NOS		_				X															-			
MUSCULOSKELETAL SYSTEM											•											-		
BONE OSTEOSARCOMA	H	N,	N	N	H	N	N	N	N	H	N	H	H	H	N	N	H	N	H	N	M	N	N	Ħ
ALL OTHER SYSTEMS	_										~	-												
MULTIPLE ORGANS NOS	H	N	ш	N	н	ы	м	H	н	N	H	N	M	H	N	N	N	N	N	N	N	N	¥	N
MUCINOUS ADENOCARCINOMA FIBROSARCOMA	"	r¶	п	. 18		,,	17	,7	X	"	.,	**	••	**	r¥		ra .	X		.4	14	••	••	,,
FIBRUSARCUMA MIXED TUMOR, METASTATIC CARCINOSARCOMA											×							^						
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE																								
MALIG.LYMPHOMA, HISTIOCYTIC TYPE MONOCYTIC LEUKEMIA	1												_						J					

ANIMAL HUMBER	2	2	2	2	3	3	3	3	3	3	3	31	3	3	0	4	4	9	4	4	4	0 4 7	4	9	5	TOTAL
WEEKS ON STUDY	01	1	9	-	91	9	-	-	01	91	1	0	0	-	-	-	0	8	-		0	0	9	-	8	TISSUES
INTEGUMENTARY SYSTEM	لمل	61	لق	6	01	71	61	41	<u>61</u>	نق	<u>si</u>	61	61	41	61	61	61	61.	-61	61	61	_لگ_	. 1.1	61	-1	******
SUBCUTANEOUS TISSUE FIBROMA	•	+	•	+	٠	•	٠	+	•	+	+	٠	+	+	+	٠	•	+	+	•	+	+	+	+	٠	50×
RESPIRATORY SYSTEM		_								_																
LUNGS AND BRONCHI Alvedlar/Bronchidlar Adenoma Alvedlar/Bronchidlar Carcinoma	Ŀ	+	*	+	+	•	•	•	+	•	+	+	+	+	+	+	•	+	+	<u> </u>	* *	+	+	×	*	49 2
TRACHEA	+	+	٠	٠	٠	•		٠	+	4	+	¢	\$	•	4	٠	*	*	*	٠	٠	+	+	•	+	50
HEMATOPOLETIC SYSTEM	 			_	4.30		~		·			-	-				_		_					-		-
BONE MARROW	+	+	+	+	<u>+</u>	+	<u>+</u>	+_	٠	+.	٠	+	٠	+	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	•	<u> </u>	<u> </u>	+	<u>+</u>	+	11_
SPLEEN	+	+	٠	+	<u>+</u>	*	٠	٠	<u>*</u>	+	<u> </u>	<u>+</u>	+	<u>.</u>	<u>+</u>	<u>+</u>	<u> </u>	+	٠	+	<u>+</u>	<u> </u>	+	+	-	
LYMPH HODES	+	+	<u> </u>	+	<u>.</u>	+	<u>+</u>	*	+	<u> </u>	<u>*</u>	<u>+</u>	<u>.</u>	*	+	+	<u>+</u>	<u>+</u>	+	<u>+</u>	<u></u>	<u> </u>	<u>+</u>	+	-	
THYMUS	•	•	<u> </u>	•	*	<u> </u>	*	*	*	*	+	*	*	•	*	<u> </u>	٠	<u>.</u>	*	*	+	+	*	*	*	56
CIRCULATORY SYSTEM			•	٠	_					_							+					•		٠		58
HEART DIGESTIVE SYSTEM	<u> </u>	<u>+</u>	_		_	<u>.</u>	<u>.</u>	<u> </u>	<u> </u>	<u> </u>	*	<u> </u>	*	<u>.</u>	<u> </u>	+	_	_							_	, , , , , , , , , , , , , , , , , , ,
SALIVARY GLAND			_+	•			٠	٠	•	٠		_+		<u>.</u>	•	•	•	+	+	•	. +	+	+	+	٠	50
LIVER	+	+	+	+	٠	٠	*	+	+	+	+	+	+	+	+	+	÷	.	4	+	٠	٠	+	+	٠	50
NEOPLASTIC HODULE	-				_		_				_								_	_	_				-×	
SILE DUCT	+	<u></u>	<u></u>	<u>÷</u>	*	•	<u>*</u>	<u>.</u>	<u></u>	<u>+</u>		<u> </u>	<u></u>	<u></u>	<u></u>	*	<u>*</u>	*	*	<u></u>	<u>*</u>	<u>.</u>		<u>.</u>	<u> </u>	
GALLBLADDER & COMMON BILE DUCT	-	<u></u>	<u> X</u>		<u>.</u>	<u>K</u>	ــــــــــــــــــــــــــــــــــــــ	N.	<u> </u>	<u>.</u>	<u>N</u>	<u>N</u>	<u>.</u>	<u>H</u>	با.	<u>.</u>	<u> </u>	<u> </u>	<u></u>	<u>. H.</u>	<u> </u>	4	<u>.N.</u>	<u></u>	-1	<u>18 K</u> _
PANCREAS	+	÷	÷	÷	÷	<u> </u>	÷	<u> </u>	÷	÷	<u>.</u>	<u> </u>	<u>+</u>	<u>.</u>	÷	<u>.</u>	<u>:</u>	<u>.</u>	÷	<u>.</u>	÷	<u> </u>	<u>.</u>	÷		<u>58</u>
ESOPHAGUS	Ť.	Ť	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	Ť	Ť		•	÷	<u>.</u>		÷	Ť	Ť	Ť	·	•	<u></u>	•		•	•		_50
STOMACH SMALL INTESTINE	Ť	•	÷	Ť	÷	Ť	÷	÷	÷	÷	÷	÷	•	<u>*</u>	<u>.</u>	·	•	Ť	·	Ť	Ť	+	÷	+		- 18
LARGE INTESTINE	1	÷	•	+	•	+	<u> </u>	<u> </u>	+	+	•	•	+	+	•	+	+	+	+	+	+	+	4	+	٠	50
URINARY SYSTEM	┿		<u> </u>				_	_				_		_			_								-	
KIDNEY	1.	+	•	٠	+		+	+	*	+	*	+	+	+_		٠	÷	٠		٠	٠	+	+	٠		-50
URINARY BLADDER	+	+	+	+	*	+	٠	٠	+	+	+	+	+	+	•	+	+	+	•	+	+	+	+	+	٠	49
ENDOCRINE SYSTEM	+										_		-						-					_		
PITUITARY Carcingma, Mgs Adengma, Mgs	+	+ ¥	+	+ ¥	*	+ x	+ Y	٠	•	•	+	*	•	+ x	+ x	+	+ X	*	+	+ _X	+ X	*	+	+ _ X _	+	49 21
ADREMAL CORTIGAL ADENOMA PHEOCHROMOCYTOMA	•	+	٠	+	+	٠	+	٠	+	٠	*	+	+	+ x	٠	+	+	+	+	+	+	٠	٠	*	•	50 2 2
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL GARCINGMA	•	٠	•	+	*	×	+ x -	*	+	٠	+	+	+	٠	٠	٠	٠	٠	٠	*	+	+ ×	•	* *	+	50 2 2 4
PARATHYROID	1	٠	<u> </u>	•	. +	•		·	+	+	•	•	•	+	•	٠	•	•	•	•	٠	<u> </u>	+	•	٠	49
PANGREATIC ISLETS	1	+	+	٠	+	+	٠	+	+	*	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	50
ISLET~CELL ADENOMA													×									-	_			1
REPRODUCTIVE SYSTEM MAMMARY GLAND MIXED TUMOR, MALIGNANT		٠	•	•	•	•	+	+	٠	+	+	٠	٠	٠	٠	٠	•	•	•	•	٠	٠	٠	•	+	50H (12
FIBROADENGMA PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS	H	H	н	H	N	H	H	Н	н	N	N	N	N	H	H	н	H	H	Н	H	N	N	н	H	N.	50m
SQUAMOUS CELL CARCINOMA	+		_	•		•	•	•	•	•	•	•	+	•	•	•	-	•	•	+		+		+	+	50
UTERUS ADEMOCARCINOMA, NGS LEIDMYOMA ENDOMETRIAL STROMAL POLYP	*	•	•	•	×	•	•	•	٠.	•	×	Ĭ	×	•	X	•	•	Ť	Ť		•	•	•	•	×	
ENDOMETRIAL STROMAL SARCOMA OVARY	1	_	+	•	_	+	+		+	•	+	-			+	+	+	+	+	+	+	+	-	+	+	30
NERVOUS SYSTEM	+-							•										_								
BRAIN GLIOMA, NOS	+	+	+	+	٠	•	٠	٠	+	+	+	+	•	+	•	+	٠	+	+	٠	٠	+	+	+	+	50
MUSCULOSKELETAL SYSTEM	+											_										-	_			
BONE OSTEOSARCOMA	H	H	N	. N	H	H	H	N	N	×	H	H	N	N	N	N	H	N	H	N	M	H	N	N	N	50H
ALL OTHER SYSTEMS	T																									
MULTIPLE ORGANS MOS MUCINOUS ADENOCARCINOMA FIBROSARCOMA MIXED TUMOR. METASTATIC CARCINOSARCOMA MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	H	H	N	N	H	H	N	x	H	H	N	H	N	H	H	N	H	H	н	×	H	H	×	N	N	58#
MALIG.LYMPHOMA, HISTIDGYTIG TYPE Monocytic Leukemia					X																	مسيبية	_			

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: HIGH DOSE

														_										
ANIMAL HUMBER	0	0 2	9		9	0	9	0	9	1	1	11	3	1	11	1) !	11	•	2	2	2	2	2
WEEKS ON STUDY	0	- 0	0	0.4	0	- 04	0	9	0	8	9	8	q	9	0 (9	8	9	9	9	9	8	8	8
HYEGUMENTARY SYSTEM SUBCUTANEOUS TISSUE FIBROMA	1.	+	÷	٠	•	+	+	+	+	÷	+	÷	+	+	+	+	•	+	+	+	+	+	+	+
HEMANGIDSARCOMA ESPIRATORY SYSTEM	4-																							
LUNGS AND BRONCHI ALYEGLAR/BRONCHIOLAR ADENOMA ALYEGLAR/BRONCHIOLAR GARCINOMA	•	+ ¥	٠	•	٠	٠	+	*	٠	+	•	٠	•		+	٠	•	•	٠	+	•	•	*	•
TRACHEA	1	+	+	+	+	+	+	٠	+	•	+	+	•	+	•	•	-	٠	+	+	+	+	+	٠
EMAYOPOIETIC SYSTEM	+-						_														_			- 1
BONE MARROW	1.	٠	٠	•		٠	٠	٠		٠	4		٠	٠	٠	٠	÷	•	+	٠.	•	٠	+	
SPLEEN	+	٠	<u>.</u>	. +	٠	٠	٠	+	٠	٠	+	+	٠	*	٠	+	٠.	٠	٠	÷	+	٠	<u>.</u>	+
LYMPH HODES	+	٠	+	+	•	+	+	٠	+	٠	+	+	•	٠	+	٠	٠.	•	.+	•	+	+	•	+
THYMUS THYMOMA	•	+	+	•	٠	+	•	٠	•	+	+	+	٠	٠	•	+	+	٠	+	+	+	+	+	*
IRCULATURY SYSTEM	+	_												_			_		_		_			
HEART AHITSCHKON-CELL SARCOMA IGESTIVE SYSTEM	<u> •</u>	•	٠	•	+	•	•	×	٠	•	•	•	+	+	+	+	+	•	+	•	•	+	+	+
SALIVARY GLAND		_•_		+	•	٠	.	_+	•		+	•	+	•	*	. •	+	•	•		٠	•	•	•
LIVER HEPATOGELLULAR CARCINOMA	<u>-</u>	٠	٠	•	٠	•	٠	<u>,</u> •	'	•	٠	•	٠	•	٠	٠	•	٠	٠	•	•	٠	٠	٠
BILE DUCT	+	<u>.</u>	÷	<u></u>	<u>.</u>	•	٠	•	<u> </u>	<u>.</u>	+	<u>+</u>	*	<u>+</u>	٠	•	<u>+</u>	<u> </u>	<u>+</u>	<u>+</u>	+	٠	+	•
GALLBLADDER & COPPON BILE DUCT		_!_	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	-11		_Ц_	_1	_۲_	1	<u> </u>	<u> </u>	1			_!_	N	.H	К.		_!_	<u> </u>	×	- 1
PANCREAS	+	•	<u>.</u>	÷	<u>.</u>	•	•	<u>.</u>	•	<u>*</u>	÷	<u>.</u>	<u> </u>	<u>*</u>	*	<u>+</u>	÷	•	•	•	*	<u> </u>	<u> </u>	<u>.</u>
ESOPHAGUS STOMACH	+	÷	÷	÷	<u>.</u>	÷	•	<u>.</u>	<u>+</u>	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	·	<u> </u>	÷	÷	÷
SMALL INTESTINE	1	. •	<u>.</u>	<u> </u>	•	Ť	*	÷		Ť		Ť	Ť	+	•	•	<u>*</u>	<u> </u>	Ť	•	•	·	Ť	Ť
LARGE INTESTINE	1	+	+	+	+	+	+	+				+	+	•	+	+	+	+	٠	+	+	+	+	+
RIHARY SYSTEM	+		_		-										_		_					_		-
KIDNEY	1	٠	•	+	٠	+	•	٠	٠	٠	+	+	٠	٠	٠	<u>+</u>	+	٠	٠	+	٠	٠	٠	<u>+</u>
URINARY BLADDER	+	٠	•	+	٠	٠	٠	٠	•	+	٠	+	٠	٠	٠	•	٠	+	٠	٠	+	+	٠	•
HOUCESHE SYSTEM												,		_										
PITUITARY CARCINOMA, HOS ADENOMA, HOS	Ļ	+	×	•	* *	* *	٠ <u>×</u>	×	* *	<u> </u>	+ *	*	+	•	<u> </u>	٠ ٢	*	• *	* *	*	* *	+ *	*	•
ADRENAL PHEGCHROMOCYTOMA	+	+	+	+	+	+	*	•	+	<u>+</u>	+	+	÷	+	+	+	<u>.</u>	+	+	<u> </u>	*·	+	*	+
THYRGID FOLLICULAR-CELL CARCINOMA C-CELL CARCINOMA	_	ż	•	+	•	•	•	•	+	•	+	*	+	*	•	+	•	•	_	•	•	•	+-	•
PARATHYRGID Adengma. Ngs	•	٠	٠	+	•	+	*	+	٠	*	*	+	+	+	+	* *	•	٠	+	*	+	+	+	•
PANCREATIC ISLETS ISLET-CELL GARGINGMA	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	+	+-	٠	+	+	٠	•	٠	٠	٠	٠	+	•	٠
EPRODUCTIVE SYSTEM MAMMARY GLAND FIBROADENOMA		٠	•	٠	٠	*	+	+	•	•	٠	÷	٠	٠	•	*	+	+	•	٠	÷	٠	٠	•
PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS ADENGMA, NOS	H	н	N	N	N	H	H	H	H	H	H	N	N	H	H	N	N	H	H	N	H	H	H	N
UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	•	٠	٠	٠	٠	•	×	•	ż.	•	٠	٠	٠	٠	•	*	÷	ż	•	×	+	.×	٠	. ż
OVARY	1	٠	•	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠
ERVOUS SYSTEM	+													_				_					_	
BRAIN Carcingma, Hgs. Invasive DDY Cavities	*	•	٠	<u>·</u>	•	•	*	•	•	•	<u> </u>	•	+	<u>.</u>	•	•	•	+	•	•	+	•	*	+
MEDIASTINUM Carcinosarcoma	N	N	N	H	H	H	H	H	N	H	H	×	N	H	H	N	H	H	H	H	н	N	H	H
LL GTHER SYSYEMS MULTIPLE ORGANS NOS MESOTHELIOMA, MALIGNANT MALIGNANT LYMPHOMA, MIXED TYPE MONOGYTIC LEUKEMIA	N	N	N	н	×	N	H	H	N	H	N	н	H.	н	N	н	N	H	H	N	н	н	н	H

^{*:} TISSUE EXAMINED MICROSCOPICALLY
-: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
X: TUMOR INCIDENCE
H: HECROPSY, NO AUTOLYSIS. NO MICROSCOPIC EXAMINATION
5: ANIMAL MIS-SEXED

[:] NO TISSUE INFORMATION SUBMITTED
C: HECROPSY, NO MISTOLOGY DUE TO PROTOCOL
A: AUTOLYSIS
H: ANTHAL MISSING
B: NO NECROPSY PERFORMED

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: HIGH DOSE (Continued)

ANIMAL Humber	2	2	2	2	3	3	3	3	3	3	3	3	3	3			2	3	•		اهٔ	•			5	TOTAL
WEEKS ON STUDY	9	9	9	9	0	0	0	9	3	9	0	0	0	-	0	9	9	0	0	0	0	9	0	9	0	TISSUE
NTEGUMENTARY SYSTEM																										
SUBCUTANEOUS TISSUE FIBROMA HEMANGIOSARCOMA	•	•	×	N	•	•	•	•	•	•	•	•	•	+	•	*	•	•	•	•	•	×	•	•	*	5811 4 1
ESPIRATORY SYSTEM																										
LUNGS AND BRONCHI ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	Ļ	_	_*_		_		_	<u> </u>	<u> </u>	<u> </u>	_	_	<u> </u>	<u> </u>	×	*	•	<u> </u>	•		<u> </u>	+	<u> </u>	_	1	
TRACHEA	+	*	+	+	+	+	٠	٠	+	+	+	+	*	+	*	+	+	+	•	*	+	+	+	*	*	50
EMATOPOLETIC SYSTEM																							-			
BONE MARROW	†	÷	<u> </u>	<u> </u>	<u>.</u>	-	÷	•	<u>.</u>	<u> </u>	<u>.</u>		÷	*	-	<u>*</u>	<u>+</u>	÷	•	<u> </u>	<u>+</u>	÷	<u>*</u>	<u>.</u>	+	
SPLEEN LYMPH HODES	 	Ť	- <u>-</u> -	Ť	·	·	÷	÷	÷	÷	<u>.</u>	÷	<u>÷</u>	÷	÷	÷	÷	÷	÷	÷	÷	÷	•	<u>.</u>	•	
THYMUS	1	+	-	+	٠	٠	٠	٠	+	+	+	* *	+			٠	٠		+	+	+	٠	٠	٠	٠	49
THYMOMA SECULATORY SYSTEM	 					-						_					_		_			_		_	4	
HEART ANITSCHKON-CELL SARCOMA		٠	•	•	٠	+	•	•	•	•	•	٠	٠	+	•	+	•	٠	•	٠	٠	٠	٠	•	٠	50
IGESTIVE SYSTEM	┾╌								_					_				_			_	_			+	
SALIVARY GLAND	↓ •	٠	•	<u>.</u>	٠	٠	٠	٠	+		+	4		+	<u>.</u>	•	+	•	<u>.</u>	+	٠	٠		<u>.</u>	-	50
LIVER HEPATOCELLULAR CARGINOMA	•	٠	•	•	٠	٠	+	٠	٠	+	*	+	*	•	٠	+	+	+	٠	•	•	+	٠	+	+	50
BILE DUCT	Ţ.	•	٠	•	•	٠	٠	•	•	•	•	•	•	٠		+		٠	•	•	•	•	٠	•	1	38
GALLBLADDER & COMMON SILE DUCT	L	N.	N	N	Ħ	N	ı	N'	X	N	ĸ	ĸ.	N.	N		N	N	ĸ.	X	N.	¥	×	N.		×	501
PANCREAS		٠	•	•	•	•	•	•	٠	•	•	٠		٠	٠	٠	٠	•	-	٠	•	+	+	٠	•	
ESUPHAGUS	<u>_</u>		٠	٠	٠	٠	٠	٠	٠	٠	٠.		٠	<u>.</u>	+	<u>+</u>	٠.	٠	<u> </u>	+	٠	<u>.</u>		٠	٠	
STOMACH	<u> • </u>	٠	٠	•	+	٠.	+	٠	+	٠	٠	٠	٠	<u>+</u>	٠	+_	•	•	٠.	٠	+	<u>•</u>	+	<u>.</u>	٠	
SMALL INTESTINE	÷	٠		÷	+		•		•	<u>+</u>	٠.	+	+	+	٠.	+	<u>+</u>	٠	<u>*</u>	<u>.</u>	+	<u>+</u>	*	٠	*	67
LARGE INTESTINE	+	+	+	+	•	+	٠	٠	٠	•	•	*	+	+	*	+	+	+	+	+	+	+	+	٠	*	50
RINARY SYSTEM																										
KIDHEY	+	+	<u>.</u>	<u> </u>	<u>+</u>	<u> </u>	<u>.</u>	<u>+</u> _	÷	+	<u>.</u>	•	<u>+</u>	<u></u>	<u> </u>	<u>.</u>	<u>*</u>	<u>.</u>	÷	<u>.</u>	<u>.</u>	<u>*</u>	*	÷	+	
URINARY BLADDER NDOCRINE SYSTEM	<u> • </u>	_	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u>+</u>	<u> </u>	<u> </u>	<u>-</u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	4	58
PITUITARY CARCINOMA.NOS	:	•	•	‡	*	٠	•	•	٠	•	•	+	•	•	٠	*	+	÷	•	÷	•	٠	•	٠	×	49
ADREMAL PHEOCHROMOCYTOMA	•	•	•	÷	٠	+	+	+	٠	+	٠	+	٠	٠ .	+	٠	٠	•	+	•	٠	•	+	+	•	<u>-</u>
THYROID FOLLICULAR-CELL CARCINOMA	1	٠	٠	•	٠	٠	+	•	٠	+	٠	•	٠	٠	+	+	٠	٠	٠	+	+	+	+	+	٠	30
C-CELL CARCINGMA PARATHYROID	1	٠	+	•	٠	٠	•	٠	٠	+	+	+	+	+	+	٠	٠	+	٠	٠	+	+	•	+	•	48
ADENOMA, HOS PANCREATIC ISLETS ISLET-CELL CARCINOMA	1	٠	٠	٠	+	٠	+	٠	٠	٠	+	٠	٠	+	+	+	٠	+	+	+	÷	+	٠	٠	•	50
EPRODUCTIVE SYSTEM	┼—				_								_					_	_			-			+	
MAMMARY GLAND FIBROADENOMA	•	٠	•	•	* *	٠	٠	+	٠	٠	+	+	÷	٠	٠	٠	+	٠	٠	÷	÷ ×	+	+	٠	٠	501
PREPUTIAL/CLITORAL GLAND CARCINOMA, NOS ADENGMA, NOS	N X	н	N	H	H	N	H	N	H	H	H	N	N	N	N X	H	H	H	H	H	H X	н	н	H	H	501
UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	·	٠	•	•	•	•	٠	٠	*	*	ż	ż	٠	٠	ż	•	*	٠	٠	•	•	+	٠	×	×	50 1
OVARY	1	٠	٠	٠	٠	٠	+	٠	٠	+	٠	٠	٠	٠	٠	+	*	٠	+	٠	+	+	+	•	+	50
ERVOUS SYSTEM	+-																				-		_		+	
BRAIN CARCINOMA, HOS, INVASIVE	•	٠	•	•	•	•	•	•	•	•	•	*	•	•	•	•	+	•	+	*	•	٠	*	+	٠	49
DDY CAVITIES MEDIASTINUM CARCINOSARCOMA	н	N	N	H	N	H	N	N	N	N	N	N	н	N	N	N	N	N	N	н	N	N	N	N	N	503
LL OTHER SYSTEMS MULTIPLE ORGANS NOS	N	н	• н	N	×	н	×	н	N	н	н	N	н	н	н	н	н	н	н	н	н	H	н	н	N	581

^{*} ANIMALS HECROPSIED

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	w dose	HIGH I	OOSE
ANIMALS INITIALLY IN STUDY	50	41)	50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
NTEGUMENTARY SYSTEM						
*EAR	(50)		(50)		(50)	
FIBROUS HISTIOCYTOMA, MALIGNANT			1	(2%)		
*SKIN	(50)		(50)		(50)	
SARCOMA, NOS		(2%)		(4%)		(2%)
FIBROMA		(4%)		(14%)	1	(2%)
FIBROSARCOMA		(4%)		(4%) (2%)		
RHABDOMYOSARCOMA NEUROFIBROMA		(6%) (2%)		(2%)	1	(2%)
NEUROFIBROSARCOMA		(2%)		(2701	1	(270)
*SUBCUT TISSUE	(50)	14 /01	(50)		(50)	
SARCOMA, NOS	,50,			(2%)		
FIBROMA	1	(2%)				
FIBROSARCOMA	1	(2%)		(4%)	1	(2%)
LEIOMYOSARCOMA			_	(2%)		
RHABDOMYOSARCOMA	1	(2%)		(2%)	1	(2%)
FIBROADENOMA				(2%)		
NEUROFIBROSARCOMA	1	(2%)	1	(2%)		
RESPIRATORY SYSTEM						
#LUNG	(50)		(50)		(50)	
HEPATOCELLULAR CARCINOMA, METAST	1	(2%)	2	(4%)	2	(4%)
ALVEOLAR/BRONCHIOLAR ADENOMA		(6%)		(10%)		(4%)
ALVEOLAR/BRONCHIOLAR CARCINOMA		(6%)	1	(2%)	1	(2%)
ACINAR-CELL CARCINOMA, METASTATI		(2%)		.a.		
FIBROSARCOMA, METASTATIC	1	(2%)	1	(2%) 		
HEMATOPOIETIC SYSTEM						
*MULTIPLE ORGANS	(50)		(50)		(50)	
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	1	(2%)				(2%)
MALIG. LYMPHOMA, HISTIOCYTIC TYPE	_	(40)			1	(2%)
MALIGNANT LYMPHOMA, MIXED TYPE		(4%)	(FA)		(40)	
#SPLEEN MALICNANTI VMDHOMA MIYED TYDE	(50)	(90%)	(50)		(49)	
MALIGNANT LYMPHOMA, MIXED TYPE #AXILLARY LYMPH NODE	(49)	(2%)	(50)		(50)	
FIBROSARCOMA, METASTATIC	(49)		, ,	(2%)	(00)	
#LIVER	(50)		(50)	. = , 0 ,	(50)	
MALIG. LYMPHOMA, HISTIOCYTIC TYPE	(30)		(55)			(2%)
#THYMUS	(36)		(41)		(37)	
ТНҮМОМА		(3%)	, ,			
CIRCULATORY SYSTEM						
*LEG	(50)		(50)		(50)	
HEMANGIOSARCOMA	,,,,		,,			(2%)
#BONE MARROW	(50)		(48)		(50)	
HEMANGIOSARCOMA	,			(2%)		
#SPLEEN	(50)		(50)		(49)	
HEMANGIOSARCOMA						(2%)

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER	(50)	(50)	(50)
HEPATOCELLULAR ADENOMA	4 (8%)	17 (34%)	10 (20%)
HEPATOCELLULAR CARCINOMA	11 (22%)	20 (40%)	30 (60%)
MIXED HEPATO/CHOLANGIO CARCINOMA	1 (2%)		
ACINAR-CELL CARCINOMA, INVASIVE	1 (2%)		
#PANCREAS	(50)	(48)	(49)
ACINAR-CELL CARCINOMA	1 (2%) (49)	(49)	(49)
#FORESTOMACH SQUAMOUS CELL PAPILLOMA	(49)	1 (2%)	(45)
#S. INTESTINE/MUCOSA	(46)	(46)	(47)
ADENOCARCINOMA, NOS	(10)	()	1 (2%)
#DUODENAL MUCOSA	(46)	(46)	(47)
ADENOMA, NOS		1 (2%)	
#JEJUNUM	(46)	(46)	(47)
ADENOMATOUS POLYP, NOS	1 (2%)		
*RECTUM	(50)	(50)	(50)
ADENOCARCINOMA, NOS	1 (2%)		1 (2%)
URINARY SYSTEM NONE			
ENDOCRINE SYSTEM			
#PITUITARY	(43)	(46)	(46)
ADENOMA, NOS			1 (2%)
#ADRENAL	(49)	(48)	(50)
PHEOCHROMOCYTOMA	2 (4%)	7 (15%)	1 (2%)
#ADRENAL/CAPSULE	(49)	(48)	(50)
CARCINOMA, NOS	0. (40)	1 (2%)	
ADENOMA, NOS	2 (4%)	1 (2%)	(50)
#THYROID FOLLICULAR-CELL ADENOMA	(47)	(49)	5 (10%)
#PANCREATIC ISLETS	(50)	(48)	(49)
ISLET-CELL ADENOMA	1 (2%)	(10)	(/
		······································	
REPRODUCTIVE SYSTEM *SCROTUM	(50)	(50)	(50)
*SCROTUM NEUROFIBROSARCOMA	(50)	1 (2%)	(50)
MECINOLIDIOGANOOMA		1 (470)	
NERVOUS SYSTEM NONE			
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND	(50)	(50)	(50)
ADENOMA, NOS	2 (4%)	2 (4%)	1 (2%)
CYSTADENOMA, NOS	2 (4%)	(FO)	/FA\
*ZYMBAL GLAND	(50)	(50)	(50)
SQUAMOUS CELL CARCINOMA	1 (2%)		
MUSCULOSKELETAL SYSTEM NONE			
BODY CAVITIES NONE			

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS	*****		
*MULTIPLE ORGANS	(50)	(50)	(50)
CARCINOMA, NOS	1 (2%)		
MIXED HEPATO/CHOLANGIOCA, INVASI	1 (2%)		
MIXED HEPATO/CHOLANGIOCA, METAST	1 (2%)		
MESOTHELIOMA, MALIGNANT	1 (2%)		
NEUROFIBROSARCOMA		1 (2%)	
LUMBAR REGION			
FIBROSARCOMA			1
# NUMBER OF ANIMALS WITH TISSUE EXAMINED NUMBER OF ANIMALS NECROPSIED	MICROSCOPICALLY		····
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DEATH	10	10	10
MORIBUND SACRIFICE	8	5	10
SCHEDULED SACRIFICE			
TERMINAL SACRIFICE	32	35	30
DOSING ACCIDENT			
ACCIDENTALLY KILLED, NDA			
ACCIDENTALLY KILLED, NOS			
ANIMAL MISSING			
ANIMAL MISSEXED			
OTHER CASES			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS**	36	44	43
TOTAL PRIMARY TUMORS	56	80	64
TOTAL ANIMALS WITH BENIGN TUMORS	18	29	17
TOTAL BENIGN TUMORS	22	43	22
TOTAL ANIMALS WITH MALIGNANT TUMORS	22	34	37
TOTAL MALIGNANT TUMORS	34	37	42
TOTAL ANIMALS WITH SECONDARY TUMORS##	•	4	2
TOTAL SECONDARY TUMORS	6	4	2
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
BENIGN OR MALIGNANT			
TOTAL UNCERTAIN TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			

^{**} PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS
SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		48		49	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		48		49	
NTEGUMENTARY SYSTEM						
*SKIN	(50)		(48)		(49)	
SQUAMOUS CELL PAPILLOMA	_				1	(2%)
SEBACEOUS ADENOMA		(2%)			•	(9.0%)
FIBROSARCOMA *SUBCUT TISSUE		(2%)	(48)		(49)	(2%)
NEURILEMOMA	(50)			(2%)	(43)	
NEURILEMONA				(270)		
RESPIRATORY SYSTEM						
#LUNG	(50)		(48)		(48)	
HEPATOCELLULAR CARCINOMA, METAST		(2%)		(6%)		(6%)
ALVEOLAR/BRONCHIOLAR ADENOMA	_	(4%)	2	(4%)		(2%)
ALVEOLAR/BRONCHIOLAR CARCINOMA OSTEOSARCOMA, METASTATIC	Z	(4%)	1	(2%)	1	(2%)
HEMATOPOIETIC SYSTEM						
*MULTIPLE ORGANS	(50)		(48)		(49)	
MALIGNANT LYMPHOMA, NOS	(50)			(2%)	(-20)	
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	2	(4%)		(6%)		
MALIG. LYMPHOMA, HISTIOCYTIC TYPE		(6%)		(4%)	1	(2%)
LYMPHOCYTIC LEUKEMIA				(2%)		(8%)
*ABDOMINAL CAVITY	(50)		(48)		(49)	
LYMPHOCYTIC LEUKEMIA		(2%)			- / 40	
*SKIN MAST-CELL TUMOR	(50)	(0.01)	(48)		· (49)	
#SPLEEN	(50)	(2%)	(47)		(49)	
MALIGNANT LYMPHOMA, MIXED TYPE	(00)		(-21)			(2%)
#THYMUS	(41)		(39)		(29)	,_,,
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	1	(2%)			_	
CIRCULATORY SYSTEM						
*SUBCUT TISSUE	(50)		(48)		(49)	
HEMANGIOSARCOMA						(2%)
#URINARY BLADDER	(50)	(0.00)	(48)		(48)	
HEMANGIOMA	1	(2%)				
DIGESTIVE SYSTEM	/= a ·		(40)		/46	
#LIVER	(50)		(48)	(99%)	(49)	(90)
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA		(4%)		(23%) (50%)		(8%) (96%)
#GASTRIC MUCOSA	(49)	(2%)	(48)	(0070)	(48)	(0070)
ADENOMATOUS POLYP, NOS	(40)			(2%)	(±0)	
#FORESTOMACH	(49)		(48)	(= /0/	(48)	
SQUAMOUS CELL PAPILLOMA		(4%)	,		(-5/	
#DUODENUM	(49)	,	(44)		(47)	
ADENOMATOUS POLYP, NOS		(2%)				
JRINARY SYSTEM						
#KIDNEY	(50)		(48)		(49)	
HEPATOCELLULAR CARCINOMA, METAST					1	(2%)

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONT	ROL (UNTR)	LO	w dose	HIGH I	OSE
ENDOCRINE SYSTEM					-	
#PITUITARY	(44)		(42)		(44)	
ADENOMA, NOS	4 ((9%)	1	(2%)	1	(2%)
#ADRENAL	(50)		(48)		(47)	
PHEOCHROMOCYTOMA	2 ((4%)			3	(6%)
#THYROID	(47)		(46)		(44)	
FOLLICULAR-CELL ADENOMA	2 (4%)			2	(5%)
FOLLICULAR-CELL CARCINOMA	1 (2%)				
REPRODUCTIVE SYSTEM						
*MAMMARY GLAND	(50)		(48)		(49)	
ADENOCARCINOMA, NOS	1 (2%)			1	(2%)
ADENOSQUAMOUS CARCINOMA			1	(2%)		
#UTERUS	(50)		(48)		(49)	
ADENOCARCINOMA, NOS	1 (2%)				
LEIOMYOSARCOMA			1	(2%)		
ENDOMETRIAL STROMAL POLYP			1	(2%)	1	(2%)
ENDOMETRIAL STROMAL SARCOMA	1 (2%)	1	(2%)		
#OVARY/PAROVARIAN	(47)		(42)		(48)	
ENDOMETRIAL STROMAL SARCOMA, INV			1	(2%)		
NERVOUS SYSTEM NONE			·			
	(50) 2 (4	4 %)	(48)	(4%)	(49) 1	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND		4 %)		(4%)	,,	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES	2 (4	4 %)	2	(4%)	1	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM		4%)	(48)		,,	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE	(50)	4%)	(48)	(4%)	(49)	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE *PELVIS	2 (4	4%)	(48) 1 (48)	(2%)	1	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE	(50)	4%)	(48) 1 (48)		(49)	(2%)
SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE *PELVIS OSTEOSARCOMA	(50)	4%)	(48) 1 (48)	(2%)	(49)	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE *PELVIS OSTEOSARCOMA ALL OTHER SYSTEMS *MULTIPLE ORGANS	(50)		(48) 1 (48)	(2%)	(49)	(2%)
SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE *PELVIS OSTEOSARCOMA ALL OTHER SYSTEMS *MULTIPLE ORGANS ADENOCA/SQUAMOUS METAPLASIA	(50)		(48)	(2%)	(49)	(2%)
NONE SPECIAL SENSE ORGANS *HARDERIAN GLAND ADENOMA, NOS MUSCULOSKELETAL SYSTEM NONE BODY CAVITIES *PERITONEUM LEIOMYOSARCOMA, INVASIVE *PELVIS OSTEOSARCOMA ALL OTHER SYSTEMS *MULTIPLE ORGANS	(50)		(48)	(2%)	(49)	(2%)

[#] NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DEATH	12	18	14
MORIBUND SACRIFICE	2	5	14
SCHEDULED SACRIFICE			
TERMINAL SACRIFICE	36	27	22
DOSING ACCIDENT			
ACCIDENTALLY KILLED, NDA			
ACCIDENTALLY KILLED, NOS			
ANIMAL MISSING			
ANIMAL MISSEXED			
TUMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS**	29	35	47
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS	36	55	71
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS	36 16	55 16	71 11
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	36 16 19	55 16 19	71 11 14
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS	36 16 19 15	55 16 19 31	71 11 14 47
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	36 16 19 15 16	55 16 19 31 36	71 11 14 47 57
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS#	36 16 19 15 16	55 16 19 31 36 6	71 11 14 47 57 4
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	36 16 19 15 16	55 16 19 31 36	71 11 14 47 57
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS # TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAIN-	36 16 19 15 16	55 16 19 31 36 6	71 11 14 47 57 4
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAINBENIGN OR MALIGNANT	36 16 19 15 16	55 16 19 31 36 6	71 11 14 47 57 4
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAINBENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS	36 16 19 15 16	55 16 19 31 36 6	71 11 14 47 57 4
TOTAL ANIMALS WITH PRIMARY TUMORS** TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAINBENIGN OR MALIGNANT	36 16 19 15 16	55 16 19 31 36 6	71 11 14 47 57 4

^{**} PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS
SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: UNTREATED CONTROL

ANIMAL NUMBER	0	0	0	0	1	0		0	0	1	1	1	1	1	-	:	•	1	1	5	2	2	5	2	707
WEEKS ON STUDY	,	1	•	;	힑	0	#	1	•	•	-	1	1	1	#	#	#	1	휘	#	#	}	;	#	7
INTEGUMENTARY SYSTEM	-01	41	41		. ا	3 (لف	لف	-11	1	لف	-10	ند	لف	1	11	اغ	لف	1	لمف	-11	À	أغ	1	ز
SKIN SARCOMA, MOS Fibroma Fibrosarcoma Rhabodomyosarcoma	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	ĸ	٠	٠	٠	٠	٠	٠	٠	×
HEUROFIBROMA HEUROFIBROSARCOMA	×			×														_						×	_
SUBCUTANEOUS TISSUE FIRADHA FIRADSARCOMA RIASDOMYOSARCOMA MEUROFIRADSARCOMA	٠	•	•	•	•	٠	•	•	* *	•	•	•	•	•	•	٠	K	×	•	•	•	•	٠	٠	•
RESPIRATORY SYSTEM	_			-		-			_	_				-	_		_	-	_	_		_	-		-
LUNGS AND DRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA ACINAR-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC	٠	* *	٠	•	*	•	٠	•	•	*	•	•	•	٠	•	•	+ x	•	٠	٠	*	•	٠	•	•
TRACHEA	٠	٠		٠	•	٠	٠	٠	•	۰	4	٠	4	٠	4	4	•	٠	•	ø	٠	•	•	٠	٠
REHATOPOIETIC SYSTEM				_			_			_		_				_		-	_	_		-		-	-
BONE MARROW	٠	•	٠	<u>.</u>	٠	٠	•	•	•	٠.	٠	<u>*</u>	•	•	٠	٠	•	٠	•	٠.	•	٠	٠	•	÷
SPLEEN MALIGHANT LYMPHOMA, MIXED TYPE	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	+	<u>.</u>	٠	٠	٠	٠	4	٠	٠	•	٠	+	٠	•	•
LYMPH HODES	+	+	•	<u>.</u>	<u>.</u>	<u>-</u>	٠_	+	•	+	٠_	<u>*</u>	<u>+</u>	٠	•	•	+	٠	٠	٠	<u>.</u>	٠.	<u>-</u>	٠	<u>•</u>
THYMUS THYMOMA SERCULATORY SYSTEM	•	•	•	-	•	_	_	<u>.</u>	•	•	-	_	•	•	•	•	<u>.</u>	_	<u>.</u>	<u>.</u>	<u>.</u>	<u> </u>	•	•	-
HEART	٠	4	٠	٠	•	٠	•	٠	٠	٠	4	٥	4	٠	٠	٠	٠	٠	٠	٠	٠	4	٠	٠	٠
DIGESTIVE SYSTEM												-	•	_	-	_		_	_	_			_		-
SALIVARY GLAND	•	٠	•	<u>+</u>	٠.	•	+	_	٠.	•	•	<u>.</u>	<u>+</u>	٠	•	٠	•	+	*	٠	٠	٠.	٠.	٠	٠
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCIHOMA MIXED HEPATOCHOLANGIO CARCIHOMA ACIMAR-CELL GARCIHOMA, INVASIVE	×	٠	٠	•	×	٠	• 1	•			*	•	•	×	•		* X	×	•	•		×	×	•	•
BILE DUCT		+	•	•	•	•	•	•	•	•	٠	٠	+	•	•	•	•	•	•	•	•	٠	•	•	•
GALLBLADDER & COMMON BILE DUCT	•	•	. Н	ĸ.	٠	ĸ	•	٠	+	•	+	•	•	٠	•	•	ĸ	٠	٠	٠	•	٠	٠	٠.	٠
PANCREAS ACIMAR-CELL CARCINOMA	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	4	٠	٠	٠	÷	٠	٠	•	٠	٠	٠	٠	٠
ESOPHAGUS	٠	٠	٠	<u>.</u>	•	•	٠	٠.	٠	٠.	٠	٠.	•	٠	٠	٠	٠	٠	٠	٠.	٠	٠	٠	٠.	٠
STOMACH	•	•	-		1	٠	•	٠	•	4	ĭ		+	•	٠.		٠	٠	٠.	٠.	٠	•	•	٠	÷
SMALL INTESTINE ADENOMATOUS POLYP, HOS	٠	4		+	•	•	٠	<u>.</u>	٠	+	÷	+	•	٠	٠	•	٠	٠	ţ.	٠	+	٠	•	٠	•
LARGE INTESTINE	•	٠.	-	+	٠	+	٠	٠	_			•		-	<u>. </u>	<u>.</u>	<u>.</u>	٠	٠_	٠	٠.	٠	+	•	•
RECTUM ADENOCARCINOMA, NOS	٠	•	H	H	•	H	*	•	*	ĸ	H	•	•	<u>.</u>	•	٠	H	H	×	•	•	*	*	•	•
URINARY SYSTEM																									
KIDNEY	÷	÷	÷	÷	÷	÷	÷	÷	÷		<u>÷</u>	<u>:</u>	-	<u>*</u>	÷	<u>. </u>	<u>+</u>	÷	÷	÷	÷	<u>.</u>	÷	÷	÷
URIHARY BLADDER ENDOCRINE SYSTEM	_	<u>.</u>	•		<u> </u>	<u>.</u>	<u>.</u>		<u> </u>	<u> </u>	_			_	<u> </u>	_	_	<u> </u>	_	Ľ.	_	_	<u> </u>	_	_
PITUITARY	4	٠			+ _	٠			٠.		•	+	٠.		٠	+ _	٠	٠	•		٠	٠		•	٠
ADRENAL ADEHOMA, HOS	+	٠	•	٠	٠	٠	٠	٠	٠	٠	4	¢	4	٠	÷	٠	+	•	٠	+	٠	٠	+	•	٠
PHEDGHROMGGYTOMA	-			~~		_		-	_	_	_				_		٠	<u> </u>	_	<u>.</u>	_	-	_	_	-
THYROID	•	<u>.</u>	•	-	<u>.</u>	÷	٠	÷	<u> </u>	÷	<u>.</u>	<u>.</u>	÷	÷	÷	<u>.</u>	÷	÷	÷	÷	÷	÷	÷	<u>. </u>	-
PARATHYRDID PANGREATIC ISLETS ISLET-CELL ADENOMA	٠	÷	÷	۰	÷	•	•	·	•	٠	٠	·	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•
REPRODUCTIVE SYSTEM	-					_			-	-		100							_	_	_				-
MAMMARY GLAND	H	H	_K_	Щ.	Н.	В.	Щ.	Н.,		К			۳.			_	H.		М.	Н.	<u> </u>	Ж.		۳.	7
785715	•	+	•	٠	<u>.</u>	•	•							<u> </u>		<u>.</u>	<u>+</u>	+		-		<u>+</u>		<u>.</u>	2
PROSTATE	*	٠	4	+	•	٠	•	+	<u>.</u>	<u>.</u>	<u>.</u>		<u>.</u>	<u>.</u>	<u> </u>	_	<u>.</u>	<u> </u>		_	+	<u>.</u>	<u>.</u>	<u>.</u>	_
MERVOUS SYSTEM		_	•	,	,	,							4	•					٠	٠	٠		٠	٠	•
BRAIN	•							_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	-	_	_	_	Ť.		_	_	_	•	_	_
MARDERIAN GLAND ADENOMA, NOS CYSTADENOMA, MOS	×	H	H	Ħ	ĸ	ĸ	Ħ	×	H	H	H	k	K	H	×	H	H	H	H	ĸ	N	ĸ	*	×	,
ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA	K	H	H	×	H	Ħ	H	K	N	Ħ	H	ĸ	Ħ	H	Ħ	H	K	H	×	H	H	ĸ	Ħ	H	
ALL DINER SYSTEMS		-		***************************************	-	-						-	***				-				-				1
MULTIPLE ORGANS NOS CARCINOMA JOSÉ MIXED HEFATO/CHOLANGIOCA, INVASIV MIXED HEFATO/CHOLANGIOCA, METASTA HESOTHELIOMA, MILIONANT MALIOLYMPHOMA, LYMPHOTYTIC TYPE MALIONANT TYPHOMA, DIXED TYPE	K	ĸ	ĸ	ĸ	H	H	H	H	×	×	H	Ħ	×	Ħ	ĸ	Ħ	H	ĸ	×	Ħ	H	H	X	R	•

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: UNTREATED CONTROL (Continued)

ANIMAL Humber	2	0 2 7	2 8	2	3	3	3	3	3	3	3	3 7	3	3	4	4	4 2	3	4	4 5	•	4	4 8	4	5	TOTAL
WEEKS ON STUDY	1	•				1	-	-		•	-	1	0		•	9	0	1	1	0	•	-	•	•	•	TISSUES
INYEGUMENTARY SYSTEM	-31	71	-71	71	-31	-	71	71	-71,	71	71	71	71		7.	<u>. 51</u> ,	-21	-7.1	71	71	7.1	71		-/-	4	
SKIN SARCDMA, MOS FISROMA FISROMA FISROMA RIABODMYOSARCOMA MEUROFISROMA MEUROFISROMA MEUROFISROMA MEUROFISROMA	٠	×	•	• _×_	×	•	•	•	•	* X X	•	•	×	•	٠	•	*	•	٠	•	•	•	•	٠	•	38 x 1 2 2 3 1
SUBCUTAHEOUS TISSUE FIBROMA FIBROSARCOMA RHABDOMYOSARCOMA HEUROFIBROSARCOMA	٠	•	٠	٠	•	•	٠	•	•	•	•	•	٠	* X	×	٠	٠	•	٠	•	•	•	•	•	•	39 H
RESPIRATORY SYSTEM			_			-							Langer die	ON VICE	-	-									٦	
LUMCS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIDLAR ADENOMA ALVEOLAR/BRONCHIDLAR CARCINOMA ACIMAR-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC	*	•	•	*	•	×	_	×	•	×	*	•	+	ه هـــــــــــــــــــــــــــــــــــ	•	•	•	•	•	•	•	•	×	•	•	30
TRACHEA	-	٠	٠	+	4	+	+	٠	٠	٠	٠	•	+	•	٥	-	٠	•	•	٠	٠	٠	•	٠	-	37
HEMATOPOIETIC SYSTEM						_															-	_			7	
BOHE MARROW	٠.	٠	<u> </u>	٠	٠	٠	٠	•	٠	٠	*	٠	<u>+</u>	٠_	<u> </u>	<u> </u>	+	<u>.</u>	<u> </u>	+	<u> </u>	٠	٠.	<u>+</u>	4	
SPLEEN MALIGNANT LYMPHOMA, MIXED TYPE	+	ż.	*	٠	4	•	4	*	٠	٠	٠	•	٠	+	٥	•	٠	4	٠	٠	٠	*	٠	•	1	50
LYMPH HODES	•	•	•	•	+	4	٠	•	•		٠	•	+	•	•	4	٠	•	•	٠	•	٠	+	٠	٠	- 11
THYMUS THYMOMA CINCULATORY SYSTEM	+	٠	ؿ		•	٠	-	•	٠	<u>.</u>	٠	٠	•		٠		٠	٠	٠	+	٠	4	٠	•	٠	36
HEART	٠	٠	٠	•	٠	٠	•	٠	•	•	٠	٠	+	•	•	٠	٠	٠	٠	٠	٠	4	4	٠	٠	50
DIGESTIVE SYSTEM	_		_							_		_													+	
SALIVARY GLAND	•	•	<u></u>	+	+	٠.	+	•	*	•	٠.	<u>.</u>	<u> </u>	-	*	<u> </u>	<u></u>	<u>+</u>	•	<u>.</u>	•	<u></u>	<u>*</u>	•	*	
LIVER HEPATOCELLULAR ADEHOMA HEPATOCELLULAR CARCINOMA MIXED HEPATOCCHOLANGIO CARCINOMA ACINAR-GELL CARCINOMA, INVASIVE	•	×	•	•	•	•	•	×	×	•	•	•	•	* X	•	•	×	•	•	•	•	•	×	•	•	31
BILE BUCT	٠		•	٠	٠	٠.	٠	٠	٠	<u>.</u>		4	٠	٠	٠	٠	+	<u>+</u>	٠_	+	٠	٠	٠.	•	٠	
GALLBLADDER & COMMON BILE DUCT		ĸ	М.	٠		٠	٠	٠	1	٠	٠	٠	<u>.</u>	٠	Н.	٠	٠	+	+	H.	٠	٠	٠	+	٠	591
PANCREAS AGIHAR-CELL CARCIHOMA	٠	+	٠	+	4	٠	٠	٠	٠	٠	٠	٠	•	4	+	٠	٠	+	٠	+	٠	•	•	+	٠	31
ESOPHAGUS	*	•	٠	. +	*	<u>+</u>	٠	<u> </u>	<u> </u>	•	+	•	٠.	٠.	<u>.</u>	*	4		•	<u>.</u>	•	<u> </u>	•	٠.	٠	
STOMACH	•	<u></u>	+	<u>.</u>	<u>.</u>	•	+	+	•	<u>+</u>	•	*	<u>+</u>	<u>.</u>	<u>.</u>	<u> </u>	<u> </u>	<u>+</u>	•	*	<u></u>	<u>.</u>	÷	<u> </u>	+	
SMALL INTESTINE ADENOMATOUS POLYP, MOS LARGE INTESTINE	•	+	*	<u>.</u>	<u>.</u>	•	<u>.</u>	•	+	<u>.</u>	<u>.</u>	<u>.</u>	<u>+</u>	+	•	+ -+	<u>.</u>	<u>.</u>	<u>.</u>	•	<u>:</u>	<u>+</u>	•	<u>.</u>	•	- 46
RECTUM ADENOCARCINOMA. HOS	N	٠	٠	٠	H	٠	٠	+	+	•	+	٠	٠	N	•	٠	+	+	H	4	٠	+	+	٠	٠	58¥
URIHARY SYSTEM	_					-	-								-				_						+	
KIDHEY		٠	٠	٠	٠	٠	٠	٠	•	٠.	٠		٠.	٠	٠.	+	٠		٠	٠	٠	+	٠	٠	٠	11_
URIHARY BLADDER	•	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	31
ENDOCRINE SYSTEM		-																								
PITUITARY		*	*	-	-	٠.	+	+	+	٠	•	•	<u>.</u>	*	•	*	÷	٠	+	.	<u>.</u>	<u>.</u>	+	<u>.</u>	*	
ADREMAL ADEHOMA, HOS Phedchromocytoma	-	<u>.</u>	•	•	•	<u>.</u>	* *	•	•	<u>.</u>	•	•	<u>.</u>	<u> </u>	•	<u>.</u>	_	<u>.</u>	<u>.</u>	×	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	•	**;
THYROID	•	÷	÷	<u>.</u>	÷	÷	÷	÷	÷	<u> </u>	<u> </u>	÷	÷	<u>.</u>	<u>+</u>	<u> </u>	<u>+</u>	<u>.</u>	<u>.</u>	•	*	÷	•	÷	-	47
PARATHYROID PAHCREATIC ISLETS ISLET-CELL ADENOMA	•	•	٠	•	+	÷	•	÷	·		÷	•	÷	•			-	÷				٠		٠	٠	31,
REPRODUCTIVE SYSTEM					_								_													
MARMARY GLAND	H	<u></u>	_ <u>K</u> _	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u>+</u>		<u>. N</u> .					<u></u>								_X_	- H	_K_	_H_	-	
TESTIS .	1	÷	÷	÷	÷	÷	÷	•					÷									÷		÷	ij	31
HERVOUS SYSTEM	Ť	_	_			<u>.</u>	_					<u>.</u>			_						_					
BRAIN		٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	+	٠	٠	•	٠	٠	+	٠	٠	٠	٠	٠	•	31
SPECIAL SENSE ORGANS MARDERIAN GLAND ADENOMA, MOS	N	Н	H	H	н	ĸ	N	H	Ħ	н	H	×	н	н	H	н	H	H	N	н	н	N	н	н	×	31;
ADEMONA, MOS CYSTADENOMA, MOS ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA	N	н	H	н	н	H	H	N	H	H	×	H	н	Ħ	N	н	H	H	H	H	N	H	H	н	÷	394
ALL DYHER SYSTEMS														٠.				μ	į.		<u>.</u>		4	<u> </u>	_	***
MULTIPLE DROAMS MOS GARCIMOMAJOCHOLANDIDCA, IMVASIV MINE MERATO/CHOLANDIDCA, METASTA MESONIELIOMA, MALIGANNICH MALIG. LYMPHOMA LYMPHOCYTIC TYPE MALIGANT LYMPHOMA, MINES TYPE	H	H	H	H	H	H	H	H	H	×	H	H	K	H	H	H	H	H	H	M	H	H	X	*	M	***

* ANIMALS HECROPSIED

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: LOW DOSE

ANIMAL Number	:		Ī		1	;	6	•	:	•	•	1	1	•		1	•	•	ì		1	2	2	2
WEEKS ON Study			1			;	•	•			1	ţ	-	1	- 1	-	-{	-		-	1	-	1	1
INTEGUMENTARY SYSTEM	- -	نا	فا	فا	1.5	فا	لفيا	ف	يفيا	Ļ	_i	ىفسا	i	اف_	اة_	Ĭ.	ا ف	لف	Š		ا	i	لف	لف
SKIN SARCOMA, MOS FIBROSARCOMA RHABODMYOSARCOMA HEUROFIBROMA	•	٠	•	•	×	٠	٠	×	٠	٠	×	×	٠	•	٠	٠	٠	•	٠	* *	٠	٠	٠	٠
SUBCUTANEOUS TISSUE BARCOMA, NOS TIRROSARCOMA LEIONYOSARCOMA FIRROSARCOMA FIRROSARCOMA MEUROFIBROSARCOMA	•	•	•	•	•	×	•	•	•	٠	•	•	•	×	•	•	•	•	٠	٠	٠	•	•	•
RESPIRATORY SYSTEM	+			*****	_																_	-	_	
LUMGS AND BRONCHI MEPATDCELLULAR CARCIMOMA, METAST AL VEOLAR/BRONCHIOLAR ADENOMA AL VEOLAR/BRONCHIOLAR CARCIMOMA FIBROSARCOMA, METASTATIC	^ ×	×	•	×	•	•	٠	•	•	٠	•	* *	٠	×	٠	•	* ×	•	٠	•	٠	٠	٠	•
TRACHEA	-	•		-	•	•	•	٠	٠	•	•	-	•	-	-	-	٠	•	٠	4	4	•	•	٠
MEMATOPOLETIC SYSTEM	1		_	_		_											_					_		
BONE MARROW Hemangiosarcoma	•	+	٠	+	+	٠	٠	•	٠	٠	*	+	+	+	÷	٠	٠	٠	٠	٠	٠	٠	٠	٠
SPLEEN		٠		_	٠	•	•		٠	٠	٠	•	+	•	٠	•	٠	٠	٠	•	٠	٠	•	•
LYMPH NODES FIBROSARCOMA, METASTATIC	+	•	•	•	•	•	•	•	•	•	•	•	•	<u>;</u>	•	٠	•	•	•	•	<u>.</u>	4	٠	•
THYMUS SECULATORY SYSTEM	+•	•	•	÷	÷	÷	•	÷	<u>.</u>	<u>.</u>	•	•	÷	÷	•	•	•	-	-	<u>•</u>	<u>.</u>	<u> </u>	<u>+</u>	•
HEART ,	•	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	•	٠	٠	4	٠	٠	٠	٠	•
IGESTIVE SYSTEM								- /								_	_						_	
SALIVARY GLAND	+	<u> </u>		<u> </u>	•	•	•	٠	<u>.</u>	•	٠	+	٠	<u>.</u>	•	<u>-</u>	<u>+</u>	+	٠	+	٠	•	+	•
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	Ļ	<u>.</u>	×	×	×	· <u>·</u>	<u>.</u>	×	<u> </u>	<u>*</u>	×	•	<u>.</u>	×	•	* *	• ×	×	×	•	•	*	ž	ķ
BILE DUCT	+-	٠	+	*		<u>.</u>	٠	+	•	٠.	<u>+</u>	•	+	•	+	٠.	+	٠.	•	<u>.</u>	•	•	٠	•
OALLBLADDER & COPPON BILE DUCT PANGREAS	+	М.	<u>.</u>	<u> </u>	÷	_K_	<u>.</u>	<u>+</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>•</u>	<u>:</u>	÷	<u>-</u>	<u> </u>	<u>.</u>	<u>.</u>	<u>.</u>	•	<u>.</u>
ESOPHAGUS	1	Ť	Ť	Ť	- -	Ť	÷	Ť	÷	Ť	•	Ť	÷	·	÷	-	÷	<u>.</u>	Ť	Ť	<u>.</u>	Ť	<u>.</u>	·
STOMACH	•	-	•	•	٠	•		٠		+	٠	•	٠	٠	4	٠	٠	•	٠	٠	+	٠	٠	٠
SQUAMOUS CELL PAPILLOMA	+			_	_						_	_		_	_			_	_					_
SMALL INTESTINE ADENOMA, HOS	<u></u>	_	4		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	+-	<u>.</u>	<u>.</u>	<u> </u>	_	<u>.</u>	<u>.</u>	+	<u> </u>	<u>+</u>	•	<u>.</u>	<u>.</u>	<u>.</u>	<u> </u>
LARGE INTESTINE	•	-	٠	٠	•	٠	٠	٠	٠	٠.	٠	٠	+	٠	٠	٠	٠	٠	٠	٠.	٠	٠	٠	٠
REMARY SYSTEM																								
KIDHEY	+	<u>+</u>	<u> </u>	÷	<u>.</u>	<u>.</u>	•	<u>.</u>	<u>+</u>	<u>.</u>	<u> </u>	<u> </u>	<u>.</u>	•	•	<u>. </u>	<u>.</u>	<u>.</u>	÷	<u>.</u>	<u>.</u>	<u>.</u>	<u>•</u>	<u>.</u>
URINARY BLADDER NDOCRINE SYSTEM	<u> </u>	<u> </u>	<u> </u>	_	<u>.</u>	<u> </u>	•	<u>.</u>	<u>.</u>	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	<u> </u>	<u>-</u>	<u>-</u>	<u>.</u>	<u>.</u>	*	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>
PITUITARY		٠	٠	.•_	+ .	. •		٠	٠		4	٠				٠				٠	٠	٠	٠	٠
ADRENAL	1	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠		٠	٠	٠	٠	•	٠	٠	
CARCINOMA, NOS ADENOMA, NOS PHEOCHROMOGYTOMA	İ						X						J											
THYROID		٠	•	+_		•	$\overline{}$	•	٠		•	. •	•	٠	٠.	-	•	٠.	٠	٠	•	•	•	•
PARATHYROID	Γ.	•	_	•	•	•		•	•			_	4			:	•	•	٠.		٠.	٠		•
EPRODUCTIVE SYSTEM					v		ь.			u			_			_			_	_			N.	_
MAMMARY GLAND YESTIS	- N-	_K_	_H_	-	-	-	-	-		٠.	-	-	•	-	•	-	<u>. </u>	-	٠.			•	-	<u>.</u>
PROSTATE	1	Ť	•	•	•	÷	Ť	•	÷	•	-	÷	•	<u> </u>		÷	•	•	+	+	•	+	•	+
ERVOUS SYSTEM	+-		_					_						_	_	-	_			_	-			-
BRAIN		٠	•	٠	٠	•	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠
PECIAL SENSE DRGAMS	†														******							_		
HARDERIAN GLAND ADEHOMA, NOS	*	×	H	H	K	*	N	H	H	H	*	H		_	_	_		_		×_			H	
EAR FIBROUS HISTIOCYTOMA, MALIGNANT LL OTHER SYSTEMS	H	N	H	×	H	H	H	H	H			N	N	H	*	×	H	<u> </u>	K	H	<u> </u>	H	Ħ	N.
MULTIPLE DROAMS NOS MEUROFIBROSARCOMA		Ħ	*	*	×	×	*	H	H	H	Ħ	H	H	×	N	H	H	×	H	H	H	Ħ		H
SCROTUM HDS MEUROFISROSARCOMA	1																							

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: LOW DOSE (Continued)

			_																							
ANIMAL MUMBER	2	27	5	2	3	3	3	3	3	3	3	3	3	3	•		•	4	1		1	,			3	TOTAL
MEERS ON STUDY		•	,	•	•	1		1	•	•	;	•	1	•		1	1	:		1		1	1	1	1	TISSUE
INTEGUMENTARY SYSTEM	+41	-41	-21	-41	.لک	41	AL.	بلة.	41	.لد	AL.	يلق	41	<u>al</u>	_لو	<u></u>			<u>دا</u>	<u>sl</u>	.61	لف	Į.	لف	4	
SKIH SARCOMA, MOS FISROMA FISROMA RIBSOMYCSARCOMA RIBSOMYCSARCOMA MUMOFISROMA	•	•	٠	٠	•	٠	٠	٠	* ×	×	•	*		×	٠	•	• ×	٠	×	٠	×	•	٠	٠	•	30 m 2 7
SUBCUTAMEDUS TIBBUE BARCOMA, NOS FIBROSARCOMA LEIDMYOSARCOMA EIBROADEMOMA FIBROADEMOMA MIBROADEMOMA	×	•	•	•	•	×	•	×	•	•	•	•	•	×	*	•	•	•	•	•	٠	٠	•	•	٠	50u
RESPIRATORY SYSTEM	_				_		_		-	-			_			_				_		_		_	7	
LUNGS AND BRONCH! HEPATOCELLULAR CARCIMOMA, METASTA ALVEDLAR/BRONCHIOLAR ADENDMA ALVEDLAR/BRONCHIOLAR CARCIMOMA FIBROSARCOMA, METASTATIC	ŀ	•	•	•	×	•	٠	×	*	•	•	•	•	•	٠	•	•	٠	٠	٠	٠	•	•	•	•	30
TRACHEA	-	•	٠	٠	٠	•	•	٠	-	٠	٠	-	-	٠	•	٠	-	•	-	•	٠	٠	-	-	-	24
MEMATOPOIETIC SYSTEM	Т		_			_				•	_								_						ヿ	
BONE MARROW Memangiosarcoma	Ŀ	•	<u>.</u>	•	<u>.</u>	•	•	<u>.</u>	•	٠	<u>.</u>	•	<u>.</u>	<u>.</u>	•	•	٠	٠	٠	٠	٠	٠	٠	٠	1	44,
SPLEEN	<u> • </u>	٠	٠	+_	٠	•	٠	•	•	٠.	•	٠	•	•	•	•	•	•	•	٠	•	•	•	•	4	
LYMPH MODES Fibrosąrcoma. Metastatic	٠	٠	•	•	•	•	<u>.</u>	•	•	•	<u>.</u>	•	•	•	•	•	+	•	•	•	<u>•</u>	<u>.</u>	•	•	4	31,
THYPHIS CIRCULATORY SYSTEM	÷	<u>.</u>	•	•	•	•	•	÷	•	•	•	•	•	•_	•	•	<u>*</u>	٠.	•	•	<u> </u>	<u>.</u>	•	•	+	
MEART		٠	4	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	34
STRESTIVE SYSTEM	_			_			_	_			-				_			_	_	_	_	_			7	
SALIVARY GLAND	٠.	•	٠	٠.	•	<u>.</u>	٠.	٠	٠.	٠_	٠.	•	•	<u>. </u>	•	<u></u>	4	<u>.</u>	٠.	٠.	٠.	٠.	•	•	4	
LIVER HEPATOCELLULAR ADENOMA MEPATOCELLULAR GARGINOMA	ž	·	•	ž	•		ż	•		<u> </u>	• <u>*</u>			<u> </u>			<u> </u>	•	•	٠ <u>ٽ</u> ـ	ž	<u> </u>	<u>.</u>	•	ž	
BILE DUCT	+	٠.	1	٠	•	<u> </u>	•	٠_	<u>.</u>	٠.	•	•	•	<u>-</u>	•	<u> </u>	٠.	٠.	•	*	٠.	٠.	٠.	4	4	
GALLBLADDER & COMMON DILE DUCT	*	٠	۲.	٠.	٠	•	٠	•	<u> </u>	•	_	٠	• •	<u> </u>	• •	<u> </u>	•	٠_	٠	٠.	٠	-	٠.	•	*	
PANCREAS	•	<u>*</u>	•	<u> </u>	•	•	<u>•</u>	•	<u> </u>	<u>. </u>	٠.	•	•	<u>. </u>	<u> </u>	<u>. </u>	<u>. </u>	•	<u>. </u>	÷	•	<u>.</u>	<u>•</u>	<u>.</u>	+	
ESOPHAGUS Stomach	÷	÷	÷	÷	÷	÷	÷	÷	÷	<u>. </u>	<u>.</u>	<u>. </u>	•	<u>. </u>	•	<u>: </u>	<u>. </u>	-	•	•	÷	÷	÷	•	;	41
SOUAMOUS CELL PAPILLOMA	ļ.,	<u> </u>	_	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	•	_	_			_		_	_						_	_	+	
SMALL INTESTINE ADENOMA, HOS	•	٠	•	*	•	٠_	*	•	٠	•	<u>.</u>	<u>.</u>	٠.	٠	•	٠	•	٠	٠_	٠_	٠_	<u>.</u>	•	<u>.</u>	4	46,
LARGE INTESTINE	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	•	٠	•	٠	4	٠	٠,	٠	٠,	٠	٠	٠	+	47
URIHARY SYSTEM	┢		_		_						_			_									_			
KIDHEY	-	٠	*	٠.	٠	٠.	<u>*</u>	<u>. </u>	<u>. </u>	•	•	٠	•	<u>. </u>	_	-	٠	<u>. </u>	٠_	•	•	-	•	•	+	!
URINARY BLADDER	•	_	•	•	<u>.</u>	٠	<u>.</u>	٠	•	•	٠	•	•	٠.	•	٠	•	<u>. </u>	٠	•	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	4	- 11
ENDOCRINE SYSTEM											_		•	•												- 44
PITUITARY ADREHAL	-	÷	÷	÷	.	÷	<u>.</u>	÷	÷	<u>. </u>	÷	<u>. </u>		_		-	•	<u>. </u>	٠	•	•	÷	•	•	Ť	48
CARCIMOMA, NOS Adenoma, Nos	•	Í	-	•	•	1	•	•		•				×												1
PHEDCHROMOCYTOMA	+-	ř		_	<u>×</u>	_	_		<u>×</u> _	<u>×</u>		_	<u>.</u>	<u>×</u>	_		_		_			_	_	_	+	
THYROID	 •	<u>.</u>	<u> </u>	+	÷	÷	<u>-</u>	<u>.</u>	<u>.</u>	÷	<u>.</u>	<u>.</u>	<u>.</u>	<u>:</u>	<u>. </u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	÷	÷	Ť	<u>,</u>	·	,	
PARATHYROID REPRODUCTIVE SYSTEM	✝▔			<u> </u>	<u> </u>	_	Ť			_						-		_	_							
MAPMARY GLAND	-	_1	<u>K</u>	<u> </u>	N	1	*	<u>K</u> _	<u> </u>	<u>.</u>	1	<u>K</u>	۳	٠.	<u>.</u>	.	<u> </u>	<u>.</u>	<u>.</u>	ــــــــــــــــــــــــــــــــــــــ	با.	<u>.</u>	<u>.</u>	بلا	╬	
TESTIS	+	•	*	+	<u>*</u>	<u>+</u>	<u>*</u>						÷					÷	÷	÷	÷	÷	÷	÷	•	11
PROSTATE RERVOUS SYSTEM	•	<u>.</u>	÷	÷	<u> </u>	_	_	_	_	_	_	<u> </u>	_	_	<u> </u>	_	-	<u> </u>	<u>.</u>	_	_					
BRAIN		٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	30
SPECIAL SENSE ORGANS	+					_																				
MARDERIAN GLAND ADENOMA, NOS	H	N	H	N	H	H	N	H	N	H	N	H	N	H	H	N	H	H	N	×	H	H	N	H	N	**;
EAR FIBROUS HISTIDCYTOMA, MALISHANT	H	H	Ħ	Ħ	Ħ	H	H	H	N	M	H	H	*	M	ĸ	N	H	H	Ħ	H	H	H	Ħ	H	M	50;
ALL DYMER SYSTEMS MULTIPLE ORGANS NOS NEUROPIBROBARGOMA	H	N	H	H	Ħ	H	×	H	H	×	H	H	H	H	Ħ	ij	H	N	×	×	H	N	H	H		507
SCROTUM NOS	Г																									
HEUROFIBROSARCOMA					-	_			_	_								٠.		_	_	_			_	

H ANIMALS HECROPSIED

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: HIGH DOSE

JANINA	Ţ	•	•		8	0	- 0	•	-	81	•1	61	T	81	•	61 6		1 0	1 6	1 81	-	81	-
HUMBER WEEKS DI	Li		3	٩	3	١	į	۱	;	1	1	اه	اذ	1	١	1 .	1	,	3	2	2	3	2
MEEKS DH		i	i	•	8		•		•		;			•			,				•	•	
INTEGUMENTARY SYSTEM	+**		_,,,	- 1	-81	-31	-41	-		-	-4.		•	_ند	<u> </u>	لسنه	1_1		1.0	نو	_11	- 63	-11.
SKIH Sarcoma, Hos Fibroma Meurofibroma	Ŀ	•	٠	٠	٠	•	×	•	٠	•	•	•	٠	•	•	• •	•	•	•	•	٠	٠	•
SUBCUTANEOUS TISSUE Fibrosarcoma Rhabbonyosarcoma	•	*	•	+	•	×	+	٠	٠	٠	٠	٠	•	٠	•	• •	٠	×	٠	٠	٠	٠	• (
RESPIRATORY SYSTEM	1	_																					
LUMOS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEGLAR/BRONCHIGLAR ADENOMA ALVEGLAR/BRONCHIGLAR GARCINOMA	Ŀ	٠	×	٠	<u> </u>	٠	•	٠	٠	•	*	•	*	•	* ·	• •	×	٠	٠	•	٠	•	• •
TRACHEA	-	٠	•	•	٠	٠	-	+	+	٠	+	+	•	-	• •	-	•	•	-	*	+	•	- (
HEMATOPOLETIC SYSTEM	十		_			_	_					_			-								
BONE MARROW	<u> •</u>	٠	٠	٠	٠		÷	٠	٠	٠	٠	•	•	•		•					٠.	•	• •
SPLEEN Hemangiosarcoma	•	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	•	• •	•	٠	٠	٠	٠	٠	٠	• •
LYMPH HODES			•	+	•	•	•	4.	•	•	•	•	٠				•	•		_	_	-	
THYMUS	1	•		٠	٠		•	٠	٠	4		٠	٠		, ,		•	-	•	*	•	·	• •
STREULATORY SYSTEM	╁											_			_								
HEART	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•			•	+	+	٠	٠	٠	
STRESTIVE SYSTEM	_	_		_				_	_														_
SALIVARY GLAND	┷	•	•	+	٠.	٠	٠	٠.	٠.	+	4	<u>.</u>	•	••	_	•		+	•	٠	٠.	٠	• •
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA MALIG.LYMPHOMA, MISTIOCYTIC TYPE	×	×	÷.	×	* X	•	×	×	* X	*	×	•	* X	<u>.</u>	•	×	×		×	×	X X	×	X
BILE DUCT	•	٠	•	٠	•		٠	•	٠.	•	•	•	<u> </u>	••	•	+	. •	•		٠	•	٠	• •
GALLBLADDER & COMMON BILE DUCT	٠	ĸ	•	x	•	<u> </u>	•			•					•	•	. 1	٠	•	×	•	•	• •
PANGREAS		٠	÷			٠	٠	,	٠	٠.	٠	•	•	• •	. •	•	٠		•	٠	•	+	• •
ESCPHAGUS		٠	٠	٠	٠	٠	٠	٠	•	4	•	•	•	•		٠	•		٠	•	•	•	• •
STOMACH	٠	٠	•	٠	٠	٠	•	٠	•	٠	• .	•	•		+		•	٠		. •	4		
SMALL INTESTINE ADEMOGRACINOMA, NOS		٠	٠	٠	•	٠	٠	+	•	٠	•	•	•		•	٠	•	•	•	•	•	•	• •
LARGE INTESTINE	٠	•	_			•	•	•	•	٠						•	٠.	٠.	-		•		
RECTUM ADENOCARCINOMA, NOS	•	٠	٠	٠	N	H	H	٠	٠	Н	N				•	•	Н	И	٠	+	N	•	• •
JETHARY SYSTEM	_												_										
KIDNEY		٠	٠	٠	٠	•	•	•	•	•			•						٠		•		••
URIMARY BLADDER	٠	٠	•	٠	٠	٠	٠	٠	٠	٠-	•		•	, ,	•	٠	٠	٠	+	•	+		
ROOCKINE SYSTEM			_						-										_				
PITUITARY Adenoma, Nos	٠	٠	٠	+	•	٠	-	٠.	٠	٠	•	• ;	•	• •	•	٠	٠	٠	٠	٠	٠	٠	• •
ADREMAL PHEOCHROMOCYTOMA	٠	•	•	٠	٠	٠	+	•	٠	+	•	•	•	٠. ٠	•	٠	٠	٠	٠	•	٠	٠	• •
THYROID FOLLICULAR-CELL ADENOMA	٠	÷ X	•	٠	٠	•	٠	•	+	* *	•	•	•	• •	•	+	٠	٠	÷	٠	٠	٠	• •
PARATHYROID	+	+		•	•	+	+	+	+	•	•	• •	•	• •		-	-	•	+	+	+	•	• •
EPROBUCTIVE SYSTEM	_				_			_		_	_						_			-	_		
MARMARY GLAND		H	×	H	N	.	ĸ_	<u>. </u>	и	ĸ	<u> </u>	<u>.</u>	_		_	H	N	×	N.	N	×	×	<u>H_H</u>
TESTIS	•	٠	٠	٠.	4	•		•	•	٠.			_	•	•		٠	٠		٠	•	•	• •
PROSTATE	٠	٠	•	•	+	٠	٠	•	٠	٠	•	•	•	• •	•	+	٠	•	•	٠	٠	٠	• •
VERVOUS SYSTEM		_															_		_		_		_
BRAIN	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	•	•	٠	•	•	•	٠	٠	•	• •
SPECIAL SENSE DEGANS					_																		
. HARDERIAN GLAND ADENOMA, NOS	H	M	×	N	H	H	Ħ	H	H	Ħ	H	H	H	N I	1 1	K	H	Ħ	H	H	N	H	N N
ALL BYHER SYSTEMS			_	_					_		_		_										
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, MISTIOCYTIC TYPE	*	N	H	H	H	H	K	H	H	H	H	N I	M .	× 1	. *	*	H	×	H	H	×	H	H H
LUMBAR REGION FIBROSARCOMA	<u>_</u>		_						_				_				_				_		
LEG NOS HEMANGIRSARCAMA	L																						
				_		_		_	_	_	_					-	-		-	_	_	_	_

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: HIGH DOSE (Continued)

AH]HAL Humber	2	2	0	2	3	3	3	3	3	3	3	3	3	3	3		•		3	3	:	•	•	TOTAL
WEEKS ON STUDY	1	6	1	8	9	1	1	#	#	#	;	1	•	-		1	-	1	-31	; †	1	;	1	TTISSUES
INTEGUMENTARY SYSTEM	1	i	4	اغ	اف	ان	لف	اه	ě	il.	اهٔ	<u> </u>	ا	ناذ	l	٠	اف	ان	;	<u>زا</u>	•	ź	<u>:</u>	10000
SKIN SARCOMA, NOS FIBROMA MEUROFIBROMA	٠	٠	٠	٠	•	٠	٠	×	٠	•	•	•	٠	• •	•	٠	٠	٠	٠	٠	٠	•	· ·	501
SUBCUTANEOUS TISSUE Fibrosarcoma Rhabdomyosarcoma	٠	٠	٠	•	*	٠	٠	•	٠	•	٠	•	4	• •	•	+	•	+	•	•	•	•	• •	30*
RESPIRATORY SYSTEM		_			ا سراوی	_		-	_	-										_				
LUNGS AND BRONCH! HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEDLAR/BRONCHIOLAR CARCINOMA	٠	٠	•	+	×	+	*	•	+	٠	•	•	•	• •	•	•	•	٠	•	•	•	٠	• ;	2
TRACHEA	٠	-	•	•	4	4	٠.	٠	٠	•	+	٠	٠	• •	•	٠	4	•	•	٠	+	4	• •	32
HEHATOPDIETIC SYSTEM							,									_								
SONE MARROW	<u></u>	•	÷	+	*	÷	•	+	<u>*</u>	<u> </u>	+	<u>+</u>	•	* *	*	•	+	<u> </u>	٠	<u> </u>	•	+	<u>* </u>	38
SPLEEN Hemangiosarcoma	•	•	•	*	<u>.</u>	<u> </u>	<u> </u>	٠	•	*	+	٠	+ -	• •	•	<u> </u>	*	٠	•	*	٠	•	• •	49,
LYMPH HODES	•	٠	•		٠	٠.	•	•	+	•	+	•	•	• •	٠	٠	٠.	٠	٠	٠.	٠	+	•	30_
THYHUS	+	٠	+	٠	٠	•	٠	٠	•	٠	•	٠	•		4		•	•	٠	-	٠	٠	- 4	37
CERCULATORY SYSTEM			_			_		_		_		_						_			_			-
MEART	•	٠	٠	٠	٠	•	٠	٠	+	٠	+	•	•	٠ ٠	٠	٠	٠	٠	٠	٠	٠	•	٠.	50
DIGESTIVE SYSTEM			_		_	_	_						-						_		-			
SALIVARY GLAND		٠.	٠	٠.	٠.	٠_	٠	٠_	•	٠	<u></u>	٠_	٠.	• •			<u>.</u>	۰	٠.	٠.	٠_	٠_	<u></u>	
LIVER MEPATOCELLULAR ADENOMA MEPATOCELLULAR GARCINOMA MALIG.LYMPHOMA, MISTIDCYTIC TYPE	÷	÷-	÷	* X	*	<u>.</u>	<u>.</u>	ŧ_		<u>;</u> _	•	·	• ;		•	4	×	×	•	×	×	¥	<u>.</u> :	31
BILE BUCT	_									-					•	•	•		٠	•	•			_31_
GALLBLADDER & COMMON BILE DUCT	•	H	+	+	N	N_	•	•			•	_	•1	(+	•		ĸ	4		H	N	K		300
PANGREAS	•	•	-	•	•		•	•	•		+ .		• •	. +		•	$\overline{\cdot}$	٠	+	+	•	<u>, </u>	• •	49_
ESOPHAGUS	•	•	•	•	٠	+	•	•		•	•	<u>. </u>			_•	٠	٠	•	٠	٠		٠.	٠.,	
STOMACH	+	•		•	•		•	•	• •	•	•	٠	• •			+		+	+	+	*	٠.	• •	42
SMALL INTESTINE ADENOCARCINOMA, NOS	•	٠	•	ž.	٠	-	٠	٠	•	•	•	•	• •	• •	٠	٠	•	٠	٠	-	٠	•	• •	47
LARGE INTESTINE	•	٠	٠	٠	٠	-	٠.	٠	٠	<u> </u>	•	<u>. </u>	•	• •	<u>.</u>	+	+	٠	-	:	+	<u>. </u>	• •	
RECTUM ADENOGARCINOMA, NOS	٠	•	+	N	M	H	٠	٠	*	+	M ·	+ -	• ‹	• •	H	+	•	×	H	K	٠	H	K +	501
URIHARY SYSTEM	_			_								_												
KIDHEY		٠	٠	٠.	٠_	<u>+</u>	٠_	+	•	<u>.</u>	<u>. </u>	٠	• •		•	•	<u>.</u>	•	*	+_		٠_	• •	
URIHARY BLADDER	٠	٠	+	٠	٠	4	+	•	•	٠.	•	+	•	• •	+	4	*	•	٠	•	+	+	+ •	49
ENDOCRINE SYSTEM																								T
PITUITARY Adenoma. Nos	<u> </u>	+	<u>.</u>	+	<u>.</u>	<u> </u>	_			_		-	•		<u>. </u>	•	<u> </u>	<u>.</u>	_			_	- '	46,
ADRENAL PHEOCHROMOCYTOMA	٠	<u>.</u>	<u>.</u>	<u> </u>	•	<u>-</u>	<u>.</u>	<u>•</u>		_	_	_	-		•	•	<u> </u>	•	<u>.</u>	<u>-</u>		•	<u>: </u>	31,
THYROID FOLLICULAR-CELL ABENOMA	٠	•	<u>.</u>	<u>.</u>	•	<u>.</u>	•	•	<u>. </u>	٠	<u> </u>	<u>.</u>	<u> </u>	• •		_	÷	<u>.</u>	•	<u>-</u>	<u>.</u>	<u>.</u>		5"
PARATHYROID	•	•	•	•	•	٠	٠	٠	•	+	•	*	•	• •	-	+	•	-	•	<u>.</u>	٠	•	• •	91
REPRODUCTIVE SYSTEM																								
MANMARY SLAND	H	Н.	*	<u> </u>	<u> </u>	<u> </u>	_الـ	<u> </u>	۴.	<u>H</u>	<u>.</u>	_بلا	<u>.</u>	لـــة	<u>الما</u>	_#.	- 	۳-	÷	٠.	<u>.</u>	-	۰	301
769719	-	<u> </u>	<u> </u>	*	<u>+</u>	<u>.</u>	<u>•</u>	÷		<u>.</u>	<u>.</u>	÷		* *		-	÷	÷	÷	÷	•	÷	•	. 49
PROSTATE	<u> </u>	<u> </u>	<u>.</u>	•	•	<u>.</u>	<u>.</u>	*	<u> </u>	<u>.</u>	•	<u> </u>	<u>.</u>		_			_	_		_	<u> </u>	_	
NERVOUS SYSTEM			,	,													٠	٠	٠	٠				. 50
BRAIN	<u> *</u>	•	<u>.</u>	<u> </u>	<u>.</u>	<u>.</u>	<u>-</u>	<u> </u>		_	_	_	.	•			_		_		_	-		+
SPECIAL SENSE ORGANS MARDERIAN GLAND ADENOMA, NOS	H	H	Ħ	H	H	H	н	ĸ	H	H	N	H	×	H I	H H	H	H	H	H	H	H	Ħ	H	394
ALL OTHER SYSTEMS	╁	_	_				_									_	_							
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, MISTIGCYTIC TYPE	H	H	H	H	H	ĸ	H	×	N X	H	H	×	H	H :	K .	ĸ	H	H	H	K	*	N	M	504
LUMBAR REGION FIBROSARCOMA																						×		
LEG MOS											¥													<u></u> ,
HEMANGIDSARCOMA										_	_	_	_	_	_	_	_	_	_	_	_		-	

H ANIMALS HECROPSIES

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: UNTREATED CONTROL

ANIMAL NUMB e r		0 2		9	0	0 0	9	0	0	1	-	1	1	1	1	1	1	1		2	2	2	2	2
WEEKS ON Study	į	0		0	0	0	0	0	0	01		5	0	8	0		-	3	1	9				3
INTEGUMENTARY SYSTEM	Γ.										_/\	_/_	-/-	71	-/1	_/_		/1	-/1	-21		-/-	<u> </u>	-41.
SKIN Sebacedus Adenoma Fibrosarcoma Mast-Cell Tumor	•	H	•	•	٠	•	•	•	•	•	•	×	•	•	•	×	•	•	•	•	•	* *	•	•
RESPIRATORY SYSTEM				_																				
LUNGS AND BRONCHI HEPATOCELLULAR CARGINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	<u> </u>	٠	•	•	+	•	*	* X	•	•	•	*	+	•	٠	٠	*	٠	•	•	+	•	<u> </u>	*
TRACHEA	*	•	+	-	-	+	•	٠	٠	٠	+	•	+ ,	-	+	+	•	٠	٠	٠	+	+	٠	٠
ENATOPOLETIC SYSTEM								_						_			_							
BONE MARROW	<u>+</u>	<u> </u>	. •	٠	•	٠	٠	٠	٠	٠	+	+	٠	٠.	٠	<u> </u>	<u>+</u>	+	+	+	+	<u>.</u>	<u> </u>	<u>.</u>
SPLEEN .	<u> </u>	*	+	+	+	٠	+	+	٠	•	+	+	٠	٠.	+	<u>+</u>	<u>+</u>	٠	+	+	٠	٠	<u> </u>	<u>*</u>
LYMPH NODES	-	+	•	•	<u> </u>	+	+	٠	٠	+		*	<u>+</u>	٠	+	+	٠.	٠	•	•	٠	+	<u>+</u>	*
THYMUS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	•	-	-	+	+	+	+	+	+	٠	+	+	+	•	٠	•	×	+	٠	•	•	+	+	•
PROULATORY SYSTEM																				_	-	_		
HEART		٠	+	+	+	+	+	. •	+	+	٠	+	•	٠	•	•	+	+	٠	•	٠.	٠	•	+
IGESTIVE SYSTEM		-		-		-			-	_							_							
SALIVARY GLAND	•	٠	٠	٠	٠	+		٠	٠	+	+	+	+	+	. .	+	+ .	٠	٠	+	+		•	•
LIVER HEPATOCELLULAR ADEHOMA HEPATOCELLULAR CARCINOMA	٠	+	•	•	+	+	* 	٠	٠	٠	٠	+	+	٠	+	+	•	٠	٠	٠	٠	*	•	• ¥
BILE DUCT		٠	٠	٠	•		٠	٠	•	+	٠	٠	+	٠	•	+	+	٠	٠	٠	+	•	<u>+</u>	٠
GALLBLADDER & COMMON BILE DUCT	٠	٠	•	N	N	٠	٠	٠	+		N		•	•	•	٠	•	٠	+	1	٠	٠	•	•
PANCREAS	٠	٠	٠	٠	-	٠	+	•	٠	٠	٠	٠	+		٠	<u>*</u>	٠	٠	٠.	•	٠	٠	<u>.</u>	•
ESOPHAGUS	. +	٠	+	٠	٠	+	+	+	+	•	٠	٠	+		.	•	•	٠	<u>.</u>	+	+	٠	<u>+</u>	+
STOMACH SQUAMOUS CELL PAPILLOMA	•	<u>+</u>	•	+	-	٠	٠	•	+	•	ţ	+	٠	•	•	+	٠	+	<u>+</u>	•	<u>•</u>	*	•	•
SMALL INTESTINE Adenomatous Polyp, Nos	٠	+	+	+	-	•	*	•	+	*	*	.*	*	+	*	<u> </u>	٠.	*	*	*	*	•	*	*
LARGE INTESTINE	٠	•	•	+	+	+	+	+	+	+	+	+	•	* -	<u>*</u>	•	•	+	+	•	+	+	+	٠
RINARY SYSTEM						_				-					-	-								
KIDNEY	٠	•	٠.	٠	٠	٠	٠	٠	٠	٠	+		٠.	٠	+	+	+	*	٠	+	<u>.</u>	•	<u>.</u>	٠.
URIMARY BLADDER HEMANGIOMA	•	٠	+	٠	٠	•	•	+	٠	+	٠	+	•	٠	+	•	•	•	÷	٠	٠	•	٠	•
NDUCRINE SYSTEM							-	_						_	_		_		_	_				_
PITUITARY Adenoma, Hos	*	٠	٠	٠	٠	٠	٠	٠	_	•	٠	٠	٠	+	+	٠	٠	÷	÷	•	٠	٠	•	-
ADREMAL PHEDCHROMOCYTOMA	+	٠	+	٠	, +	٠	*	٠	*	•	+	٠	* *	*	*	+	+	<u> </u>	*	+	+	٠	٠	+ -
THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA	•	•	٠	+	٠	+	٠	٠	٠	+	•	٠	•	•	+	*	٠	٠	٠	٠,	٠	+	•	+
PARATHYROID	•	-	+	-	-	•	+	•	+	•	+	-	•		•	+	*	•	•	•	•	+	•	•
EPRODUCTIVE SYSTEM		_														-								
MAMMARY GLAND Adenocarcinomá, Hos	•	٠	٠	٠	٠	٠	٠	٠	٠	•	•	٠	.+	٠	+	٠	+	٠	+	٠	٠	٠	٠	ĸ
UTERUS ADENGCARCINOMA, NGS ENDOMETRIAL STROMAL SARCOMA	*	•	•	•	*	•	•	+	٠	•	•	٠	<u>*</u>	٠	٠	*	•	*	•	•	٠	٠	•	•
GVARY ERVOUS SYSTEM		+	•	٠		٠	٠	٠	•	٠	٠	-	٠	<u>*</u>	•	٠	٠.	+	٠.	٠	٠.	٠	<u>•</u>	٠
BRAIN		٠	•	٠	٠				٠	+						٠		٠		٠	٠	٠	٠	+
PECIAL SENSE ORGANS			•		_	•		-		•	·		•		<u> </u>	<u>.</u>		_		-	_	_	<u>.</u>	<u>.</u>
HARDERIAN GLAND ADENOMA, HOS	×	N	N	H	H	H	H	H	N	H	H	H	H	N	N	H	H	H	N X	H	H	H	H	H
DDY CAVITIES						-																		
PERITOHEUM Lymphocytic Leukemia	H	N	N	N	N	N	H	H	H	H	H	Ħ	H	H	ĸ	M	H	N	N	H	H	H	H	H
MULTIPLE ORGANS NOS ADENGA/SQUAMOUS METAPLASIA MALIG.LYMPHOMA, LYMPHOGYTIC TYPE MALIG.LYMPHOMA, HISTIRGYTIC TYPE	H	N	N	н	N	H	H	H	H	N	N	H	H	H	н	N	H	H	H ×	N X	N	H	H	H

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: UNTREATED CONTROL (Continued)

ANIMAL HUMB ER	2	2	2	2	3	3	3	3	3	3	3	3	3	3		1	2	3	١		١					TOTAL
STUDY WEEKS ON	9	5	0	71	9	91	9	91	9	9	9	07	9	0	0	8	0	7	0	9	9	0	0	0		TUMOR
INTEGUMENTARY SYSTEM	/.1	- 11	-21	-61	-/-1	-/-1		21		-11		-4-1-		-/-	<u> </u>	71			-/-		<u></u>					
SKIN SEBACEOUS ADENOMA FIBROSARCOMA MAST-CELL TUMOR	•	+	+	•	•	•	•	•	•	+	•	+	•	٠	•	•	٠	٠	٠	+	•	+	•	+	*	50# ! !
RESPIRATORY SYSTEM								_																	7	
LUNGS AND BRONCHI HEPATOCELLULAR CARCINGMA, METASTA ALVEGLAR/BRONCHIGLAR ADEMGMA ALVEGLAR/BRONCHIGLAR CARCINGMA	+ x	•	•	+	+	•	٠	•	+	+	+	•	+	•	* X	+	•	٠	* *	٠	+	+	+	+	٠	50 1 2
TRACHEA		•	+	90	•	Ф	•	•	+	+	+	\$	•	•	+	•	+	٠		*	+	+	+	-	+	38
EMATOPOIETIC SYSTEM		_			-	_								_		_			_					-	+	
BONE MARROW		•	٠		+	+	+	+	+	+	•	+	+	+	٠		٠	+	+	+	<u>.</u>	٠.	+	٠	٠	_3
SPLEEN	+	+	+	٠	•	+	•	٠	٠	•	÷	+	+	+	٠.	+	+	•	+	4	+	٠	+_	•	٠	
LYMPH HGDES		•	+	•	+	+	+	+	+	•	•	+	+	+	•	+	+	+	<u>+_</u>		+		+	+_	+	31
THYMUS	•	+	+	+	•	+	+	-	+	+	+	+	+	+	+	-	•	+	+	+	+	+	+	-	+	41
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE																								_		
IRCULATORY SYSTEM																									\prod	
HEART	<u> </u>	<u> </u>	<u> </u>	•	+	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	<u>.</u>	•	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	•	<u> </u>	*	<u> </u>	•	<u> </u>	<u> </u>	4	50
IGESTIVE SYSTEM								_													_					
SALIVARY GLAND	•	<u>.</u>	÷	<u>.</u>	÷	<u>.</u>	<u>.</u>	<u>-</u>	•	÷	<u>.</u>	<u>.</u>	÷	<u>. </u>	<u>.</u>	<u>÷</u>	<u>.</u>		<u>.</u>	÷	<u>.</u>	<u>*</u>	<u>* </u>	<u>.</u>	+	<u></u>
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	Ļ	•		•	•	+	<u>.</u>	_	•	_	•	•	_	-	<u>.</u>	<u> </u>	<u> </u>	+	•	×	<u> </u>	_	_	_	4	50
BILE DUCT	 	<u>.</u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u>*</u>	<u> </u>	<u>+</u>	<u> </u>	<u> </u>	<u>+</u>	<u> </u>	*	<u>+</u>	<u>+</u>	<u></u>	<u>+</u>	<u> </u>	<u> </u>	•	<u>.</u>	•	÷	-+ +	- 50.
GALLBLADDER & COMMON BILE DUCT	-	М_	Н	N_	+	<u>+</u>	<u> </u>	+	<u>+</u>	<u>+</u>	+	+	<u>+</u>	٠_	<u> </u>	+	<u>+</u>	N.	<u>+</u>	<u>+</u>	*	<u>.</u>	<u> </u>	<u>+</u>	+	
PANCREAS	-	٠	<u>+</u>	<u>+</u>	٠	+	+	<u>+</u>	+	<u>+</u>	+	+	<u>+</u>	+	<u>+</u>	•	<u></u>	+	٠.	<u>+</u>	+	+	<u>+</u>	<u> </u>	+	
ESOPHAGUS	<u>+</u>	+	+	٠	<u>*</u>	٠_	<u>+</u>	٠.	٠.	٠	<u>+</u>	+_	<u>+</u>	<u> </u>	•	-	<u>+</u>	+	٠.	<u>+</u>	٠.	+	+	٠	+	49
STOMACH SQUAMOUS CELL PAPILLOMA	٠	<u> </u>	+	<u>+</u>	+	•	+	•	÷	<u>•</u>	<u>+</u>	+	<u>+</u>		<u>+</u>	<u>•</u>	<u>+</u>	•	•	+	•	<u>+</u>	*	•	*	49
SMALL INTESTINE ADENOMATOUS POLYP, HOS	<u> </u>	*	<u> </u>	<u>+</u>	<u> </u>	<u> </u>	*	<u> </u>	*	<u> </u>	+	+	<u> </u>	*	*	<u> </u>	+	*1	49							
LARGE INTESTINE		+	+	+	+	•	+	+	+	•	•	٠	+	•	+	+	+	٠	+	+	+	٠	+ .	٠	+	48
RINARY SYSTEM			-				_	_			-													_	十	
KIDNEY			*	٠	٠	٠	+	٠	+	٠	٠	٠	+	٠	•	<u>.</u>	٠	+	٠	٠	٠	4	+	٠	•	
URINARY BLADDER Hemangioma	٠.	•	+	•	+	+	+	+	+	*	٠	•	•	٠	+	+	•	+	٠	+	•	٠	+	+	+	58
NDOCRINE SYSTEM	-		_	_		_		_		_		_										_			_	
PITUITARY ADENOMA: NOS	<u> • </u>	+	+	<u>-</u>	•	+	+	<u>+</u>	-	ż	+	•	+	÷	+	<u>•</u>	٠	_	٠	<u>•</u>	÷	•	•	+	+	44
ADRENAL PHEOCHROMOCYTOMA	*	*	•	*	*	٠	*	*	*	*	*	*	*	٠	*	*	*	*	*	•	*	*	*	*	*	50
THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARGINGMA	٠	٠	٠	+	•	٠	٠	•	٠	+	٠	• ×	٠	٠	٠		٠	٠	٠	• •	+	٠	•	٠	*	47
PARATHYRGID		-	+	٠	٠	٠	•	-	•	•	٠	+	•	+	+	+	+	٠	٠	+	+	٠	+	+	+	41
EPRODUCTIVE SYSTEM				_								_	_								_		_		十	
MAMMARY GLAND ADENGCARCINGMA: HOS	•	•	+	+	+	+	٠	ţ	٠	<u>+</u>	+	+	+	٠	<u> </u>	•	•	<u>•</u>	٠	+	+	+	+	•	•	501
UTERUS ADENOCARCINOMA. NOS ENDOMETRIAL STROMAL SARCOMA	·	_	<u> </u>	<u> </u>	•	<u> </u>	•	<u> </u>	×	<u> </u>	•	<u> </u>	<u>.</u>	*	<u> </u>	+	•	<u>.</u>	•	<u>.</u>	•	•	•	<u> </u>	1	50
OVARY	٠.	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠.	•	٠	٠	٠.	•	٠	٠	٠	*	٠	<u>.</u>	•	+	4	. 57
BRAIN										٠				٠			٠			٠						58
BRAIN PECYAL SENSE DEGANS	Ļ	_	_	-	_		-		_	_	_		_	_	*	_		_	_	_		_		_	4	, t
HARDERIAH GLAND ADENOMA, HOS	H	H	M	N	н	H	H	H	H	H	H	H	H	H	H	H	×	N	H	H	H	N	H	H	H	581
BODY CAVITIES	-		_				_			_								_		_				_	+	
PERITONEUM LYMPHOCYTIC LEUKEMIA	H	H	H	H	N	H	H	N	N	N	N	X	N	н	H	H	N	H	H	N	H	N	H	H	H	501
ALL OTHER SYSTEMS MULTIPLE ORGANS HOS ADENGCA/SQUAMOUS METAPLASIA MALIG.LYMPHOMA. HISTOGYTIC TYPE HALIG.LYMPHOMA. HISTOGYTIC TYPE	H	N	N	н	N	N	H	N	H	H	H	N	н	H	н	ĸ	н	N	N	H	N	H	H	H	н	50)

^{*} ANIMALS HECROPSIED

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: LOW DOSE

ANIMAL Humber	0	0 2	0	0	0	0	0	0 0 8	9	0 1 0	1	1 2	3	9	1	91	117	11	11	2	2	2	2	2
WEEKS ON STUDY	0	6	- 0	0	9	5	5	8	5	0	0	8	0	91	9	9	9	0	0	2	2	0	0	8
INTEGUMENTARY SYSTEM							-														-81	-8-1	•	
Subcutamedus tissue Meurilemoma	+	+	+	+	•	+	•	+	+	٠	+	+	+	+	+	+	*	•	•	A	+	+	+	•
RESPIRATORY SYSTEM																								
LUMGS AND BRONCHI Hepatocellular Carcingma, metasta Alveolar/Bronchidlar Adengma Osteosarcoma, metastatic	×	•	•	+	+	•	•	•	•	•	+ ×	+	+	+	+	•	٠	* X	•	٨	•	*	+	+
TRACHEA	•	•	+	*	+	•	٠	•	•	•	÷	+	+	+	+	-	-	+	•	A	+	•	•	٠
HEMATOPOIETIC SYSTEM											********		_			-		***	_					
BONE MARRON	+	<u> </u>		٠	+	•	+	<u>.</u>	+	<u>+</u>	+	<u>. </u>	<u>.</u>	<u>. </u>	+	+	+	+	-		+	•	<u>+</u>	•
SPLEEN	+	٠	+	+	+	<u>+</u>	٠	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	٨.	+	•	+	٠_
LYMPH HODES	+	+	<u>+</u>	. +	<u>.</u>	•	*	+	+	<u>+</u>	+	_	<u>. </u>	<u>+</u>	<u>+</u>	٠	٠	+	٠	1	٠	٠.	٠	٠
THYMUS	+	+	+	+	+	٠	-	-	•	+	+	-	٠	+	٠	•	+	+	٠	A	+	•	٠	٠
CIRCULATORY SYSTEM																		_						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	٠	+	+
DIGESTIVE SYSTEM	_																						_	
SALIVARY GLAND	٠	٠	٠.	+	•	<u>+</u>	+	<u>.</u>	+	٠	+		+	<u>. </u>	٠_	<u>-</u>	+	+ .	٠	۸.,	٠	٠	<u>.</u>	٠
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	* *	٠	+ X	+ *	×	<u> </u>	+	<i>;</i>	*	+	+ X	+	+ X_	+	+ X	+ <u>×</u>	+ x_	*	* *	٨	*	+ X	*	• <u>*</u>
BILE DUCT	<u> </u>	٠		4	<u>+</u>	+	<u> </u>	+	+	+	٠	<u>+</u>	٠	<u>+</u>	٠.	<u>*</u>	٠	٠.	+	1	٠	+	٠	+ .
GALLBLADDER & COMMON BILE DUCT	N.	•	+	٠	٠	٠	N	+	+	+	٠	<u>. </u>	<u>. </u>	<u>+</u>	4	N.	N.	+	<u>+</u>	1	٠	٠_	٠.	+
PANCREAS	•	.+	` •	٠	+	+	<u>+</u>	٠	٠	٠		<u>+</u>	+	+	٠.		<u> </u>	٠.	4	1	+	+	٠	٠
ESOPHAGUS	٠	+	٠	٠	+	.+	•	٠	+	٠	<u>+</u>	٠	+	+	<u>+</u>	-	٠_	٠	<u>. </u>	۸	+	+	+	<u>.</u>
STOMACH ADEHOMATOUS POLYP, NOS	<u>.</u>		•	•	•	+	+	•	•	•	•	+	+	٠	•	+	+	÷	•	A	•	+	+	•
SMALL INTESTINE	+	٠	٠	+	٠	+	+	+	<u>+</u>	+	<u>+</u>	<u>. </u>	<u>+</u>	<u>. </u>	<u>+</u>	٠	<u>+</u>	٠	<u>+</u>	1	٠	+	+	+
LARGE INTESTINE	+	+	+	٠	٠	+	٠	+	•	*	٠	+	+	+	+	٠	+	+	٠	A	•	٠	٠	\$
JRINARY SYSTEM												****												
KIDNEY	+_	+	-	<u> </u>	+		<u>+</u>	<u>+</u>	<u>+</u>	+	+	<u>+</u>	<u>+</u>	<u> </u>	+	+	٠.	<u>+</u>	+	1	<u> </u>	<u>+</u>	+	<u>+</u>
URIHARY BLADDER	•	+	+	+	*	+	+	+	•	+	+	+	+	•	+	+	*	•	+	A	٠	+	٠	•
INDOCRINE SYSTEM																								
PITUITARY ADEHOMA, HOS	<u>+</u>	+	<u> </u>	•	+	<u> </u>	+	+	+	-		<u>. </u>	<u>:</u> _	<u>+</u>	•	-	+	•	<u>+</u>	A	•	+	+	•
ADREHAL	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<u>.</u>	<u>•</u>	<u> </u>	<u>+</u>	<u>. </u>	<u> </u>	<u>+</u>	<u>-</u>	<u> </u>	<u>-</u>	<u>-</u>	<u>•</u>	<u>+</u>	<u> </u>	*	<u>. </u>	<u>.</u>	<u>*</u>	•	•
THYROID	<u>+</u>	•	*	<u>+</u>	<u> </u>	<u> </u>	<u>.</u>	•	<u>+</u>	<u> </u>	<u>-</u>	<u>+ </u>	<u>* </u>	<u> </u>	*	-	٠	<u>+</u>	<u> </u>	<u>.</u>	<u>. </u>	<u>.</u>	<u>. </u>	•
PARATHYROID	-	+	٠	+	+	•	•	+	-	•	+	•	+	+	•	•	+	-	+	A	+	<u> </u>	_	-
REPRODUCTIVE SYSTEM												•												
ADEHOSQUAMOUS CARCINOMA	•	•	*	*	+	*	<u> </u>	*	+	+	÷.	٠	٠.	٠	<u>:</u>	<u>.</u>	*	٠	*	A	+	+	•	<u>. </u>
UTERUS LEIDMYDSARCOMA ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	*	٠	٠	٠	٠	٠	٠	٠	+	•	•	•	•	•	+	+	+	•	٠	A	٠	+	٠	•
OVARY ENDOMETRIAL STROMAL SARGOMA, INVAL	-	٠	٠		+	٠	+	٠	+	+	+	+	•	+	+	÷ ×	٠	+	٠	A	٠	-	٠	٠
IERVOUS SYSTEM						_				-		_						-	_					
DRATH		٠			٠	٠	٠	٠	٠	•	•		٠	+	•		٠	•	٠	1	٠,	٠	٠	٠
PECIAL SENSE ORGANS																								
HARDERIAM GLAND ADENGMA, NGS	H	H	H	N 	H	H	×	N	N	H	H	H 	N	N	×	H	N	N	X	A	H	H	M	N 1
DODY CAVITIES																								
PERITOHEUM LEIDHYDSARCOMA. INVASIVE OSTEDSARCOMA	N	H	N	H	H	H	H	H	H	H	H	H	H	H	H	N	N	N	H	A	H	H	H	N
ILL OTHER SYSTEMS																		_						
	N	H	H	N	н	н	N	н	N	N	N	N	N	N	н	H	N	N :	H	A	N	н	H	N I
MULTIPLE ORGANS HOS MALIGNANT LYMPHOMA, HOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE LYMPHOCYTIC LEUKENEZ	, i																	x	×					

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: LOW DOSE (Continued)

ANIMAL HUMBER	2	2	2	2	3	3	3	3	3	3	3	3	31	3	4	41	4	9	6	4	4	•		4	5	TOTAL
WEEKS ON STUDY	7 7	3	8	8	5	91	9	0	0	3	7	9	0	9	9	0	91	8	8	8	•	8	8	8	3	TISSUES
INTEGUMENTARY SYSTEM																										
SKIN Squamous cell papilloma Fibrosarcoma	*	*	N	•	*	*	+	•	+	*	<u> </u>	*	•	*	<u>.</u>	•	*	H	*	_	<u>.</u>	·	<u>.</u>	•	1	49#
SUBCUTANEDUS TIBSUE Hemangidsarcoma	٠	*	H	•	+	٠	•	٠	+	٠	٠	+	*	*	*	+	•	N	+	٠	<u> </u>	*	+	+	*	49H 1
RESPIRATORY SYSTEM																										
LUMGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	*	+	•	<u>.</u>	<u> </u>	•	*	•	<u> </u>	•	+	•	••	+	•	+	×	+	+	×	+		•	ż	1	48 3
TRACHEA	-	+	-	٠	•	-	+	٠	•	•	-	•	٠	٠	•	+	¢	•	-	+	-	-	+	+	-	27
HEMATOPOLETIC SYSTEM				_				_		_			_				-			-						-
BONE MARROW	•	•	٠	<u>.</u>	<u> </u>	+	-	+_	•	<u>+</u>	٠	٠.	<u>+</u>	٠	•	+	٠	+	٠	+	<u> </u>	<u> </u>	<u>+</u>	<u>+</u>	+	47
SPLEEN MALIGNANT LYMPHOMA, MIXED TYPE	•	+	<u>.</u>	+	٠	<u>.</u>	+	+	+	<u>+</u>	٠	*	+	+	+	٠	•	<u>+</u>	•	<u>.</u>	<u>+</u>	<u>.</u>	•	+	•	49
LYMPH HODES	+	٠	<u>+</u>	<u>+</u>	<u>.</u>	<u> </u>	<u></u>	<u> </u>	<u>+</u>	+	<u>.</u>	+	<u>+</u>	+	<u> </u>	<u>+</u>	+_	+	•	+	+	+	٠	+	+	58
THYMUS	-	-	•	+	٠	+	-	+	-	*	•	+	+	+	•	-	•	+	•	•	•	•	+	+	*	29
CIRCULATORY SYSTEM										_																
HEART	+	٠	٠	+	+	٠	+	+	٠	+	•	٠	•	+	+	+	+	+	+	+	+	•	٠	•	+	49
DIGESTIVE SYSTEM															-			_							٦	
SALIVARY GLAND	-	٠	+	<u>+</u>	+	٠	<u>.</u>	+	+	•	•	+	+	٠	<u>+</u>	+	<u>.</u>	<u>+</u>	-	+	<u>+</u>	<u>+</u>	+	+	+	45
LIVER Hepatocellular adenoma Hepatocellular carcinoma	+	+ Y	+ x	+ ¥	* ¥	+ ¥	+ ¥	* ,	* ¥	+ ¥	+ ¥	+ ¥	* X	+ X	* *	* *	+ *	* *	+ X	+ ¥	•	* X	* *	+ *	•	49 47
BILE DUCT	•	+	•	٠	÷.	. •	•	+	•	٠	٠	•	+	٠	٠	•	+	•	٠	+	<u>.</u>		•	•	•	49
GALLBLADDER & COMMON BILE DUCT	•	•		٠	•	+	٠	•	+	٠	•	ĸ.	•	+	•	٠	٠	+	N.	+	N.	•	N	н	•	49¥
PANCREAS	٠	٠		•	•	.+	•	•	٠	•	•	+	+	•	٠	•	•	٠	•	٠	<u>.</u>	٠	٠	•	٠	48
ESOPHAGUS .	٠		٠	٠	+	+	+	+	•	٠		٠	٠	٠	٠	÷	+	+		÷		-	•	•	+	45
STOMACH	٠	٠	٠	٠	4	٠	٠	٠		٠	*	*	+	<u>+</u>	<u>+</u>	+	+	+	_	<u>+</u>	+			٠		- 44
SMALL INTESTINE	+	<u>.</u>	٠	٠	٠		٠	٠	<u>.</u>	٠	•		<u>.</u>	+	٠	+	٠	*	•	+		+	+	٠	٠	47_
LARGE INTESTINE	٠	٠	٠	٠	٠	٠	•	+	+	٠	+	٠	+	•	+	٠	•	+	٠	+	•	٠	+	٠	+	48
URINARY SYSTEM	_													-	_							,			-	
KIDMEY Hepatocellular gargin om a, m e tasta	•	•	٠	٠	+	٠	٠	<u> </u>	٠	•	<u>.</u>	+	+	+	+	٠	+	•	٠	٠	+	٠	•	<u> </u>	٠	49
URINARY BLADDER	•	+	٠	+	+	+	+	←	+	٠	٠.	٠	+	•	+	+	•	٠	٠	•	+	+	+	+	+	48
ENDOCRINE SYSTEM																						نسسية				
PITUITARY Adenoma, Nos	-	<u>.</u>	•	ţ	+	•	•	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	<u>+</u>	<u>+</u>	-	+	+	•	•	<u>•</u>	<u>+</u>	<u> </u>	+	*	•	•	44,
ADRENAL PHEDCHROMOCYTOMA	•	÷	*	*	+	٠	+	•	*	+	*	+	٠	+	ţ	+	+	+	*	+	*	<u> </u>	•	٠	*	47
THYROID FOLLICULAR-CELL ADENOMA	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	•	٠	+	٠	٠	÷	٠	٠	•	٠	٠	-	٠	٠	٠	44,
PARATHYROID		٠	٠	+	•	•	٠	٠	•	•	-	+	٠	٠	٠	٠	٠	٠	-	٠	-	•	٠	•	-	32
REPRODUCTIVE SYSTEM				_													_								_	
MAMMARY GLAND ADENOCARCINOMA, HOS	٠	٠	H	٠	٠	٠	٠	*	•	٠	+	+	•	+	٠	٠	٠	+	٠	٠	+	+	٠	٠	•	49#
UTERUS ENDOMETRIAL STROMAL POLYP	·	٠	•	٠	٠	٠	٠	٠	•	٠	+	<u>.</u>	+	*	٠.	+	٠	٠	•	<u>+</u>	•	<u>.</u>	+	٠	+	49
OVARY HERVOUS SYSTEM	-	•	٠	-	<u>.</u>	•	•	<u>+</u>	<u>.</u>	•	٠	٠	•	٠	<u>.</u>	٠	•	. +	٠	٠	<u>.</u>	<u>.</u>	٠	*	٠	- 48
BRAIN		٠	٠	٠	+	٠	٠			٠	*		*	٠		٠	•	•		٠		•	٠	•	+	49
SPECIAL SENSE ORGANS	-														_		_								-	
HARDERIAH GLAND ADENGMA, HOS	H	N	H	н	N	H	H	N	H	N	N	N	N	H	N	H	H	H	H	H	N	N	H	H	N	4 9N
ALL OTHER SYSTEMS	_															-								_	-	-
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, HISTIDCYTIC TYPE LYMPHOCYTIC LEUKENTA	N	N	H	H	M	H	Ħ	H	H	N	H	M	H	H	H	N X	H	H	H	N	Ħ	H	H	H	H	49H

^{*} ANIMALS HECROPSIED

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1: HIGH DOSE

ANIMAL MUMBER		0					•			1		1	1				1		1	2	2	2	2	2
WEEKS ON STUDY	0	1	1	•	-		,	3	,		91	9	1	1	9		,	,	-	,		31	,	I
INTEGUMENTARY SYSTEM	1	-61	-61	71	41	41	.71	31	71	- 61	-51	-21	41	21	71	41	81	81	-51	71	51	-51	31	_11
SKIH Squamqus cell papilloma Fibrosarcoma	+ *	+	*	٠	+	•	+	•	A	٠	•	+	+ .	+	+	٠	٠	+	•	٠	٠	•	٠	N
SUBCUTANEOUS TIBBUE Hemangiosarcoma	•	٠	٠	+	•	•	٠	٠	A	٠	٠	٠	•	+	+	+	+	+	•	٠	٠	٠	+	H
RESPIRATORY SYSTEM	_		_				-	_	_	_		_												
LUNGS AND BRONCHI HEPATOCELLULAR CARCINGMA, METASTA ALVEDLAR/BRONCHIOLAR ADEMOMA ALVEOLAR/BRONCHIOLAR CARCINGMA	•	+ *	•	•	<u> </u>	*	•	•	A	٠	*	•	•	٠	٠	•	•	×	*	•	•	•	*	<u> </u>
TRACHEA	-	+	•	•	٠	٠	+	•	A	•	•	-	٠	+	-	٠	٠	+	+	-	٠	+	•	•
MEMATOPOIETIC SYSTEM		_	_		_	-										-						-	_	
BONE MARROW	•	٠	٠	٠	٠	٠.	<u>-</u>	٠	_	+	<u>+</u>	<u> </u>	+	٠	+	٠	٠.	<u>.</u>	<u>*</u>	٠	٠	<u>.</u>	٠	<u> </u>
SPLEEN MALIGNANT LYMPHOMA, MIXED TYPE	+	٠	٠	٠	+	+	+	+	A	•	+	+	+	•	+	*	+	٠	+	٠	+	+	٠	٠
LYMPH NODES	•	٠	٠	•	٠		+	٠	1	•	•	•	+	•		٠	•	•	٠	•	٠		•	•
THYMUS	•	+	+	-	+	٠	•	+	A	+	+	+	•	-	٠	+	٠	+	+	-	+	-	-	
EXECULATORY SYSTEM			_			-													_			-		
HEART		٠	•	+	+	٠	٠	+	A	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	•	+	٠	٠	٠
DIGESTIVE SYSTEM					•								_			_							-	
SALIVARY GLAND	٠.	٠	+	٠.	٠	٠	٠	• /	•	+	<u>+</u>	٠	<u>.</u>	٠	٠	٠	٠.	+	٠	٠	٠	<u>.</u>	+	-
LIVER Hepatocellular adenoma	٠	٠	٠	٠	٠	•	.	٠	A	•	٠	•	٠	٠	٠	٠	٠	٠	÷	٠	٠	٠	٠	+
HEPATOCELLULAR CARCINOMA	×	X	×_	X.	Ĭ.	Υ	Ĩ.	ĭ.	_	X.	<u>.</u>	<u>.</u>	<u> </u>	X	Χ	¥.	X.	X.	Ŷ.	¥.	¥.	X.	<u>×</u>	<u>Ľ</u>
BILE DUCT	<u> </u>	•	<u>+</u>	٠		٠	<u> </u>	٠	1	•	٠	+	٠	+	٠	٠	÷	٠	+	٠	٠	<u>.</u>	٠	<u>*</u>
GALLBLADDER & COMMON BILE DUCT	*	+	<u> </u>	<u>+</u>	+	<u> </u>	<u> </u>	*	_	<u>*</u>	<u>.</u>	M	Н_	<u>+</u>	H.	<u>.</u>	+	N	<u> </u>	+	<u> </u>	+	. •	<u></u>
PANCREAS	<u> </u>	<u> </u>	<u> </u>	*	<u>*</u>	*	*	•	<u>.</u>	*	•	<u>+</u>	+	*	•	<u>.</u>	<u>*</u>	•	+	÷	<u>+</u>	•	+	<u></u>
ESOPHAGUS	<u> </u>	<u>.</u>	÷	<u>.</u>	•	•	•	<u>.</u>	٠.	<u> </u>	<u>*</u>	<u>•</u>	<u>•</u>	÷	<u>.</u>	<u> </u>	•	<u>.</u>	<u> </u>	<u>.</u>	•	<u>.</u>	<u>.</u>	÷
STOMACH	Ť	÷	÷	÷	÷	÷	•	Ť	<u> </u>	•	÷	<u>÷</u>	÷	÷	÷	÷	<u>.</u>	÷	<u>.</u>	÷	÷	÷	<u>.</u>	÷
SMALL INTESTINE LARGE INTESTINE	÷	÷	·	·	<u>.</u>	Ť	÷	<u>.</u>	<u>.</u>	<u>.</u>	÷	÷	<u>. </u>	÷	<u>.</u>	<u>.</u>	<u>.</u>	Ť	Ť	<u>.</u>	Ť	÷	·	<u>.</u>
RIMARY SYSTEM	Ľ		<u> </u>	_	_		<u> </u>	_	_	<u> </u>	_	_	_	_	_	_	_	_		_	_	_	<u> </u>	_
KIDMEY HEPATOCELLULAR CARCINGMA, METASTA	٠	٠	٠	÷	٠	٠	٠	٠	A	*	+	•	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	•'
URINARY SLADDER	٠	٠	٠	•	+	+	•	٠	A	•	•	•	•	٠	٠	+	٠	+	+	٠	٠	+	•	٠
NEGRINE SYSTEM			-					-																
PITUITARY ADENGMA, NOS	٠	<u> </u>	٠	•	•	+	•	-	A	٠	٠	•	٠	+	•	•	٠	•	-	<u>+</u>	•	-	+	<u>.</u>
ADREHAL PHEOCHROMOCYTOMA	•	*	*	٠_	•	•	-	٠	٨	*	*	•	<u> </u>	*	<u>+</u>	*	+	+	+	•	<u> </u>	<u>:</u>	<u>.</u>	<u> </u>
THYRGID FOLLICULAR-CELL ADENOMA	•	٠	٠	+	÷	٠	٠	٠	A	٠	•	٠	÷	٠	٠	٠	٠	٠	+	<u>.</u>	•	•	•	<u>.</u>
PARATHYROID	•	٠	٠	•	٠	٠	•	•	A	٠	٠	-	٠	•	•	•	٠	•	٠	•	٠	•	-	•
EPRODUCTIVE SYSTEM		-				_			-									_						
MAPMARY GLAND ADENOGARCINOMA, MOS	N	٠	•	•	٠	+	•	H	A	٠	H	٠	٠	*	*	٠	<u>.</u>	+	•	፥	•	•	•	H
UTERUS ENDOMETRIAL STROMAL POLYP	*	•	٠	<u>.</u>	ţ	<u>+</u>	•	•	A	+	<u>+</u>	<u> </u>	<u>.</u>	•	•	•	*	•	<u>+</u>	•	•	<u> </u>	<u>•</u>	<u> </u>
ERVOUS SYSTEM	+	<u> </u>	٠	•	+	٠	•	٠	4	٠	•	<u>+</u>	•	*	•	•	٠.	<u>+</u>	<u>+</u>	<u>.</u>	•	<u>.</u>	•	<u></u>
BRAIN	٠	٠	٠	٠	٠	•	٠	•		٠	٠	٠	٠	•	•	•	٠	٠	•	٠	٠	•	٠	٠
PECIAL SENSE ORGANS	-							_				_						-						
HARDERIAN GLAND ADEHOMA. HOS	М	H	H	H	H	H	H	H	A	H	N	H	H	H	H	H	N	H	H	H	M	M	H	H
LL OTHER SYSTEMS MULTIPLE ORGANS MOS MALIG.LYMPMOMA, HISTIOCYTIC TYPE	н	н	H	H	н	H	H	H	A	н	н	H	н	н	н	H	H	H	н	н	H	N	н	×

TISSUE EXAMINED MICROSCOPICALLY REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY TUMOR INCIDENCE MECOPY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION ANIMAL MIS-SEXED

[:] HO TISSUE IMPORMATION SUBMITTED
C: HECROPSY, NO HISTOLOGY DUE TO PROTOCOL
A: AUTOLYSIS
M: AHIMAL MISSING
B: HO HECROPSY PERPORMED

INTEGRATEDITARY TATABLE REPUTATORY TYPETON LUNGS AND SERVICE REPUTATORY TYPETON LUNGS AND SERVICE REPUTATORY TYPETON REPUTATORY	ar that Humb er	2	2	2	2	3	3	3	3	3		3	3	3	•	•	1	4		9	١	<u>;</u>		1	3	TOTAL
REPTIATORY YVETON REPTIATORY YVETON LINES AND INSTITUTE REPTIATORY YVETON LINES AND INSTITUTE REPTIATORY YVETON LINES AND INSTITUTE REPTIATORY YVETON BOHR TARREN BOH		7	0	0	0	0		0	0	•			9	8	3	0	0	•	9	į	?	1	إ	?	į	TISSUES
MEDITION OF POLYP, MOS LINES TOROUTH STORM LINES AND REPORT SPEEDAGE AREA - A	INTEGUNENTARY SYSTEM	21	-11	_81	_0_1_	-81	7.1	<u> </u>	-1-	اسله		<u> </u>				-81	<u> </u>		•	-1	<u> </u>	<u> </u>		<i>''</i>	4	·
LUGG AND REMOVEST WERP STORE, LUGG ACCIDENCE STREAM CONTROL STATEM STREAM CONTROL STATEM SOME ANAROM SPACE SOME ANAROM STREAM CONTROL STATEM LARGE INTESTINE STREAM CONTROL STATEM STREAM		٠	A	•	٠	+	•	٠	• •	• ;	•	• •	٠	•	•	•	•	٠	•	•	•	•	٠	•	1	48#
HIGH TORES TORES AND A THE STATE OF THE STAT	RESPIRATORY SYSTEM															_										
REMATOFOLITY TYSTEM SOME NARROW SPILEDM 1. CANADOM	HEPATGCELLULAR CARCINOMA, METASTA ALVEDLAR/BRONCHIGLAR ADENOMA	+ ×	٨	•	٠	•	•	•	•	• •	• ;	•	٠	+	•	•	•	•	•	•	٠	•	٠	•		3
SOME MARRON SPIEN	TRACHEA	-	A	٠	-	-	•	+	٠	• .		+	+	-	•	•	٠	٠	-	•	•	+	٠	•	+	29
SPILEN LYMMUS	HEMATOPOIETIC SYSTEM		-																						+	
LYMPH NODES THYNUS A	BONE MARRON	+		٠	٠	٠.	٠.	+	٠	•			٠	٠	٠	٠	•	+	+	<u>+</u>	•	+	•	٠	4	47
THYMUS INCULTORY SYSTEM HEART SALVARY GLAND LIVER METACOELLULAR ADENOMA METACOELLULAR CARGINGMA DILE DUGT GALISLADDER & COMMON BILE DUGT PARCREAS EBDOMAGUS STOMACM ADENDATION POLYP, MOS ADENDATORS SYSTEM LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE PARLI INTESTINE LARGE INTESTINE LARGE INTESTINE ADENDATORS SYSTEM LARGE INTESTINE LARGE INTESTINE ADENDATORS SYSTEM ADENDATORS SYSTEM ADENDATORS SYSTEM ADENDATORS SYSTEM ADENDATORS SYSTEM ADENDATORS SALVANDUS CARCINOMA LUTERUS ADENDATORS SYSTEM AND	SPLEEN	-	_	+	<u>.</u>	٠	+	٠	•	•		+		٠		•	+	•	+	+	+	٠	٠	٠.	*	47
TREATH SYSTEM SALIVARY GLAND LIVE TO CALLULLAR ADDITIONA MEATOTELLULLAR CARCINGMA JILE DUOT GALLBADDER & COMMON BILE DUCT JAPACREASA STORMAN STRUCKA LYMPH NODES	٠		٠	•	+	٠.	+	٠	•		•	٠			•	•	٠.	٠	<u>.</u>	+	٠	٠	٠	٠.	65	
MEARTY DIGESTRY SYSTEM A A A A A A A A A A A A A A A A A A A	THYHUS	-	A	٠	+	٠	-	٠	•	•	• 4	-	-	٠	•	•	+	•	٠	+	-	+	+	٠	+	39
SALEVARY CLARD ALLEVARY CLARD INFERTOCELLULAR ADENOMA MEPATOCELLULAR CARCINGMA A	CIRCULATORY SYSTEM	_																_		_			_		+	
SALIVARY GLAND LIVER PRETICULIULAR ADERGONA HIPPATORELIA BILE DUCT GALLBLADDER 2 COPPOND BILE DUCT ALLBLADDER 3 COPPOND BILE DUCT HAA	HEART	+	A	+	+	٠	٠	•	٠	• •	• •	• •	+	+	٠	•	٠	•	٠	٠	+	•	+	+	+	48
A WY X X X Y Y X X X X Y X X X X X X X X	DIGESTIVE SYSTEM					_	<u>-</u>								-						_				十	
METATOCELLULAR CARCINOMA BILE DUCT AGLIBLADDER 2 COMMON BILE DUCT PARCEEAS EBOPHAGUS STOPHACU AGENDATOUS POLYP, MOS SMALL INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE WIRTHARY STANDER WIRTHARY STANDER FIRMARY STANDER	SALIVARY GLAND	٠	1	٠	٠	٠	٠	+	٠	•		• •	٠	<u>.</u>	٠	٠.	٠.	٠	٠	٠.	٠.	٠	<u>.</u>	•	٠	- 64.
AALLBLADDER & COMMON BILE DUCT PANCREAS EROPHADUS STOMACH ADEROPATOUS POLTP, MOS SMALL INVESTIME - A	HEPATOCELLULAR ADENOMA	٠	A	•	+ *	٠ <u>×</u>	ż.	• ¥					٠	٠	٠ ٢	٠ <u>×</u>	*	٠ ۲	+ *	٠ <u>×</u>	٠	٠ ×	ż	٠	×	3.5
PANCREAS ESOPHABUS STONACH ADEMONATOUS POLYP, NOS SHALL INTESTINE LARGE INTESTINE A	BILE DUCT	•	_	<u>.</u>	٠	٠	٠	٠.	•	•			<u>+</u>	٠		+_	٠.	<u> </u>	٠.	٠.	٠	٠	٠	٠	٠,	
ENDMANUS STOMACH ADEMONATOUS POLYP, MOS SMALL INTESTINE LARGE INTESTINE LARGE INTESTINE - A	GALLBLADDER & COPPON BILE DUCT	_1	_	<u>+</u>	٠	•	×	٠.	٠	•		•		. •	Ħ.		٠	٠.	٠	•	٠.	٠	٠.	И.	4	447
STOMACH ADEMONATOUS POLYP, MOS SMALL INTESTINE LARGE INTESTINE - A	PANCREAS	-		٠	٠	•	٠.	٠	٠.	• •		•		٠	•	•	•	•	٠	٠	+	<u>+</u>	٠.	٠	٠	66
ADRICATIONS POLYP, MOS SMALL INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE LARGE INTESTINE KIDNEY URINARY SYSTEM KIDNEY ADRICATE SYSTEM PITUITARY ADRICATION	ESOPHAGUS			<u>.</u>	٠	٠	+	٠	+	+ •			+	+	*	+	٠_	+	٠	٠	٠.	<u>+</u>	٠.	+	٠	- 46
LARGE INTESTIME - A	STOMACH ADENOMATOUS POLYP, NOS	+	A	٠	٠	+	+	٠	•	•	_	• •	٠	•	+	٠	•	+	٠	٠	٠	٠	<u>+</u>	<u>.</u>	4	48,
RETMARY SYSTEM KIDNEY URINARY SLADDER A A A A A A A A A A A A A A A A A A A	SMALL INTESTINE	-	_	+	٠	٠	•	٠	٠	• •	•	. +	٠		-	٠	٠	<u> </u>	<u> </u>	٠	٠	<u>+</u>	٠	-	4	44
URINARY BLADDER A A A A A A A A A A A A A A A A A A A	LARGE INTESTINE	-	A	+	+	+	+	+	+	• •	• •	+	٠	٠	٠	+	٠	+	٠	+	+	+	٠	-	+	46
RETIDITARY SLADDER PITUITARY ADEMONA, MOS ADREMAL ADREMAL THYROID PARATHYROID ADRATHYROID ADRATHANARY GLAND ADRATHOR STATEMAL SARCOMA UJERUS LEIDHYOSARCOMA RHOOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA OVARY ENDOMETRIAL STROMAL SARCOMA ADRATHANARY ENDOMETRIAL STROMAL SARCOMA INVA REROUS SYSTEM BRAIN ARRICIAN STROMAL SARCOMA ADRATHANARY ENDOMETRIAL STROMAL SARCOMA INVA BRAIN BRAIN ARRICIAN STROMAL SARCOMA AND ADRATH NA	URIHARY SYSTEM																								T	
ENDOCRINE SYSTEM PITUITARY ADENMAL MOS ADRENAL THYROID AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	KIDHEY	+		<u>+</u>	+	<u> </u>	+	<u>+</u>	<u>. </u>	•		* *	*	<u> </u>	+	<u>+</u>	<u>+</u>	<u>*</u>	<u> </u>	•	<u> </u>	<u> </u>	<u>*</u>	<u>+</u>	+	
PITUITARY ADRENAL ADRENAL THYRGID PARATHYROID A		+	A	+	*	*	*	*	*	• •	• •	*	*	+	*	*	٠	*	٠	+	•	•	*	<u>*</u>	*	48
ADRENAL AND JERNONA HOS ADRENAL AND ADRENAL SARCOMA INVA REPRODUCTIVE SYSTEM ADMINISTRAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA INVA MERVOUS SYSTEM ARRIVATION AND AND AND ADDRENAL SARCOMA INVA REPRODUCTIVE SYSTEM ARRIVATION AND AND AND AND AND AND ADDRENAL SARCOMA INVA REPRODUCTIVE SYSTEMS AND ADDRENAL STROMAL SARCOMA INVA ADDRENAL STROMAL SARCOMA INVA REPRODUCTIVE SYSTEMS ARRIVATION AND AND AND AND AND AND AND AND AND AN									-															-	T	
THYROID PARATHYROID A	ADENOMA, HOS		<u> </u>	<u> </u>	<u>.</u>	<u>•</u>	-	<u>.</u>	<u>.</u>								_	<u>.</u>	<u> </u>	· <u>·</u>	<u>*</u>	<u>.</u>	<u>.</u>	<u>+</u>	+	
PARATHYROID A				<u> </u>	<u> </u>	<u>.</u>	•	•	•	<u>* </u>			÷		_	•	•	•	<u>.</u>	•	<u>•</u>	<u>:</u>	<u>. </u>	•	+	
REPRODUCTIVE SYSTEM MAMMARY GLAND ADENOSQUANDUS CARCINOMA UTERUS LEIDHYOSARCOMA RENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA OWARY ENDOMETRIAL STROMAL SARCOMA NERVOUS SYSTEM ARAIN SPECIAL SENSE DROAMS MARDERIAN GLAND ADENOMA, NGS PERITONEUM LEIDHYOSARCOMA, INVANIN N N N N N N N N N N N N N N N N N N			٠.	•	<u> </u>	<u>.</u>	_	<u> </u>		<u></u> -		_			-	•	•	<u>.</u>	•	<u>. </u>	•	•	•	•	+	
MAMMARY GLAND ADENOS QUANDUS CARCINOMA UTERUS LEIDHYDSARCOMA PRODMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA OVARY ENDOMETRIAL STROMAL SARCOMA INVA NERVOUS SYSTEM ARAIN SPECIAL SEMSE ORGANS MARDERIAN GLAND ADENOMA, MOS BODY CAVITIES PERITONEUM LEIDHYDSARCOMA, INVASIVE OSTEOSARCOMA, INVASIVE OSTEOSARCOMA ALL OTHER SYSTEMS MALIGLITHYMOMAL, LYMPHOCYTIC TYPE ALIG. LYMPHOGATIC LEUKENIA MALIGLITHYMOMAL, LYMPHOCTTIC TYPE ACTIONATE CHECKENIA MALIGARY MARTIN		•	_	<u> </u>	-	<u> </u>	•	<u>.</u>	<u>. </u>	•	•	• •		<u> </u>	•	-	•	<u> </u>	_		<u> </u>	_	•	<u> </u>	1	- 23
ADENOSQUAMOUS CARCINOMA UTRUS LEIDHYDSARCOMA LEIDHYDSARCOMA POLYP ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA. IMVA NERVOUS SYSTEM REALM SPECIAL SENSE ORGANS NARDERIAN GLAND ADENOMA, NOS EGDY CAVITIES PERITONEUM LEIDHYGSARCOMA, IMVA *															•											45-
LEIDMYGSACOMA EMDOMETRIAL STROMAL SARGOMA OVARY EMDOMETRIAL STROMAL SARGOMA, INVA NERVOUS SYSTEM BRAIN SPECIAL SENSE DROANS HARDERIAM GLAND ADENOMA, HOS PERITONEUM LEIDMYGSACOMA, INVASIVE GSTCOSACOMA, INVASIVE OGSTCOSACOMA, INVASIVE OGSTCOSACOMA, INVASIVE MALIGANT LYMPHORY TO TYPE MALIGANT LYMPHOMAL, HOS MALIGALYMPHOMAL, HISTIOCYTIC TYPE MALIGALYMPHOMAL, HISTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA ALLOTTIC LEUKEMIA ALLOTTIC LEUKEMIA MALIGALYMPHOMAL, HISTIOCYTIC TYPE X LIMMAL GRANT LUKEMIA	ADENOSQUAMOUS CARCINOMA	•	<u> </u>	<u>+</u>	<u>.</u>	<u>•</u>	<u>•</u>	<u>.</u>	<u>•</u>	• •		•	<u> </u>	<u>.</u>	<u>.</u>		<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	+	
HERVOUS SYSTEM SPECIAL SENSE ORGANS HARDERIAN GLAND ADENOMA, NOS PERTONEUM LEZOMYOSARCOMA, INVASIVE OSTEOSARCOMA ALL OTHER SYSTEMS MULTIPLE ORGANS NOS MALIGALYMPHOMA, HOS MALIGALYMPHOMA, HOS MALIGALYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIGRAFIAN MALIGALYMPHOMA, LYMPHOCYTIC TYPE MALIGALYMPHOMA, LYMPHOMA, MALIGALYMPHOMA, MALIGALY	LEIDMYDSARCOMA	·	_	•	•	_	_			•		•				_	_	_	_	_	<u> </u>	_	_	_		
PRITONEUM LEIDMYCDSARCOMA, INVASIVE OSTEOSARCOMA, INVASIVE MULTIPLE ORGANS NOS MALIGALYHPHOMA, HOS MALIGALYHPHOMA, LYMPHOCYTIC TYPE MALIGALYHPHOMA, HISTIOCYTIC TYPE LEIDMYCDSARCOMA, HISTIOCYTIC TYPE MALIGALYHPHOMA, HISTIOCYTIC TYPE X X X X X X X X X X X X X X X X X X X		-	A	٠	٠	٠	٠	٠	•	• •	• •	• •	-	٠	•	•	•	•	-	•	•	•	•	•	•	
HARDERIAN GLAND ADENOMA, NOS EUDY CAVIYES PERTONEUM LEIDMYOSARCOMA, INVASIVE OSTEOSARCOMA ALL OTHER SYSTEMS MULTIPLE ORGANS NOS MALIGALYMPHOMA, HOS MALIGALYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, LYSTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA MALIGALYMPHOMA, HISTIOCYTIC TYPE X LYMPHOCYTIC LEUKEMIA	HERVOUS SYSTEM																									
HARDERIAN GLAND ADENOMA, NOS BODY CAVITIES PERITONEUM LEIDMYOSARCOMA, INVASIVE OSTEOSARCOMA, INVASIVE MALIGNANT LYMPHOMA, NOS MALIGNANT LYMPHOMA, NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA	SPECIAL SENSE DROAMS	+		٠		<u>+</u>	+	<u>+</u>	<u> </u>	•		<u></u>	<u> </u>	<u>.</u>	<u>.</u>	٠.	•	<u>+</u>	•	*	<u> </u>	٠	•	*	+	47_
PERITOHEUM LEIDMYGSARCOMA, INVASIVE OSTEGSARCOMA X ALL OYMER SYSYEMS MULTIPLE ORGAMS HOS MALIGNANT LYMPHOMA. HOS MALIG.LYMPHOMA. LYMPHOCYTIC TYPE MALIG.LYMPHOMA. LYMPHOCYTIC TYPE MALIG.LYMPHOMA. LYMPHOCYTIC TYPE X LYMPHOCYTIC LEUKEMIA LYMPAGE REGOLD ALMORATE REGOLD ALMORAT	HARDERIAN GLAND	H	A	N	N	Ħ	H	N	H	H I	4)	. H	Ħ	×	H	M	W	H	H	H	H .	N	Ħ	M	*	
LEIOMYGSARCOMA, INVASIVE OSTEGSARCOMA ALL OTHER SYSTEMS MULTIPLE ORGANS HOS MALIGHANT LYMPHOMA. HOS MALIGHANT LYMPHOMA. LYMPHOCYTIC TYPE MALIG.LYMPHOMA. LYMPHOCYTIC TYPE MALIG.LYMPHOMA. LYMPHOCYTIC TYPE X LYMPHOCYTIC LEUKEMIA LYMPADE REGOLD.	SODY CAVITIES	-				_				-	_														+	
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA. NOS MALIG. LYMPHOMA. LYMPHOCYTIC TYPE MALIG. LYMPHOMA. HISTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA LYMPHOCYTIC LEUKEMIA	LEIDMYOSARCOMA, INVASIVE	ĺ	A	N	H	H	N	H	H	N I	4 1	. ,		N	×	H	H	H	H	H	H	N	H	H	H	48# 1
MALIGNANT LYMPHOMA. HOS MALIG.LYMPHOMA. LYMPHOCYTIC TYPE MALIG.LYMPHOMA. HISTIDCYTIC TYPE X X X Z LYMPHOCYTIC LEUKENIA LYMPHOCYTIC LEUKENIA	ALL DYNER SYSTEMS	_		_		_										-					_		-		+	
LIMPAR SEATON	MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE	H	A	N	H	H	H				<u> </u>	1 K	*	N		N	H	K	×	H	H	H	H	H	H	1
LUMBAK REGION A	INMAD SESTAN		A																						T	

^{*} ANIMALS HECROPSIED

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE C1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	w dose	HIGH I	OOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS INITIALLY IN STODY ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
NTEGUMENTARY SYSTEM						
*SKIN	(50)		(50)		(50)	
EPIDERMAL INCLUSION CYST		(2%)	1	(2%)		
HYPERKERATOSIS		(2%)	(50)		(EO)	
*SUBCUTTISSUE	(50)	(90%)	(50)		(50)	
EDEMA, NOS		(2%) (2%)				
HEMORRHAGE INFLAMMATION, ACUTE		(2%)				
INFLAMMATION, ACUTE/CHRONIC	•	(41 /V)	1	(2%)		
FIBROSIS, FOCAL			•	,_,_,	1	(2%)
RESPIRATORY SYSTEM						
#LUNG	(50)		(50)	.=	(50)	
INFLAMMATION, INTERSTITIAL			1	(2%)		(2%)
PIGMENTATION, NOS	^	(00)		(10%)		(2%)
HYPERPLASIA, ADENOMATOUS METAPLASIA, OSSEOUS		(6%) (2%)	ð	(10%)	7	(14%)
HEMATOPOIETIC SYSTEM						
#BONE MARROW	(49)		(50)		(50)	
MYELOFIBROSIS	1	(2%)				
#SPLEEN	(50)		(49)		(50)	
CONGESTION, NOS	_		1	(2%)		
ATROPHY, NOS	1	(2%)		(04)		(OA)
HYPERPLASIA, LYMPHOID		(40)	1	(2%)	1	(2%)
HEMATOPOIESIS #MEDIASTINAL L. NODE	(50)	(4%)	(49)		(50)	
#MEDIASTINAL L. NODE HEMOSIDEROSIS		(2%)	(43)		(00)	
#LIVER	(49)	(2 %)	(50)		(50)	
LEUKOCYTOSIS, NOS	(40)		(00)			(2%)
#THYMUS	(46)		(48)		(50)	
CYST, NOS	1	(2%)	1	(2%)		
LYMPHOID DEPLETION						(2%)
#THYMIC LYMPHOCYTES	(46)		(48)	(0~)	(50)	
NECROSIS, NOS			1	(2%)		
CIRCULATORY SYSTEM	(49)		(50)		(50)	
#BONE MARROW THROMBOSIS, NOS	(47)			(2%)	(00)	
#RENAL LYMPH NODE	(50)		(49)	,	(50)	
LYMPHANGIECTASIS		(2%)				
#HEART	(50)		(50)		(50)	
INFLAMMATION, CHRONIC		(2%)		(5.4)		
FIBROSIS, FOCAL		(4%)		(2%)	/54	
#AURICULAR APPENDAGE	(50)		(50)	(9%)	(50)	
THROMBUS, MURAL	(50)		(50)	(2%)	(50)	
#MYOCARDIUM MINERALIZATION	(00)		(00)			(2%)
INFLAMMATION, CHRONIC	49	(84%)	38	(76%)		(78%)
INFLAMMATION, CHRONIC FOCAL	76	(3=10)		(2%)	50	,. U N/
#PANCREAS	(49)		(49)	,	(49)	
PERIARTERITIS		(2%)	, ,			(2%)

TABLE C1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OSE
IGESTIVE SYSTEM				······································		
#LIVER	(49)		(50)		(50)	
CONGESTION, ACUTE PASSIVE			1	(2%)		
INFLAMMATION, ACUTE/CHRONIC	1	(2%)				
CHOLANGIOFIBROSIS					1	(2%)
DEGENERATION, CYSTIC					1	(2%)
NECROSIS, COAGULATIVE			-	(2%)		(4%)
CYTOPLASMIC VACUOLIZATION	4	(8%)	5	(10%)		(18%)
BASOPHILIC CYTO CHANGE						(2%)
FOCAL CELLULAR CHANGE		(4%)	2	(4%)	1	(2%)
CYTOLOGIC ALTERATION, NOS	3	(6%)				
HYPERPLASIA, NOS			1	(2%)		
ANGIECTASIS					1	(2%)
NODULAR REGENERATION					1	(2%)
#LIVER/CENTRILOBULAR	(49)		(50)		(50)	
NECROSIS, NOS	1	(2%)				
CYTOPLASMIC VACUOLIZATION	1	(2%)				
#BILE DUCT	(49)		(50)		(50)	
HYPERPLASIA, NOS	11	(22%)	6	(12%)	3	(6%)
#PANCREAS	(49)		(49)		(49)	
ATROPHY, NOS	6	(12%)	1	(2%)	3	(6%)
ATROPHY, FOCAL	1	(2%)	2	(4%)	2	(4%)
HYPERPLASIA, FOCAL			1	(2%)		
#PANCREATIC ACINUS	(49)		(49)		(49)	
ATROPHY, NOS			1	(2%)		
HYPERPLASIA, FOCAL					2	(4%)
#GASTRIC SUBMUCOSA	(50)		(49)		(50)	
EDEMA, NOS		(2%)				
#FORESTOMACH	(50)	((49)		(50)	
CYST, NOS	• /		1	(2%)	,,	
EDEMA, NOS			1	(2%)		
ULCER, NOS	4	(8%)		(2%)		
INFLAMMATION, ACUTE/CHRONIC		(2%)		(2%)		
INFLAMMATION, CHRONIC	-	(2%)	_			
ULCER, CHRONIC	-	. =	1	(2%)		
HYPERPLASIA, EPITHELIAL	2	(4%)	2	(4%)		
#COLON	(50)	(5.5)	(49)		(50)	
					2	(4%)
#COLON PARASITISM RINARY SYSTEM #KIDNEY	(50)		(50)			(4%)
CYST, NOS					1	(2%)
INFLAMMATION, CHRONIC	4	(8%)	11	(22%)	1	(2%)
INFLAMMATION, CHRONIC DIFFUSE	-	• •	_		2	(4%)
NEPHROPATHY	41	(82%)	36	(72%)		(80%)
NEPHROSIS, NOS				–		(4%)
						/
#KIDNEY/TUBULE	(50)		(50)		(50)	

TABLE C1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
ENDOCRINE SYSTEM					-	
#PITUITARY	(49)		(49)		(47)	
FOCAL CELLULAR CHANGE	,	(2%)	((2%)
HYPERPLASIA, NOS			1	(2%)		
HYPERPLASIA, FOCAL	4	(8%)		(=,	1	(2%)
ANGIECTASIS		(12%)	4	(8%)	2	(4%)
#ADRENAL	(49)		(49)		(50)	
CYST, NOS	1	(2%)				
NECROSIS, ZONAL	1	(2%)				
CYTOPLASMIC VACUOLIZATION	1	(2%)			1	(2%)
ANGIECTASIS	2	(4%)			1	(2%)
METAPLASIA, OSSEOUS	1	(2%)				
#ADRENAL CORTEX	(49)		(49)		(50)	
CYST, NOS			1	(2%)		
CYTOPLASMIC VACUOLIZATION	2	(4%)	9	(18%)	7	(14%)
FOCAL CELLULAR CHANGE	1	(2%)	2	(4%)	2	(4%)
CYTOLOGIC ALTERATION, NOS	1	(2%)				
CYTOLOGIC DEGENERATION				(2%)		
ANGIECTASIS			1	(2%)		
#ADRENAL MEDULLA	(49)		(49)		(50)	
CYTOPLASMIC VACUOLIZATION					1	(2%)
FOCAL CELLULAR CHANGE			1	(2%)		
HYPERPLASIA, FOCAL	2	(4%)	2	(4%)	8	(16%)
#THYROID	(50)		(48)		(50)	
THYROGLOSSAL DUCT CYST	2	(4%)	1	(2%)		
CYSTIC FOLLICLES	2	(4%)	3	(6%)	1	(2%)
ATROPHY, NOS					1	(2%)
HYPERPLASIA, CYSTIC		(2%)				
HYPERPLASIA, C-CELL		(10%)		(6%)		(6%)
#THYROID FOLLICLE	(50)		(48)		(50)	
PIGMENTATION, NOS				(88%)	_	(96%)
#PARATHYROID	(48)		(42)		(47)	
HYPERPLASIA, NOS					2 	(4%)
EPRODUCTIVE SYSTEM						
*MAMMARY GLAND	(50)		(50)		(50)	
CYSTIC DUCTS	2	(4%)	2	(4%)	3	(6%)
FIBROSIS					1	(2%)
*MAMMARY LOBULE	(50)		(50)		(50)	
HYPERPLASIA, NOS				(2%)		
*PREPUTIAL GLAND	(50)		(50)		(50)	
CYSTIC DUCTS		(8%)	2	(4%)		(4%)
INFLAMMATION, SUPPURATIVE		(2%)				(4%)
INFLAMMATION, CHRONIC		(4%)				(2%)
INFLAMMATION, CHRONIC SUPPURATIV	1	(2%)				(6%)
ATROPHY, NOS	_				1	(2%)
HYPERPLASIA, NOS		(6%)				
HYPERPLASIA, FOCAL		(2%)			.=	
#PROSTATE	(50)		(50)		(50)	/a a:
INFLAMMATION, SUPPURATIVE		(4%)	8	(16%)	8	(16%)
INFLAMMATION, CHRONIC FOCAL		(2%)	_			
INFLAMMATION, CHRONIC SUPPURATIV		(4%)		(4%)		
*SEMINAL VESICLE	(50)	(00)	(50)		(50)	
HEMORRHAGE		(2%)				
INFLAMMATION, SUPPURATIVE	ı	(2%)		(97%)		
INFLAMMATION, CHRONIC	(50)			(2%)	/FA\	
#TESTIS	(50)		(50)	(90%)	(50)	
MINERALIZATION				(2%)		
NECROSIS, NOS				(2%)		
NECROSIS, ISCHEMIC		(0.01)		(2%)	•	.40
ATROPHY, NOS		(2%)		(6%)		(4%)
HYPERPLASIA, INTERSTITIAL CELL	10	(20%)	ð	(10%)	3	(6%)

TABLE C1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM (Continued) *SCROTUM ULCER, NOS INFLAMMATION, CHRONIC	(50)	(50)	(50) 1 (2%) 1 (2%)
NERVOUS SYSTEM #CEREBRUM HEMORRHAGE #CEREBELLUM HEMORRHAGE	(50) (50) 1 (2%)	(49) (49)	(50) 1 (2%) (50)
SPECIAL SENSE ORGANS *EYE HEMORRHAGE RETINOPATHY CATARACT *EYE/CRYSTALLINE LENS CATARACT	(50) 5 (10%) 4 (8%) (50) 1 (2%)	(50) 1 (2%) 1 (2%) (50)	(50) 1 (2%) 21 (42%) 18 (36%) (50) 1 (2%)
MUSCULOSKELETAL SYSTEM *FEMUR FIBROUS OSTEODYSTROPHY OSTEOSCLEROSIS	(50)	(50) 1 (2%)	(50) 1 (2%)
BODY CAVITIES *MESENTERY STEATITIS NECROSIS, FAT	(50) 4 (8%) 1 (2%)	(50) 6 (12%) 1 (2%)	(50) 7 (1 4 %)
ALL OTHER SYSTEMS *MULTIPLE ORGANS MINERALIZATION	(50)	(50)	(50) 1 (2%)
SPECIAL MORPHOLOGY SUMMARY NONE		مريد به المواقع المواق	نىنى دى. دەك بىيە ئىسىنىيە ئىسىنىيە

 $[\]ensuremath{\text{\#}}$ NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY $\ensuremath{\text{*}}$ NUMBER OF ANIMALS NECROPSIED

TABLE C2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50 50		50 50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
NUMBER OF THE PARTY OF THE PART		· · · · · · · · · · · · · · · · · · ·				
INTEGUMENTARY SYSTEM *SKIN	(50)		(50)		(50)	
ABSCESS, CHRONIC	130)			(2%)	(30)	
HYPERKERATOSIS	1	(2%)	1	(270)		
III EKKEKATOGO						
RESPIRATORY SYSTEM						
#LUNG	(50)		(49)		(50)	
EMPHYSEMA, ALVEOLAR		(2%)				
LYMPHOCYTIC INFLAMMATORY INFILTR	3	(6%)				
INFLAMMATION, INTERSTITIAL			1	(2%)		
INFLAMMATION, FOCAL GRANULOMATOU					1	(2%)
ALVEOLAR MACROPHAGES				(2%)		
HYPERPLASIA, ADENOMATOUS		(4%)		(10%)	8	(16%)
#LUNG/ALVEOLI	(50)		(49)		(50)	
HISTIOCYTOSIS			1	(2%)		
HEMATOPOIETIC SYSTEM						
#BONE MARROW	(49)		(50)		(50)	
ATROPHY, NOS	(10)		(00)			(2%)
MYELOFIBROSIS			1	(2%)	-	(2 /0)
#SPLEEN	(50)		(50)	(= ,0)	(50)	
FIBROSIS, DIFFUSE	(00)			(2%)	(00)	
HEMOSIDEROSIS	2	(4%)		(2%)	1	(2%)
HEMATOPOIESIS	_	12,07		(2%)		(2%)
#SPLENIC CAPSULE	(50)		(50)	_ /0 /	(50)	(= ,0,
HEMORRHAGE	(00)			(2%)	(00)	
INFLAMMATION, CHRONIC				(2%)		
#LYMPH NODE	(50)		(50)	(= ,-,	(50)	
HEMORRHAGE	(00)			(2%)	(00)	
ANGIECTASIS				(2%)		
HYPERPLASIA, LYMPHOID				(2%)		
#CERVICAL LYMPH NODE	(50)		(50)	(= 70)	(50)	
ANGIECTASIS		(2%)	(30)		(00)	
#MESENTERIC L. NODE	(50)	(= 10)	(50)		(50)	
HYPERPLASIA, LYMPHOID	(50)		(30)			(2%)
#INGUINAL LYMPH NODE	(50)		(50)		(50)	(2 10)
HYPERPLASIA, NOS	(50)		(30)			(2%)
CIRCULATORY SYSTEM				····		
#HEART	(50)		(50)		(50)	
FIBROSIS, FOCAL	(50)		(00)			(2%)
#MYOCARDIUM	(50)		(50)		(50)	(2 /0)
INFLAMMATION, ACUTE/CHRONIC	(00)			(2%)	(00)	
INFLAMMATION, CHRONIC	90	(58%)		(48%)	17	(34%)
INFLAMMATION, CHRONIC FOCAL		(2%)		(2%)	17	(3470)
*HEPATIC VEIN	(50)	\2 /0 /	(50)	(270)	(50)	
THROMBUS, ORGANIZED		(2%)	(30)		(50)	
#LIVER		(4 /0)	(50)		(50)	
THROMBOSIS, NOS	(50)			(2%)	(00)	
TITIVOMEDUSIS, MUS			1	(470)		

TABLE C2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONT	rol (untr)	LO	W DOSE	HIGH DOSE		
DIGESTIVE SYSTEM					, 50.		
#SALIVARY GLAND	(50)	.00	(50)		(50)		
INFLAMMATION, CHRONIC SUPPURATIVE		(2%)	(50)		(50)		
#LIVER	(50)	(2%)		(2%)	(30)		
DEFORMITY, NOS LYMPHOCYTIC INFLAMMATORY INFILTR		(2%)		(2 /0 /	1	(2%)	
INFLAMMATION, ACUTE/CHRONIC	•	(270)	1	(2%)	-	1= 70 7	
DEGENERATION, NOS				(2%)			
CYTOPLASMIC VACUOLIZATION	6	(12%)	4	(8%)	5	(10%)	
BASOPHILIC CYTO CHANGE						(2%)	
FOCAL CELLULAR CHANGE	1	(2%)				(8%)	
#BILE DUCT	(50)		(50)		(50)		
HYPERPLASIA, NOS						(2%)	
#PANCREAS	(50)		(50)		(50)	.00	
ATROPHY, NOS		(6%)		(4%)		(2%)	
ATROPHY, FOCAL	2	(4%)		(2%)	1	(2%)	
ATROPHY, DIFFUSE	/F0:			(2%)	(FA)		
#PANCREATIC ACINUS	(50)		(50)	1901	(50)		
HYPERPLASIA, FOCAL	(50)			(2%)	(50)		
#STOMACH	(50)		(50)	(2%)	(30)		
MINERALIZATION EPIDERMAL INCLUSION CYST				(270)	1	(2%)	
#GASTRIC SUBMUCOSA	(50)		(50)		(50)	(= ,0)	
EDEMA, NOS		(2%)	1007		(5.5)		
#FORESTOMACH	(50)	<u> </u>	(50)		(50)		
CYST, NOS			2	(4%)			
EDEMA, NOS	1	(2%)				(2%)	
ULCER, NOS				(4%)	3	(6%)	
INFLAMMATION, ACUTE			1	(2%)			
INFLAMMATION, ACUTE/CHRONIC	_				1	(2%)	
ULCER, CHRONIC	2	(4%)		(2%)		(40()	
HYPERPLASIA, EPITHELIAL			Z	(4%)		(4%)	
HYPERKERATOSIS	/ P A .		(FA)			(2%)	
#COLON	(50)	(90%)	(50)	(90%)	(50)	(4%)	
PARASITISM	1 	(2%)	<u> </u>	(2%)		\ 4. 70/	
TRINARY SYSTEM	(50)		(50)		(50)		
#KIDNEY		(2%)		(6%)		(2%)	
INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC DIFFUSE		(2%)		(2%)	•	·- ·- /	
NEPHROPATHY		(50%)		(26%)	16	(32%)	
ATROPHY, FATTY	20	(00 /0)		(2%)			
#KIDNEY/CORTEX	(50)		(50)		(50)		
METAMORPHOSIS FATTY	(30)			(2%)	, /		
#KIDNEY/TUBULE	(50)		(50)		(50)		
PIGMENTATION, NOS	(00)			(78%)	40	(80%)	
#KIDNEY/PELVIS	(50)		(50)		(50)		
MINERALIZATION	,				1	(2%)	
#URINARY BLADDER	(50)		(49)		(50)	.a~\	
INFLAMMATION, CHRONIC					1	(2%)	

TABLE C2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	DOSE
ENDOCRINE SYSTEM						
#PITUITARY	(50)		(49)		(49)	
CYST, NOS		(4%)		(4%)		(12%)
MULTIPLE CYSTS		,		(2%)		(2%)
HEMOSIDEROSIS	2	(4%)		(2%)		(2%)
CYTOPLASMIC VACUOLIZATION	_	,	_	(2.0)		(2%)
FOCAL CELLULAR CHANGE			1	(2%)	-	(2,0)
HYPERPLASIA, NOS				(2%)		
HYPERPLASIA, FOCAL	3	(6%)	-	_,_,	2	(4%)
HYPERPLASIA, DIFFUSE			1	(2%)	_	(,
ANGIECTASIS	25	(50%)	14	(29%)	8	(16%)
#ADRENAL	(50)		(50)		(50)	
PIGMENTATION, NOS					1	(2%)
CYTOPLASMIC VACUOLIZATION	1	(2%)		(2%)	1	(2%)
ANGIECTASIS				(2%)		
#ADRENAL CORTEX	(50)	4	(50)		(50)	
ACCESSORY STRUCTURE	1	(2%)			1	(2%)
DEFORMITY, NOS				(2%)		
CYST, NOS		(4%)		(2%)		
CYTOPLASMIC VACUOLIZATION		(14%)	7	(14%)	7	(14%)
FOCAL CELLULAR CHANGE	2	(4%)	1	(2%)		(4%)
ANGIECTASIS			1	(2%)	1	(2%)
#ADRENAL MEDULLA	(50)		(50)		(50)	
HYPERPLASIA, FOCAL			2	(4%)		
#THYROID	(49)		(50)		(50)	
THYROGLOSSAL DUCT CYST			1	(2%)		
CYSTIC FOLLICLES	2	(4%)	1	(2%)		
HYPERPLASIA, CYSTIC	1	(2%)	1	(2%)		
HYPERPLASIA, C-CELL	5	(10%)	13	(26%)	4	(8%)
#THYROID FOLLICLE	(49)		(50)		(50)	
PIGMENTATION, NOS			44	(88%)	47	(94%)
#PARATHYROID	(48)		(49)		(48)	
HYPERPLASIA, NOS			1	(2%)		(2%)
EPRODUCTIVE SYSTEM						
*MAMMARY GLAND	(50)		(EO)		(FA)	
CYSTIC DUCTS		(56%)	(50)	(200)	(50)	(0.40)
HYPERPLASIA, CYSTIC				(38%)		(34%)
ADENOSIS	1	(2%)		(2%)	1	(2%)
*MAMMARY LOBULE	(50)		(50)	(2%)	(50)	
HYPERPLASIA, NOS	(507			(2%)	(50)	(8%)
HYPERPLASIA, FOCAL				(270)		
*PREPUTIAL GLAND	(50)		(50)		(50)	(2%)
CYSTIC DUCTS	(00)			(2%)		(4%)
INFLAMMATION, ACUTE SUPPURATIVE				(2%)		(2%)
ABSCESS, CHRONIC				(2%)	•	(270)
HYPERPLASIA, NOS			•	(2 70)	. 9	(4%)
*CLITORAL GLAND	(50)		(50)		(50)	(T 10)
CYSTIC DUCTS		(8%)		(10%)		(6%)
INFLAMMATION, SUPPURATIVE		(2%)		(6%)	1	(2%)
INFLAMMATION, CHRONIC	3	(6%)		(2%)	•	(2 10)
INFLAMMATION, CHRONIC SUPPURATIV	1	(2%)		(4%)	9	(4%)
ATROPHY, NOS		(2%)	2	(4%)	4	(-12.70)
HYPERPLASIA, NOS		(2%)	4	(~ N)		
*VAGINA	(50)	(2 N)	(50)		(50)	
HYPERPLASIA, EPITHELIAL	(00)		(30)			(2%)
#UTERUS/ENDOMETRIUM	(50)		(50)			(470)
HEMORRHAGE	(00)			(2%)	(50)	
HYPERPLASIA, NOS	9	(4%)		(4%)		
HYPERPLASIA, CYSTIC		(6%)		(4%)	A	(8%)
#OVARY	(50)	(0 10)	(50)	(370)	(50)	(070)
CYSTIC FOLLICLES		(2%)	(00)			(8%)
					4	(MOT)

TABLE C2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
NERVOUS SYSTEM			
#BRAIN	(50)	(50)	(49)
HEMORRHAGE		1 (2%)	
SPECIAL SENSE ORGANS	-		
*EYE	(50)	(50)	(50)
HEMORRHAGE		1 (2%)	1 (2%)
INFLAMMATION, ACUTE		1 (2%)	
RETINOPATHY	5 (10%)	21 (42%)	3 (6%)
CATARACT	2 (4%)	20 (40%)	
PHTHISIS BULBI		2 (4%)	
*EYE/CRYSTALLINE LENS	(50)	(50)	(50)
CATARACT			1 (2%)
*HARDERIAN GLAND	(50)	(50)	(50)
ECTOPIA		2 (4%)	. # 4
*MIDDLE EAR	(50)	(50)	(50)
INFLAMMATION, SUPPURATIVE	1 (2%)		
MUSCULOSKELETAL SYSTEM			
*FEMUR	(50)	(50)	(50)
FIBROUS OSTEODYSTROPHY		1 (2%)	
BODY CAVITIES			
*MESENTERY	(50)	(50)	(50)
STEATITIS	5 (10%)	6 (12%)	7 (14%)
NECROSIS, FAT	3 (6%)	2 (4%)	3 (6%)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	1		

 $[\]mbox{\#}$ NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY $\mbox{\$}$ NUMBER OF ANIMALS NECROPSIED

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
NTEGUMENTARY SYSTEM						
*SKIN	(50)		(50)		(50)	
INFLAMMATION, NOS		(2%)		(4%)		(2%)
ULCER, NOS	1	(2%)	5	(10%)		(6%)
INFLAMMATION, SUPPURATIVE	۵	(18%)	0	(16%)		(2%) $(16%)$
INFLAMMATION, CHRONIC ULCER, CHRONIC		(6%)		(2%)		(10%)
EROSION	U	(0 /0 /		(2%)	U	(12/0)
FIBROSIS	4	(8%)		(270)	3	(6%)
ATROPHY, NOS	*	10 /0/	1	(2%)		(2%)
HYPERPLASIA, NOS	1	(2%)	•	, = , • ,		(2%)
HYPERPLASIA, EPITHELIAL		(2%)			•	,,,
POLYPOID HYPERPLASIA		(2%)				
*SUBCUT TISSUE	(50)		(50)		(50)	
EDEMA, NOS	1	(2%)				
INFLAMMATION, NOS						(4%)
INFLAMMATION, SUPPURATIVE		(4%)	3	(6%)	1	(2%)
LIPOGRANULOMA		(2%)				
INFECTION, FUNGAL	1	(2%)				
RESPIRATORY SYSTEM						
*BRONCHIAL LUMEN	(50)		(50)		(50)	
INFLAMMATION, SUPPURATIVE				(2%)		
#BRONCHIAL GLAND	(50)		(50)		(50)	
HYPERPLASIA, ADENOMATOUS						(2%)
#LUNG	(50)		(50)		(50)	(40)
CONGESTION, NOS HEMORRHAGE						(4%) (2%)
INFLAMMATION, FOCAL	16	(32%)	22	(44%)		(46%)
INFLAMMATION, INTERSTITIAL	10	(02 /0 /		(2%)		(2%)
INFLAMMATION, FOCAL GRANULOMATOU	S 3	(6%)		(6%)		(8%)
HYPERPLASIA, ADENOMATOUS		(2%)	•	, , , ,		(
HYPERPLASIA, ALVEOLAR EPITHELIUM		(4%)	6	(12%)	3	(6%)
HISTIOCYTOSIS	1	(2%)				
#LUNG/ALVEOLI	(50)		(50)		(50)	
INFLAMMATION, FOCAL			1	(2%)		
INFLAMMATION, FOCAL GRANULOMATOU				(2%)		
HYPERPLASIA, ADENOMATOUS		(10%)		(14%)		(10%)
HISTIOCYTOSIS		(6%)		(6%)		(16%)
#ALVEOLAR EPITHELIUM	(50)	(220)	(50)	(9.40/)	(50)	(40% -
HYPERPLASIA, ADENOMATOUS HISTIOCYTOSIS		(32%) (2%)	17	(34%)	20	(40%)
HEMATOPOIETIC SYSTEM						
*MULTIPLE ORGANS	(50)		(50)		(50)	
HYPERPLASIA, PLASMA CELL		(2%)	,50)		(53)	
HYPERPLASIA, LYMPHOID	-	V = 1 = 4	2	(4%)	1	(2%)
HEMATOPOIESIS				(2%)		
#BONE MARROW	(50)		(48)		(50)	
HYPERPLASIA, GRANULOCYTIC		(12%)				(6%)
#SPLEEN		(50)		(50)		(49)
METAMORPHOSIS FATTY	1	(2%)				
ANGIECTASIS		(2%)				
	1	(2%) (2%) (16%)		(14%)		(14%)

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OSE
HEMATOPOIETIC SYSTEM (Continued)		····				
#LYMPH NODE	(49)		(50)		(50)	
INFLAMMATION, NOS	1	(2%)				
HYPERPLASIA, NOS	1	(2%)				
#MANDIBULAR L. NODE	(49)		(50)		(50)	
PIGMENTATION, NOS					1	(2%)
ANGIECTASIS	1	(2%)				
#MEDIASTINAL L. NODE	(49)		(50)		(50)	
HYPERPLASIA, LYMPHOID	1	(2%)				
#MESENTERIC L. NODE	(49)		(50)		(50)	
CONGESTION, NOS	1	(2%)	5	(10%)	1	(2%)
HYPERPLASIA, NOS	1	(2%)	1	(2%)	1	(2%)
ANGIECTASIS	3	(6%)	6	(12%)	2	(4%)
HYPERPLASIA, GRANULOCYTIC			1	(2%)		
HYPERPLASIA, LYMPHOID			1	(2%)	1	(2%)
#AXILLARY LYMPH NODE	(49)		(50)		(50)	
HYPERPLASIA, NOS						(2%)
#INGUINAL LYMPH NODE	(49)		(50)		(50)	
HYPERPLASIA, NOS	2	(4%)			1	(2%)
HYPERPLASIA, LYMPHOID			1	(2%)		
#LUNG	(50)		(50)		(50)	
LEUKOCYTOSIS, NOS			1	(2%)	1	(2%)
HYPERPLASIA, LYMPHOID	1	(2%)				
#LIVER	(50)		(50)		(50)	
LEUKOCYTOSIS, NOS	3	(6%)	1	(2%)	1	(2%)
#STOMACH	(49)		(49)		(49)	
LEUKOCYTOSIS, NOS	1	(2%)				
#PEYER'S PATCH	(46)		(46)		(47)	
HYPERPLASIA, LYMPHOID			2	(4%)		
#URINARY BLADDER	(50)		(49)		(49)	
HYPERPLASIA, LYMPHOID	1	(2%)				
#THYMUS	(36)		(41)		(37)	
CYST, NOS	1	(3%)				
CIRCULATORY SYSTEM						
*SKIN	(50)		(50)		(50)	
LYMPHANGIECTASIS		(2%)				
#INGUINAL LYMPH NODE	(49)		(50)		(50)	
LYMPHANGIECTASIS			1	(2%)		
#LIVER	(50)		(50)		(50)	
THROMBOSIS, NOS	1	(2%)			1	(2%)
*MESENTERY	(50)		(50)		(50)	
PERIARTERITIS	1	(2%)				
DIGESTIVE SYSTEM						
#SALIVARY GLAND	(50)		(49)		(50)	
BASEMENT MEMBRANE, ALTERATION						(2%)
#SUBLINGUAL GLAND	(50)		(49)		(50)	
FIBROSIS, DIFFUSE		(2%)				
ATROPHY, NOS		(2%)				
#LIVER	(50)		(50)		(50)	
DEFORMITY, NOS			1	(2%)		
INFLAMMATION, FOCAL		(2%)				
CIRRHOSIS, NOS	1	(2%)			_	
DEGENERATION, CYSTIC			_	(0.41)	1	(2%)
NECROSIS, NOS				(6%)		
NECROSIS, FOCAL	4	(8%)	3	(6%)		(10%)
					2	(4%)
INFARCT, NOS						
INFARCT, NOS METAMORPHOSIS FATTY	4	(8%)				
	4	(8%)	1	(2%)		

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH D	OSE
DIGESTIVE SYSTEM						
#LIVER (Continued)	(50)		(50)		(50)	
FOCAL CELLULAR CHANGE	3	(6%)			2	(4%)
ATROPHY, NOS					1	(2%)
ATROPHY, FOCAL			1	(2%)		
ANGIECTÁSIS	1	(2%)	1	(2%)		
#LIVER/CENTRILOBULAR	(50)		(50)		(50)	
NECROSIS, NOS	1	(2%)			1	(2%)
#LIVER/HEPATOCYTES	(50)		(50)		(50)	
NUCLEAR ALTERATION						(2%)
**GALLBLADDER	(50)		(50)		(50)	
HEMORRHAGE						(2%)
#BILE DUCT	(50)		(50)		(50)	
HYPERPLASIA, NOS		(2%)	.40		(40)	
#PANCREAS	(50)		(48)	(90)	(49)	
ATROPHY, FOCAL	(40)			(2%)	(40)	
#STOMACH	(49)		(49)	(901)	(49)	
INFLAMMATION, SUPPURATIVE	(49)		(49)	(2%)	(49)	
#GASTRIC FUNDAL GLAND	(49)			(2%)	(49)	
CYST, NOS #FORESTOMACH	(49)		(49)	(2%)	(49)	
ULCER, NOS	(43)			(2%)	(43)	
EROSION			1	(470)	1	(2%)
HYPERPLASIA, EPITHELIAL						(2%)
DYSPLASIA, EPITHELIAL						(2%)
#DUODENUM	(46)		(46)		(47)	(12,0)
DYSPLASIA, EPITHELIAL		(2%)	(10)		(21)	
ADENOMYOSIS		(2%)				
#ILEUM		(46)		(46)		(47)
DYSPLASIA, EPITHELIAL	1	(2%)		,		,
ADENOMYOSIS	1	(2%)				
#COLONIC SUBMUCOSA	(49)		(47)		(46)	
EDEMA, NOS					1	(2%)
*RECTUM	(50)		(50)		(50)	
PROLAPSE	1	(2%)			1	(2%)
ULCER, NOS					1	(2%)
INFLAMMATION, CHRONIC	1	(2%)		······································		
URINARY SYSTEM	.= a.					
#KIDNEY	(50)		(50)	(O~)	(50)	
INFLAMMATION, FOCAL	11	(22%)		(2%) (8%)	0	(1900)
NEPHROSIS, NOS		(22%)	4	(070)	Э	(18%)
ATROPHY, NOS		(2%)	(50)		(50)	
#KIDNEY/TUBULE PIGMENTATION, NOS	(50)		(30)			(2%)
#KIDNEY/PELVIS	(50)		(50)		(50)	(470)
INFLAMMATION, CHRONIC FOCAL		(2%)	(00)		(00)	
	#*************************************					
NDOCRINE SYSTEM	(40)		(40)		(40)	
#PITUITARY	(43)		(46)	(40)	(46)	
HYPERPLASIA, FOCAL	(40)			(4%)	(50)	
#ADRENAL	(49)	(20%)	(48)		(50)	
CYST, NOS		(2%)	(40)		(50)	
#ADRENAL CORTEX	(49)	(2%)	(48)		(50)	(2%)
POCAL CELLIII AD CHANCE		14701				
FOCAL CELLULAR CHANGE			9	(4%)	1	(90%)
HYPERPLASIA, NODULAR				(4%)		(2%)
	(49)	(2%)	(48)	(4%) (2%)	(50)	(2%)

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH D	OSE
ENDOCRINE SYSTEM (Continued)				•		
#THYROID	(47)		(49)		(50)	
CYSTIC FOLLICLES			1	(2%)		
INFLAMMATION, FOCAL	1	(2%)				
DEGENERATION, CYSTIC	16	(34%)	12	(24%)	16	(32%)
PIGMENTATION, NOS			49	(100%)	47	(94%)
HYPERPLASIA, CYSTIC					1	(2%)
HYPERPLASIA, FOLLICULAR-CELL			5	(10%)	2	(4%)
#THYROID FOLLICLE	(47)		(49)		(50)	
PIGMENTATION, NOS						(6%)
HYPERPLASIA, CYSTIC		(6%)		(4%)		(24%)
#PARATHYROID	(38)		(23)		(41)	
EMBRYONAL DUCT CYST				(4%)	1	(2%)
CYST, NOS			1	(4%)		
REPRODUCTIVE SYSTEM						
*PREPUTIAL GLAND	(50)		(50)		(50)	
CYSTIC DUCTS		(6%)		(6%)		(6%)
INFLAMMATION, NOS		(2%)		(4%)		(6%)
INFLAMMATION, SUPPURATIVE		(8%)	_	(14%)	_	(10%)
DEGENERATION, CYSTIC		,=,	1	(2%)		•
CYSTIC DISEASE	1	(2%)				
#PROSTATE	(50)		(50)		(49)	
INFLAMMATION, SUPPURATIVE	1	(2%)				
#TESTIS	(50)		(49)		(50)	
CALCIFICATION, NOS			1	(2%)		
ATROPHY, NOS			1	(2%)		
*EPIDIDYMIS	(50)		(50)		(50)	
GRANULOMA, SPERMATIC	1	(2%)	1	(2%)		
NERVOUS SYSTEM						
#BRAIN	(50)		(50)		(50)	
PSAMMOMA BODIES	,			(2%)		
#BRAIN/THALAMUS	(50)		(50)	,,	(50)	
PSAMMOMA BODIES		(32%)		(38%)	16	(32%)
SPECIAL SENSE ORGANS						
*EYE	(50)		(50)		(50)	
DEFORMITY, NOS		(2%)	(30)		(00)	
RETINOPATHY		(2%)				
CATARACT		(2%)				
*EYEBALL TUNICA FIBRO	(50)	\— /V/	(50)		(50)	
INFLAMMATION, NOS	(53)			(2%)	(0.0)	
*HARDERIAN GLAND	(50)		(50)	\ \P/	(50)	
INFLAMMATION, GRANULOMATOUS	(00)			(2%)	1537	
*ZYMBAL'S GLAND	(50)		(50)	,,-,	(50)	
INFLAMMATION, SUPPURATIVE		(2%)	,,		(23)	
	(50)		(50)		(50)	
*MIDDLE EAR						

NONE

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*PERITONEUM	(50)	(50)	(50)
inflammation, suppurative			1 (2%)
*MESENTERY	(50)	(50)	(50)
inflammation, suppurative			1 (2%)
NECROSIS, FAT	4 (8%)	1 (2%)	1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS	(50)	(50)	(50)
INFLAMMATION, NOS		1 (2%)	
INFLAMMATION, SUPPURATIVE		1 (2%)	
ORBITAL REGION			
INFLAMMATION, NOS		1	
LEG			
INFLAMMATION, CHRONIC SUPPURATIVE			1
OMENTUM			
NECROSIS, FAT	1		

NONE

 $[\]ensuremath{\text{\#}}$ NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY $\ensuremath{\text{*}}$ NUMBER OF ANIMALS NECROPSIED

TABLE D2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OSE
ANIMALS INITIALLY IN STUDY	50	······································	50		50	,
ANIMALS NECROPSIED	50		48		49	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		48		49	
NTEGUMENTARY SYSTEM						
*SKIN	(50)		(48)	(90%)	(49)	
EPIDERMAL INCLUSION CYST INFLAMMATION, NOS			1	(2%)	1	(2%)
ULCER, NOS	1	(2%)			1	(270)
RESPIRATORY SYSTEM						
#LUNG	(50)		(48)		(48)	
HEMORRHAGE		(2%)				
INFLAMMATION, FOCAL		(18%)	18	(38%)	11	(23%)
INFLAMMATION, INTERSTITIAL	1	(2%)				
INFLAMMATION, SUPPURATIVE			1	(2%)		
BRONCHOPNEUMONIA, ACUTE		(2%)		(9.01)		(O.C.)
INFLAMMATION, FOCAL GRANULOMATOUS	-	(2%)		(2%)		(8%)
HYPERPLASIA, ALVEOLAR EPITHELIUM	-	(10%) (2%)	ა	(6%)	8	(17%)
HISTIOCYTOSIS #LUNG/ALVEOLI	(50)	(470)	(48)		(48)	
INFLAMMATION, FOCAL GRANULOMATOUS			1407			(2%)
HYPERPLASIA, ADENOMATOUS		(2%)	2	(4%)		(13%)
HISTIOCYTOSIS		(12%)		(17%)	and the second s	(17%)
#ALVEOLAR EPITHELIUM	(50)		(48)	(21,72)	(48)	,_,,,
HYPERPLASIA, ADENOMATOUS	8	(16%)	11	(23%)	9	(19%)
HEMATOPOIETIC SYSTEM						
*MULTIPLE ORGANS	(50)		(48)		(49)	
LEUKOCYTOSIS, NOS		(2%)				
HYPERPLASIA, LYMPHOID	4	(8%)	1	(2%)		
HEMATOPOIESIS			(40)			(2%)
*ABDOMINAL CAVITY	(50)		(48)		(49)	(90%)
LEUKOCYTOSIS, NOS	(FO)		(40)		(49)	(2%)
*BLOOD	(50)		(48)	(2%)	(43)	
LEUKOCYTOSIS, NOS LEUKOCYTOSIS, NEUTROPHILIC			ı	(270)	1	(2%)
#BONE MARROW	(50)		(47)		(47)	(2 /0)
CONGESTION, NOS	(00)		(-1)			(2%)
ATROPHY, NOS						(2%)
HYPERPLASIA, HEMATOPOIETIC		(2%)				,
HYPERPLASIA, GRANULOCYTIC		(10%)		(6%)		(2%)
#SPLEEN	(50)		(47)		(49)	
HEMATOMA, NOS	1	(2%)				(0.0/ \
HYPERPLASIA, RETICULUM CELL		(19%)			1	(2%)
HYPERPLASIA, LYMPHOID		(12%) (18%)	10	(21%)	10	(39%)
HEMATOPOIESIS #LYMPH NODE	(50)	(1070)	(45)	(2170)	(48)	(0070)
HYPERPLASIA, PLASMA CELL	(50)			(2%)	(+0)	
HYPERPLASIA, LYMPHOID	1	(2%)	-			
#MANDIBULAR L. NODE	(50)		(45)		(48)	
HEMOSIDEROSIS		(2%)			, ,	
ANGIECTASIS					1	(2%)
#BRONCHIAL LYMPH NODE	(50)		(45)		(48)	
HYPERPLASIA, NOS		(2%)				
#MEDIASTINAL L. NODE	(50)		(45)	(0 m)	(48)	
HYPERPLASIA, NOS	1	(2%)		(2%)	(40)	
	/FA:					
#ABDOMINAL LYMPH NODE ANGIECTASIS	(50)	(2%)	(45)		(48)	

TABLE D2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH D	OSE
IEMATOPOIETIC SYSTEM (Continued)		·				· ···········
#MESENTERIC L. NODE	(50)		(45)		(48)	
CONGESTION, NOS	,,	(2%)	(10)			(2%)
INFLAMMATION, SUPPURATIVE	_	(=,				(2%)
HYPERPLASIA, NOS			1	(2%)	•	12,0,
ANGIECTASIS	2	(4%)		(2%)	1	(2%)
HYPERPLASIA, LYMPHOID		(2%)		(2,0)	•	(2,0)
#RENAL LYMPH NODE	(50)	,	(45)		(48)	
HYPERPLASIA, NOS		(4%)		(2%)	(10)	
#ILIAC LYMPH NODE	(50)		(45)		(48)	
HYPERPLASIA, NOS	1	(2%)				
#LUNG	(50)		(48)		(48)	
LEUKOCYTOSIS, NOS	- 3	(6%)	2	(4%)	2	(4%)
#LIVER	(50)		(48)		(49)	
LEUKOCYTOSIS, NOS	7	(14%)	5	(10%)	3	(6%)
HYPERPLASIA, LYMPHOID	1	(2%)				
HEMATOPOIESIS	2	(4%)	2	(4%)		
#PEYER'S PATCH	(49)		(44)		(47)	
HYPERPLASIA, LYMPHOID		(6%)			• •	
#KIDNEY	(50)		(48)		(49)	
LEUKOCYTOSIS, NOS			1	(2%)		
HYPERPLASIA, LYMPHOID	2	(4%)	2	(4%)		
#ADRENAL	(50)		(48)		(47)	
HEMATOPOIESIS					1	(2%)
#THYMUS	(41)		(39)		(29)	
HYPERPLASIA, NOS			1	(3%)		
#MESENTERIC L. NODE LYMPHANGIECTASIS #HEART INFLAMMATION, SUPPURATIVE #MYOCARDIUM INFLAMMATION, FOCAL PERIARTERITIS PIGMENTATION, NOS #PANCREAS PERIARTERITIS *MESENTERY PERIARTERITIS	(50) (50) (50) 1 (49) (50)	(2%)	(48) 1 (48)	(2%) (2%) (2%)	(48) 1 (49)	(2%) (2%) (2%) (2%)
IGESTIVE SYSTEM #LIVER	(50)		(48)		(49)	
CONGESTION, NOS		(2%)	(40)			(2%)
HEMORRHAGE		(2%)			•	(~ N)
SEQUESTRATION	•	, 	1	(2%)		
INFLAMMATION, FOCAL	2	(4%)		(4%)		
FIBROSIS, FOCAL		(2%)				
CHOLANGIOFIBROSIS			1	(2%)	1	(2%)
NECROSIS, FOCAL	2	(4%)			3	(6%)
NECROSIS, ISCHEMIC					1	(2%)
FOCAL CELLULAR CHANGE	2	(4%)	2	(4%)		
NODULAR REGENERATION			1	(2%)		
#LIVER/HEPATOCYTES	(50)		(48)		(49)	
ANISOKARYOSIS					2	(4%)
*GALLBLADDER	(50)		(48)		(49)	
EDEMA, NOS					1	(2%)
#BILE DUCT	(50)		(48)		(49)	
Hyperplasia, nos				(4%)		

TABLE D2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

CON	TROL (UNTR)	LO	W DOSE	HIGH I	OSE
- <u></u> .					
(49)		(46)	•	(48)	
, .	(20%)	,		(40)	
1	(270)				
			(270)	1	(2%)
	(90%)				(470)
1	(2%)		(00)		
(40)			(270)	(40)	
(49)		(48)			(90)
(40)		(40)			(2%)
	(20%)	(40)		(40)	
		1	1806)	1	(2%)
*	(070)	*	(0701	_	(2%)
	(0.0%)	c	(120)		(4%)
	(070)		(13%)	_	(470)
(48)		(40)			1901
				I	(2%)
(50)		(48)		(49)	
,,,,,					
1	(2%)			1	(2%)
					(4%)
_		-	, = , = ,	_	(-/-/
_	(1,0)	(48)		(49)	
1007		(10)			(2%)
					(2%)
1	(2%)			•	(2 10)
	(= .,,				
(4.4)		(40)		(44)	
	(O~)	(42)		(44)	
			, m	•	/F & \
		3	('7%)	2	(5%)
	(2%)				
(50)				(47)	
			(4%)		
(50)		(48)		(47)	
		_			
		2	(4%)		
	(2%)				
(47)		(46)			
					(2%)
					(2%)
2	(4%)				(2%)
10	(21%)				(16%)
		38	(83%)		(91%)
1	(2%)			1	(2%)
(47)		(46)		(44)	
		4	(9%)	4	(9%)
2	(4%)			1	(2%)
(50)		(48)		(49)	
(50)			(196)	(401	
4	(90%)			15	(31%)
1	(470)	อ	(1070)	19	(OL70)
_	(49) 1 (49) (49) (49) 1 4 (48) (50) 1 (44) 1 5 1 (50) (50) 1 1 1 (47) 2 2 10 (47) 2 (50)	1 (2%) 1 (2%) (49) (49) 1 (2%) 4 (8%) 4 (8%) (48) (50) 1 (2%) 2 (4%) (50)	(49) (46) 1 (2%) 1 1 (2%) (49) (48) (49) (48) (49) (48) 1 (2%) 4 (8%) 4 4 (8%) 6 (48) (46) (50) (48) 1 (2%) 2 (4%) (50) (48) 1 (2%) 5 (11%) 3 (6%) 2 1 (2%) 5 (11%) 3 1 (2%) (50) (48) 1 (2%) (50) (48) 1 (2%) (50) (48) 1 (2%) (50) (48) 1 (2%) (50) (48) 1 (2%) (50) (48) 1 (2%) (47) (46) 2 (4%) 2 (4%) 3 (47) (46) 4 (2(4%) 3 (47) (46) 4 (2(4%) 3 (47) (46) 4 (48) 5 (47) (46) 4 (48) 6 (4	(49) (46) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) (48) (48) (48) (48) (48) (48) (48) (48	(49) (46) (48) 1 (2%) 1 (2%) 1 (2%) 1 (49) (48) (48) (49) (48) (48) 1 (2%) 4 (8%) 1 4 (8%) 4 (8%) 1 4 (8%) 6 (13%) 2 (48) (46) (48) 1 (2%) 1 (2%) 1 3 (6%) 2 (4%) 2 2 (4%) 2 (4%) 2 (50) (48) (49) 1 (2%) 1 1 1 (2%) 1 1 2 (4%) 1 1 (50) (48) (47) 1 (2%) 2 (4%) 1 (50) (48) (47) 1 (2%) 2 (4%) 1 1 (2%) 2 (4%) 1 1 (2%) 1 (2%) 1 1 (2%) 1 (2%) 1 1 (2%) 2 (4%) 1 1 (2%) 1 (2%) 1 1 (2%) 1 (2%) 1

TABLE D2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	CON	TROL (UNTR)	LO	W DOSE	HIGH I	OOSE
REPRODUCTIVE SYSTEM (Continued)					· · · · · · · · · · · · · · · · · · ·	
#UTERUS	(50)		(48)		(49)	
HYDROMETRA		(2%)	(40)		(40)	
INFLAMMATION, NOS		(2%)				
INFLAMMATION, SUPPURATIVE		(10%)	7	(15%)	4	(8%)
ADENOMYOSIS		(2%)	•	(1070)	•	(0,0)
#UTERUS/ENDOMETRIUM	(50)		(48)		(49)	
CYST, NOS	(00)			(2%)		(4%)
HYPERPLASIA, CYSTIC	33	(66%)		(56%)		(39%)
#FALLOPIAN TUBE	(50)		(48)	(00707	(49)	(00,00)
INFLAMMATION, SUPPURATIVE	(00)			(2%)	(40)	
#OVARY/PAROVARIAN	(47)		(42)	(270)	(48)	
INFLAMMATION, NOS	(47)			(901)	(40)	
INFLAMMATION, NOS INFLAMMATION, SUPPURATIVE			Ţ	(2%)	•	.o.~ .
	(47)		(40)			(2%)
#OVARY	(47)		(42)		(48)	
CYST, NOS		(2%)	_	.150		.O.E.~:
FOLLICULAR CYST, NOS	10	(21%)		(17%)	12	(25%)
PAROVARIAN CYST			1	(2%)		
HEMORRHAGIC CYST	1	(2%)				
INFLAMMATION, NOS				(2%)	1	(2%)
INFLAMMATION, SUPPURATIVE	3	(6%)	1	(2%)	2	(4%)
INFLAMMATION, CHRONIC SUPPURATIVE			1	(2%)		
INFLAMMATION, GRANULOMATOUS			1	(2%)		
CHOLESTEROL DEPOSIT					1	(2%)
NERVOUS SYSTEM #BRAIN/THALAMUS PSAMMOMA BODIES	(50) 21	(42%)	(47) 13	(28%)	(49) 21	(43%)
SPECIAL SENSE ORGANS						
*EYE	(50)		(48)		(49)	
PHTHISIS BULBI		(2%)	(,		(-0)	
*EAR CANAL	(50)	(270)	(48)		(49)	
HYPERPLASIA, EPITHELIAL		(2%)	(40)		(40)	
*MIDDLE EAR	(50)	(270)	(40)		(40)	
INFLAMMATION, SUPPURATIVE		(2%)	(48)		(49)	
MUSCULOSKELETAL SYSTEM						
*SKULL	(50)		(48)		(49)	
EXOSTOSIS			1	(2%)		
BODY CAVITIES						
*ABDOMINAL CAVITY	(50)		(48)		(49)	
INFECTION, BACTERIAL	1	(2%)				
*PERITONEUM	(50)		(48)		(49)	
INFLAMMATION, NOS		(2%)	/		(20)	
INFLAMMATION, SUPPURATIVE		(6%)				
INFLAMMATION, CHRONIC SUPPURATIVE	•	, - , - ,	1	(2%)		
*MESENTERY	(50)		(48)	(2 /0)	(49)	
INFLAMMATION, NOS	(50)		(40)			(90/)
INFLAMMATION, NOS INFLAMMATION, CHRONIC						(2%)
INFLAMMATION, CHRONIC SUPPURATIVE						(2%)
CAPLACIONALION CORUNICACIONALIVE					1	(2%)
NECROSIS, FAT	=	(10%)	•	(2%)		

TABLE D2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

CONTROL (UNTR)	LOW DOSE	HIGH DOSE
(50)	(48)	(49)
5 (10%)	10 (21%)	5 (10%)
		1
	2	
	(50)	(50) (48) 5 (10%) 10 (21%)

[#] NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

APPENDIX E

ANALYSES OF PRIMARY TUMORS IN RATS AND MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE E1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1

	Control	1,500 ppm	3,000 ppm
Subcutaneous Tissue: Fibroma	<u> </u>		
Overall Rates (a)	2/50 (4%)	4/50 (8%)	0/50 (0%)
Adjusted Rates (b)	5.0%	10.5%	0.0%
Terminal Rates (c)	1/39 (3%)	2/34 (6%)	0/41 (0%)
Life Table Tests (d)	P = 0.223N	P = 0.290	P = 0.232N
Incidental Tumor Tests (d)	P = 0.307N	P = 0.464	P = 0.370N
Cochran-Armitage Trend Test (d)	P = 0.222N		
Fisher Exact Tests		P = 0.339	P = 0.247N
ubcutaneous Tissue: Fibroma or Fibrosarco	oma		
Overall Rates (a)	2/50 (4%)	5/50 (10%)	1/50 (2%)
Adjusted Rates (b)	5.0%	12.8%	2.4%
Terminal Rates (c)	1/39 (3%)	2/34 (6%)	1/41 (2%)
Life Table Tests (d)	P = 0.406N	P = 0.182	P = 0.486N
Incidental Tumor Tests (d)	P = 0.573N	P = 0.355	P = 0.633N
Cochran-Armitage Trend Test (d)	P = 0.412N		
Fisher Exact Tests		P = 0.218	P = 0.500N
ung: Alveolar/Bronchiolar Adenoma or Car			
Overall Rates (a)	2/50 (4%)	3/50 (6%)	3/50 (6%)
Adjusted Rates (b)	4.9%	7.9%	7.3%
Terminal Rates (c)	1/39 (3%)	2/34 (6%)	3/41 (7%)
Life Table Tests (d)	P = 0.433	P = 0.444	P = 0.520
Incidental Tumor Tests (d)	P = 0.390	P = 0.523	P = 0.407
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.412	P = 0.500	P=0.500
Fisher Exact Tests		P=0.500	P=0.500
ematopoietic System: Mononuclear Cell Let Overall Rates (a)	ukemia (e) 13/50 (26%)	9/50 (18%)	2/50 (4%)
Adjusted Rates (b)	30.2%	20.9%	4.5%
Terminal Rates (c)			
Life Table Tests (d)	9/39 (23%)	3/34 (9%)	0/41 (0%)
	P = 0.003N	P = 0.343N	P = 0.003N
Incidental Tumor Tests (d)	P = 0.003N	P = 0.160N	P = 0.008N
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.002N	P=0.235N	P = 0.002N
ematopoietic System: Leukemia Overall Rates (a)	10/50 (06%)	0/50 (100)	O/EO (CM)
	13/50 (26%)	9/50 (18%)	3/50 (6%)
Adjusted Rates (b)	30.2%	20.9%	6.6%
Terminal Rates (c) Life Table Tests (d)	9/39 (23%)	3/34 (9%)	0/41 (0%)
Life Table Tests (d) Incidental Tumor Tests (d)	P=0.008N	P=0.343N	P = 0.009N
	P = 0.007N P = 0.005N	P = 0.160N	P = 0.020N
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P=0.005N	P = 0.235N	P = 0.007N
ver: Neoplastic Nodule			
Overall Rates (a)	0/49 (0%)	0/50 (0%)	3/50 (6%)
Adjusted Rates (b)	· ·		
Terminal Rates (c)	0.0%	0.0%	6.8%
Life Table Tests (d)	0/38 (0%)	0/34 (0%)	2/41 (5%)
	P=0.045	(f)	P = 0.135
Incidental Tumor Tests (d)	P=0.050	(f)	P = 0.157
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.038	(f)	P=0.125
ver: Carcinoma		• •	
ver: Carcinoma Overall Rates (a)	1/40 (9%)	0/50 (0%)	0/50/000
Oversii rates (8)	1/49 (2%)	0/50 (0%)	3/50 (6%)
	2.6%	0.0%	7.3%
Adjusted Rates (b)	1 (0.0 / 0.20 \		
Adjusted Rates (b) Terminal Rates (c)	1/38 (3%)	0/34 (0%)	3/41 (7%)
Adjusted Rates (b) Terminal Rates (c) Life Table Tests (d)	P = 0.199	P = 0.522N	P = 0.333
Adjusted Rates (b) Terminal Rates (c)			

TABLE E1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	Control	1,500 ppm	3,000 ppm
Liver: Neoplastic Nodule or Carcinoma			
Overall Rates (a)	1/49 (2%)	0/50 (0%)	6/50 (12%)
Adjusted Rates (b)	2.6%	0.0%	14.0%
Terminal Rates (c)	1/38 (3%)	0/34 (0%)	5/41 (12%)
Life Table Tests (d)	P = 0.023	P = 0.522N	P = 0.072
Incidental Tumor Tests (d)	P = 0.025	P = 0.522N	P = 0.082
Cochran-Armitage Trend Test (d)	P = 0.017		
Fisher Exact Tests		P = 0.495N	P = 0.059
Pituitary: Adenoma			
Overall Rates (a)	9/49 (18%)	8/49 (16%)	3/47 (6%)
Adjusted Rates (b)	21.3%	20.5%	7.3%
Terminal Rates (c)	6/38 (16%)	5/34 (15%)	3/41 (7%)
Life Table Tests (d)	P = 0.051 N	P = 0.582N	P = 0.055N
Incidental Tumor Tests (d)	P = 0.088N	P = 0.459N	P = 0.110N
Cochran-Armitage Trend Test (d)	P = 0.061N		
Fisher Exact Tests		P = 0.500N	P = 0.070N
lituitary: Adenoma or Carcinoma			
Overall Rates (a)	11/49 (22%)	9/49 (18%)	4/47 (9%)
Adjusted Rates (b)	26.2%	22.3%	9.8%
Terminal Rates (c)	8/38 (21%)	5/34 (15%)	4/41 (10%)
Life Table Tests (d)	P = 0.037N	P = 0.492N	P = 0.039N
Incidental Tumor Tests (d)	P = 0.069N	P = 0.373N	P = 0.077N
Cochran-Armitage Trend Test (d)	P = 0.045N		
Fisher Exact Tests		$P = 0.401 \mathrm{N}$	P=0.054N
drenal: Pheochromocytoma			
Overall Rates (a)	20/49 (41%)	17/49 (35%)	17/50 (34%)
Adjusted Rates (b)	48.5%	46.9%	40.2%
Terminal Rates (c)	17/38 (45%)	15/34 (44%)	16/41 (39%)
Life Table Tests (d)	P = 0.218N	P = 0.507N	P = 0.249N
Incidental Tumor Tests (d)	P = 0.262N	P = 0.378N	P = 0.317N
Cochran-Armitage Trend Test (d)	P = 0.275N	-	
Fisher Exact Tests		P = 0.339N	P=0.311N
Adrenal: Pheochromocytoma or Pheochromo	cytoma, Malignant		
Overall Rates (a)	21/49 (43%)	18/49 (37%)	18/50 (36%)
Adjusted Rates (b)	51.0%	49.7%	42.6%
Terminal Rates (c)	18/38 (47%)	16/34 (47%)	17/41 (41%)
Life Table Tests (d)	P = 0.215N	P = 0.516N	P = 0.245N
Incidental Tumor Tests (d)	P = 0.258N	P = 0.387N	P = 0.312N
Cochran-Armitage Trend Test (d)	P = 0.276N		
Fisher Exact Tests		P=0.340N	P=0.311N
'hyroid: C-Cell Adenoma			
Overall Rates (a)	9/50 (18%)	4/48 (8%)	5/50 (10%)
Adjusted Rates (b)	21.7%	11.8%	12.2%
Terminal Rates (c)	7/39 (18%)	4/34 (12%)	5/41 (12%)
Life Table Tests (d)	P = 0.128N	P = 0.178N	P = 0.173N
Incidental Tumor Tests (d)	P = 0.139N	P=0.144N	P = 0.218N
Cochran-Armitage Trend Test (d)	P=0.142N		
Fisher Exact Tests		P = 0.133N	P=0.194N
hyroid: C-Cell Adenoma or Carcinoma			
Overall Rates (a)	10/50 (20%)	5/48 (10%)	6/50 (12%)
Adjusted Rates (b)	23.4%	14.7%	14.6%
Terminal Rates (c)	7/39 (18%)	5/34 (15%)	6/41 (15%)
Life Table Tests (d)	P = 0.143N	P = 0.200N	P = 0.188N
Incidental Tumor Tests (d)	P = 0.153N	P = 0.163N	P = 0.229N
Cochran-Armitage Trend Test (d)	P = 0.158N		

TABLE E1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	Control	1,500 ppm	3,000 ppm
Pancreatic Islets: Islet Cell Adenoma			
Overall Rates (a)	5/49 (10%)	4/49 (8%)	1/49 (2%)
Adjusted Rates (b)	12.8%	11.8%	2.4%
Terminal Rates (c)	5/39 (13%)	4/34 (12%)	1/41 (2%)
Life Table Tests (d)	P = 0.074N	P = 0.586N	P=0.092N
Incidental Tumor Tests (d)	P = 0.074N	P=0.586N	P=0.092N
Cochran-Armitage Trend Test (d)	P = 0.080N	- 0,000	. 0.00211
Fisher Exact Tests		P=0.500N	P = 0.102N
Pancreatic Islets: Islet Cell Adenoma or Ca	rcinoma		
Overall Rates (a)	5/49 (10%)	5/49 (10%)	1/49 (2%)
Adjusted Rates (b)	12.8%	14.7%	2.4%
Terminal Rates (c)	5/39 (13%)	5/34 (15%)	1/41 (2%)
Life Table Tests (d)	P = 0.082N	P = 0.543	P=0.092N
Incidental Tumor Tests (d)	P=0.082N	P=0.543	P = 0.092N
Cochran-Armitage Trend Test (d)	P=0.090N		. 0.00211
Fisher Exact Tests		P = 0.630	P = 0.102N
Testis: Interstitial Cell Tumor			
Overall Rates (a)	45/50 (90%)	44/50 (88%)	44/50 (88%)
Adjusted Rates (b)	100.0%	97.8%	91.7%
Terminal Rates (c)	39/39 (100%)	33/34 (97%)	37/41 (90%)
Life Table Tests (d)	P = 0.295N	P = 0.186	P = 0.316N
Incidental Tumor Tests (d)	P = 0.531N	P = 0.633N	P = 0.598N
Cochran-Armitage Trend Test (d)	P = 0.437N		
Fisher Exact Tests		P = 0.500N	P = 0.500N
reputial Gland: Adenoma or Carcinoma			
Õverall Rates (a)	4/50 (8%)	3/50 (6%)	4/50 (8%)
Adjusted Rates (b)	9.6%	7.0%	9.3%
Terminal Rates (c)	3/39 (8%)	0/34 (0%)	3/41 (7%)
Life Table Tests (d)	P = 0.561N	P = 0.543N	P = 0.624N
Incidental Tumor Tests (d)	P = 0.523	P = 0.427N	P = 0.623N
Cochran-Armitage Trend Test (d)	P = 0.576		
Fisher Exact Tests		P = 0.500N	P = 0.643
All Sites: Mesothelioma			
Overall Rates (a)	0/50 (0%)	4/50 (8%)	1/50 (2%)
Adjusted Rates (b)	0.0%	10.4%	2.4%
Terminal Rates (c)	0/39 (0%)	2/34 (6%)	1/41 (2%)
Life Table Tests (d)	P = 0.401	P = 0.053	P = 0.510
Incidental Tumor Tests (d)	P = 0.349	P = 0.077	P = 0.510
Cochran-Armitage Trend Test (d)	P = 0.390		
Fisher Exact Tests		P = 0.059	P = 0.500

⁽a) Number of tumor-bearing animals/number of animals examined at the site

⁽b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

⁽c) Observed tumor incidence at terminal kill

⁽d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact test compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

(e) Diagnosed as monocytic leukemia in Carcinogenesis Bioassay Data System

⁽f) No P value is presented because no tumors were observed in the 1,500-ppm and control groups.

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 $\,$

	Control	1,500 ppm	3,000 ppm
Subcutaneous Tissue: Fibroma			
Overall Rates (a)	2/50 (4%)	1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	5.0%	2.6%	9.0%
Terminal Rates (c)	2/40 (5%)	1/38 (3%)	2/41 (5%)
Life Table Tests (d)	P = 0.252	P = 0.518N	P = 0.351
Incidental Tumor Tests (d)	P = 0.291	P = 0.518N	P = 0.495
Cochran-Armitage Trend Test (d)	P=0.238	2 0.0201	
Fisher Exact Tests		P = 0.500N	P = 0.339
subcutaneous Tissue: Fibroma or Fibrosarco	oma		
Overall Rates (a)	3/50 (6%)	1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	6.9%	2.6%	9.0%
Terminal Rates (c)	2/40 (5%)	1/38 (3%)	2/41 (5%)
Life Table Tests (d)	P = 0.425	P = 0.321N	P = 0.512
Incidental Tumor Tests (d)	P = 0.382	P = 0.321N	P = 0.495
Cochran-Armitage Trend Test (d)	P = 0.412	0.02111	* -0.400
Fisher Exact Tests	1 - 0.412	P = 0.309N	P = 0.500
		1 -0.00314	r ~0.500
ung: Alveolar/Bronchiolar Adenoma Overall Rates (a)	1/50 (2%)	2/49 (4%)	3/50 (6%)
Adjusted Rates (b)	2.5%	5.4%	7.3%
Terminal Rates (c)	1/40 (3%)	2/37 (5%)	3/41 (7%)
Life Table Tests (d)	P = 0.233	P = 0.473	P = 0.314
(
Incidental Tumor Tests (d)	P = 0.233	P = 0.473	P = 0.314
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.223	P = 0.492	P = 0.309
- Almaha Maraha			
ung: Alveolar/Bronchiolar Carcinoma	0/50/0%	1/40/00)	4/50 (00)
Overall Rates (a)	0/50 (0%)	1/49 (2%)	4/50 (8%)
Adjusted Rates (b)	0.0%	2.7%	9.4%
Terminal Rates (c)	0/40 (0%)	1/37 (3%)	3/41 (7%)
Life Table Tests (d)	P = 0.030	P = 0.484	P = 0.068
Incidental Tumor Tests (d)	P = 0.029	P = 0.484	P = 0.062
Cochran-Armitage Trend Test (d)	P = 0.026		
Fisher Exact Tests		P = 0.495	P = 0.059
ung: Alveolar/Bronchiolar Adenoma or Car	cinoma		
Overall Rates (a)	1/50 (2%)	3/49 (6%)	7/50 (14%)
Adjusted Rates (b)	2.5%	8.1%	16.6%
Terminal Rates (c)	1/40 (3%)	3/37 (8%)	6/41 (15%)
Life Table Tests (d)	P=0.021	P=0.278	P=0.036
Incidental Tumor Tests (d)	P = 0.021	P=0.278	P = 0.034
Cochran-Armitage Trend Test (d)	P=0.018	2 - 0.210	1 -0.004
Fisher Exact Tests	1 -0.010	P = 0.301	P = 0.030
ematopoietic System: Mononuclear Cell Le	ukemia (e)		
Overall Rates (a)	4/50 (8%)	3/50 (6%)	5/50 (10%)
Adjusted Rates (b)	9.2%	7.3%	10.9%
Terminal Rates (c)	2/40 (5%)	1/38 (3%)	1/41 (2%)
Life Table Tests (d)	P=0.438	P = 0.534N	P = 0.505
Incidental Tumor Tests (d)	P=0.420	P = 0.482N	P=0.433
Cochran-Armitage Trend Test (d)	P = 0.420 P = 0.427	4 - 0.40211	1 -0.400
Fisher Exact Tests	F = 0.427	P = 0.500N	P = 0.500
ituitary: Adenoma			
Overall Rates (a)	25/50 (50%)	21/49 (43%)	18/49 (37%)
Adjusted Rates (b)	55.3%	53.5%	41.6%
Terminal Rates (c)	20/40 (50%)	19/37 (51%)	15/40 (38%)
Life Table Tests (d)			
	P=0.105N	P = 0.404N	P = 0.129N
Incidental Tumor Tests (d)	P=0.152N	P = 0.490N	P = 0.178N
Cochran-Armitage Trend Test (d)	P = 0.109N		
Fisher Exact Tests		P = 0.305N	P = 0.130N

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1 (Continued)

	Control	1,500 ppm	3,000 ppm
Pituitary: Carcinoma			to Marie Stranding
Overall Rates (a)	6/50 (12%)	2/49 (4%)	7/49 (14%)
Adjusted Rates (b)	13.9%	5.4%	17.5%
Terminal Rates (c)	4/40 (10%)	2/37 (5%)	7/40 (18%)
Life Table Tests (d)	P = 0.436	P = 0.161N	P=0.501
Incidental Tumor Tests (d)	P=0.362	P = 0.182N	P = 0.370
Cochran-Armitage Trend Test (d)	P=0.421	1 - 0.1021	1 -0.010
Fisher Exact Tests	1 - 0.421	P = 0.141N	P = 0.484
Pituitary: Adenoma or Carcinoma			
Overall Rates (a)	31/50 (62%)	23/49 (47%)	25/49 (51%)
Adjusted Rates (b)	65.8%	58.7%	58.0%
Terminal Rates (c)	24/40 (60%)	21/37 (57%)	22/40 (55%)
Life Table Tests (d)	P = 0.149N	P = 0.173N	P = 0.180N
Incidental Tumor Tests (d)	P = 0.238N	P = 0.228N	P = 0.310N
Cochran-Armitage Trend Test (d)	P = 0.159N		
Fisher Exact Tests		P = 0.096N	P = 0.185N
drenal: Cortical Adenoma			
Overall Rates (a)	5/50 (10%)	2/50 (4%)	0/50 (0%)
Adjusted Rates (b)	12.0%	5.3%	0.0%
Terminal Rates (c)	4/40 (10%)	2/38 (5%)	0/41 (0%)
Life Table Tests (d)	P = 0.017N	P = 0.242N	P = 0.033N
Incidental Tumor Tests (d)	P=0.019N	P = 0.269N	P = 0.036N
Cochran-Armitage Trend Test (d)	P=0.016N		- 3.00041
Fisher Exact Tests	- 0102021	P = 0.218N	P=0.028N
Adrenal: Pheochromocytoma			
Overall Rates (a)	8/50 (16%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	19.0%	5.3%	7.3%
Terminal Rates (c)	6/40 (15%)	2/38 (5%)	3/41 (7%)
Life Table Tests (d)	P = 0.055N	P = 0.060N	P = 0.098N
Incidental Tumor Tests (d)	P = 0.060N	P = 0.078N	P = 0.104N
Cochran-Armitage Trend Test (d)	P = 0.055N	3 313 132 1	• • • • • • • • • • • • • • • • • • • •
Fisher Exact Tests	2 0100011	P = 0.046N	P=0.100N
Thyroid: C-Cell Adenoma			
Overall Rates (a)	5/49 (10%)	2/50 (4%)	0/50 (0%)
Adjusted Rates (b)	12.8%	5.3%	0.0%
Terminal Rates (c)	5/39 (13%)	2/38 (5%)	0/41 (0%)
Life Table Tests (d)	P = 0.015N	P = 0.226N	P = 0.029N
Incidental Tumor Tests (d)	P = 0.015N	P = 0.226N	P = 0.029N
Cochran-Armitage Trend Test (d)	P = 0.015N		
Fisher Exact Tests		P = 0.210N	P=0.027N
Thyroid: C-Cell Carcinoma		AMA (6 ***	
Overall Rates (a)	3/49 (6%)	4/50 (8%)	2/50 (4%)
Adjusted Rates (b)	7.7%	10.5%	4.9%
Terminal Rates (c)	3/39 (8%)	4/38 (11%)	2/41 (5%)
Life Table Tests (d)	P = 0.392N	P = 0.486	P = 0.477N
Incidental Tumor Tests (d)	P = 0.392N	P = 0.486	P = 0.477N
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.407N	P=0.511	P = 0.490N
Thyroid: C-Cell Adenoma or Carcinoma	7/40 (1.40)	C/EO (190)	9/50 /40/
Overall Rates (a)	7/49 (14%)	6/50 (12%)	2/50 (4%)
Adjusted Rates (b)	17.9%	15.8%	4.9%
Terminal Rates (c)	7/39 (18%)	6/38 (16%)	2/41 (5%)
Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.056N	P=0.520N	P = 0.069N
incidenta i Tiimor Tegta (d)	P = 0.056N	P = 0.520N	P = 0.069N
		- 0.02011	- 0.0001
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.062N	P = 0.484N	P=0.075N

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1 (Continued)

	Control	1,500 ppm	3,000 ppm
Iammary Gland: Adenocarcinoma			
Overall Rates (a)	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Rates (b)	7.5%	0.0%	0.0%
Terminal Rates (c)	3/40 (7%)	0/38 (0%)	0/41 (0%)
Life Table Tests (d)	P = 0.037N	P = 0.130N	P=0.117N
Incidental Tumor Tests (d)	P = 0.037N	P = 0.130N	P = 0.117N
Cochran-Armitage Trend Test (d)	P = 0.037N	1 = 0.10011	1 -0.11111
Fisher Exact Tests	1 - 0.00711	P = 0.121 N	P = 0.121N
ammary Gland: Fibroadenoma			
Overall Rates (a)	13/50 (26%)	12/50 (24%)	8/50 (16%)
Adjusted Rates (b)	30.8%	29.8%	19.5%
Terminal Rates (c)	11/40 (28%)	10/38 (26%)	8/41 (20%)
Life Table Tests (d)	P = 0.129N	P = 0.558N	P = 0.150N
Incidental Tumor Tests (d)	P = 0.117N	P = 0.534N	P = 0.158N
Cochran-Armitage Trend Test (d)	P = 0.139N		= 0.20021
Fisher Exact Tests	- 0001	P = 0.500N	P = 0.163N
itoral Gland: Carcinoma			
Overall Rates (a)	3/50 (6%)	6/50 (12%)	3/50 (6%)
Adjusted Rates (b)	6.9%	15.8%	7.3%
Terminal Rates (c)	2/40 (5%)	6/38 (16%)	3/41 (7%)
Life Table Tests (d)	P = 0.558N	P=0.222	P = 0.651N
Incidental Tumor Tests (d)	P=0.514	P=0.222	P=0.511
Cochran-Armitage Trend Test (d)	P = 0.573		
Fisher Exact Tests		P = 0.243	P = 0.661
litoral Gland: Adenoma or Carcinoma			
Overall Rates (a)	4/50 (8%)	6/50 (12%)	4/50 (8%)
Adjusted Rates (b)	9.4%	15.8%	9.8%
Terminal Rates (c)	3/40 (7%)	6/38 (16%)	4/41 (10%)
Life Table Tests (d)	P = 0.552N	P = 0.341	P = 0.629N
Incidental Tumor Tests (d)	P = 0.515	P = 0.341	P = 0.514
Cochran-Armitage Trend Test (d)	P = 0.568		
Fisher Exact Tests		P = 0.370	P = 0.643
terus: Endometrial Stromal Polyp			
Overall Rates (a)	5/50 (10%)	9/50 (18%)	14/50 (28%)
Adjusted Rates (b)	12.5%	21.0%	33.2%
Terminal Rates (c)	5/40 (13%)	5/38 (13%)	13/41 (32%)
Life Table Tests (d)	P = 0.020	P = 0.174	P = 0.023
Incidental Tumor Tests (d)	P = 0.023	P = 0.289	P = 0.022
Cochran-Armitage Trend Test (d)	P = 0.015		
Fisher Exact Tests		P = 0.194	P = 0.020
erus: Endometrial Stromal Polyp or Sarcoma			
Overall Rates (a)	6/50 (12%)	10/50 (20%)	15/50 (30%)
Adjusted Rates (b)	15.0%	22.6%	35.5%
Terminal Rates (c)	6/40 (15%)	5/38 (13%)	14/41 (34%)
Life Table Tests (d)	P = 0.025	P = 0.188	P = 0.027
Incidental Tumor Tests (d)	P = 0.021	P = 0.301	P = 0.026
Cochran-Armitage Trend Test (d)	P = 0.018	D _ 0.00M	D 0004
Fisher Exact Tests		P = 0.207	P = 0.024
mbal Gland: Carcinoma	A.W.A. (A-1)	A.W.A. 45 =4 :	A.W.A
Overall Rates (a)	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Rates (b)	7.0%	0.0%	0.0%
Terminal Rates (c)	2/40 (5%)	0/38 (0%)	0/41 (0%)
Life Table Tests (d)	P = 0.040N	P = 0.138N	P = 0.123N
Incidental Tumor Tests (d)	P = 0.045N	P = 0.162N	P = 0.129N
Cochran-Armitage Trend Test (d)	P = 0.037N		
		P = 0.121 N	P = 0.121N

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1 (Continued)

(a) Number of tumor-bearing animals/number of animals examined at the site

(c) Observed tumor incidence at terminal kill

(e) Diagnosed as monocytic leukemia in Carcinogenesis Bioassay Data System

⁽b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

⁽d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact test compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

TABLE E3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1 $\,$

	Control	1,500 ppm	3,000 ppm
ikin: Rhabdomyosarcoma			
Overall Rates (a)	3/50 (6%)	1/50 (2%)	0/50 (0%)
Adjusted Rates (b)	7.4%	2.7%	0.0%
Terminal Rates (c)	1/33 (3%)	1/37 (3%)	0/30 (0%)
Life Table Tests (d)	P=0.066N	P = 0.283N	P = 0.135N
Incidental Tumor Tests (d)	P = 0.036N	P = 0.252N	P = 0.062N
Cochran-Armitage Trend Test (d)	P=0.060N	- , 5,2525	
Fisher Exact Tests		P = 0.309N	P = 0.121N
ntegumentary System: Rhabdomyosarcoma			
Overall Rates (a)	4/50 (8%)	2/50 (4%)	1/50 (2%)
Adjusted Rates (b)	10.3%	5.4%	2.9%
Terminal Rates (c)	2/33 (6%)	2/37 (5%)	0/30 (0%)
Life Table Tests (d)	P = 0.130N	P = 0.302N	P = 0.202N
Incidental Tumor Tests (d)	P = 0.092N	P = 0.276N	P = 0.126N
Cochran-Armitage Trend Test (d)	P = 0.118N		
Fisher Exact Tests		P=0.339N	P = 0.181N
kin: Fibroma			
Overall Rates (a)	2/50 (4%)	7/50 (14%)	1/50 (2%)
Adjusted Rates (b)	6.1%	18.9%	2.9%
Terminal Rates (c)	2/33 (6%)	7/37 (19%)	0/30 (0%)
Life Table Tests (d)	P = 0.462N	P = 0.108	P = 0.522N
Incidental Tumor Tests (d)	P = 0.462N	P = 0.108	P = 0.522N
Cochran-Armitage Trend Test (d)	P = 0.421N		
Fisher Exact Tests		P = 0.080	P = 0.500N
ntegumentary System: Fibroma			
Overall Rates (a)	3/50 (6%)	7/50 (14%)	1/50 (2%)
Adjusted Rates (b)	9.1%	18.9%	2.9%
Terminal Rates (c)	3/33 (9%)	7/37 (19%)	0/30 (0%)
Life Table Tests (d)	P = 0.317N	P = 0.205	P = 0.332N
Incidental Tumor Tests (d)	P = 0.318N	P = 0.205	P = 0.332N
Cochran-Armitage Trend Test (d)	P = 0.283N		
Fisher Exact Tests		P = 0.159	P = 0.309N
kin: Fibroma or Fibrosarcoma			
Overali Rates (a)	3/50 (6%)	9/50 (18%)	1/50 (2%)
Adjusted Rates (b)	9.1%	23.5%	2.9%
Terminal Rates (c)	3/33 (9%)	8/37 (22%)	0/30 (0%)
Life Table Tests (d)	P = 0.335N	P=0.092	P = 0.332N
Incidental Tumor Tests (d)	P=0.335N	P=0.084	P = 0.332N
Cochran-Armitage Trend Test (d)	P=0.297N	2.007	0.00211
Fisher Exact Tests	0.20111	P=0.061	P = 0.309N
itegumentary System: Fibrosarcoma			
Overall Rates (a)	3/50 (6%)	4/50 (8%)	1/50 (2%)
Adjusted Rates (b)	8.1%	10.1%	3.2%
Terminal Rates (c)	2/33 (6%)	2/37 (5%)	0/30 (0%)
Life Table Tests (d)	P=0.274N	P=0.565	P=0.328N
Incidental Tumor Tests (d)	P=0.240N	P=0.529	P = 0.273N
Cochran-Armitage Trend Test (d)	P = 0.252N	0.020	3 · VIRTUAT
Fisher Exact Tests	1 0.80814	P = 0.500	P = 0.309N
ntegumentary System: Fibroma or Fibrosarc	oma		
Overall Rates (a)	5/50 (10%)	11/50 (22%)	2/50 (4%)
Adjusted Rates (b)	14.0%	28.1%	6.0%
Terminal Rates (c)	4/33 (12%)	9/37 (24%)	0/30 (0%)
Life Table Tests (d)	P = 0.260N	P = 0.136	P = 0.246N
Incidental Tumor Tests (d)	P = 0.235N	P = 0.121	P = 0.207N
Cochran-Armitage Trend Test (d)	P = 0.221N		

TABLE E3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO.1 (Continued)

	Control	1,500 ppm	3,000 ppm
Integumentary System: Neurofibroma or Ne	urofibrosarcoma		
Overall Rates (a)	3/50 (6%)	2/50 (4%)	1/50 (2%)
Adjusted Rates (b)	8.5%	5.4%	3.3%
Terminal Rates (c)	2/33 (6%)	2/37 (5%)	1/30 (3%)
Life Table Tests (d)	P=0.244N	P = 0.450N	P=0.339N
Incidental Tumor Tests (d)	P = 0.242N	P = 0.471N	P = 0.332N
Cochran-Armitage Trend Test (d)	P = 0.222N	3,3,3,3	0.0020
Fisher Exact Tests		P=0.500N	P = 0.309N
ntegumentary System: All Fibromas or Fibr			
Overall Rates (a)	8/50 (16%)	11/50 (22%)	3/50 (6%)
Adjusted Rates (b)	22.0%	28.1%	9.1%
Terminal Rates (c)	6/33 (18%)	9/37 (24%)	1/30 (3%)
Life Table Tests (d)	P = 0.130N	P = 0.411	P = 0.131N
Incidental Tumor Tests (d)	P = 0.112N	P = 0.375	P=0.104N
Cochran-Armitage Trend Test (d)	P = 0.102N		
Fisher Exact Tests		P = 0.306	P = 0.100N
ung: Alveolar/Bronchiolar Adenoma			
Overall Rates (a)	3/50 (6%)	5/50 (10%)	2/50 (4%)
Adjusted Rates (b)	8.2%	12.3%	6.7%
Terminal Rates (c)	2/33 (6%)	2/37 (5%)	2/30 (7%)
Life Table Tests (d)	P = 0.458N	P = 0.416	P = 0.539N
Incidental Tumor Tests (d)	P = 0.386N	P = 0.396	P = 0.483N
Cochran-Armitage Trend Test (d)	P = 0.421N	D 0.05#	D 0 50001
Fisher Exact Tests		P = 0.357	P = 0.500N
ung: Alveolar/Bronchiolar Carcinoma	0/50 (00)	1 (50 (00)	1/20/00
Overall Rates (a)	3/50 (6%)	1/50 (2%)	1/50 (2%)
Adjusted Rates (b)	8.2%	2.7%	3.3%
Terminal Rates (c)	2/33 (6%)	1/37 (3%)	1/30 (3%)
Life Table Tests (d)	P = 0.219N	P = 0.275N	P = 0.336N
Incidental Tumor Tests (d)	P = 0.185N	P = 0.261 N	P = 0.279N
Cochran-Armitage Trend Test (d)	P = 0.202N		
Fisher Exact Tests		P = 0.309N	P=0.309N
ung: Alveolar/Bronchiolar Adenoma or Car		AUTO (40%)	A 17 A (A 4)
Overall Rates (a)	5/50 (10%)	6/50 (12%)	3/50 (6%)
Adjusted Rates (b)	14.1%	14.8%	10.0%
Terminal Rates (c)	4/33 (12%)	3/37 (8%)	3/30 (10%)
Life Table Tests (d)	P=0.346N	P=0.571	P=0.406N
Incidental Tumor Tests (d)	P = 0.289N	P = 0.556	P=0.362N
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P = 0.303N	P=0.500	P=0.358N
		2 0.000	2 - 0.00011
Iematopoietic System: Malignant Lymphoms Overall Rates (a)		0/60 (0%)	0/50 (0%)
	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Rates (b) Terminal Rates (c)	8.7%	0.0%	0.0%
Life Table Tests (d)	2/33 (6%)	0/37 (0%)	0/30 (0%)
Incidental Tumor Tests (d)	P=0.037N	P = 0.100N	P=0.134N
	P = 0.040N	P = 0.117N	P=0.134N
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P=0.037N	P = 0.122N	P = 0.122N
Iematopoietic System: Lymphoma, All Malig	nant		
Overall Rates (a)	4/50 (8%)	0/50 (0%)	3/50 (6%)
Adjusted Rates (b)	11.7%	0.0%	8.2%
	3/33 (9%)	0/37 (0%)	1/30 (3%)
Terminal Rates (c)			
Terminal Rates (c) Life Table Tests (d)	P = 0.432N	P = 0.049N	P = 0.535N
Terminal Rates (c)			

TABLE E3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	Control	1,500 ppm	3,000 ppm
Liver: Adenoma		· · · · · · · · · · · · · · · · · · ·	
Overall Rates (a)	4/50 (8%)	17/50 (34%)	10/50 (20%)
Adjusted Rates (b)	12.1%	45.9%	30.5%
Terminal Rates (c)	4/33 (12%)	17/37 (46%)	8/30 (27%)
Life Table Tests (d)	P = 0.046	P = 0.003	P=0.051
Incidental Tumor Tests (d)	P = 0.052	P = 0.003	P = 0.062
Cochran-Armitage Trend Test (d)	P = 0.087		
Fisher Exact Tests		P = 0.001	P = 0.074
liver: Carcinoma			
Overall Rates (a)	11/50 (22%)	20/50 (40%)	30/50 (60%)
Adjusted Rates (b)	25.4%	44.7%	67.2%
Terminal Rates (c)	4/33 (12%)	13/37 (35%)	16/30 (53%)
Life Table Tests (d)	P<0.001	P = 0.107	P<0.001
Incidental Tumor Tests (d)	P<0.001	P = 0.040	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Tests		P = 0.041	P<0.001
Liver: Adenoma or Carcinoma			
Overall Rates (a)	15/50 (30%)	31/50 (62%)	37/50 (74%)
Adjusted Rates (b)	35.7%	70.0%	83.6%
Terminal Rates (c)	8/33 (24%)	24/37 (65%)	23/30 (77%)
Life Table Tests (d)	P<0.001	P = 0.012	P<0.001
Incidental Tumor Tests (d)	P<0.001	P = 0.002	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Tests		P = 0.001	P<0.001
Adrenal: Pheochromocytoma	0440444	=/40/4=4/	4 (# 0 (0 0))
Overall Rates (a)	2/49 (4%)	7/48 (15%)	1/50 (2%)
Adjusted Rates (b)	6.1%	18.9%	2.6%
Terminal Rates (c)	2/33 (6%)	7/37 (19%)	0/30 (0%)
Life Table Tests (d)	P = 0.466N	P = 0.108	P = 0.531N
Incidental Tumor Tests (d)	P = 0.455N	P = 0.108	P = 0.507N
Cochran-Armitage Trend Test (d)	P = 0.410N		
Fisher Exact Tests		P = 0.075	P = 0.492N
Thyroid: Follicular Cell Adenoma	0/48/09/	0.40 (0%)	F/F0/4091
Overall Rates (a)	0/47 (0%)	0/49 (0%)	5/50 (10%)
Adjusted Rates (b)	0.0%	0.0%	16.7%
Terminal Rates (c)	0/32 (0%)	0/37 (0%)	5/30 (17%)
Life Table Tests (d)	P=0.004	(e)	P = 0.027
Incidental Tumor Tests (d)	P=0.004	(e)	P = 0.027
Cochran-Armitage Trend Test (d)	P = 0.007	(-)	D - 0 000
Fisher Exact Tests		(e)	P = 0.033
Harderian Gland: Adenoma	AIPA (AM)	0/50 (4%)	1 (50 (00)
Overall Rates (a)	4/50 (8%)	2/50 (4%)	1/50 (2%)
Adjusted Rates (b)	12.1%	5.4%	3.3%
Terminal Rates (c)	4/33 (12%)	2/37 (5%)	1/30 (3%)
Life Table Tests (d)	P=0.130N	P = 0.284N	P = 0.207N
Incidental Tumor Tests (d)	P=0.130N	P = 0.284N	P=0.207N
Cochran-Armitage Trend Test (d)	P = 0.118N	D 0 000M	D /\ 101 \r
Fisher Exact Tests		P = 0.339N	P = 0.181N

⁽a) Number of tumor-bearing animals/number of animals examined at the site

⁽b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

⁽c) Observed tumor incidence at terminal kill

⁽d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact test compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

⁽e) No P value is presented because no tumors were observed in 1,500-ppm and control groups.

TABLE E4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Control	3,000 ppm	6,000 ppm
Lung: Alveolar/Bronchiolar Adenoma or Ca	arcinoma		
Overall Rates (a)	4/50 (8%)	2/48 (4%)	2/48 (4%)
Adjusted Rates (b)	11.1%	7.1%	7.9%
Terminal Rates (c)	4/36 (11%)	2/28 (7%)	1/23 (4%)
Life Table Tests (d)	P = 0.437N	P = 0.457N	P = 0.544N
Incidental Tumor Tests (d)	P = 0.334N	P = 0.457N	P = 0.400N
Cochran-Armitage Trend Test (d)	P = 0.269N		
Fisher Exact Tests		P = 0.359N	P = 0.359N
lematopoietic System: Malignant Lymphoi	na, Lymphocytic Type		
Overall Rates (a)	3/50 (6%)	3/48 (6%)	0/49 (0%)
Adjusted Rates (b)	8.0%	10.7%	0.0%
Terminal Rates (c)	2/36 (6%)	3/28 (11%)	0/24 (0%)
Life Table Tests (d)	P = 0.180N	P = 0.559	P = 0.179N
Incidental Tumor Tests (d)	P = 0.115N	P=0.630	P = 0.074N
Cochran-Armitage Trend Test (d)	P=0.106N	- 0.000	0.01 441
Fisher Exact Tests	0.2001	P = 0.641	P = 0.125N
ematopoietic System: Malignant Lymphor			
Overall Rates(a)	3/50 (6%)	2/48 (4%)	1/49 (2%)
Adjusted Rates (b)	7.7%	6.9%	4.2%
Terminal Rates (c)	2/36 (6%)	1/28 (4%)	1/24 (4%)
Life Table Tests (d)	P = 0.333N	P = 0.587N	P = 0.412N
Incidental Tumor Tests (d)	P = 0.239N	P = 0.495N	P = 0.441N
Cochran-Armitage Trend Test (d)	P = 0.229N		- 0.222
Fisher Exact Tests		P = 0.520N	P = 0.316N
lematopoietic System: Lymphoma, All Mal	ignant		
Overall Rates (a)	6/50 (12%)	6/48 (13%)	2/49 (4%)
Adjusted Rates (b)	15.4%	19.7%	8.3%
Terminal Rates (c)	4/36 (11%)	4/28 (14%)	2/24 (8%)
Life Table Tests (d)	P = 0.258N	P = 0.477	P = 0.253N
Incidental Tumor Tests (d)	P = 0.107N	P = 0.600N	P = 0.183N
Cochran-Armitage Trend Test (d)	P = 0.122N		
Fisher Exact Tests		P = 0.591	P = 0.141N
lematopoietic System: Lymphocytic Leuke	mia		
Overall Rates (a)	1/50 (2%)	1/48 (2%)	4/49 (8%)
Adjusted Rates (b)	2.8%	2.8%	11.3%
Terminal Rates (c)	1/36 (3%)	0/28 (0%)	0/24 (0%)
Life Table Tests (d)	P=0.079	P=0.730	P=0.140
Incidental Tumor Tests (d)	P=0.443	P = 0.704N	P=0.610
Cochran-Armitage Trend Test (d)	P=0.098	- 0.10411	0.010
Fisher Exact Tests	- 3,000	P = 0.742	P = 0.175
ematopoietic System: Lymphoma or Leuk	emia		
Overall Rates (a)	7/50 (14%)	7/48 (15%)	6/49 (12%)
Adjusted Rates (b)	18.0%	22.0%	18.7%
Terminal Rates (c)	5/36 (14%)	4/28 (14%)	2/24 (8%)
Life Table Tests (d)	P = 0.455	P = 0.463	P = 0.546
Incidental Tumor Tests (d)	P = 0.189N	P = 0.563N	P = 0.273N
Cochran-Armitage Trend Test (d)	P = 0.458N		
Fisher Exact Tests	3 <u> </u>	P = 0.581	P = 0.516N
iver: Adenoma			
Overall Rates (a)	2/50 (4%)	11/48 (23%)	4/49 (8%)
Adjusted Rates (b)	5.6%	36.0%	15.2%
Terminal Rates (c)	2/36 (6%)	9/28 (32%)	3/24 (13%)
Life Table Tests (d)	P=0.127	P = 0.002	P=0.190
Incidental Tumor Tests (d)	P=0.259	P=0.004	P=0.276
Cochran-Armitage Trend Test (d)	P = 0.306		- 0.0.0

TABLE E4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1 (Continued)

	Control	3,000 ppm	6,000 ppm
Liver: Carcinoma			
Overall Rates (a)	1/50 (2%)	24/48 (50%)	47/49 (96%)
Adjusted Rates (b)	2.5%	74.7%	100.0%
Terminal Rates (c)	0/36 (0%)	20/28 (71%)	24/24 (100%)
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d)	P<0.001	P<0.001	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Tests		P<0.001	P<0.001
Liver: Adenoma or Carcinoma			
Overall Rates (a)	3/50 (6%)	33/48 (69%)	47/49 (96%)
Adjusted Rates (b)	7.9%	97.0%	100.0%
Terminal Rates (c)	2/36 (6%)	27/28 (96%)	24/24 (100%)
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d)	P<0.001	P<0.001	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Tests		P<0.001	P<0.001
Pituitary: Adenoma			
Overall Rates (a)	4/44 (9%)	1/42 (2%)	1/44 (2%)
Adjusted Rates (b)	11.8%	3.8%	4.5%
Terminal Rates (c)	4/34 (12%)	1/26 (4%)	1/22 (5%)
Life Table Tests (d)	P = 0.200N	P = 0.267N	P = 0.329N
Incidental Tumor Tests (d)	P = 0.200N	P = 0.267N	P = 0.329N
Cochran-Armitage Trend Test (d)	P = 0.102N		
Fisher Exact Tests		P = 0.195N	P=0.180N
Adrenal: Pheochromocytoma		0/40/00/	A11= (A41)
Overall Rates (a)	2/50 (4%)	0/48 (0%)	3/47 (6%)
Adjusted Rates (b)	5.6%	0.0%	12.0%
Terminal Rates (c)	2/36 (6%)	0/28 (0%)	2/24 (8%)
Life Table Tests (d)	P = 0.258	P = 0.295N	P = 0.324
Incidental Tumor Tests (d)	P = 0.369	P = 0.295N	P = 0.470
Cochran-Armitage Trend Test (d)	P = 0.368	D 4.05037	D 0.480
Fisher Exact Tests		P=0.258N	P = 0.470
Thyroid: Follicular Cell Adenoma or Carci		0/40/000	0144 (80)
Overall Rates (a)	3/47 (6%)	0/46 (0%)	2/44 (5%)
Adjusted Rates (b)	8.3%	0.0%	9.1%
Terminal Rates (c)	3/36 (8%)	0/27 (0%)	2/22 (9%)
Life Table Tests (d)	P = 0.573N	P=0.176N	P=0.648
Incidental Tumor Tests (d)	P=0.573N	P=0.176N	P = 0.648
Cochran-Armitage Trend Test (d) Fisher Exact Tests	P=0.414N	P=0.125N	P = 0.532N
Lighter tryact reses		1 -0.12011	1 -0,00211

⁽a) Number of tumor-bearing animals/number of animals examined at the site(b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

⁽c) Observed tumor incidence at terminal kill

⁽c) Observed tumor incidence at terminal KIII
(d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact test compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

APPENDIX F

HISTORICAL INCIDENCES OF TUMORS IN F344/N RATS AND B6C3F1 MICE RECEIVING NO TREATMENT

TABLE F1. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

		Incidence in Controls			
Study	Neoplastic Nodule	Hepatocellular Carcinoma	Neoplastic Nodule or Hepatocellular Carcinoma		
Historical Incidence at Sou	thern Research Institute				
Reserpine	0/49	0/49	0/49		
Cytembena	0/50	1/50	1/50		
Eugenol	2/40	0/40	2/40		
Stannous chloride	2/50	0/50	2/50		
Mannitol	0/50	0/50	0/50		
Ziram	2/50	0/50	2/50		
Propyl gallate	2/50	0/50	2/50		
Zearalenone	2/50	0/50	2/50		
HC Blue No. 1	0/49	1/49	1/49		
TOTAL	10/438 (2.3%)	2/438 (0.5%)	12/438 (2.7%)		
SD(b)	2.24%	0.89%	1.85%		
Range (c)					
High	2/40	1/49	2/40		
Low	0/50	0/50	0/50		
Overall Historical Incidenc	e				
TOTAL	78/2,306 (3.4%)	18/2,306 (0.8%)	96/2,306 (4.2%)		
SD(b)	3.46%	1.09%	3.86%		
Range (c)					
High	6/49	2/49	7/49		
Low	0/50	0/90	0/50		

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks

⁽b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE F2. HISTORICAL INCIDENCE OF ALVEOLAR/BRONCHIOLAR TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

		Incidence in Controls			
Study	Adenoma	Carcinoma	Adenoma or Carcinoma		
Historical Incidence at Sc	outhern Research Institute				
Reserpine	0/48	0/48	0/48		
Cytembena	0/49	1/49	1/49		
Eugenol	0/39	1/39	1/39		
Stannous chloride	0/50	1/50	1/50		
Mannitol	0/50	1/50	1/50		
Ziram	1/50	0/50	1/50		
Propyl gallate	0/50	0/50	0/50		
Zearalenone	1/48	0/48	1/48		
HC Blue No. 1	1/50	0/50	1/50		
TOTAL	3/434 (0.7%)	4/434 (0.9%)	7/434 (1.6%)		
SD(b)	1.01%	1.15%	0.94%		
Range (c)					
High	1/48	1/39	1/39		
Low	0/50	0/50	0/50		
Overall Historical Inciden	nce				
TOTAL	18/2,354 (0.8%)	9/2,354 (0.4%)	27/2,354 (1.1%)		
SD(b)	1.36%	0.93%	1.77%		
Range (c)					
High	3/50	2 /50	5/50		
Low	0/88	0/88	0/88		

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE F3. HISTORICAL INCIDENCE OF UTERINE TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence of Endometrial Stromal Polyp in Controls	
Historical Incidence at Southern	Research Institute	
Reserpine	10/50	
Cytembena	9/48	
Eugenol	6/40	
Stannous chloride	11/50	
Mannitol	10/50	
Ziram	5/50	
Propyl gallate	6/50	
Zearalenone	4/50	
HC Blue No. 1	5/50	
TOTAL	66/438 (15.1%)	
SD(b)	5.26%	
Range (c)		
High	11/50	
Low	4/50	
Overall Historical Incidence		
TOTAL	424/2,318 (18.3%)	
SD (b)	8.09%	
Range (c)		
High	18/49	
Low	2/47	

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks

TABLE F4. HISTORICAL INCIDENCE OF STOMACH EPITHELIAL TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	No. of Animals Examined	No. of Tumors	Site	Diagnosis
Historical Incidence	at Southern Research Ins	titute		
Reserpine All others	49 389	1 0	Stomach, NOS	Squamous cell papilloma
TOTAL	438	1 (0.2%)		
Overall Historical In	cidence			
	2,276	2 1 2 1	Stomach, NOS Stomach, NOS Forestomach Cardiac stomach	Squamous cell papilloma Squamous cell carcinoma Squamous cell papilloma Squamous cell papilloma
TOTAL		(b) 6 (0.3%)		

⁽b) Standard deviation

⁽c) Range and SD are presented for groups of 35 or more animals.

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks (b) No more than one tumor was observed in any control group.

TABLE F5. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN MALE B6C3F $_{1}$ MICE RECEIVING NO TREATMENT (a)

	Incidence in Controls			
Study	Adenoma	Carcinoma	Adenoma or Carcinoma	
Historical Incidence at So	uthern Research Institute			
Reserpine	7/50	6/50	12/50	
Cytembena	4/47	13/47	17/47	
Mannitol	3/50	11/50	14/50	
Ziram	6/49	13/49	19/49	
Eugenol	4/50	10/50	14/50	
Propyl gallate	3/50	14/50	17/50	
Zearalenone	4/50	15/50	19/50	
HC Blue No. 1	4/50	11/50	15/50	
Stannous chloride	7/50	10/50	16/50	
TOTAL	42/446 (9.4%)	103/446 (23.1%)	143/446(32.1%)	
SD(b)	3.17%	5.58%	5.04%	
Range (c)				
High	7/50	15/50	19/49	
Low	3/50	6/50	12/50	
Overall Historical Inciden	ce			
TOTAL	240/2,334 (10.3%)	498/2,334 (21.3%)	725/2,334(31.1%)	
SD(b)	4.98%	6.95%	7.47%	
Range (c)				
High	11/50	18/50	29/50	
Low	0/49	4/50	7/44	

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE F6. HISTORICAL INCIDENCE OF THYROID GLAND FOLLICULAR CELL TUMORS IN MALE B8C3F $_1$ MICE RECEIVING NO TREATMENT (a)

		Incidence in Controls			
Study	Adenoma	Carcinoma	Adenoma or Carcinoma		
listorical Incidence at So	uthern Research Institute				
Reserpine	0/48	0/48	0/48		
Cytembena Cytembena	1/44	0/44	1/44		
fannitol	0/50	0/50	0/50		
iram	2/49	0/49	2/49		
lugenol	0/48	0/48	0/48		
ropyl gallate	3/49	0/49	3/49		
earalenone	2/50	0/50	2/50		
IC Blue No. 1	0/47	0/47	0/47		
tannous chloride	0/48	0/48	0/48		
TOTAL	8/433 (1.8%)	0/433 (0.0%)	8/433 (1.8%)		
SD(b)	2.38%	0.00%	2.38%		
ange (c)					
High	3/49	0/50	3/49		
Low	0/50	0/50	0/50		
verall Historical Inciden	ce				
TOTAL	(d) 21/2,178 (1.0%)	5/2,178 (0.2%)	26/2,178 (1.2%)		
SD(b)	1.61%	0.68%	1.73%		
ange (c)					
High	3/49	1/44	3/49		
Low	0/50	0/50	0/50		

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.
(d) One adenoma, NOS and one papillary adenoma were also observed. The inclusion of these tumors does not affect the reported range for adenoma.

TABLE F7. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN FEMALE B6C3F $_1$ MICE RECEIVING NO TREATMENT (a)

		Incidence in Controls		
Study	Adenoma	Carcinoma	Adenoma or Carcinoma	
Historical Incidence at Sou	thern Research Institute			
Reserpine	2/50	0/50	2/50	
Cytembena	0/48	2/48	2/48	
Mannitol	0/48	3/48	3/48	
Ziram	7/50	2/50	9/50	
Eugenol	0/50	2/50	2/50	
Propyl gallate	0/50	3/50	3/50	
Zearalenone	0/50	3/50	3/50	
IC Blue No. 1	2/50	1/50	3/50	
Stannous chloride	3/49	0/49	3/49	
TOTAL	14/445 (3.1%)	16/445 (3.6%)	30/445 (6.7%)	
SD(b)	4.71%	2.44%	4.34%	
lange (c)				
High	7/50	3/48	9/50	
Low	0/50	0/50	2/50	
verall Historical Incidenc	e			
TOTAL	98/2,469 (4.0%)	(d) 101/2,469 (4.1%)	196/2,469 (7.9%)	
SD(b)	3.90%	3.01%	4.58%	
Range (c)				
High	9/49	7/48	10/49	
Low	0/50	0/50	0/50	

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.
(d) One hepatoblastoma was also observed.

TABLE F8. HISTORICAL INCIDENCE OF HEMATOPOIETIC SYSTEM TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence of Leukemia in Controls	
Historical Incidence at Southern	Research Institute	
Reserpine	18/49	
Cytembena	20/50	
Eugenol	13/40	
Stannous Chloride	6/50	
Mannitol	14/50	
Ziram	10/50	
Propyl Gallate	16/50	
Zearalenone	9/50	
HC Blue No. 1	13/50	
TOTAL	119/439 (27.1%)	
SD(b)	9.19%	
Range (c)		
High	20/50	
Low	6/50	
Overall Historical Incidence		
TOTAL	648/2,320 (27.9%)	
SD(b)	10.18%	
Range (c)		
High	23/50	
Low	0/50	

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE F9. HISTORICAL INCIDENCE OF PITUITARY GLAND TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

		Incidence in Con	trols
Study	All Adenomas (b)	All Carcinomas (c)	All Adenomas or Carcinomas
Historical Incidence at South	ern Research Institute		
Reserpine	14/49	4/49	18/49
Cytembena	3/50	0/50	3/50
Eugenol	2/39	0/39	2/39
Stannous chloride	11/50	1/50	12/50
Mannitol	9/46	0/46	9/46
Ziram	13/50	2/50	15/50
Propyl gallate	5/49	0/49	5/49
Zearalenone	5/46	1/46	6/46
HC Blue No. 1	9/49	2/49	11/49
TOTAL	71/428 (16.6%)	10/428 (2.3%)	81/428 (18.9%)
SD(d)	8.59%	2.78%	10.87%
Range (e)			
High	14/49	4/49	18/49
Low	2/39	0/50	2/39
Overall Historical Incidence			
TOTAL	466/2,158 (21.6%)	50/2,158 (2.3%)	516/2,158 (23.9%)
SD(d)	11.63%	2.97%	11.85%
Range (e)			
High	24/46	5/45	25/46
Low	1/47	0/50	1/47

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) Includes adenomas designated as NOS, chromophobe or acidophil
(c) Includes carcinomas diagnosed as NOS or chromophobe
(d) Standard deviation

⁽e) Range and SD are presented for groups of 35 or more animals.

TABLE F10. HISTORICAL INCIDENCE OF ADRENAL GLAND TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

	Incidence in Controls			
Study	Cortical Adenoma	Cortical Adenoma or Carcinoma	Pheochromocytoma	Pheochromocytoma or Pheochromocytoma, Malignant
Historical Incidence	e at Southern Rese	arch Institute		
Reserpine	1/49	1/49	1/49	1/49
Cytembena	0/49	0/49	0/49	0/49
Eugenol	1/40	1/40	1/40	2/40
Stannous chloride	1/50	1/50	1/50	1/50
Mannitol	1/49	1/49	2/49	2/49
Ziram	2/50	2/50	1/50	1/50
Propyl gallate	1/50	1/50	4/50	4/50
Zearalenone	0/50	0/50	0/50	0/50
HC Blue No. 1	5/50	5/50	8/50	8/50
TOTAL	12/437 (2.7%)	12/437 (2.7%)	18/437 (4.1%)	19/437 (4.3%)
SD(b)	2.99%	2.99%	5.08%	5.05%
Range (c)				
High	5/50	5/50	8/50	8/50
Low	0/50	0/50	0/50	0/50
Overall Historical I	ncidence			
TOTAL	(d) 74/2,338 (3.2%) (d) 81/2,338 (3.5%)	(e) 79/2,338 (3.4%)	90/2,338 (3.8%)
SD(b)	4.03%	4.09%	2.96%	2.83%
Range (c)				
High	12/50	12/50	8/50	8/50
Low	0/50	0/50	0/50	0/50

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks. In no case were benign and malignant tumors of the same type observed in a single animal.
(b) Standard deviation

⁽c) Range and SD are presented for groups of 35 or more animals.
(d) Includes one adenoma, NOS

⁽e) Two pheochromocytomas of the adrenal medulla were also observed.

TABLE F11. HISTORICAL INCIDENCE OF ZYMBAL GLAND TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT(a)

Study	No. of Animals Examined	No. of Tumors	Diagnosis
Historical Incidence at South	ern Research Institute		
Zearalenone	50	1	Squamous cell carcinoma
HC Blue No. 1	50	ī	Squamous cell carcinoma
		2	Adenosquamous carcinoma
All Others	339	0	
TOTAL	439	4 (0.9%)	
Overall Historical Incidence			
	2,370	2	Carcinoma, NOS
	•	4	Squamous cell carcinoma
		1	Adenocarcinoma, NOS
		2	Adenosquamous carcinoma
TOTAL		(b) 9 (0.4%)	

⁽a) Data as of March 16, 1983, for studies of at least 104 weeks
(b) The greatest incidence of combined Zymbal gland tumors is the 3/50 (6%) observed in the current study. No other untreated control group had more than one of these tumors.

APPENDIX G

OF HC BLUE NO. 1

I. Identity and Purity Determinations Performed by the Analytical Chemistry Laboratory

A. Lot No. 3270877

1. Physical Properties

a. Appearance:

Dark blue microcrystals

b. Melting Point:

Determined

Determined

Literature Values

101.5°-104° C (visual melting point, capillary), small endotherm at 52.0°-54.0° C. Three large overlapping endotherms at 98.0°-107° C (Dupont 900 DTA)

102.5°-103° C (Clairol Research Labs, personal communication)

Literature Values

2. Spectral Data

a. Infrared

a. Imrareu	Determined	Literature Values
(1) Instrument:	Beckman IR-12	
(2) Cell:	1% Potassium bromide pellet	
(3) Results:	See Figure 5	Consistent with spectrum obtained from Clairol Research Labs
b. Ultraviolet/Visible	<u>Determined</u>	<u>Literature Values</u>
(1) Instrument:	Cary 118	
(2) Concentration:	(261 nm) 0.0002% (535 nm) 0.006%	0.0002%
(3) Solvent:	Methanol	Methanol
(4) Results:	$\lambda_{\text{max}} (\text{nm})$ $\varepsilon \times 10^{-4}$	$\lambda_{\text{max}} (\text{nm})$ $\epsilon \times 10^{-4}$
	261 $2.57 \pm 0.03 (8)$ 535 $0.376 \pm 0.003 (8)$	530 0.4365 (Clairol) 540 (Frenkel and Brody, 1973)

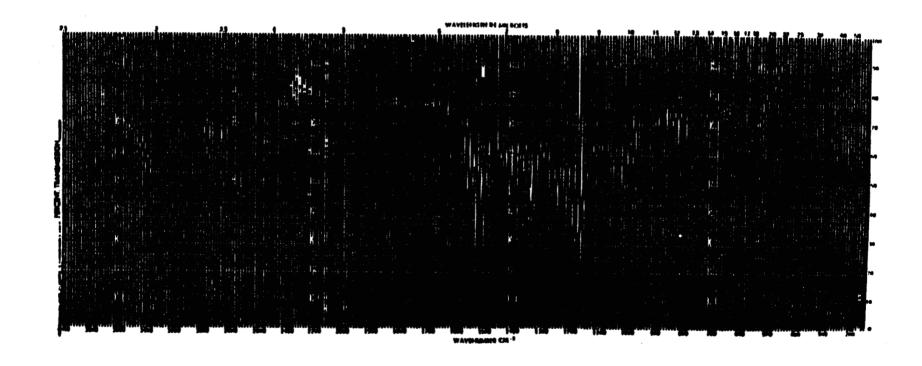


FIGURE 5. INFRARED ABSORPTION SPECTRUM OF HC BLUE NO. 1 (LOT NO. 3270877)

c. Nuclear Magnetic Resonance

	<u>Determined</u>	<u>Literature Values</u>
(1) Instrument:	Varian EM-360-A	
(2) Solvent:	Deuterated methanol with internal tetramethylsilane	
(3) Assignments:	See Figure 6	No literature reference found. Spectrum is consistent with that expected for structure.
(4) Chemical Shift (δ):	a s, 2.96 ppm b d, 3.48 ppm c d, 3.66 ppm d d, 6.88 ppm e d of d, 7.28 ppm f d, 7.45 ppm g s, 4.80 ppm (H ₂ O and excharate s, (impurity) 1.00 ppm	ngeable protons)
(5) Coupling Constant:	$J_{b-c} = 4 \text{ Hz}$ $J_{d-f} = 9 \text{ Hz}$ $J_{e-f} = 3 \text{ Hz}$	
(6) Integration Ratios:	a 2.93 b $\begin{array}{c} 8.23 \\ c \\ d \\ 0.93 \\ e \\ f \\ \end{array}$ $\begin{array}{c} 1.92 \\ f \\ 0.05 \\ \end{array}$	ns
3. Titration:	Titration of one amine function w $100.2\% \pm 0.1 (\delta)\%$	rith perchloric acid,
4. Water Analysis (Karl Fischer):	$0.136\% \pm 0.021(\delta)\%$	
5. Elemental Analysis:		

5. E

Element	C	Н	N
Theory (T)	51.56	6.74	16.52
Determined (D)	51.46 51.63	7.02 6.98	16.31 16.49
Percent D/T	99.98	103.86	99.27

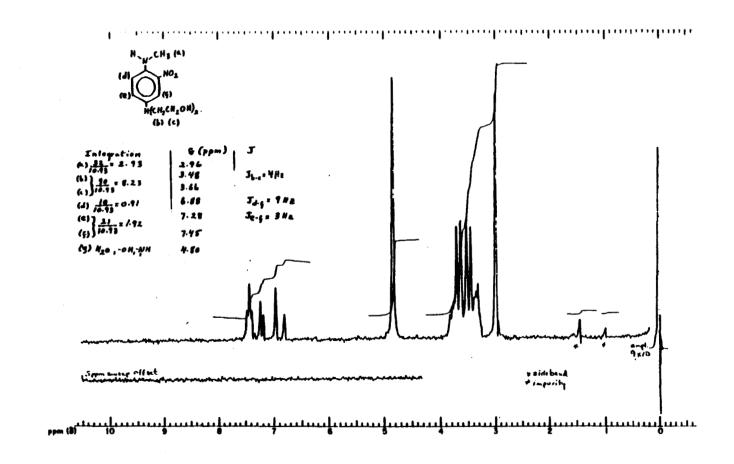


FIGURE 6. NUCLEAR MAGNETIC RESONANCE SPECTRUM OF HC BLUE NO. 1 (LOT NO. 3270877)

6. Chromatographic Analyses

a. Thin-Layer Chromatography

(1) Plates: Silica Gel-25; F-254

(2) Reference Standard: 2,6-diaminotoluene

(3) Amount Spotted: 100 and 300 µg, 10 mg/ml in methanol

(4) Visualization: Ultraviolet light (254 and 366 nm); furfural:glacial acetic acid (10 drops: 10 ml) (Feigl, 1966)

System 1: Chloroform:methanol (78:22)

(a) R_f. 0.79 (slight trace), 0.59 (major),

0.17 (trace, 366 nm only), origin (slight trace)

(b) R_{st}: 1.41, 0.95, 0.30, origin

System 2: Ethyl acetate:ethanol (90:10)

(a) R_f: 0.65 (trace), 0.45 (trace), 0.33 (major), 0.25 (trace, 366 nm only), origin (trace)

(b) R_{st}: 1.48, 1.02, 0.75, 0.54, origin

b. High-Performance Liquid Chromatography:

(1) Instrument: Waters Programmable Component System

(2) Column: $\mu Bondapak C_{18}$, 300×4 mm, ID (3) Detector: Ultraviolet, 254 nm

(4) Flow Rate: 1.0 ml/min (5) Chart Speed: 0.1 in/min

(6) Sample Injected: 10 ul of 1.0 mg/ml in methanol

(a) Solvent Program: Acetonitrile: water (10:90), isocratic

(b) Results: Major peak and eight impurities. Four impurities had areas of 0.59%, 0.82%, 0.29%, and 0.99% of the major peak area. The other four impurities had areas totaling less than 0.4% of the major peak area.

<u>Peak</u>	Retention Time (min.)	RetentionTime Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	2.0	0.09	0.10
2	3.5	0.16	0.08
3	5.8	0.26	0.59
4	9.0	0.41	0.02
5 (a)	12.5	0.57	0.82
6	12.5 15.3	0.70	0.29
7	21.9	1.00	100
8	26.0	1.19	0.15
9	37.0	1.69	0.99

⁽a) Unresolved multiple peaks

After this system was completed, the solvent was programmed from 10% acetonitrile up to 100% acetonitrile, and only one other peak was observed. This peak was isolated and quantitated through the use of System 2 (below).

System 2:

(a) Solvent Program: Acetonitrile:water (23:77), isocratic

(b) Results: Major peak and one impurity

<u>Peak</u>	Retention <u>Time (min.)</u>	RetentionTime Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	12.3	1.00	100
2	46.7	3.81	0.27

7. Conclusions: Elemental analyses for carbon, hydrogen, and nitrogen were in agreement with the theoretical values. Titration of one amine function with perchloric acid indicated a purity of $100.2\% \pm 0.1(8)\%$. High-performance liquid chromatography by one system indicated eight impurities. Four impurities had areas of 0.59%, 0.82%, 0.29%, and 0.99% of the major peak area. The other four impurities had areas totaling less than 0.4% of the major peak area. A second high-pressure liquid chromatography system was used to isolate and quantitate one other impurity. Its area was 0.27% of the major peak area. Thin-layer chromatography by one system indicated two slight trace impurities and one trace impurity. A second thin-layer chromatography system indicated four trace impurities. The infrared and nuclear magnetic resonance spectra are consistent with the structure. The ultraviolet spectrum indicated absorbances between 261 nm and 535 nm with ϵ_{max} of 25,700 and 3,760, respectively. A corresponding absorbance (530 nm) in the spectrum of the purified dye obtained from Clairol had an ϵ_{max} of 4,365. The ϵ value for lot no. 3270877 at 530 nm was 86.1% of that for the purified dye.

B. Lot No. 3670379

1. Physical Properties

Appearance:

Blue-black amorphous powder

2. Spectral Data

z. Spectral Data		
a. Infrared	<u>Determined</u>	<u>Literature Values</u>
(1) Instrument:	Beckman IR-12	
(2) Cell:	1% in potassium bromide pellet	
(3) Results:	See Figure 7	Consistent with spectrum from Clairol Research Labs and identical to that for lot no. 3270877
b. Ultraviolet/Visible	<u>Determined</u>	Literature Values
(1) Instrument:	Cary 118	
(2) Solvent:	Methanol	Methanol
(3). Results:	$\lambda_{\text{max}}(\text{nm})$ $\epsilon \times 10^{-4}$	λ_{max} (nm) $\epsilon \times 10^{-4}$
	263 2.17 \pm 0.04 (8) 538 0.399 \pm 0.007 (8)	530 0.4365 (Clairol Research Labs)
c. Nuclear Magnetic Resonance	<u>Determined</u>	<u>Literature Values</u>

(1) Instrument:

Varian EM-360A

tetramethylsilane

(2) Solvent:

Deuterated methanol with internal

(3) Assignments:

See Figure 8

No literature reference found. Spectrum consistent with structure and identical to that for lot no. 3270877

(4) Chemical Shift (δ):

s, 2.95 ppm d, 3.47 ppm b c d d, 3.64 ppm d, 6.86 ppm d of d, 7.18 ppm f d, 7.39 ppm

s, 4.81 ppm (H₂O and exchangeable protons)

(5) Coupling Constant:

 $\begin{array}{cccc} J_{b\text{-}c} & = & 4 \text{ Hz} \\ J_{d\text{-}e} & = & 9 \text{ Hz} \\ J_{e\text{-}f} & = & 3 \text{ Hz} \end{array}$

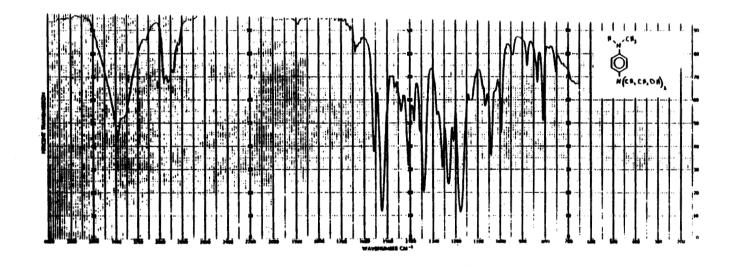


FIGURE 7. INFRARED ABSORPTION SPECTRUM OF HC BLUE NO. 1 (LOT NO. 3670379)

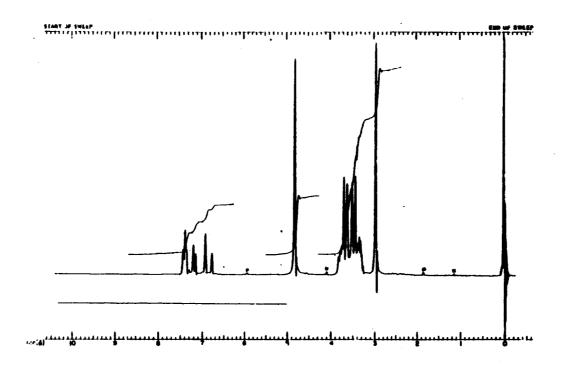


FIGURE 8. NUCLEAR MAGNETIC RESONANCE SPECTRUM OF HC BLUE NO. 1 (LOT NO. 3670379)

(6) Integration Ratios:

g H₂O and exchangeable protons

3. Titration:

Titration of one amine function with 0.1N perchloric acid, monitored potentiometrically with a combination electrode: $99.28\%\,\pm\,0.30(\delta)\%$

4. Water Analysis (Karl Fischer):

 $0.35\% \pm 0.11(8)\%$

5. Elemental Analysis:

Element	C	Н	N
Theory (T)	51.75	6.71	16.46
Determined (D)	51.33 51.57	6.71 6.67	16.29 16.11
Percent D/T	99.37	99.70	98.42
Av. Dev. from Theoretical (percent)	0.30	0.02	0.26

6. Chromatographic Analyses

a. Thin-Layer Chromatography

(1) Plates: Silica Gel 60 F-254

(2) Reference Standard: 1 µl of a solution (10 mg/ml) of p-phenylenediamine in methanol

(3) Amount Spotted: 1, 10, and 30 µl of a solution (10 mg/ml) in methanol

(4) Visualization: Visible and ultraviolet light (254 nm); furfural: glacial acetic acid (10 drops: 10 ml) (Feigl, 1966)

Spot				Visualiz	ation
Intensity	$\mathbf{R}_{\mathbf{f}}$	$\mathbf{\underline{R}_{st}}$	Vis. Light	Spray	254 nm UV
System 1: Eth	yl acetate:et	thanol (90:1	.0)		
Trace Major Trace Trace Reference	0.28 0.35 0.45 Origin 0.24	1.17 1.46 1.88	Rose Purple Pink Brown Tan	+ + + +	+ + + + +
System 2: Chl	oroform:met	thanol (100	:10)		
Trace Major Slight Trace Trace Reference	0.19 0.28 0.36 Origin 0.22	1.86 1.27 1.64	Rose Purple Pink Brown Tan	+ + + +	+ + + + +

b. High-Peformance Liquid Chromatography:

(1) Instrument System: Pump(s): Waters 6000A Programmer: Waters 660 **Detector: Waters 440** Injector: Waters U6K

(2) Column: μ Bondapak C_{18} , 300×3.9 mm ID (3) Detection: Ultraviolet, 254 nm

(4) Guard Column: Whatman CO:Pell ODS 72×2.3 mm ID

(5) Solvent System:

(A) Water containing 0.005 M heptanesulfonic acid, sodium salt, and added 1% (v/v)

phosphoric acid
(B) Methanol containing 0.005 M heptanesulfonic acid, sodium salt, and added 1% (v/v) phosphoric acid

System 1:

Solvent Program: 74% (A):26% (B), isocratic

Flow Rate: 2 ml/min

Samples Injected: 10 µl of a solution (1 mg/ml) of HC Blue No. 1 in solvent (A),

filtered

Results: A major peak and three impurities. One impurity eluted before the major peak with an area of 0.1% relative to the major peak area. Two other impurities eluting after the major peak had a combined area of 1.6% of the major peak area.

<u>Peak</u>	Retention <u>Time (min.)</u>	RetentionTime Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	3.4	0.85	0.1
2	4.0	1.00	100
3	5.8	1.45	0.8
4	15.8	3.95	0.8

System 2: A comparison was made between the previous lot (3270877) and the present lot using a different solvent delivery system (Varian 5020 Liquid Chromatograph) and solvent ratio.

Solvent Program: 80%(A):20%(B) Flow Rate: 1 ml/min

Samples Injected: Solutions of HC Blue No. 1 in methanol, filtered

Lot no. 3270877 0.892 mg/ml Lot no. 3670379 0.952 mg/ml

Results: The chromatographic profiles of the two lots were very similar. In both lots the largest impurities were those eluting after the major peak (0.8% and 0.8% in lot no. 3670379 compared with 0.5% and 0.3% in lot no. 3270877). Two small impurities appeared before the major peak in lot no. 3270877 and three before the major peak in lot no. 3670379; all of these impurities were less than 0.1% except one in lot no. 3670379 which was 0.1%. The major peak area comparison of the two batches was identical within the error of the analysis.

Major Peak Comparison

	Peak <u>Height (mm)</u>	Concentration (ug/ul)	mm ÷ μg/μl	Relative <u>Response (a)</u>
Lot no. 3270877	171	0.892	192	99.0 ± 1.0
Lot no. 3670379	185	0.952	194	

⁽a) Lot no. 3270877 /Lot no. 3670379

Impurity Profile

	Retention Time Relative to	Area (percent	of major peak)
<u>Peak</u>	<u> MajorPeak</u>	Lot no. 3270877	<u>Lot no. 3670379</u>
1	0.9	< 0.1	0.1
2	1.0	100	100
3	1.5	0.5	0.8
4	3.5	0.3	0.8

7. Conclusions: Elemental analyses for carbon, hydrogen, and nitrogen were in agreement with the theoretical values. Titration of one amine group with perchloric acid indicated a purity of $99.28\% \pm 0.30(8)\%$. (Lot no. 3270877 was $100.2\% \pm 0.1\%$ pure by titration.) Karl Fischer water analysis indicated $0.35\% \pm 0.1(8)\%$. Thin-layer chromatography indicated a major spot and three trace impurities by one system. Another system indicated a major spot, two trace impurities, and a slight trace impurity. High-performance liquid chromatography by one system indicated three impurities with a combined area of 1.7% relative to the major peak area. A lot comparison using high-performance liquid chromatography indicated a major peak ratio of 100:99 (lot no. 3670379/lot no. 3270877). The ultraviolet, visible, infrared, and nuclear magnetic resonance spectra were consistent with the structure of HC Blue No. 1 and with that obtained on lot no. 3270877 of the same compound.

II. Test Chemical Stability Study Performed by the Analytical Chemistry Laboratory

- A. Sample Preparation and Storage: HC Blue No. 1 samples were stored for 2 weeks at $-20^\circ, 5^\circ, 25^\circ$, and 60° C.
- B. Analytical Method: Titration of the amine function with perchloric acid
- C. Results

Storage Temperature (degrees centigrade)	Percent Purity	
-20	$100.50 \pm 0.685 (\delta)$	
5	$100.24 \pm 0.050 (8)$	
25	$102.16 \pm 1.60 (8)$	
60	$101.91 \pm 0.728 (\delta)$	

D. Conclusion: HC Blue No. 1 is stable as the bulk chemical when stored for 2 weeks at temperatures of up to 60° C.

III. Test Chemical Stability at the Testing Laboratory

A. Storage Conditions: The chemical was stored at 5°C.

B. Analytical Method:

- 1. Purity Determination: The absorbances of the bulk sample and reference aliquot were determined at 535 nm through the use of a Cary 17 spectrophotometer.
- 2. Identity Determination: The infrared absorption spectra of the sample was obtained as potassium bromide disks using a Perkin-Elmer 621.

C. Results:

1. Purity:

Date of	Date of		orptivity (a)	Percent
<u>Analysis</u>	Lot No.	Bulk	Reference	Purity (b)
05/23/78	3270877	4.03	3.95	102
08/24/78	3270877	3.93	3.90	101
12/12/78	3270877	(c) 3.32	3.98	83
04/27/79	3270877	3.82	3.89	98
09/07/79	3270877	3.74	3.74	100
01/14/80	3270877	4.04	3.96	102
03/27/80	3670379	3.92		•
05/05/80	3670379	3.96	4.05	98
09/16/80	3670379	3.78	3.73	101
01/16/81	3670379	3.86	3.86	100
05/11/81	3670379	3.93	3.94	100

Mean Percent Purity

3270877 3670379	$97.7\% \pm 7.5\%$ $99.8\% \pm 1.3\%$

⁽a) $(1/g-cm) \times 10^{-3}$

- 2. Identity: All spectra were consistent with the original spectra supplied by the analytical laboratory.
- **D.** Conclusion: No notable degradation occurred during the studies.

⁽b) Purity of material stored at 5° C relative to reference standard stored at -20° C.

⁽c) Low value possibly due to poor solubility of compound

APPENDIX H

PREPARATION AND CHARACTERIZATION OF FORMULATED DIETS

APPENDIX H. PREPARATION AND CHARACTERIZATION

I. Studies Conducted at the Analytical Chemistry Laboratory

A. Preparation Procedure

- 1. Premix: HC Blue No. 1 (1.650 g) was dissolved in 100 ml of reagent-grade acetone in a volumetric flask. Wayne Lab Blox* Rodent Feed (200 g) was placed in a 2-liter round bottom flask and covered with 500 ml of reagent grade acetone. The 100-ml solution was then added to the mixture, and it was thoroughly swirled to distribute the HC Blue No. 1 evenly. The acetone was removed on a rotary evaporator (water aspirator vacuum, water bath at 35° C).
- 2. Bulk Mixing: The premix and 1,300 g more feed were mixed in a Patterson-Kelly® Twin Shell Blender for 15 minutes. The blender was loaded from the top of the shells as follows: 650 g of feed was poured in and allowed to settle and level at the bottom (the vertex of the "V"); then the dried premix was poured on top of the premix from each side; this layer was covered with the the remaining 650 g of feed poured in from each side. When the mixture had been blended for 15 minutes, duplicate 5-g samples were removed from the top of each shell and from the bottom trap of the blender for analysis.
- 3. Extraction and Analysis: Each sample was placed in a 200-ml centrifuge bottle (quantitative transfer) and triturated with 45 ml of absolute methanol in a Brinkmann Polytron® high-speed blender for 1 minute. The mixture was then placed in an ultrasonic vibratory bath for 2 minutes and centrifuged for 10 minutes. The supernatant solution was decanted through Whatman No. 1 filter paper into a 100-ml volumetric flask. The feed residue was mixed with an additional 45 ml of methanol and extracted again. The combined supernatant solutions were brought to volume with additional methanol. The visible absorbance of this solution was measured at 535 nm with a Cary 118 spectrophotometer to determine the HC Blue No. 1 content.
- 4. Quality Control: Blank (undosed) feed samples and individual spiked mixtures (at the 0.11% level) were extracted and prepared for analysis in the manner described above. Standard solutions of HC Blue No. 1 in methanol were used to determine the extinction coefficient for the compound at the analytical wavelength. Blank sample absorbance values were small and were subtracted from the absorbance values of samples containing HC Blue No. 1.

B. Homogeneity

1. Results:

Sample <u>Location</u>	Average Percent Found in Chemical/Vehicle Mixture (a)
Right 1 Right 2	$\begin{array}{c} 0.111 \pm 0.003 \\ 0.113 \pm 0.003 \end{array}$
Left 1 Left 2	$\begin{array}{c} 0.111 \pm 0.003 \\ 0.108 \pm 0.003 \end{array}$
Bottom 1 Bottom 2	$\begin{array}{c} 0.108 \pm 0.003 \\ 0.105 \pm 0.003 \end{array}$

⁽a) Mean \pm standard deviation; corrected for a spiked recovery yield of 92% \pm 3%. The theoretical concentration of chemical in feed was 0.110% \pm 0.001%.

APPENDIX H. PREPARATION AND CHARACTERIZATION

2. Conclusion: HC Blue No. 1 mixed with stock rodent feed at the 0.11% concentration is homogeneous to within the experimental error of the average position sample determination (i.e., right, left, or bottom) when mixed for 15 minutes in a Patterson-Kelly® 4 quart twin-shell blender equipped with an intensifier bar.

C. Stability

- 1. Sample Mixing and Storage: A stock solution of HC Blue No. 1 in methanol (1.0 mg/ml) was prepared, and 5 ml of this solution was added to individual 5-g samples of Wayne Lab Blox® Rodent Feed. The methanol was removed from the samples on a rotary evaporator (20 minutes; water bath temperature, 35° C). The dried samples were thoroughly mixed with a vortex mixer and were stored in duplicate at -20° , 5° , 25° , and 45° C for 2 weeks.
- 2. Extraction and Analysis: Each stability sample was quantitatively transferred to a 200ml centrifuge bottle and extracted according to the procedure described in Section I.A.3. A 10ml aliquot of each extract solution was filtered through a 1.2-µ Millipore filter and then analyzed by high-performance liquid chromatography.
 - a. Instrument: Waters Programmable Component System

b. Column: μ Bondapak C_{18} , 300×4 mm, ID c. Detector: Ultraviolet, 254 nm d. Solvent: Water: acetonitrile (90:10), isocratic

e. Solvent Flow Rate: 10 ml/min

f. Retention Time of Compound: 28 min

- 3. Quality Control: Blank (undosed) feed samples and individual samples spiked at the 0.1% level were extracted and prepared for analysis in the manner described for test samples. The blank showed a small feed interference, which was subtracted from the area of the compound peaks of the test samples.
- 4. Results:

Storage Temperature	Average Percent Chemical Found in Chemical/Vehicle Mixture (a)
-20° C	0.101 ± 0.003
5° C	0.099 ± 0.003
25° C	0.098 ± 0.003
45° Č	0.076 ± 0.003

(a) Mean \pm standard deviation; corrected for a spiked recovery yield of 99% \pm 3%. The theoretical concentration of chemical in feed was $0.100\% \pm 0.001\%$.

5. Conclusions: HC Blue No. 1 mixed with stock rodent feed at the 0.1% concentration was found to be stable to within experimental error over a 2-week storage period at 25° C or below. Samples stored at 45° C for 2 weeks showed a significant loss of the major component when analyzed.

APPENDIX H. PREPARATION AND CHARACTERIZATION

II. Studies Conducted at the Testing Laboratory

A. Preparation: Formulated diets were prepared by adding a dry premix (approximately equal amounts of the feed and chemical) to the appropriate amount of feed and blending for 15 minutes. The mixtures were held at 5°C for no more than 13 days.

B. Homogeneity

1. Procedure: Five-gram feed samples were weighed, placed in a large test tube, and triturated with 25 ml of methanol for 2 minutes in a Polytron high-speed blender. The mixture was filtered through a Millipore filtering apparatus. The feed residue was then reextracted with 25 ml of methanol in a Polytron blender (1 minute) and filtered through a Millipore filter. The feed residue was rinsed twice with washings from the sample tube. The residue was then rinsed with additional aliquots of methanol until there was no trace of the dye in the feed residue. The combined filtrates were then placed in a 100-ml volumetric flask and brought to volume with additional methanol. The absorbance of these solutions was measured at 535 nm to determine the HC Blue No. 1 content. These absorbances were compared to a standard absorption curve of HC Blue No. 1.

2. Results:

Sample Location	Target Concentration (percent wt/wt)	Determined Concentration (percent wt/wt)	Percent of Target Value
Top left	0.075	0.076	101
Top right	0.075	0.074	99
Bottom	0.075	0.084	112
Top left	1.25	1.22	98
Top right	1.25	1.24	99
Bottom	1.25	1.23	98

C. Conclusion: The homogeneity of the high dose mixtures was excellent. The concentration at one of the three sampling positions of the low dose was slightly greater than specifications.

APPENDIX I

ANALYSIS OF FORMULATED DIETS: METHODS

APPENDIX I. ANALYSIS: METHODS

The analytical procedures used by the testing and referee laboratories were similar. Both used a methanolic extraction procedure and a spectrophotometric quantitation step.

I. Testing Laboratory

A. Procedure

- Samples of HC Blue No. 1 as a chemical/feed mixture were received for analysis.
- 2. Duplicate 5-g samples were weighed to the nearest 0.1 g into 50-ml test tubes.
- 3. Four 5-g samples of plain feed were weighed out, and two of these were spiked with 25 mg of HC Blue No. 1.
- 4. Twenty-five milliliters of reagent-grade methanol was added to each sample, spiked plain feed, and plain feed.
- 5. The samples were triturated for 2 minutes on a Brinkman Polytron® Homogenizer.
- 6. Samples were filtered through a Millipore suction filter apparatus with a fiberglass filter.
- 7. Twenty-five milliliters of methanol was added to rinse the sample tube, and the rinse was added to the filtered feed residue with the suction off.
- 8. The feed mixture and methanolic rinse were stirred with a glass stirring rod.
- 9. The mixture was filtered by reattaching the suction.
- 10. Steps 7-9 were repeated.
- 11. The sample tube and feed residue were rinsed with 10-ml portions of methanol until no trace of HC Blue No. 1 was left in the feed residue.
- 12. The combined filtrates were transferred to a 100-ml volumetric flask and brought to volume with methanol.
- 13. The absorbance from 520 to 540 nm was measured against a methanol reference.
- 14. The concentration of HC Blue No. 1 in each sample and spike was calculated from the measured absorbance at 530 nm. The absorbance of the plain feed extracts was subtracted from the absorbances of the sample and spiked plain feed extracts.

B. Calculations

- 1. Concentrations of the sample may be read directly from a verified standard concentrationabsorbance curve.
- 2. A 5-mg sample of HC Blue No. 1 was weighed on the Cahn G-2 electrobalance to the nearest microgram and transferred to a 50-ml volumetric flask.
- 3. Methanol was added to the 50-ml mark.
- 4. Five different dilutions were made of the solution.
- 5. The absorbance was measured from 520 to 540 nm on all of the dilutions and the original stock solution through the use of a Cary 17 absorption spectrometer.
- 6. With the absorbance as the independent variable and the concentration as the dependent variable, the slope and intercept of the calibration line were determined by the method of least squares (the zero-concentration, zero-absorbance point was included as a valid point in this treatment). The correlation coefficient and the standard deviation in the concentration were calculated as a measure of the goodness of fit of the data to a straight line.

II. Analytical Chemistry Laboratory Procedure

- A. Preparation of Spiked Feed Standards: Two standard solutions of HC Blue No. 1 were prepared independently in methanol. These solutions were diluted with methanol to span a range of 2-10 mg/ml. Ten-milliliter aliquots of the six standard solutions were pipetted into individual 200-ml centrifuge bottles containing 5 g of undosed feed to make spiked feed samples bracketing the specified dose range One 200-ml centrifuge bottle containing 5 g of undosed feed was treated with 10 ml of methanol for use as a blank. The spiked feed and the feed blank were sealed and allowed to stand overnight at room temperature before being used in the following analytical procedure.
- B. Preparation of Dosed Feed Sample: Triplicate weights of the dosed feed sample (approximately 5 g weighed to the nearest 0.001 g) were transferred to individual 200-ml centrifuge bottles. Ten milliters of methanol was pipetted into each sample; then the bottles were sealed and allowed to stand overnight at room temperature before being analyzed by the following procedure.
- C. Analysis: Ninety milliliters of methanol was pipetted into each blank, standard, and sample bottle and the bottles were shaken at maximum stroke for 20 minutes on a Burrell Model 75 Wrist-Action® shaker. After being centrifuged for 10 minutes, a 6-ml aliquot from each extract was diluted to 100 ml with methanol and thoroughly mixed. The absorbance of each solution was measured at 535 nm versus methanol in 1-cm quartz cells on a Cary 118 spec-trophotometer.

The total milligrams of HC Blue No. 1 in each feed sample was determined from the linear regression equation obtained from the standard data, relating the absorbance of each spiked feed and blank sample to the milligrams of chemical in the respective spiked feed.

APPENDIX J

ANALYSES OF FORMULATED DIETS: DATA

APPENDIX J. ANALYSES: DATA

I. Thirteen-Week Studies: Formulated diets were analyzed once during the 13-week studies. The results ranged from 97% to 113% of the target concentrations.

Target Concentration (ppm)						
	750	1,500	3,000	6,250	12,500	
Determined Conc	entration (pp	m)				
	780	1,700	2,920	6,560	12,300	

II. Two-Year Studies: Samples of diet formulations were analyzed monthly. The results of the initial mixes ranged from 83% to 113% of the target concentrations (Table J1). It is assumed that the number of remixes required reflects the number of mixes out of specification (\pm 10%) of the target concentrations. The 1,500-, 3,000-, and 6,000-ppm mixes were out of specification 12%, 8%, and 0% of the time.

Split sample analyses were performed by the testing and analytical (referee) laboratories to verify analytical procedures. The analyses by both laboratories were within 10% of the target concentrations. The interlaboratory values were within 10% of each other (Table J2).

TABLE J1. CONCENTRATIONS OF HC BLUE NO.1 IN FEED IN THE TWO-YEAR STUDIES

	<u>Determine</u>	<u>d Concentration for Target C</u>	
Date Mixed	1,500 ppm	3,000 ppm	6,000 ppm
05/21/79	1,400	3,000	
	1,400		
06/18/79	1,600	3,200	5,900
	·	3,100	,
07/1 6/79	1,400	3,300	6,200
08/13/79	1,600	2,900	•
09/10/79	1,600	2,800	5,900
10/08/79	1,500	3,300	
11/05/79	1,400	3,100	5,800
12/03/79	1,500	3,000	
12/31/79	1,400	2,800	6,000
01/28/80	1,600	2,900	
02/25/80	1,600	2,900	5,600
03/24/80	1,400	2,800	
) 4/ 21/80	(a) 1,340	2,800	5,610
05/19/80	1,400	2,730	
06/16/80	1,390	(b) 2,470	5,750
06/20/80	-,	(c) 3,000	7, - 0
7/14/80	1,490	2,870	
08/11/80	1.350	3,240	6,050
9/08/80	(b) 1,250	2,700	3,333
9/12/80	(c) 1,450	_,	
0/06/80	1,360	2,830	5,850
1/03/80	1,660	(b) 2,620	-,
1/06/80	(c) 1,370	(c) 3,250	
12/01/80	1,530	2,770	5,640
01/05/81	1,390	3,220	5,555
01/26/81	1,440	2,750	5,970
02/23/81	1,420	3,000	0,0.0
03/31/81	(b) 1,640	2,880	5,980
04/02/81	(c) 1,520	2,000	0,500
	(0) 1,020		
Experimental mean (d)	1,464	2,926	5,865
Standard deviation (d)	108.9	208.5	181.4
Coefficent of variation (percent)	6.7	6.9	3.4
Range	1,250-1,660	2,470-3,300	5,600-6,200
No. of samples	26	26	13

⁽a) Dose out of specifications but not remixed

TABLE J2. REFEREE SAMPLE DATA FOR FEED IN THE TWO-YEAR STUDIES OF HC BLUE NO. 1

Date Mixed	Target Concentration (ppm)	Determined Concentration	
		Testing Laboratory	Analytical Laboratory
07/16/79	3,000	3,300	3,110
12/03/79	1,500	1,500	1,500
04/21/80	3,000	2,800	3,050
07/14/80	1,500	1,490	1,570
03/30/81	6,000	5,980	5,670

⁽b) Dose remixed (c) Remix

⁽d) The statistical analyses of the data reflect only the initial mixes. They do not include the data from the remixes. This procedure should more accurately portray the doses given to the animals throughout the 2-year studies.

APPENDIX K

SENTINEL ANIMAL PROGRAM IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

A. METHODS

Rodents used in the Carcinogenesis Program of the National Toxicology Program are produced in optimally clean facilities to eliminate potential pathogens that may affect test results. The Sentinel Animal Program is part of the periodic monitoring of animal health that occurs during the toxicologic evaluation of chemical compounds. Under this program, the disease state of the rodents is monitored via viral serology on sera from extra (sentinel) animals in the test rooms. These animals are untreated, and these animals and the test animals are both subject to identical environmental conditions. The sentinel animals come from the same production source and weanling groups as the animals used for the studies of chemical compounds.

Fifteen B6C3F₁ mice and 15 F344/N rats of each sex are selected at the time of randomization and allocation of the animals to the various study groups. Five animals of each designated sentinel group are killed at 6, 12, and 18 months on study. Data from animals surviving 24 months are collected from 5/50 randomly selected control animals of each sex and species. The blood from each animal is collected and clotted, and the serum is separated. The serum is cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Service for determination of the viral antibody titers. The following tests are performed:

	Hemagglutination <u>Inhibition</u>	Complement <u>Fixation</u>	<u>ELISA</u>
Mice	PVM (pneumonia virus of mice) Reo 3 (reovirus type 3) GDVII (Theiler's encephalomyelitis virus) Poly (polyoma virus) MVM (minute virus of mice) Ectro (infectious ectromelia) Sendai	M.Ad. (mouse adenovirus) LCM (lymphocytic choriomeningitis virus	MHV (mouse hepatitis virus)
Rats	PVM KRV (Kilham rat virus) H-1 (Toolan's H-1 virus) Sendai	RCV (rat coronavirus)	

B. RESULTS

Results are presented in Table K1.

TABLE K1. MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO.1

	Interval	No. of Animals	Positive Serologic Reaction for
RAT			
	6 months	6/10	Sendai
		10/10	PVM
	12 months	9/10	Sendai
		5/10	KRV
		9/10	PVM
	18 months	5/10	Sendai
		6/10	PVM
	24 months	6/10	Sendai
		5/10	KRV
		6/10	PVM
		1/10	RCV
MICE			
	6 months	10/10	Sendai
		9/10	PVM
	12 months	9/10	Sendai
		2/10	PVM
	18 months	7/7	Sendai
	24 months	6/10	Sendai

APPENDIX L

FEED AND COMPOUND CONSUMPTION BY RATS AND MICE IN THE TWO-YEAR FEED STUDIES OF HC BLUE NO. 1

TABLE L1. FEED AND COMPOUND CONSUMPTION BY MALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Con	tral	Low Dose			High Dose				
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body	Low/ Control (b) (grams)	Dose/ Day(c)	Grams Feed/ Day (a)	Body Weight (grams)	High/ Control (b) (grams)	Dose/ Day (c)
4	17	188	17	184	1.0	139	16	186	0.9	258
8	15	224	14	217	0.9	97	14	217	0.9	194
12	15	265	15	261	1.0	86	15	263	1.0	171
16	15	303	15	275	1.0	82	15	272	1.0	165
21	15	332	15	320	1.0	70	15	315	1.0	143
26	16	356	15	344	0.9	65	15	335	0.9	134
29	16	365	15	355	0.9	63	13	345	0.8	113
33	15	375	15	362	1.0	62	15	354	1.0	127
38	15	391	16	377	1.1	64	15	369	1.0	122
42	15	394	16	382	1.1	63	15	371	1.0	121
46	15	405	15	390	1.0	58	14	378	0.9	111
50	16	409	15	393	0.9	57	15	382	0.9	118
55	15	420	15	402	1.0	56	15	392	1.0	115
60	14	419	16	407	1.1	59	16	396	1.1	121
65	16	426	16	409	1.0	59	15	399	0.9	113
69	16	425	15	406	0.9	55	9	395	0.6	68
74	17	425	16	407	0.9	59	15	394	0.9	114
77	15	429	15	406	1.0	55	15	393	1.0	115
81	15	420	14	400	0.9	53	14	392	0.9	107
85	15	419	15	399	1.0	56	14	390	0.9	108
89	17	421	15	393	0.9	57	15	384	0.9	117
93	16	422	15	404	0.9	56	16	393	1.0	122
96	14	424	14	399	1.0	53	13	394	0.9	99
101	14	411	14	390	1.0	54	14	378	1.0	111
Mean	15.4	378	15.1	362	1.0	66	14.5	354	0.9	129
SD (d)	0.9		0.7		0.1	19	1.4		0.1	37
CV(e)	5.8		4.6		10.0	28.8	9.7		11.1	28.7

⁽a) Grams of feed removed from feed hopper per animal per day. Not corrected for scatter.
(b) Grams of feed per day for the dosed group divided by that for the controls
(c) Milligrams of HC Blue No. 1 consumed per day per kilogram of body weight
(d) Standard deviation
(e) Coefficient of variation = (standard deviation/mean) × 100

TABLE L2. FEED AND COMPOUND CONSUMPTION BY FEMALE RATS IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Con	trol		Low	Dose		High Dose			
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body	Low/ Control (b) (grams)	Dose/ Day(c)	Grams Feed/ Day (a)	Body Weight (grams)	High/ Control (b) (grams)	Dose/ Day (c)
4	12	128	11	127	0.9	130	11	122	0.9	270
8	10	154	10	150	1.0	100	10	144	1.0	208
12	11	162	9	161	0.8	84	10	157	0.9	191
16	11	176	11	174	1.0	95	11	160	1.0	206
21	10	186	10	184	1.0	82	10	180	1.0	167
26	11	197	10	192	0.9	78	10	186	0.9	161
29	10	202	10	197	1.0	76	8	190	0.8	126
33	10	207	9	201	0.9	67	10	193	1.0	155
38	10	216	9	210	0.9	64	9	201	0.9	134
42	10	217	10	210	1.0	71	9	199	0.9	136
46	10	224	10	216	1.0	69	9	203	0.9	133
50	10	230	10	220	1.0	68	9	205	0.9	132
55	11	240	10	227	0.9	66	10	213	0.9	141
60	11	2 49	11	235	1.0	70	10	218	0.9	138
65	11	257	11	243	1.0	68	11	223	1.0	148
69	11	263	11	247	1.0	67	13	227	1.2	172
74	12	271	12	258	1.0	70	12	236	1.0	153
77	12	281	11	265	0.9	62	11	243	0. 9	136
81	12	285	12	269	1.0	67	11	244	0.9	135
85	12	287	11	275	0.9	60	11	248	0.9	133
8 9	13	297	12	277	0.9	65	12	252	0.9	143
93	13	300	13	287	1.0	68	12	261	0.9	138
96	11	305	12	288	1.1	63	11	267	1.0	124
101	12	299	11	289	0.9	57	11	262	0.9	126
Mean	11,1	235	10.7	225	1.0	74	10.5	210	0.9	154
SD(d)	1.0		1.0		0.1	16	1.2		0.1	34
CV (e)	9.0		9.3		10.0	21.6	11.4		11.1	22.1

⁽a) Grams of feed removed from feed hopper per animal per day. Not corrected for scatter.
(b) Grams of feed per day for the dosed group divided by that for the controls
(c) Milligrams of HC Blue No. 1 consumed per day per kilogram of body weight
(d) Standard deviation
(e) Coefficient of variation = (standard deviation/mean) × 100

TABLE L3. FEED AND COMPOUND CONSUMPTION BY MALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Con	trol	Low Dose				High Dose			
Week	Grams Feed/	Body Weight (grams)	Grams Feed/ Day (a)		Low/ Control (b) (grams)	Dose/ Day (c)	Grams Feed/ Day (a)	Body Weight (grams)	High/ Control (b) (grams)	Dose/ Day (c)
4	6	28.5	7	27.7	1.2	379	7	28.7	1.2	732
8	7	32.6	7	30.1	1.0	349	7	31.6	1.0	665
12	8	34.0	7	33.6	0.9	313	8	33.1	1.0	725
16	8	35.3	8	31.3	1.0	383	9	33.6	1.1	804
21	9	37.3		33.8	0.9	355	8	35.4	0.9	678
26	8	38.1	8 8 8 8 7	35.5	1.0	338	8 8 8 7	36.4	1.0	659
29	8	39.4	8	37.7	1.0	318	8	36.9	1.0	650
33	8	40.2	8	38.0	1.0	316	8	37.2	1.0	645
38	8	41.6	8	39.0	1.0	308	8	38.7	1.0	620
42	7	41.8		39.0	1.0	269		39.2	1.0	536
46	7	42.1	7	39.6	1.0	265	7	39.3	1.0	534
49	7	42.1	7	40.0	1.0	263	7	39.6	1.0	530
55	8	43.4	8	40.0	1.0	300	8 8 8	40.0	1.0	600
59	8	43.3	8 8 8 7	40.8	1.0	294	8	40.3	1.0	596
65	8	43.6	8	40.5	1.0	296	8	40.7	1.0	590
69	8	43.6	7	40.8	0.9	257	9	40.5	1.1	667
74	8	43.8	7	41.4	0.9	254	8	39.9	1.0	602
77	11	43.0	9	41.2	0.8	328	10	40.1	0.9	748
81	8	42.7	8	40.3	1.0	298	9	39.7	1.1	680
85	8	42.0	8	40.0	1.0	300	8	39.5	1.0	608
88	8	41.9	8 8 8 9	39.9	1.0	301	8	39.2	1.0	612
92	9	43.1		40.2	1.0	336	10	40.2	1.1	746
96	10	42.6	8	40.6	0.8	296	10	39.6	1.0	758
101	9	42.8	8	39.6	0.9	303	8	39.4	0.9	609
Mean	8.1	40.4	7.8	37.9	1.0	309	8.2	37.9	1.0	650
SD(d)	1.0		0.6	2.10	0.1	35	0.9		0.1	74
CV (e)	12.3		7.7		10.0	11.3	11.0		10.0	11.4

⁽a) Grams of feed removed from feed hopper per animal per day. Not corrected for scatter.
(b) Grams of feed per day for the dosed group divided by that for the controls
(c) Milligrams of HC Blue No. 1 consumed per day per kilogram of body weight

⁽d) Standard deviation
(e) Coefficient of variation =(standard deviation/mean) × 100

TABLE 14. FEED AND COMPOUND CONSUMPTION BY FEMALE MICE IN THE TWO-YEAR FEED STUDY OF HC BLUE NO. 1

	Con	trol		Low Dose				High Dose			
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body	Low/ Control (b)	Dose/ Day(c)	Grams Feed/ Day (a)	Body Weight (grams)	High/ Control (b) (grams)	Dose/ Day (c	
4	5	22.3	6	21.1	1.2	853	6	21.7	1.2	1,659	
8	5	24.9	6	23.6	1.2	763	6	24.3	1.2	1,481	
12	6	25.8	6	25.1	1.0	717	6	24.5	1.0	1,469	
16	7	27.2	11	25.3	1.6	1,304	7	25.0	1.0	1,680	
21	8	29.5	7	26.0	0.9	808	7	26.4	0.9	1,591	
26	7	30.1	7	27.6	1.0	761	7	26.8	1.0	1,567	
29	7	30.6	7	27.8	1.0	755	7	27.2	1.0	1,544	
33	8	32.6	7	29.8	0.9	705	8	27.8	1.0	1,727	
38	8	33.6	8	29.5	1.0	814	8	27.8	1.0	1,727	
42	5	33.3	6	30.2	1.2	596	6	28.5	1.2	1,263	
46	6	33.8	7	31.0	1.2	677	6 6	28.5	1.0	1,263	
49	7	34.2	7	30.9	1.0	680	6	29.0	0. 9	1,241	
55	8	36.8	8	31.9	1.0	752	7	29.3	0.9	1,433	
59	8	36.6	8	31.4	1.0	764	8	29.7	1.0	1,616	
65	8 8	37.8	8	31.5	1.0	762	7	30.5	0.9	1,377	
69	8	38.1	8	32.5	1.0	738	9	29.9	1.1	1,806	
74	8	39.8	7	32.5	0.9	646	7	30.4	0.9	1,382	
77	11	39.5	8	32.0	0.7	750	8	29.6	0.7	1,622	
81	8	40.8	9	33.1	1.1	816	9	30.3	1.1	1,782	
85	7	40.2	9 8	32.2	1.1	745	9 8	30.3	1.1	1,584	
88	8	41.4	8	32.1	1.0	748	9	31.4	1.1	1,720	
92	9	43.1	9	33.0	1.0	818	10	31.0	1.1	1,935	
96	8	43.3	10	32.2	1.3	932	12	30.5	1.5	2,361	
101	7	41.6	8	31.7	1.1	757	12	30.2	1.7	2,384	
Mean	7.4	34.9	7.7	29.8	1.1	778	7.8	28.4	1.1	1,634	
SD(d)	1.3		1.2		0.2	132	1.7		0.2	289	
CV (e)	17.6		15.6		18.2	17.0	21.8		18.2	17.7	

⁽a) Grams of feed removed from feed hopper per animal per day. Not corrected for scatter.
(b) Grams of feed per day for the dosed group divided by that for the controls
(c) Milligrams of HC Blue No. 1 consumed per day per kilogram of body weight

⁽d) Standard deviation

⁽e) Coefficient of variation = $(standard deviation/mean) \times 100$

APPENDIX M

GENETIC TOXICOLOGY OF HC BLUE NO. 1

TABLE M1. MUTAGENICITY OF HC BLUE NO. 1 IN SALMONELLA

		Revertants/plate (a)						
Strain	Dose (µg/plate)	- S9	+ S9 (rat)	+ S9 (hamster)				
TA100	0	122 ± 5.0	122 ± 6.1	93 ± 3.8				
	100	142 ± 3.2	134 ± 10.5	130 ± 5.0				
	333	183 ± 4.3	180 ± 7.4	236 ± 10.0				
	1,000	252 ± 9.8	282 ± 11.5	312 ± 9.5				
	3,333	416 ± 8.5	327 ± 21.9	324 ± 5.2				
	5,000	432 ± 10.4	340 ± 10.2	313 ± 25.7				
TA1535	0	16 ± 1.5	10 ± 2.6	11 ± 1.3				
	100	16 ± 0.9	10 ± 0.6	12 ± 2.5				
	333	16 ± 1.8	10 ± 2.0	13 ± 1.5				
	1,000	16 ± 3.5	10 ± 0.9	14 ± 3.9				
	3,333	19 ± 2.3	17 ± 1.0	16 ± 1.2				
	5,000	21 ± 2.6	15 ± 1.8	18 ± 1.5				
TA97	0	97 ± 3.7	115 ± 8.4	131 ± 9.2				
	10	107 ± 5.7	131 ± 4.0	125 ± 5.8				
	33	122 ± 9.8	159 ± 11.3	142 ± 5.6				
	100	185 ± 1.2	193 ± 3.8	215 ± 11.1				
	333	290 ± 1.2	322 ± 19.9	347 ± 15.1				
	1,000	459 ± 15.0	523 ± 21.9	872 ± 19.8				
TA98	0	15 ± 2.6	36 ± 5.7	26 ± 3.8				
	100	63 ± 3.2	80 ± 11.3	123 ± 2.7				
	333	167 ± 15.7	176 ± 13.8	378 ± 20.4				
	1,000	328 ± 4.6	448 ± 28.2	$1,088 \pm 21.8$				
	3,333	764 ± 7.0	774 ± 8.7	871 ± 37.1				
	5,000	855 ± 6.3	789 ± 72.8	863 ± 44.5				

(a) The S9 fractions were prepared from the livers of Aroclor 1254-induced animals (male Sprague-Dawley rats and male Syrian hamsters). Cells and test compound or solvent (H_2O) were incubated for 20 min at 37° C in the presence of either S9 or buffer (Yahagi et al., 1975). After the addition of soft agar, the contents of each tube were poured onto minimal medium, and the plates were incubated at 37° C for 48 h (Ames et al., 1975). The experiment was performed twice, each in triplicate; because the results were similar, data from only one experiment are shown.

TABLE M2. INDUCTION OF UNSCHEDULED DNA SYNTHESIS IN RAT HEPATOCYTES BY HC BLUE NO. 1 (a)

Compound	Dose (µg/ml)	Net Grains per Nucleus ± Standard Error		
DMSO	1%	-1.70 ± 0.40		
2-Acetylaminofluorene	10	18.87 ± 0.42		
HC Blue No. 1	1 5	-2.73 ± 0.22 -1.48 \pm 0.33		
	10 25	0.67 ± 0.35 1.32 ± 0.31		
	50 100	$\begin{array}{c} 11.07 \pm 0.80 \\ 9.58 \pm 0.64 \end{array}$		
	250 500	$\begin{array}{c} 13.93 \pm 0.97 \\ 7.60 \pm 0.76 \end{array}$		
	1,000	Toxic		

(a) Unscheduled DNA synthesis was determined essentially by the method of Williams (1977). Hepatocytes from male Fischer-344 rats were isolated according to the procedure of Williams et al. (1977); inoculated into Williams' Medium E supplemented with 2 mM glutamine, 50 µg/ml gentamicin, and 10% fetal bovine serum; and allowed to attach for 2 h. After incubation, the cells were washed, and serum-free medium was added. Three cultures were used per dose of compound (and for controls), and cultures were exposed simultaneously to the test compound and to tritiated thymidine (10µCi/ml) for 18 h. After exposure, cultures were washed, swelled in a hypotonic solution, fixed, and washed with water. The coverslips were mounted to slides, dipped in Kodak NTB-2 emulsion, and exposed at 20° C for 6 d. Cells were stained with methyl-green Pyronin. The grains over 50 morphologically unaltered cells were counted, and the highest count from two nuclear-sized areas over the most heavily labeled cytoplasmic areas adjacent to the nucleus was subtracted from the nuclear count to obtain the net grains per nucleus.

TABLE M3. MUTAGENICITY OF HC BLUE NO. 1 IN L5178Y/TK $^{+/-}$ MOUSE LYMPHOMA CELLS IN THE ABSENCE OF S9(a)

Compound	Dose (µg/ml)	Total Mutant Clones	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutation Frequency (mutants/10 ⁶ clonable cells)
DMSO					
		50	78	100	21
		82	101	100	27
		80	93	100	2 9
		84	78	100	36
Methyl methan	esulfonate				
	5	358	68	73	176
		567	92	82	205
		484	87	90	186
HC Blue No. 1					
	5	47	80	55	20
		77	81	67	32
	10	79	67	55	39
		113	108	32	35
		127	95	60	44
	20	198	86	20	76
		141	95	32	49
		169	89	20	63
	30	194	90	17	72
		238	78	7	102
		220	59	9	124
	40	239	38	4	209
		190	49	ī	129
		288	77	ż	125
	50	265	49	0.2	181
	J U	205 297	60	0.2 6	165

⁽a) Experiments were performed twice, all doses were tested in duplicate, except the solvent control (DMSO), which was tested in triplicate. Because the results were similar, data from only one experiment are shown. The protocol was basically that of Clive et al. (1979). Cells $(6 \times 10^5 \text{/ml})$ were treated for 4 h at 37° C in medium, washed, resuspended in medium, and incubated for 48 h at 37° C. After expression, 3×10^6 cells were plated in medium supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium to determine the percentage of viable cells.

APPENDIX N

DATA AUDIT SUMMARY

APPENDIX N. DATA AUDIT SUMMARY

The experimental data and draft tables for the NTP Technical Report of the toxicology and carcinogenesis studies on HC Blue No. 1 were examined September 6-23, 1983 for Good Laboratory Practice compliance and scientific procedures by the following persons: National Toxicology Program-Dr. D. Bristol, Ms. C. Davies, Dr. B. Gupta, Dr. J. Mennear, Dr. B. Schwetz, Dr. C. Whitmire, and Dr. M. Wolfe; Experimental Pathology Laboratories--Dr. D. Banas and Ms. H. Cooke; and Tracor Jitco-Ms. P. Errico.

The report of the audit of HC Blue No. 1 is on file at the National Toxicology Program. The only discrepancy that could have influenced the outcome of this study was a problem with the identity of control male and female mice. Animals in this study were identified by ear punches in groups of 1 through 50 for each dosed group of animals; control mice were identified as repeating groups of 1 through 10. The laboratory's explanation for this discrepancy was that as ear punches became difficult to read from growing closed, both the digit and the 10's identification were repunched in the dosed mice and only the unit designation was repunched in the control mice. Examination of the data throughout the study confirmed that dosed mice were not mixed up with control mice because animals receiving HC Blue No. 1 in the diet had distinctively stained fur. Thus, control mice were easily distinguished from the dosed mice.

Other discrepancies were not considered to influence the final interpretation of these studies. Some of the minor problems that were not considered to affect the outcome of the studies were not necessarily pursued to final resolution but are identified in the NTP audit report.

In conclusion, no data discrepancies were found that significantly influenced the final interpretation of these experiments.