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TOXICOLOGY AND CARCINOGENESIS STUDIES OF NALIDIXIC ACID

(CAS NO. 389-08-2)

IN F344/N RATS AND B6C3F₁ MICE

(FEED STUDIES)

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

NTP TECHNICAL REPORT

ON THE

TOXICOLOGY AND CARCINOGENESIS STUDIES OF NALIDIXIC ACID

(CAS NO. 389-08-2)

IN F344/N RATS AND B6C3F₁ MICE

(FEED STUDIES)

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NALIDIXIC ACID

CAS No. 389-08-2

C₁₂H₁₂N₂O₃ Molecular weight 232.2

Synonyms: 1-ethyl-1,4-dihydro-7-methyl-4-oxo-1,8-naphthyridine-3-carboxylic acid

Trade Names: NegGram®; Dixiben®; Nalidixan®; Nalurin®; Nogram®; UroNeg®;

Uralgin®; Urisal®

ABSTRACT

Nalidixic acid is an antimicrobial agent used to treat bacterial infections of the urinary tract. Toxicology and carcinogenesis studies were conducted by feeding diets containing nalidixic acid (approximately 99% pure) to groups of F344/N rats and B6C3F₁ mice of each sex for 13 weeks or 2 years. Genetic toxicology studies were conducted in *Salmonella typhimurium*, mouse lymphoma cells, and Chinese hamster ovary (CHO) cells.

Thirteen-Week Studies: Nalidixic acid was administered at dietary concentrations ranging from 1,000 to 16,000 ppm. One female rat that received 16,000 ppm nalidixic acid died before the end of the studies; no other compound-related deaths occurred in rats or mice. The final mean body weights of rats that received 8,000 or 16,000 ppm were 23% or 49% lower than those of controls for males and 11% or 31% lower for females. Feed consumption by rats receiving 16,000 ppm was approximately two-thirds that by controls. Liver weight to body weight ratios for male rats that received 2,000 ppm or more and female rats that received 8,000 ppm or more were significantly greater than those for controls. Degeneration of the germinal epithelium in the seminiferous tubules of the testis was observed in 10/10 male rats that received 16,000 ppm; no other compound-related histopathologic effects were observed in rats. The final mean body weights of mice that received 8,000 or 16,000 ppm were 10%-20% lower than those of controls. Feed consumption by dosed mice was similar to that by controls. Liver weight to body weight ratios were significantly greater for male mice receiving 2,000, 8,000, or 16,000 ppm and for female mice receiving 4,000, 8,000, or 16,000 ppm than for the controls. No compound-related histopathologic effects were observed in mice.

Based on these results, 2-year studies of nalidixic acid were conducted by feeding diets containing 0, 2,000, or 4,000 ppm nalidixic acid to groups of 50 male and 50 female F344/N rats and 50 male and 50 female $B6C3F_1$ mice.

Body Weight and Survival in the Two-Year Studies: Mean body weights of high dose rats were 7%-23% lower than those of controls, and those of low dose male rats were 6%-11% lower than those of controls. The average daily feed consumption by dosed rats ranged from 89% to 96% that by controls. The average amount of nalidixic acid consumed per day was approximately 80 or 175 mg/kg for low

dose or high dose rats. Mean body weights of high dose male mice were 1%-8% lower than those of controls throughout the study. Mean body weights of dosed female mice were 5%-17% lower than those of controls. Average daily feed consumption by dosed mice was within 3% of that by controls. The estimated average amount of nalidixic acid consumed per day was approximately 220 or 475 mg/kg for low dose or high dose mice. No significant differences in survival were seen between any groups of rats or mice of either sex after 2 years (male rats: control, 27/50; low dose, 28/50; high dose, 27/50; female rats: 22/50; 31/50; 29/50; male mice: 33/50; 34/50; 31/50; female mice: 40/50; 43/50; 32/50).

Nonneoplastic and Neoplastic Effects in the Two-Year Studies: The incidences of preputial gland neoplasms in dosed male rats and of clitoral gland neoplasms in dosed female rats were significantly greater than those in controls (male--preputial gland adenomas, papillomas, or carcinomas, combined: control, 3/49; low dose, 19/49; high dose, 20/47; female--clitoral gland adenomas, papillomas, or carcinomas, combined: 5/46; 15/46; 16/47).

A squamous cell carcinoma of the tongue was seen in two high dose male rats. The historical incidence of oral cavity neoplasms in untreated control male F344/N rats is 7/1,596 (0.4%).

There were decreased incidences of leukemia (20/50; 9/50; 7/50) and mammary gland neoplasms (10/50; 7/50; 2/50) in dosed female rats and of pituitary gland neoplasms (11/49; 2/50; 2/50) in dosed male rats.

Retinal degeneration and cataracts of the eye were observed at increased incidences in dosed rats (degeneration--male: 4/48; 41/48; 47/49; female: 2/47; 40/48; 46/50; cataracts--male: 11/48; 23/48; 38/49; female: 0/47; 18/48; 14/50). The cause of these cataracts and retinal degeneration is uncertain because cages were not rotated and low and high dose groups of rats may have been exposed to greater light intensity than were the controls.

Subcutaneous tissue fibrosarcomas and fibromas or fibrosarcomas (combined) were increased in dosed male mice (fibromas or fibrosarcomas, combined: 5/50; 9/50; 14/50). There were no increased incidences of neoplasms in dosed female mice.

Genetic Toxicology: Nalidixic acid was not mutagenic in any of several in vitro short-term tests. No gene reversion was observed in S. typhimurium strains TA97, TA98, TA100, or TA1535 after exposure to nalidixic acid in either the presence or absence of exogenous metabolic activation. Results of tests for induction of trifluorothymidine resistance in mouse L5178Y/TK lymphoma cells were negative with or without metabolic activation. In CHO cells, nalidixic acid did not induce sister chromatid exchanges or chromosomal aberrations in either the presence or absence of activation.

Conclusions: Under the conditions of these 2-year feed studies, there was clear evidence of carcinogenic activity* of nalidixic acid for F344/N rats, as indicated by increased incidences of preputial gland neoplasms in males and clitoral gland neoplasms in females. There was equivocal evidence of carcinogenic activity for male B6C3F₁ mice fed diets containing nalidixic acid, as indicated by marginally increased incidences of subcutaneous tissue neoplasms. There was no evidence of carcinogenic activity for female B6C3F₁ mice fed diets containing 2,000 or 4,000 ppm nalidixic acid for 2 years.

SUMMARY OF THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

Male F344/N Rats	Female F344/N Rats	Male B6C3F ₁ Mice	Female B6C3F ₁ Mice
Dietary concentrations 0, 2,000, or 4,000 ppm nalidixic acid	0, 2,000, or 4,000 ppm nalidixic acid	0, 2,000, or 4,000 ppm nalidixic acid	0, 2,000, or 4,000 ppm nalidixic acid
Body weights in the 2-year s Dosed groups lower than controls	study High dose group lower than controls	High dose group lower than controls	Dosed groups lower than controls
Survival rates in the 2-year 27/50; 28/50; 27/50	study 22/50; 31/50; 29/50	33/50; 34/50; 31/50	40/50; 43/50; 32/50
Nonneoplastic effects None	None	None	None
Neoplastic effects Preputial gland adenomas, papillomas, or carcinomas (combined) (3/49; 19/49; 20/47)	Clitoral gland adenomas, papillomas, or carcinomas (combined) (5/46; 15/46; 16/47)	Subcutaneous tissue fibromas or fibrosarcomas (combined) (5/50; 9/50; 14/50)	None
Level of evidence of carcino Clear evidence	genic activity Clear evidence	Equivocal evidence	No evidence
Other considerations Decreased incidences of anterior pituitary gland adenomas (11/49; 2/50; 2/50)	Decreased incidences of leu- kemia (20/50; 9/50; 7/50) and of mammary gland fibroadenomas or adenocarcinomas (combined) (10/50; 7/50; 2/50)		

^{*}Explanation of Levels of Evidence of Carcinogenic Activity is on page 6.

A summary of the Peer Review comments and the public discussion on this Technical Report appears on page 9.

EXPLANATION OF LEVELS OF EVIDENCE OF CARCINOGENIC ACTIVITY

The National Toxicology Program describes the results of individual experiments on a chemical agent and notes the strength of the evidence for conclusions regarding each study. Negative results, in which the study animals do not have a greater incidence of neoplasia than control animals, do not necessarily mean that a chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a chemical is carcinogenic for laboratory animals under the conditions of the study and indicate that exposure to the chemical has the potential for hazard to humans. Other organizations, such as the International Agency for Research on Cancer, assign a strength of evidence for conclusions based on an examination of all available evidence including: animal studies such as those conducted by the NTP, epidemiologic studies, and estimates of exposure. Thus, the actual determination of risk to humans from chemicals found to be carcinogenic in laboratory animals requires a wider analysis that extends beyond the purview of these studies.

Five categories of evidence of carcinogenic activity are used in the Technical Report series to summarize the strength of the evidence observed in each experiment: two categories for positive results ("Clear Evidence" and "Some Evidence"); one category for uncertain findings ("Equivocal Evidence"); one category for no observable effects ("No Evidence"); and one category for experiments that because of major flaws cannot be evaluated ("Inadequate Study"). These categories of interpretative conclusions were first adopted in June 1983 and then revised in March 1986 for use in the Technical Reports series to incorporate more specifically the concept of actual weight of evidence of carcinogenic activity. For each separate experiment (male rats, female rats, male mice, female mice), one of the following quintet is 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 Carcinogenic Activity is demonstrated by studies that are interpreted as showing a dose-related (i) increase of malignant neoplasms, (ii) increase of a combination of malignant and benign neoplasms, or (iii) marked increase of benign neoplasms if there is an indication from this or other studies of the ability of such tumors to progress to malignancy.
- Some Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of neoplasms (malignant, benign, or combined) in which the strength of the response is less than that required for clear evidence.
- Equivocal Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing a marginal increase of neoplasms that may be chemically related.
- No Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing no chemically related increases in malignant or benign neoplasms.
- Inadequate Study of Carcinogenic Activity is demonstrated by studies that because of major qualitative or quantitative limitations cannot be interpreted as valid for showing either the presence or absence of carcinogenic activity.

When a conclusion statement for a particular experiment is selected, consideration must be given to key factors that would extend the actual boundary of an individual category of evidence. This should allow for incorporation of scientific experience and current understanding of long-term carcinogenesis studies in laboratory animals, especially for those evaluations that may be on the borderline between two adjacent levels. These considerations should include:

- The adequacy of the experimental design and conduct;
- Occurrence of common versus uncommon neoplasia;
- Progression (or lack thereof) from benign to malignant neoplasia as well as from preneoplastic to neoplastic lesions;
- Some benign neoplasms have the capacity to regress but others (of the same morphologic type) progress. At present, it is impossible to identify the difference. Therefore, where progression is known to be a possibility, the most prudent course is to assume that benign neoplasms of those types have the potential to become malignant;
- Combining benign and malignant tumor incidences known or thought to represent stages of progression in the same organ or tissue;
- Latency in tumor induction;
- Multiplicity in site-specific neoplasia;
- Metastases:
- Supporting information from proliferative lesions (hyperplasia) in the same site of neoplasia or in other experiments (same lesion in another sex or species);
- The presence or absence of dose relationships:
- The statistical significance of the observed tumor increase;
- The concurrent control tumor incidence as well as the historical control rate and variability for a specific neoplasm;
- Survival-adjusted analyses and false positive or false negative concerns;
- Structure-activity correlations; and
- In some cases, genetic toxicology.

CONTRIBUTORS

The NTP Technical Report on the Toxicology and Carcinogenesis Studies of Nalidixic Acid is based on the 13-week studies that began in May 1980 and ended in August 1980 and on the 2-year studies that began in April 1981 and ended in May 1983 at Physiological Research Laboratories (Minneapolis, MN).

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The members of the Peer Review Panel who evaluated the draft Technical Report on nalidixic acid on March 13, 1989, 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 NALIDIXIC ACID

On March 13, 1989, the draft Technical Report on the toxicology and carcinogenesis studies of nalidixic acid received public review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The review meeting was held at the National Institute of Environmental Health Sciences, Research Triangle Park, NC.

Dr. R.E. Morrissey, NIEHS, began the discussion by reviewing the experimental design, results, and proposed conclusions (clear evidence of carcinogenic activity for male and female rats, equivocal evidence of carcinogenic activity for male mice, no evidence of carcinogenic activity for female mice).

Dr. Klaassen, a principal reviewer, agreed with the conclusions. He pointed out that there was no dose response in tumor incidence in rats, indicating that emphasis could be given to the "anticarcinogenic" effects of nalidixic acid in female rats, and noted the greater survival in dosed female rats. Dr. Morrissey said that some of these negative effects may have been related to the decreased body weight gain observed in dosed female rats. Dr. Klaassen asked whether there are human equivalents of preputial and clitoral glands. Dr. Morrissey replied that they are not found as specific organs in humans, but prepuce and clitoris are components of other tissues.

Dr. Ashby, the second principal reviewer, agreed with the conclusions. He commented on observations from the NTP data base that of all the chemicals that induce preputial or clitoral neoplasms, nalidixic acid is the only one that is neither genotoxic nor a multiorgan carcinogen. He speculated that this was a classic case to pursue to examine secondary mechanisms of the chemical induction of cancer, in that the chemical might be inducing changes in homeostatic mechanisms resulting in either increases or decreases in tumor incidences. Dr. Gallo commented that the specific tumors that had an increased or decreased incidence in rats had estrogen receptors and wondered if nalidixic acid might be modifying estrogen metabolism in some manner.

Dr. Newberne, the third principal reviewer, agreed with the conclusions. He noted the lack of a dose response in male and female rats. He thought the discussion concerning possible mechanisms for severe degeneration of germinal epithelium of seminiferous tubules of the testis in high dose male rats in the 13-week studies to be speculative. He had similar comments concerning discussion of retinal degeneration and cataracts in dosed male and female rats in the 2-year studies. There ensued a discussion as to whether the eye lesions were associated with chemical administration or with light. Dr. J. Huff, NIEHS, pointed out that, in the animal rooms, the low dose animals were housed on racks above the high dose animals and the incidences of eye lesions did not appear to be associated with cage location.

Drs. Ashby and McKnight wondered why there was not some evidence of carcinogenic activity for male mice, based on the increases in subcutaneous tissue tumors. Dr. S. Eustis, NIEHS, explained that pairwise comparisons (for high dose vs. control) and the trend test showed only marginal statistical significance and, further, the incidence of tumors was within the historical control range for the laboratory.

Dr. Klaassen moved that the Technical Report on nalidixic acid be accepted with the conclusions as written for male and female rats, clear evidence of carcinogenic activity, for male mice, equivocal evidence of carcinogenic activity, and for female mice, no evidence of carcinogenic activity. Dr. Gold seconded the motion, which was accepted by nine votes to one (Dr. Klaassen).

I. INTRODUCTION

Physical Properties, Production, and Use
Human Exposure and Health Effects
Distribution and Metabolism
Short-Term Studies
Genetic Toxicology
Toxicity Studies
Carcinogenicity
Reproductive and Developmental Toxicity
Study Rationale

NALIDIXIC ACID

CAS No. 389-08-2

C₁₂H₁₂N₂O₃

Molecular weight 232.2

Synonyms: 1-ethyl-1,4-dihydro-7-methyl-4-oxo-1,8-naphthyridine-3-carboxylic acid

Trade Names: NegGram[®]; Dixiben[®]; Nalidixan[®]; Nalurin[®]; Nogram[®]; UroNeg[®]; Uralgin[®]; Urisal[®]

Physical Properties, Production, and Use

Nalidixic acid is an odorless, white to slightly yellow, crystalline powder (Remington's, 1980) that has a pK_a of 8.6 and a melting point of 229°-230° C and is practically insoluble in water (Merck, 1983). It is manufactured by the condensation of 2-amino-6-methylpyridine with the diethyl ester of (ethoxymethylene) malonic acid, cyclization to ethyl 1,4-dihydro-7-methyl-4-oxylate, and finally, ethylation with ethyl bromide and saponification (NIOSH, 1988).

Nalidixic acid, an oral antimicrobial agent effective against gram-negative bacteria, is used to treat infections of the urinary tract. It is effective against most Proteus strains, Klebsiella, Enterobacter, some Salmonella and Shigella strains, and Escherichia coli (Gleckman et al., 1979; Remington's, 1980; Merck, 1983). About 200,000 prescriptions were written in 1987 (IMS America Ltd., 1988). Nalidixic acid is available as nalidixic acid tablets, NF, containing 250, 500, or 1,000 mg of the drug and also as a pediatric suspension (250 µg/ml). In 1976, U.S production is estimated to have exceeded 1,000 lb (USITC, 1977); an equal or greater amount was imported (NIOSH, 1988). Nalidixic acid selectively and reversibly inhibits DNA synthesis in bacteria. It is an inhibitor of bacterial gyrase, an enzyme similar to topoisomerase II in eukaryotes (Crumplin, 1981). The enzyme requires ATP to catalyze supercoiling of duplex DNA.

Human Exposure and Health Effects

Nalidixic acid is usually well tolerated, but common adverse reactions include gastrointestinal disturbances (Ahlmen et al., 1983), skin lesions (Boisvert and Barbeau, 1981; Epstein and Wintroub, 1985), and neurologic reactions (reviewed by Gleckman et al., 1979). Nausea, vomiting, and abdominal pain are the most frequently reported gastrointestinal disturbances caused by nalidixic acid. Some patients experience allergic reactions, such as pruritus, urticaria, various rashes, and photosensitivity. Nalidixic acid is contraindicated for patients with a history of convulsive disorders. Central nervous system effects, including brief convulsions, increased intracranial pressure, and toxic psychosis, have been reported in a few individuals. These effects are rapidly reversible upon discontinuation of the drug. Increases in intracranial pressure and subjective visual disturbances have been reported mainly in children but also in adults (Anderson et al., 1971; Fraser and Harrower, 1977; Hecht, 1978; Jo et al., 1979; Gedroyc and Shorvon, 1982). Ocular side effects, including slight papilledema, may be due to increased intracranial pressure. Although no lesions have

been reported in children, toxicologic studies have shown that nalidixic acid and related drugs can cause erosion of cartilage at weight-bearing joints in some laboratory species (Ingham et al., 1977). Cholestasis, thrombocytopenia, leukopenia, and hemolytic anemia rarely occur (Mandal and Stevenson, 1970; Potasman and Bassan, 1980; Meyboom, 1984; Mandell and Sande, 1985).

No epidemiologic studies or case reports examining the relationship between exposure to nalidixic acid and human cancer incidences were found in the literature.

Distribution and Metabolism

After oral administration, nalidixic acid is rapidly absorbed from the gastrointestinal tract, partially metabolized in the liver, and rapidly excreted through the kidneys (reviewed by Gleckman et al., 1979). Absorption from the gastrointestinal tract is estimated to exceed 95%, with minimal fecal excretion. More than 90% of the nalidixic acid and 60% of its hydroxylated metabolite are protein bound in blood. A steady-state serum concentration is reached after 3 days of dosing. The recommended adult dose of 1 g (administered four times per day for 1 or 2 weeks, average daily dose of about 65 mg/kg) produces peak serum levels of active drug that average approximately 20-40 µg/ml (Moore et al., 1965; Mannisto, 1976). The plasma half-life of nalidixic acid in persons with normal renal function has been reported to be approximately 2 hours after administration of a 1-g dose.

Unchanged nalidixic acid (2%-3% of a dose) appears in the urine along with an active metabolite, hydroxynalidixic acid (13%), which also has antibacterial activity (McChesney et al., 1964; reviewed by Gleckman et al., 1979). Peak urine levels of the active drug are approximately 150-300 µg/ml, 3-4 hours after administration (Mannisto, 1976; Cuisinaud et al., 1982). Both nalidixic acid and its 7-hydroxy derivative were reported to have an apparent elimination half-life of 6-7 hours (Ferry et al., 1981). The daily urinary recovery of administered drug is approximately 80% at steady state (McChesney et al., 1964; Mannisto, 1976). More than 80% of a dose

is excreted as biologically inactive glucuronide and dicarboxylic derivatives of the parent compound and the metabolite. Renal insufficiency did not affect the renal clearance of nalidixic acid, but it significantly decreased the elimination rate of hydroxynalidixic acid (Cuisinaud et al., 1982). Barbeau and Belanger (1982) reported that the plasma half-life of the active drug averaged 11.5 hours in an older volunteer group, a finding that the authors suggest may be due to diminished renal function.

In rats and mice, oral doses are rapidly absorbed; peak blood concentrations are detected about 1 hour later; elimination is via the kidneys, peaking at about 6 hours after dosing (Rossoff, 1974).

Short-Term Studies

The oral LD₅₀ of nalidixic acid was reported by different investigators to be 1,350 mg/kg and 572 mg/kg for rats (NIOSH, 1979) and 3,300 mg/kg (Merck, 1983) or 1,120 mg/kg (Beliles, 1972) for mice. In mice, the subcutaneous LD_{50} was reported to be 500 mg/kg (NIOSH, 1979; Merck, 1983) and the intravenous LD₅₀ to be 176 mg/kg (Merck, 1983). Negishi et al. (1985) reported that C57BL female mice given intraperitoneal injections at the LD₅₀ for 2 consecutive days showed no adverse effects on hematocrit value or on the colony-forming ability of bone marrow cells. In vitro, nalidixic acid had no effect on the colony-forming ability at a concentration of 100 µg/ml, a clinically relevant level. Nalidixic acid was reported to induce phototoxicity in CF-1 mice (Ljunggren and Moller, 1978; Keane et al., 1984).

A study performed to characterize the potential for nalidixic acid to chelate cupric and zinc ions showed that both ions complex with the chemical (G.S. Goldstein, Sterling Drug Inc., personal communication to Bureau of Drugs, 1977). Bailey et al. (1984) suggested that drug-metal complexes may play a role in the mechanism of action of nalidixic acid.

Genetic Toxicology

Nalidixic acid is a known inhibitor of DNA gyrase, exerting its effect by complexing with the A subunit of the enzyme (Cozzarelli, 1980;

McCoy et al., 1980; Nishio and Uyeki, 1982), thus interfering with DNA replication/repair by disruption of the supercoiling processes. The positive responses recorded in bacterial assays for induction of DNA damage after exposure to nalidixic acid (Kada et al., 1972; Boyle and Simpson, 1980; McCoy et al., 1980; Suter and Jaeger, 1982) are probably the effects of the secondary influences on replication and repair processes rather than a direct interaction with the DNA. These assays use, as the measure of damage, inhibition of DNA synthesis or differential growth inhibition between DNA repair-competent and repair-deficient strains. Nalidixic acid was also shown to induce amplification of the recA protein in Salmonella typhimurium (Pierre et al., 1982) and E. coli (Salles et al., 1987), a protein reported to be released during the initial processes of the SOS bacterial DNA repair network following strand breakage. Induction of a DNA repair-associated enzyme in yeast has also been reported following treatment with nalidixic acid (Robinson et al., 1986). The effects of nalidixic acid interference with DNA metabolism were also expressed in specific gene mutation assays with bacteriophage and bacteria. DeMarini and Lawrence (1988) observed a weakly mutagenic response in bacteriophage T4 rFC11 treated with highly toxic doses (100-400 μM) of nalidixic acid. In the Bacillus subtilis multigene sporulation test, a bacterial assay that has not been widely used, nalidixic acid treatment produced a significant increase in asporogenic mutant colonies (determined by loss of the normal dark pigmentation characteristic of sporulating bacteria); this increase in asporogenic colonies was most pronounced at nalidixic acid concentrations of 100 and 200 µg/ml, whereas at higher concentrations of 300 and 500 ug/ ml, the proportion of mutant colonies recovered was not significantly increased (Sacks and MacGregor, 1982). Levin et al. (1984) observed a significant increase in mutant colonies of Salmonella strain TA102 after exposure to nalidixic acid; the authors attributed this mutagenic response to the secondary effects of DNA polymerase inhibition and the resultant singlestrand breaks that ultimately produced small deletions in susceptible DNA regions of an incorporated plasmid. Other tests for gene mutation induction in S. typhimurium, however, were uniformly negative, with and without S9 (Sugimura et al., 1976; McCoy et al., 1980; Podger and Grigg, 1986; Zeiger et al., 1988; Table II); results obtained in gene mutation studies with yeast were also negative (Sarachek, 1979). In contrast, induction of sex-linked recessive lethal mutations was reported in adult male Drosophila fed nutritional media coated with 10 or 20 mg nalidixic acid for 6 or 3 days, respectively (Filippova and Efremova, 1974).

In mammalian cell cultures, nalidixic acid exhibited weak inhibition of DNA synthesis in an in vitro preparation of Chinese hamster ovary cells after ultraviolet radiation (Clarkson and Mitchell, 1983). Two studies of chromosomal aberration induction in cultured human lymphocytes have been reported. In one study, a weak induction of chromosomal aberrations was observed at the high dose of 340 µg/ml nalidixic acid (P<0.05) (Shiratori and Takase, 1980); in the second, in which nalidixic acid concentrations up to 100 µg/ml were tested, no induction of aberrations was noted (Stenchever et al., 1970). In human epidermal keratinocytes cultured in 500 µg/ml nalidixic acid, DNA damage was not detected, but a strong inhibitory effect on replication was observed (Bohr et al., 1986).

In vivo tests for induction of dominant lethal mutation in C3H or DDY mice administered nalidixic acid orally at doses of 800 mg/kg once or 1,000 mg/kg per day for 5 days, respectively, were negative (Tokunaga et al., 1979; Shimada et al., 1980). No increase in the incidence of chromosomal aberrations was observed in the bone marrow cells of JCI-ICR mice administered 1,700 mg/kg nalidixic acid orally for 5 days (Shiratori and Takase, 1980).

Peripheral blood lymphocytes from children treated clinically with 50 mg/kg nalidixic acid for 10 days were reported to exhibit a significant increase in sister chromatid exchanges (SCEs) compared with cells from these children examined before initiation of treatment (Kowalczyk, 1980). The interpretation of results from this study, however, is complicated because the number of cells scored from each patient was much lower than normal in such a study, control levels of SCEs were quite high, and the individual SCE rates of group members (both exposed and control) differed significantly, thereby increasing the difficulty of assessing the pooled data.

Toxicity Studies

A series of toxicity studies was conducted by the Sterling-Winthrop Research Institute (1962a, b,c, 1965) to evaluate the potential toxicity of nalidixic acid in rats, dogs, and monkeys.

Nalidixic acid was administered by gavage at daily doses of 4, 40, and 400 mg/kg in 1% aqueous gum tragacanth for approximately 1 year to groups of 20 male and 20 female Charles River CD® rats (Sterling-Winthrop, 1962a). Additional groups of 10 rats of each sex received 800 mg/kg. Rats in the 4 and 40 mg/kg groups appeared normal throughout the studies; no pharmacologic effects or changes in feed consumption or stools were observed. At doses of 400 and 800 mg/kg, respiratory depression, dyspnea, ataxia, and prostration were observed. After 1 week of compound administration, rats in the 400 mg/kg groups showed more tolerance to the effects of nalidixic acid. All rats in the 800 mg/kg groups died within 23 weeks of the start of dosing. Male rats in the two lower dose groups gained weight at the same rate as control rats; female rats gained weight at similar rates for the first 15 weeks and then had lower growth rates during the last 40 weeks. Moderate-tosevere depression of the growth rate was observed in each sex in the 400 and 800 mg/kg groups. (Final body weights of the 4, 40, and 400 mg/kg groups were 109%, 100%, and 77% that of controls for males and 90%, 86%, and 79% for females.) Hematologic values (erythrocyte and leukocyte counts, hemoglobin concentration, hematocrit, and differential counts) for rats in the 40, 400, and 800 mg/kg groups were within normal limits at each determination. Significant effects on the blood pressure of rats in the 800 mg/kg group were not seen after 14 weeks of drug administration. A relatively large number of deaths occurred in all dosed groups (12/20) males and 7/20 females in the control group); only in the two highest dose groups were deaths attributed to the drug. No gross or pathologic changes were attributed to drug administration.

Pharmacologic activity related to nalidixic acid administration in dogs was observed at doses of 50, 100, 200, and 400 mg/kg in aqueous gum tragacanth given by gavage five times over a 6-day period (Sterling-Winthrop, 1962b). The most

common effects of drug administration were salivation and emesis. In the 200 and 400 mg/kg groups, there were convulsions, prostration, and death of some dogs. This study was followed by a 13-month study in which nalidixic acid was given to three groups of three beagle dogs at doses of 12.5, 25, and 50 mg/kg (once per day, 6 days per week) by gavage. All dosed groups salivated after drug adminstration during the first 3 weeks but only sporadically thereafter. No drug-related deaths occurred. No peripheral blood or histopathologic changes were attributed to nalidixic acid. The urine was normal in all groups. Yasuda et al. (1983), in similar studies, dosed beagle dogs with 50 mg/kg nalidixic acid for 35 days and did not find any significant lesions by light microscopy. At the electron microscopic level, however, these investigators found focal hyperplasia of the parathyroid.

Adult rhesus monkeys tolerated gavage doses of 25, 75, or 225 mg/kg once per day for 1 year (Sterling-Winthrop, 1962c). A slightly lower growth rate, compared with controls, was the only effect observed. In a range-finding study, monkeys were normal after receiving doses of 450 or 900 mg/kg. At the doses used in the 1year study, normal values were obtained in routine hematologic and serum biochemical analyses and urinalyses, and no pathologic tissue changes were observed. A 1-year study conducted with juvenile monkeys administered 100 mg/kg had similar findings (Sterling-Winthrop, 1965). Three of these monkeys were the offspring of rhesus monkeys given 200 mg/kg during pregnancy and for 2 weeks post partum while nursing. All dosed monkeys gained weight more rapidly than did the controls. Results of hematologic and serum biochemical analyses and urinalyses were normal at all times. Abnormalities of the pelvis and long bones of the legs were not detected by X-ray at any time in monkeys dosed with nalidixic acid for 12 months.

Nalidixic acid and related drugs have been shown to cause arthropathy in juvenile animals of some species (Ingham et al., 1977; Compendium, 1988). At high doses, hydroxynalidixic acid, the principal metabolite of nalidixic acid, has been shown to have oculotoxic potential in dogs and cats. However, nalidixic acid administered

to dogs and cats did not produce the same effects. Followup studies were limited by the sensitivity of dogs and cats to central nervous system side effects. Therefore, the doses of nalidixic acid that could be used were limited; this factor, together with a low rate of conversion to the hydroxy metabolite in these species, may explain the absence of these effects when nalidixic acid is administered (PDR, 1986).

Carcinogenicity

A study reported by Kanisawa et al. (1974) may not have been adequate for evaluation of carcinogenicity of nalidixic acid. Twenty mice were fed the chemical at dietary concentrations of 500 ppm. One animal developed a hepatic adenoma, but the duration of the study was only 36 weeks. Kurokawa et al. (1986) exposed groups of 51 CFD₁ mice of each sex to nalidixic acid at dietary concentrations of 800 or 1,600 ppm for 76 weeks. All surviving animals were killed at week 85, after 9 weeks on the basal diet. Body weights were slightly lower in the high dose groups and in the low dose males. No statistically significant differences in the incidences of neoplasms in any organ were observed between dosed and control mice of either sex.

Reproductive and Developmental Toxicology

Back et al. (1975) reported that nalidixic acid had no detrimental effect on stallion sperm motility. No lesions in reproductive organs were observed in the Sterling-Winthrop studies (1962a,b,c) cited above. In lactating women, only 0.003% of a 2-g nalidixic acid dose was excreted as unchanged nalidixic acid in milk within 24 hours (Traeger and Peiker, 1980).

Stenchever et al. (1970) found that nalidixic acid in vitro did not induce chromosomal damage in human leukocytes, but they suggested that it would be good practice to avoid the use of nalidixic acid during pregnancy because the developing embryo/fetus could possibly be damaged. Clinical experience does not support their view. Sixty-three women treated at various periods during pregnancy with nalidixic acid did not have any offspring with congenital malformations or intracranial hypertension (Murray, 1981). Kalter and Warkany (1983) concluded that nalidixic acid was unlikely to cause congenital malformations.

Diverse results of nalidixic acid on embryo/fetal development have been reported in animal studies. No standard Food and Drug Administration (FDA) tests (Segment I, II, or III) were found in the literature. Courtney et al. (1967) reported no apparent effects of nalidixic acid on the developing monkey fetus. In sea urchin embryos, nalidixic acid at concentrations of 500 µg/ml interfered with early in vitro development (Czinn et al., 1981). A summary of the study by Nishimura et al. (1971) states that nalidixic acid was not teratogenic at oral doses of 73, 220, or 660 mg/kg per day to mice and at 73 or 220 mg/kg per day to rats.

Study Rationale

This nomination resulted from a review of a large number of prescribed drugs by the FDA, which was concerned because nalidixic acid exerts its antibacterial effect through DNA synthesis inhibition and because of the lack of carcinogenicity data on this compound. The estimated human exposure to this drug is moderate to high and is long term in some persons. The drug was administered in feed because nalidixic acid is given orally to humans.

II. MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF NALIDIXIC ACID CHARACTERIZATION OF FORMULATED DIETS THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

PROCUREMENT AND CHARACTERIZATION OF NALIDIXIC ACID

Nalidixic acid was obtained in one lot (lot no. H120779) from Hilton-Davis Chemical Company (Cincinnati, OH). Purity and identity analyses were conducted at Midwest Research Institute (Kansas City, MO) (Appendix H). The study chemical was identified as nalidixic acid by infrared, ultraviolet/visible, and nuclear magnetic resonance spectroscopy.

Nalidixic acid lot no. H120779 was found to be approximately 99% pure, as determined by elemental analysis, Karl Fischer water analysis, potentiometric titration in pyridine solution of the carboxylic acid group with 0.1 N tetrabutylammonium hydroxide (in methanol:2-propanol, 1:9), thin-layer chromatography, and high-performance liquid chromatography. The identity of the chemical was verified at the study laboratory by infrared spectroscopy.

Stability of the bulk chemical during the course of the studies was monitored by nonaqueous titration of the carboxylic acid group and high-performance liquid chromatography. No notable degradation was observed during the studies.

CHARACTERIZATION OF FORMULATED DIETS

The homogeneity of formulated diets containing 8,000 ppm nalidixic acid was demonstrated to be within 1% of the target concentration by the analytical chemistry laboratory and within 3% by the study laboratory in samples taken from three locations in the blender. The chemical in feed at a concentration of 8,000 ppm was shown to be stable for at least 2 weeks in the dark at temperatures up to 25° C. A loss of approximately 5% was demonstrated after 2 weeks' storage at 45° C. In the 13-week studies, the formulated diets were stored protected from light at room temperature and used within 11 days of formulation. In the 2-year studies, the formulated diets were stored protected from light at room temperature for no longer than 2 weeks.

During the 2-year studies, the formulated diets were analyzed at approximately 8-week intervals. For the nalidixic acid studies, it was estimated that the mixtures were formulated within $\pm 10\%$ of the target concentrations approximately 96% of the time throughout the studies (Table H3). Results of referee analysis periodically performed by the analytical chemistry laboratory indicated generally good agreement with the results from the study laboratory (Table H4).

THIRTEEN-WEEK STUDIES

Thirteen-week studies were conducted to evaluate the cumulative toxic effects of repeated exposure to nalidixic acid and to determine the concentrations to be used in the 2-year studies. Dietary concentrations for the 13-week studies were based on prior studies by the manufacturer (Sterling-Winthrop, 1962a).

Four- to five-week-old male and female F344/N rats and 5- to 6-week-old male and female B6C3F₁ mice were obtained from Charles River Breeding Laboratories and were observed for 20 days. Animals were distributed to weight classes and assigned to cages and groups according to a standard operating procedure that was not fully described in the study report.

Groups of 10 rats and 10 mice of each sex were given diets containing 0, 1,000, 2,000, 4,000, 8,000, or 16,000 ppm nalidixic acid for 13 weeks. Control diets consisted of NIH 07 Rat and Mouse Ration. Formulated or control diets and water were available ad libitum.

Animals were observed twice per day; moribund animals were killed. Feed consumption was measured once per week by cage. Individual animal weights were recorded once per week.

At the end of the 13-week studies, survivors were killed. A necropsy was performed on all animals. Tissues and groups examined are listed in Table 1.

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE FEED STUDIES OF NALIDIXIC ACID

Thirt	oon.	Waa	L St	udies

Two-Year Studies

EXPERIMENTAL DESIGN

Size of Study Groups

10 males and 10 females of each species

50 males and 50 females of each species

0, 1,000, 2,000, 4,000, 8,000, or 16,000 ppm nalidixic acid in feed 0, 2,000, or 4,000 ppm nalidixic acid in feed

Date of First Dose

5/26/80

Rats--4/30/81; mice--male: 4/14/81; female: 5/7/81

Date of Last Dose

8/24/80

Protocol called for dosing up to necropsy

Duration of Dosing

13 wk

103 wk

Type and Frequency of Observation

Observed 2 × d; weighed initially and 1 × wk thereafter

Observed $2 \times d$; weighed initially, $1 \times wk$ for 12 (rats), 14 (male mice) or 13 (female mice) wk, and then 1 × mo; feed consumption measured 1 × mo

Necropsy and Histologic Examinations Necropsy performed on all animals; the tissues were examined histologically for control and high dose groups and

animals with gross lesions

Necropsy performed on all animals. The following tissues examined histologically for control and high dose rats and mice and low dose female mice: adrenal glands, brain, cecum, colon, costochondral junction, duodenum, esophagus, eyes, gallbladder (mice), gross lesions, heart and aorta, ileum, jejunum, kidneys, larynx and pharynx, liver, lungs and bronchi, mammary gland, mandibular and mesenteric lymph nodes, nasal cavity and turbinates, oral cavity, pancreas, parathyroids, pituitary gland, preputial or clitoral gland, rectum, salivary gland, sciatic nerve, seminal vesicles/prostate/testes/tunica vaginalis/scrotal sac or ovaries/ uterus, skin, spinal cord, spleen, sternebrae or vertebrae or femur including marrow, stomach, thigh muscle, thymus, thyroid gland, tissue masses and suspect tumors with regional lymph nodes, tongue, trachea, and urinary bladder; low dose male rats: adrenal glands, gross lesions, heart, nasal cavity, pancreas, pituitary gland, preputial gland, and skin; low dose female rats: adrenal glands, clitoral gland, eyes, gross lesions, liver, nasal cavity, spleen, thymus, and uterus; low dose male mice: adrenal glands, kidneys, liver, and lungs

ANIMALS AND ANIMAL MAINTENANCE

Strain and Species

F344/N rats; B6C3F₁ mice

F344/N rats; B6C3F₁ mice

Animal Source

Charles River Breeding Laboratories (Portage, MI)

Charles River Breeding Laboratories (Kingston, NY)

Study Laboratory

Physiological Research Laboratories

Physiological Research Laboratories

Method of Animal Identification

Toe and ear clip

Time Held Before Study

20 d

Rats--14 d: mice--male: 14 d: female: 11-14 d

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE FEED STUDIES OF NALIDIXIC ACID (Continued)

Thirteen-Week Studies

Two-Year Studies

ANIMALS AND ANIMAL MAINTENANCE (Continued)

Age When Placed on Study

Rats--7-8 wk; mice--8-9 wk

Rats--6-7 wk; mice--7-8 wk

Age When Killed

Rats--20-21 wk; mice--21-22 wk

Rats--110-111 wk; mice--111-112 wk

Necropsy Dates

Rats--8/25/80 and 8/27/80; mice--8/26/80-8/27/80

Rats--4/26/83-4/29/83; mice--male: 4/13/83-4/14/83;

female: 5/2/83-5/3/83

Method of Animal Distribution

Animals distributed to weight classes and then assigned to cages by one table of random numbers and to groups by a standard operating procedure not fully described in the protocol

Animals assigned to dosed and control groups according to tables of random numbers

Diet

NIH 07 Rat and Mouse Ration (Zeigler Bros., Inc., Gardners, PA); available ad libitum

Same as 13-wk studies

Bedding

Aspen wood chips

Heat-treated aspen wood shavings (Minnesota Sawdust and Shavings Co., Anoka, MN)

Water

Automatic watering system (Edstrom Industries, Waterford, WI); available ad libitum

Same as 13-wk studies; softened to < 1 grain/gal through sodium zeolite

Cages

Polycarbonate (Hazleton Systems, Inc., Aberdeen, MD)

Same as 13-wk studies

Cage Filters

Not specified

Cages placed on filtered Enviro Rack Systems (Mouse H1370, Rat H1430) (Hazleton Systems, Inc., Aberdeen, MD)

Reemay spun-bonded polyester filters (Snow Filtration, Cincinnati, OH)

Animals per Cage

5

Other Chemicals on Study in the Same Room

None

5

Animal Room Environment

Temp--20.0°-25.5° C; hum--40%-60%; fluorescent light 12 h/d

Temp- $\cdot 21.1^{\circ}$ - 26.7° C; hum- $\cdot 30\%$ -74%; fluorescent light 12 h/d; 0-37 room air changes/h

TWO-YEAR STUDIES

Study Design

Diets containing 0, 2,000, or 4,000 ppm nalidixic acid were fed to groups of 50 male and 50 female rats and 50 male and 50 female mice for 103 weeks.

Source and Specifications of Animals

The male and female F344/N rats and B6C3F₁

(C57BL/6N, female × C3H/HeN MTV⁻, male) mice used in these studies were produced under strict barrier conditions at Charles River Breeding Laboratories. Breeding stock for the foundation colonies at the production facility originated at the National Institutes of Health Repository. Animals shipped for study were progeny of defined microflora-associated parents that were transferred from isolators to barrier-maintained rooms. Animals were shipped to the study laboratory at 4-6 weeks of age. The animals were

quarantined at the study facility for 11-14 days. Thereafter, a complete necropsy was performed on five animals of each sex and species to assess their health status. The rodents were placed on study at 6-8 weeks of age. The health of the animals was monitored during the course of the study according to the protocols of the NTP Sentinel Animal Program (Appendix E).

A quality control skin grafting program has been in effect since early 1978 to monitor the genetic integrity of the inbred mice used to produce the hybrid B6C3F₁ study animal. In mid-1981, data were obtained that showed incompatibility between the NIH C3H reference colony and the C3H colony from a Program supplier. In August 1981, inbred parental lines of mice were further tested for genetic integrity via isozyme and protein electrophoresis profiles that demonstrate phenotype expressions of known genetic loci.

The C57BL/6N mice were homogeneous at all loci tested. Eighty-five percent of the C3H mice monitored were variant at one to three loci, indicating some heterogeneity in the C3H line from this supplier. Nevertheless, the genome of this line is more homogeneous than that of randomly bred stocks.

Male mice from the C3H colony and female mice from the C57BL/6N colony were parents for the hybrid B6C3F₁ mice used in these studies. The influence of the potential genetic nonuniformity in the hybrid mice on these results is not known, but results of the studies are not affected because concurrent controls were included in each study.

Animal Maintenance

Rats and mice were housed five per cage. Feed (Appendix G) and water were available ad libitum. Cages were not rotated during the studies. Further details of animal maintenance are given in Table 1.

Clinical Examinations and Pathology

All animals were observed two times per day. Body weights were recorded one time per week for the first 3 months of the studies and one time per month thereafter. Mean body weights were calculated for each group. Animals found moribund and those surviving to the end of the studies were humanely killed. A necropsy was performed on all animals including those found dead, except for tissues that were excessively autolyzed or missing. 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.

During necropsy, all organs and tissues were examined for grossly visible lesions. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Histopathologic examination of tissues was performed according to the "inverse pyramid" design (McConnell, 1983a,b). Complete histopathologic examinations (Table 1) were performed on high dose and control animals and on low dose animals dying through month 21 of the studies. In addition, histopathologic examinations were performed on all grossly visible lesions in all dose groups. Potential target organs for chemically related neoplastic and nonneoplastic effects were identified from the short-term studies or the literature and were determined by examination of the pathology data; these target organs/tissues in the lower dose groups were examined histopathologically (Table 1).

When the pathology evaluation was completed by the laboratory pathologist and the pathology data entered into the Carcinogenesis Bioassay Data System, the slides, paraffin blocks, and residual formalin-fixed tissues were sent to the NTP Archives. The slides, blocks, and residual wet tissues were audited for accuracy of labeling and animal identification and for thoroughness of tissue trimming. The slides, individual animal necropsy records, and pathology tables were sent to an independent pathology quality assessment laboratory. The individual animal records and pathology tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. All tissues with a tumor diagnosis, all potential target tissues, and all tissues from a randomly selected 10% of the animals were re-evaluated microscopically by a quality assessment pathologist. Potential target organs selected for review were the thymus and preputial gland for male rats, the thymus and clitoral and mammary glands for female rats, and the lung and adrenal gland for male and female mice. Nonneoplastic lesions were evaluated for accuracy and consistency of diagnosis only in the potential target organs, in the randomly selected 10% of animals, and in tissues with unusual incidence patterns or trends. Tissues are generally not evaluated in a "blinded" fashion (i.e., without knowledge of dose group) unless the lesions in question are subtle.

The quality assessment report and slides were submitted to a Pathology Working Group (PWG) Chairperson, who reviewed microscopically all potential target tissues and any other tissues for which there was a disagreement in diagnosis between the laboratory and quality assessment pathologists. Representative examples of potential chemical-related nonneoplastic lesions and neoplasms and examples of disagreements in diagnosis between the laboratory and quality assessment pathologists were shown to the PWG. The PWG, which included the laboratory pathologist, the quality assessment pathologist, and other pathologists experienced in rodent toxicology, examined the tissues without knowledge of dose group or previously rendered diagnoses. When the consensus diagnosis of the PWG differed from that of the laboratory pathologist, the diagnosis was changed to reflect the opinion of the PWG. This procedure has been described, in part, by Maronpot and Boorman (1982) and Boorman et al. (1985). The final pathology data represent a consensus of contractor pathologists and the NTP Pathology Working Group. For subsequent analysis of pathology data, the diagnosed lesions for each tissue type are combined according to the guidelines of McConnell et al. (1986).

Statistical Methods

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 to be missing or dead from other than natural causes; 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. When significant survival differences were detected, additional analyses using these procedures were carried out to determine the time point at which significant differences in the survival curves were first detected. 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 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 a necropsy was performed.

Analysis of Tumor Incidence: The majority of tumors in this study were considered to be incidental to the cause of death or not rapidly lethal. Thus, the primary statistical method used was an incidental tumor analysis, which assumed that the diagnosed tumors were discovered as the result of death from an unrelated cause and thus did not affect the risk of death. In this approach, the proportions of tumor-bearing animals in dosed and control groups were compared in each of five time intervals: weeks 0-52, weeks 53-78, weeks 79-92, 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 actually examined for tumors during the time interval. The individual time interval comparisons were then combined to obtain a single overall result.

In addition to incidental tumor analysis, alternative methods of statistical analysis were used, and the results of these tests are summarized in the appendixes. These include the life table test (Cox, 1972; Tarone, 1975), appropriate for rapidly lethal tumors, and the Fisher exact test and the Cochran-Armitage trend test (Armitage, 1971; Gart et al., 1979), procedures based on the overall proportion of tumor-bearing animals.

II. MATERIALS AND METHODS

Tests of significance include pairwise comparisons of each dosed group with controls and a test for an overall dose-response trend. Continuity-corrected tests were used in the analysis of tumor incidence, and reported P values are one-sided. The procedures described above also were used to evaluate selected nonneoplastic lesions. (For further discussion of these statistical methods, see Haseman, 1984.)

Analysis of Continuous Variables: Liver weights and liver weight to body weight ratios in

the 13-week studies were analyzed using Dunnett's test (Dunnett, 1955).

Historical Control Data: Although the concurrent control group is always the first and most appropriate control group used for evaluation, there are certain instances in which historical control data can be helpful in the overall assessment of tumor incidence. Consequently, control tumor incidences from the NTP historical control data base (Haseman et al., 1984, 1985) are included for those tumors appearing to show compound-related effects.

III. RESULTS

RATS

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES.

TWO-YEAR STUDIES

Body Weights, Feed Consumption, and Clinical Signs Survival

Pathology and Statistical Analyses of Results

MICE

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES.

TWO-YEAR STUDIES

Body Weights, Feed Consumption, and Clinical Signs Survival

Pathology and Statistical Analyses of Results

GENETIC TOXICOLOGY

THIRTEEN-WEEK STUDIES

One female rat that received 16,000 ppm nalidixic acid died before the end of the studies (Table 2). No other compound-related deaths occurred. The final mean body weights of rats that received 8,000 or 16,000 ppm were 23% or 49% lower than that of the controls for males and 11% or 31% lower for females. Feed consumption at 16,000 ppm was approximately two-thirds that by controls. Liver weight to body weight ratios for males that received 2,000 ppm or more and females that received 8,000 ppm or

more were significantly greater than those for controls (Table 3). Degeneration of the germinal epithelium in the seminiferous tubules of the testis was severe in all 10 male rats that received 16,000 ppm but was not present in male rats that received 8,000 ppm.

Dose Selection Rationale: Because of lower weight gain and lower feed consumption at higher doses, dietary concentrations of nalidixic acid selected for rats for the 2-year studies were 2,000 ppm and 4,000 ppm.

TABLE 2. SURVIVAL, MEAN BODY WEIGHTS, AND FEED CONSUMPTION OF RATS IN THE THIRTEEN-WEEK FEED STUDIES OF NALIDIXIC ACID

Concentration	Survival	Mean I Initial (b)	Body Weigh Final		Final Weight Relative to Controls		l Con- tion (d)
(ppm)	(a)	initial (b)	rinai	Change (c)	(percent)		Week 13
MALE							
0	10/10	198 ± 5	336 ± 5	+138 ± 3		14.3	12.7
1,000	10/10	196 ± 5	323 ± 5	$+127 \pm 4$	96	13.6	13.2
2,000	10/10	183 ± 6	328 ± 4	$+145 \pm 5$	98	14.1	14.2
4,000	10/10	195 ± 4	314 ± 4	$+119 \pm 5$	93	13.7	14.2
8,000	10/10	185 ± 5	259 ± 5	$+74 \pm 4$	77	9.4	12.1
16,000	10/10	186 ± 5	172 ± 6	-14 ± 4	51	9.1	9.9
FEMALE							
0	10/10	141 ± 2	194 ± 3	+53 ± 3		9.9	8.3
1,000	10/10	139 ± 3	196 ± 4	$+57 \pm 4$	101	9.4	10.1
2,000	10/10	136 ± 1	194 ± 3	$+58 \pm 3$	100	9.9	10.8
4,000	10/10	132 ± 2	184 ± 2	$+52 \pm 3$	95	10.4	10.3
8,000	10/10	131 ± 1	173 ± 3	$+42 \pm 3$	89	8.9	11.0
16,000	(e) 9/10	129 ± 2	133 ± 3	$+3 \pm 2$	69	6.1	6.1

⁽a) Number surviving/number initially in the group

⁽b) Initial group mean body weight \pm standard error of the mean. Subsequent calculations are based on animals surviving to the end of the study.

⁽c) Mean weight change of the survivors ± standard error of the mean

⁽d) Grams per animal per day; not corrected for scatter.

⁽e) Week of death: 3

TABLE 3. LIVER WEIGHTS FOR RATS IN THE THIRTEEN-WEEK FEED STUDIES OF NALIDIXIC ACID (a)

Concentration (ppm)	Number Weighed	Final Body Weight (grams)	Liver Weight (mg)	Liver Weight/ Final Body Weight (mg/g)
MALE	<u></u>			
0	10	335.9 ± 5.29	$12,620 \pm 650$	37.5 ± 1.79
1,000	10	323.3 ± 4.89	$13,370 \pm 400$	41.4 ± 1.16
2,000	10	327.6 ± 4.24	**14,630 \pm 430	**44.6 ± 0.94
4,000	10	$*314.2 \pm 4.49$	**14,980 \pm 350	** 47.7 ± 0.83
8,000	10	**259.0 \pm 5.23	**14,550 \pm 240	**56.3 \pm 1.17
16,000	10	**172.3 \pm 6.13	$12,380 \pm 330$	** 72.1 ± 1.24
FEMALE				
0	10	193.7 ± 3.36	$7,220 \pm 300$	37.4 ± 1.75
1,000	10	196.1 ± 4.30	$7,760 \pm 340$	39.6 ± 1.50
2,000	10	194.0 ± 3.20	$8,120 \pm 210$	42.0 ± 1.39
4,000	10	183.6 ± 2.09	$8,100 \pm 240$	44.1 ± 1.11
8,000	10	**172.6 \pm 2.86	*8,570 ± 320	**49.6 \pm 1.47
16,000	9	**133.0 \pm 2.57	$8,030 \pm 500$	**60.5 ± 3.89

⁽a) Mean ± standard error; P values vs. the controls by Dunnett's test (Dunnett, 1955).

TWO-YEAR STUDIES

Body Weights, Feed Consumption, and Clinical Signs

Mean body weights of high dose male rats were 7%-11% lower than those of controls from week 0 to week 10 and 11%-23% lower thereafter (Table 4 and Figure 1). Mean body weights of low dose male rats were 6%-11% lower than those of controls from week 24 to the end of the study. Mean body weights of high dose female rats were

7%-12% lower than those of controls from week 0 to week 20 and 12%-19% lower thereafter. Mean body weights of low dose and control female rats were similar. The average daily feed consumption per rat by low dose or high dose rats was 95% or 90% that by controls (Tables F1 and F2). The average amount of nalidixic acid consumed per day was approximately 80 or 165 mg/kg for low dose or high dose male rats and 85 or 185 mg/kg for low dose or high dose female rats. No compound-related clinical signs were observed.

^{*}P<0.05 **P<0.01

TABLE 4. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

WeeksControl				2,000 ppm			4,000 ppm	
on	Av. Wt.	Number of	Av. Wt.	Wt. (percent	Number of	Av. Wt.	Wt. (percent	Number of
Study	(grams)	Survivors	(grams)	of controls)	Survivors	(grams)	of controls)	Survivors
1ALE								
0	136	50	131	96	50	124	91	50
1	167	50	161	96	50	148	89	50
2	203	50	194	96	50	180	89	50
3	230	50	223	97	50	209	91	50
4	248	50	240	97	50	221	89	50
5	258	50	256	99	50 50	241 252	93 92	50 50
6 7	275 298	50 50	271 290	99 97	50	252 273	92	50
8	311	50	300	96	50	281	90	50
9	319	50	309	97	50	289	91	50
10	331	50	319	96	50	298	90	50
11	339	50	325	96	50	303	89	50
12	349	50	332	95	50	309	89	50
16	371	50	359	97	50	330	89	50
20	399	50	382	96	50 20	352	88	50
24 28	409	50	386	94	50	35 6 3 6 5	87 86	50 50
32	423 438	50 50	397 411	94 94	50 50	377	86	50
37	449	50	420	94	48	381	85	50
40	454	50	426	94	48	384	85	50
44	459	50	431	94	48	389	85	50
49	453	50	420	93	47	380	84	50
54	466	50	430	92	47	392	84	50
58	461	48	423	92	47	383	83	49
63	456	48	417	91	47	376	82	49
67	454	48	415	91	47	373	82	48
72 76	453 449	48 48	415	92	47 45	373 369	82 82	47 47
80	451	47	410 410	91 91	42	366	81	47
85	456	46	410	90	41	362	79	46
89	453	44	409	90	38	362	80	46
94	439	41	403	92	36	349	79	40
97	432	37	392	91	35	344	80	35
101	439	28	390	89	30	338	77	30
FEMALE								
0	111	50	108	97	50	102	92	50
1	129	50	125	97	50	118	91	50
2 3	145	50	139	96	50 50	133	92 93	50 50
4	156 164	50 50	152 159	97 97	50	145 148	90 90	50 50
5	173	50	168	97	50	157	91	50
6	177	50	172	97	50	161	91	50
7	188	50	182	97	50	171	91	50
8	192	50	185	96	50	172	90	50
9	198	50	190	96	50	174	88	50
10 11	201 205	50 50	196 199	98 97	50 50	180 182	90 89	50 50
12	205 205	50 50	199 202	97 99	50 50	182	89 89	50 50
16	214	50	211	99	50	191	89	50
20	224	50	220	98	50	201	90	50
24	229	50	223	97	50	201	88	50
28	236	50	228	97	50	206	87	50
32	245	50	237	97	50	212	87	50
37 40	254 256	49 49	243 247	96 06	50 50	218 220	86 86	50 50
44	260	49	247 254	96 98	50 50	220 225	86 87	50 50
49	259	49	249	96	49	219	85	50
54	276	49	261	95	48	231	84	50
58	286	48	269	94	48	235	82	50
63	293	47	276	94	48	236	81	49
67	293	47	280	96	45	237	81	49
72 76	300	45	291	97	45	249	83	48
76 80	307 313	43 43	299	97	44	255	83 99	48
80 85	322	43 42	305 314	97 98	43 40	258 266	82 83	44 43
89	324	41	320	99	39	272	84	42
94	326	32	317	97	38	269	83	37
97	322	32	314	98	36	271	84	35
101	321	28	317	99	33	271	84	32

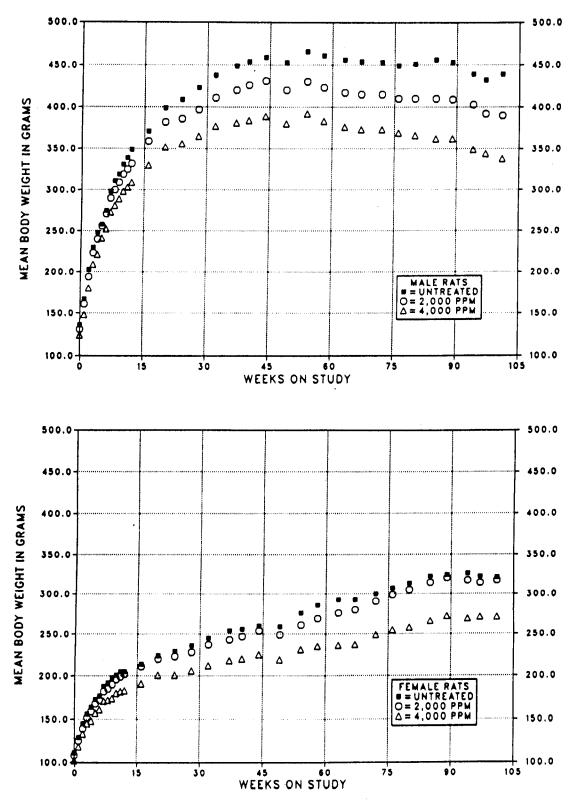


FIGURE 1. GROWTH CURVES FOR RATS FED DIETS CONTAINING NALIDIXIC ACID FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female rats fed diets containing nalidixic acid at the concentrations used in these studies and for controls are shown in Table 5 and in the Kaplan and Meier curves in Figure 2. No significant differences in survival were observed between any groups of either sex.

Pathology and Statistical Analyses of Results

This section describes the statistically signifi-

cant or biologically noteworthy changes in the incidences of rats with neoplastic or nonneoplastic lesions of the preputial gland, clitoral gland, tongue, skin, eye, hematopoietic system, anterior pituitary gland, and mammary gland.

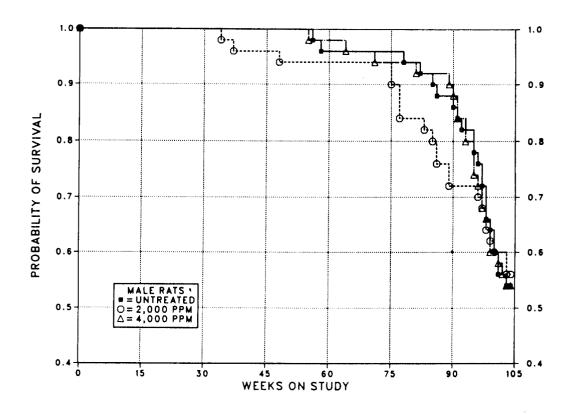
Summaries of the incidences of neoplasms and nonneoplastic lesions, individual animal tumor diagnoses, statistical analyses of primary tumors that occurred with an incidence of at least 5% in at least one animal group, and historical control incidences for the neoplasms mentioned in this section are presented in Appendixes A and B for male and female rats, respectively.

TABLE 5. SURVIVAL OF RATS IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

	Control	2,000 ppm	4,000 ppm
MALE (a)			
Animals initially in study	50	50	50
Natural deaths Moribund kills Animals surviving until study termination	4 19 27	1 21 28	1 22 27
Survival P values (b)	1.000	0.937	0.965
FEMALE (a)			
Animals initially in study	50	50	50
Natural deaths Moribund kills Animals surviving until study termination	6 22 22	1 18 31	0 21 29
Survival P values (b)	0.208	0.153	0.240

⁽a) Termination period: week 104

⁽b) The result of the life table trend test is in the control column, and the results of the life table pairwise comparisons with the controls are in the dosed columns.



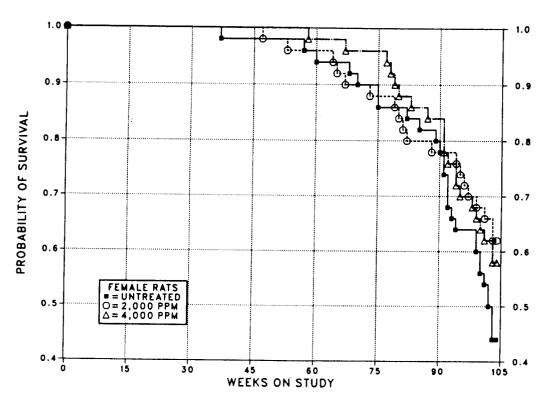


FIGURE 2. KAPLAN-MEIER SURVIVAL CURVES FOR RATS FED DIETS CONTAINING NALIDIXIC ACID FOR TWO YEARS

Preputial Gland: Benign and malignant neoplasms of the preputial gland in male rats occurred with significant positive trends; the incidences in the dosed groups were significantly greater than those in controls (Table 6).

These neoplasms were classified as adenomas, papillomas, or carcinomas. The papilloma was an exophytic papillary mass protruding into the lumen of a dilated duct and consisted primarily of stratified squamous epithelium. Adenomas

and carcinomas are part of a morphologic continuum. The adenomas were circumscribed masses consisting of glandular epithelium that retained some semblance of acinar structure. The carcinomas were generally not well circumscribed, were larger than the adenomas, and had irregular borders with infiltration of adjacent connective tissue by clusters and lobules of neoplastic cells. Cystic areas or duct-like channels lined by stratified squamous epithelium were present in both adenomas and carcinomas.

TABLE 6. PREPUTIAL GLAND LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm (b)	4,000 ppm (b)
Epithelial Hyperplasia			
Overall Rates	1/49 (2%)	5/49 (10%)	1/47 (2%)
Adenoma			
Overall Rates	2/49 (4%)	10/49 (20%)	10/47 (21%)
Terminal Rates	0/27 (0%)	10/28 (36%)	5/26 (19%)
Week of First Observation	56	104	91
Incidental Tumor Tests	P = 0.015	P = 0.017	P = 0.014
Papilloma			
Overall Rates	1/49 (2%)	0/49 (0%)	0/47 (0%)
Adenoma or Papilloma			
Overall Rates	3/49 (6%)	10/49 (20%)	10/47 (21%)
Terminal Rates	0/27 (0%)	10/28 (36%)	5/26 (19%)
Week of First Observation	56	104	91
Incidental Tumor Tests	P = 0.033	P = 0.035	P = 0.034
Carcinoma			
Overall Rates	0/49 (0%)	10/49 (20%)	12/47 (26%)
Terminal Rates	0/27 (0%)	5/28 (18%)	7/26 (27%)
Week of First Observation		77	90
Incidental Tumor Tests	P<0.001	P = 0.001	P<0.001
Adenoma, Papilloma, or Carcinoma (c)			
Overall Rates	3/49 (6%)	19/49 (39%)	20/47 (43%)
Terminal Rates	0/27 (0%)	14/28 (50%)	10/26 (38%)
Week of First Observation	56	77	90
Incidental Tumor Tests	P<0.001	P<0.001	P<0.001

⁽a) For a complete explanation of the entries in this table, see Table A3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods); denominator is the number of rats examined microscropically.

⁽b) The estimated dose in milligrams per kilogram per day is given in Section III (Body Weights, Feed Consumption, and Clinical Signs) and in Appendix F.

⁽c) Historical incidence at study laboratory (mean \pm SD): 31/399 (8% \pm 6%); historical incidence in NTP studies: 118/1,596 (7% \pm 5%)

Clitoral Gland: Benign and malignant neoplasms (combined) in female rats occurred with a significant positive trend; the incidences in the dosed groups were significantly greater than that in the controls (Table 7). The clitoral gland of female rats is analogous and morphologically similar to the preputial gland of male rats, and the clitoral gland neoplasms had the same morphologic features as their counterparts in the preputial gland. The spectrum of hyperplasia, papilloma, and carcinoma in the preputial and clitoral glands is illustrated in Figures 3 to 10.

Tongue: Squamous cell carcinomas were seen in two high dose male rats. The historical incidence of oral cavity neoplasms in untreated control male F344/N rats in NTP studies is 7/1,596 (0.4%).

Skin: Epithelial hyperplasia and inflammation with fibrosis were observed at increased incidences (P < 0.05) in high dose male rats (epithelial hyperplasia: control, 0/50; low dose, 1/50; high dose, 6/50; inflammation with fibrosis: 0/50; 1/50; 5/50).

TABLE 7. CLITORAL GLAND LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm	4,000 ppm
Epithelial Hyperplasia			
Overall Rates	3/46 (7%)	7/46 (15%)	5/47 (11%)
Papilloma			
Overall Rates	1/46 (2%)	1/46 (2%)	0/47(0%)
Adenoma			
Overall Rates	4/46 (9%)	10/46 (22%)	11/47 (23%)
Terminal Rates	4/21 (19%)	8/31 (26%)	5/27 (19%)
Week of First Observation	104	88	58
Incidental Tumor Tests	P = 0.059	P = 0.153	P = 0.067
Adenoma or Papilloma			
Overall Rates	4/46 (9%)	11/46 (24%)	11/47 (23%)
Terminal Rates	4/21 (19%)	8/31 (26%)	5/27 (19%)
Week of First Observation	104	88	58
Incidental Tumor Tests	P = 0.060	P = 0.086	P = 0.067
Papillary Carcinoma			
Overall Rates	0/46 (0%)	0/46 (0%)	1/47 (2%)
Carcinoma			
Overall Rates	1/46 (2%)	4/46 (9%)	4/47 (9%)
Carcinoma or Papillary Carcinoma			
Overall Rates	1/46 (2%)	4/46 (9%)	5/47 (11%)
Terminal Rates	0/21 (0%)	1/31 (3%)	2/27 (7%)
Week of First Observation	100	73	67
Incidental Tumor Tests	P = 0.074	P = 0.105	P = 0.105
Adenoma, Papilloma, Carcinoma, or 1	Papillary Carcinoma (b)		
Overall Rates	5/46 (11%)	15/46 (33%)	16/47 (34%
Terminal Rates	4/21 (19%)	9/31 (29%)	7/27 (26%)
Week of First Observation	100	73	58
Incidental Tumor Tests	P = 0.008	P = 0.016	P=0.010

⁽a) For a complete explanation of the entries in this table, see Table B3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods); denominator is the number of rats examined microscropically.

⁽b) Historical incidence at study laboratory (mean \pm SD): 44/397 (11% \pm 6%); historical incidence in NTP studies: 116/1,643 (7% \pm 5%)

Eye: The study protocol required the microscopic examination of eyes showing gross lesions at necropsy. The results are shown in Tables A5 and B5. Because the results suggested possible increased incidences of eye lesions in dosed female rats, the eyes from all remaining male and female rats were subsequently examined microscopically. The results of that complete evaluation are shown in Table 8. The incidences of retinal degeneration and cataracts were increased in dosed males and females. There appears to be a dose response in the incidences of cataracts in male rats. The incidences and mean severity of these eye lesions were generally similar in both dose groups of female rats. The cages containing the low dose groups of rats were on the top two tiers of the rack, the high dose groups were in the middle two tiers, and the controls were on the bottom two tiers. Diagrams with the incidences of these lesions by cage position on the racks are presented in Appendix J.

The cataracts were subcapsular and usually located near the equator of the lens. The larger, more extensive cataracts sometimes covered the entire anterior surface. The lens fibers in the affected area had lost their concentric laminated structure and dense eosinophilic staining to become pale and granular or foamy in appearance. Disintegration of the lens fibers resulted in the formation of vacuoles and amorphous debris. The retinal atrophy was characterized primarily by diminished cellularity of the outer nuclear layer, which is composed of the photoreceptor cells. The inner nuclear layer and the ganglion cell layer were affected to a much lesser extent.

Hematopoietic System: Mononuclear cell leukemia occurred with a significant negative trend in female rats; the incidences in the dosed groups were significantly lower than that in the controls (Table 9).

TABLE 8. OCULAR LESIONS IN RATS IN THE TWO-YEAR STUDIES OF NALIDIXIC ACID (a)

Site/Lesion	Control	2,000 ppm	4,000 ppm
MALE	773-700-700-2-700-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Retinal degeneration Crystalline lens cataract	4/48 (3.2) 11/48 (1.6)	41/48 (2.5) 23/48 (1.3)	47/49 (2.7) 38/49 (1.4)
FEMALE			
Retinal degeneration Crystalline lens cataract	2/47 (1.5) 0/47	40/48 (2.6) 18/48 (1.4)	46/50 (2.6) 14/50 (2.1)

⁽a) Number of animals affected/number of tissues examined; number in parentheses is average severity of affected tissues: 1 = minimal; 2 = mild; 3 = moderate; 4 = marked.

TABLE 9. HEMATOPOIETIC SYSTEM TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm	4,000 ppm
Iononuclear Cell Leukemia (b)			
Overall Rates	20/50 (40%)	9/50 (18%)	7/50 (14%)
Terminal Rates	5/22 (23%)	5/31 (16%)	0/29 (0%)
Week of First Observation	75	80	79
Life Table Tests	P = 0.001 N	P = 0.008N	P = 0.004N
Incidental Tumor Tests	P = 0.002N	P = 0.040N	P = 0.004N

⁽a) For a complete explanation of the entries in this table, see Table B3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods).

⁽b) Historical incidence of leukemia at study laboratory (mean \pm SD): 113/397 (28% \pm 5%); historical incidence in NTP studies: 324/1,643 (20% \pm 8%)

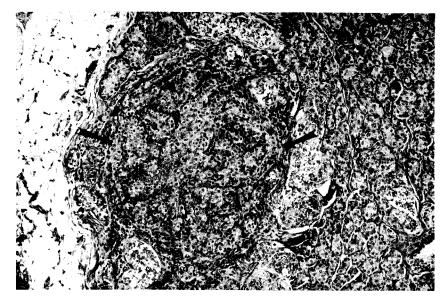


Figure 3. Focal hyperplasia (arrows) in the preputial gland of high dose male rat no. 73.

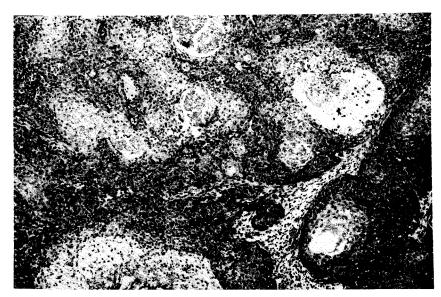


Figure 5. Higher magnification of adenoma in Figure 4.

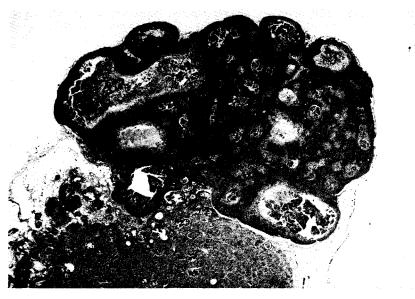


Figure 4. Preputial gland adenoma in high dose male rat no. 73. The neoplasm is well-demarcated without invasion of adjacent tissue. Note the channels containing secretory-like material resulting from the degeneration and necrosis of the neoplastic cells (the preputial gland has a holocrine type of secretion whereby the entire cell contributes to the secretory product).



Figure 6. Clitoral gland papilloma in control female rat no. 122. Note the dilated excretory duct (D) filled with secretory debris.

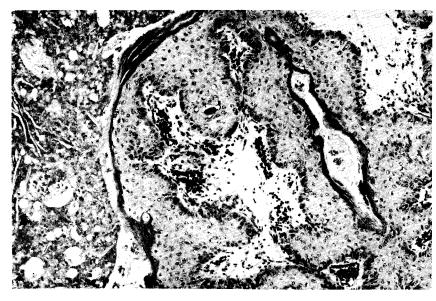


Figure 7. Higher magnification of papilloma in control female rat no. 122 showing the interconnecting cords of stratified squamous epithelium.

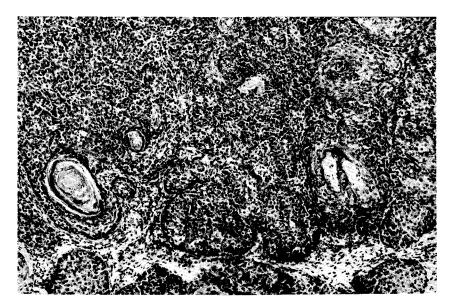


Figure 9. Higher magnification of preputial gland carcinoma in Figure 8. Note the loss of normal glandular structure.



Figure~8.~Preputial~gland~carcinoma~in~high~dose~male~rat~no.~95.~Note~the~irregular~border~and~small~lobules~of~neoplastic~glands~invading~adjacent~tissue.

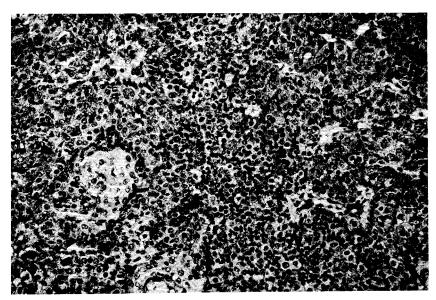


Figure 10. Cellular detail of preputial gland carcinoma in high dose male rat no. 95. Note the cellular pleomorphism.

Anterior Pituitary Gland: Adenomas in male rats occurred with a significant negative trend; the incidences in the dosed groups were significantly lower than that in the controls (Table 10). Carcinomas occurred in one control and one low dose male rat.

Mammary Gland: Fibroadenomas, adenocarcinomas, and fibroadenomas or adenocarcinomas (combined) in female rats occurred with significant negative trends; the incidence of fibroadenomas or adenocarcinomas (combined) in the high dose group was significantly lower than that in the controls (Table 11).

TABLE 10. ANTERIOR PITUITARY GLAND LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm	4,000 ppm
Hyperplasia	<u> </u>	<u> </u>	
Overall Rates	1/49 (2%)	3/50 (6%)	2/50 (4%)
Adenoma (b)			
Overall Rates	(c) 11/49 (22%)	(d) 2/50 (4%)	2/50 (4%)
Terminal Rates	8/26 (31)	2/28 (7%)	1/27 (4%)
Week of First Observation	58	104	91
Incidental Tumor Tests	P = 0.002N	P = 0.007N	P = 0.008N

⁽a) For a complete explanation of the entries in this table, see Table A3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods).

TABLE 11. MAMMARY GLAND TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm	4,000 ppm
Fibroadenoma			
Overall Rates	7/50 (14%)	6/50 (12%)	2/50 (4%)
Terminal Rates	2/22 (9%)	4/31 (13%)	0/29 (0%)
Week of First Observation	68	95	94
Incidental Tumor Tests	P = 0.086N	P = 0.540N	P = 0.122N
Adenocarcinoma			
Overall Rates	3/50 (6%)	1/50 (2%)	0/50 (0%)
Terminal Rates	1/22 (5%)	1/31 (3%)	0/29 (0%)
Week of First Observation	92	104	
Incidental Tumor Tests	P = 0.062N	P = 0.330N	P = 0.130N
Fibroadenoma or Adenocarcinoma (b)			
Overall Rates	10/50 (20%)	7/50 (14%)	2/50 (4%)
Terminal Rates	3/22 (14%)	5/31 (16%)	0/29 (0%)
Week of First Observation	68	95	94
Incidental Tumor Tests	P = 0.017N	P = 0.343N	P = 0.026N

⁽a) For a complete explanation of the entries in this table, see Table B3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods).

⁽b) Historical incidence of adenomas or carcinomas (combined) at study laboratory (mean \pm SD): 95/390 (24% \pm 9%); historical incidence in NTP studies: 400/1,540 (26% \pm 10%)

⁽c) A carcinoma was seen in a 12th animal.

⁽d) A carcinoma was seen in a third animal.

⁽b) Historical incidence at study laboratory (mean \pm SD): 114/397 (29% \pm 10%); historical incidence in NTP studies: 552/1,643 (34% \pm 12%)

THIRTEEN-WEEK STUDIES

No compound-related deaths occurred (Table 12). The final mean body weights of mice that received 8,000 or 16,000 ppm nalidixic acid were 10% or 13% lower than that of controls for males and 16% or 20% lower for females. Feed consumption by dosed groups was similar to that by controls. Liver weight to body weight ratios were significantly greater than those for

controls for males at 2,000, 8,000, and 16,000 ppm and for females at 4,000, 8,000, and 16,000 ppm (Table 13). No compound-related histopathologic effects were observed.

Dose Selection Rationale: Because of lower body weight gain at higher doses, dietary concentrations of nalidixic acid selected for mice for the 2-year studies were 2,000 ppm and 4,000 ppm.

TABLE 12. SURVIVAL, MEAN BODY WEIGHTS, AND FEED CONSUMPTION OF MICE IN THE THIRTEEN-WEEK FEED STUDIES OF NALIDIXIC ACID

		Mean	Body Weight	s (grams)	Final Weight Relative	Feed	l Con-
Concentration (ppm)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)		tion (d) Week 13
MALE							
0	10/10	25.9 ± 0.4	36.1 ± 0.9	$+10.2 \pm 0.6$		4.0	3.9
1,000	10/10	25.2 ± 0.6	35.0 ± 0.6	$+9.8 \pm 0.4$	97.0	3.8	3.7
2,000	10/10	25.0 ± 0.6	34.9 ± 0.7	$+9.9 \pm 0.5$	96.7	3.7	3.3
4,000	10/10	24.1 ± 0.3	33.6 ± 0.4	$+9.5 \pm 0.5$	93.1	3.7	3.3
8,000	10/10	23.8 ± 0.5	32.4 ± 0.5	$+8.6 \pm 0.5$	89.8	3.9	3.3
16,000	10/10	22.5 ± 0.6	31.4 ± 0.7	$+8.9 \pm 0.4$	87.0	3.6	3.1
FEMALE							
0	10/10	20.9 ± 0.5	29.4 ± 1.1	$+8.5 \pm 0.9$		3.1	3.0
1,000	10/10	21.0 ± 0.3	28.2 ± 0.2	$+7.2 \pm 1.1$	95.9	3.0	3.1
2,000	(e) 9/10	21.4 ± 0.4	28.7 ± 1.1	$+7.4 \pm 0.8$	97.6	3.4	2.9
4,000	10/10	21.5 ± 0.5	27.1 ± 0.4	$+5.6 \pm 0.4$	92.2	3.0	3.1
8,000	10/10	20.3 ± 0.3	24.8 ± 0.8	$+4.5 \pm 0.7$	84.4	3.2	3.1
16,000	10/10	19.5 ± 0.4	23.6 ± 0.5	$+4.1 \pm 0.3$	80.3	3.2	3.0

⁽a) Number surviving/number initially in the group

⁽b) Initial group mean body weight \pm standard error of the mean. Subsequent calculations are based on animals surviving to the end of the study.

⁽c) Mean weight change of the survivors ± standard error of the mean

⁽d) Grams per animal per day; not corrected for scatter.

⁽e) Week of death: 4

TABLE 13. LIVER WEIGHTS FOR MICE IN THE THIRTEEN-WEEK FEED STUDIES OF NALIDIXIC ACID (a)

Concentration (ppm)	Number Weighed	Final Body Weight (grams)	Liver Weight (mg)	Liver Weight/ Final Body Weight (mg/g)
MALE				
0	10	36.1 ± 0.89	1,842 ± 114	50.9 ± 2.77
1,000	10	35.0 ± 0.64	$2,020 \pm 89$	57.8 ± 2.21
2,000	10	34.9 ± 0.71	$2,107 \pm 100$	$*60.5 \pm 3.10$
4,000	10	$*33.6 \pm 0.41$	$1,892 \pm 64$	56.4 ± 1.75
8,000	10	**32.4 ± 0.47	$2,097 \pm 89$	**64.7 ± 2.56
16,000	10	** 31.4 ± 0.71	$2,009 \pm 93$	** 64.0 ± 2.40
FEMALE				
0	10	29.4 ± 1.13	1.324 ± 55	45.1 ± 1.05
1,000	10	28.2 ± 1.18	$1,318 \pm 37$	47.3 ± 2.14
2,000	9	28.7 ± 1.06	$1,423 \pm 45$	50.0 ± 1.85
4,000	10	27.1 ± 0.42	$1,444 \pm 65$	**53.3 ± 1.98
8,000	10	**24.8 \pm 0.84	1.486 ± 59	**59.8 \pm 1.30
16,000	10	**23.6 ± 0.55	1.319 ± 32	**55.9 ± 1.33

⁽a) Mean ± standard error; P values vs. the controls by Dunnett's test (Dunnett, 1955).

TWO-YEAR STUDIES

Body Weights, Feed Consumption, and Clinical Signs

Mean body weights of high dose male mice were 1%-8% lower than those of controls throughout most of the study (Table 14 and Figure 11). Mean body weights of low dose and control male mice were similar. Mean body weights of high dose female mice were 5%-10% lower than those of controls from week 12 to week 27 and then were 11%-17% lower. Mean body weights of low

dose female mice were 7%-11% lower than those of controls from week 39 to the end of the study. The average daily feed consumption by low dose and high dose male mice was 98% and 102% that by controls and by low dose and high dose female mice, 97% and 100% that by controls (Tables F3 and F4). The average amount of nalidixic acid consumed per day was approximately 225 or 490 mg/kg for low dose or high dose male mice and 220 or 460 mg/kg for low dose or high dose female mice. No compound-related clinical signs were observed. Fighting among male cagemates was observed in all groups.

^{*}P<0.05

^{*}P<0.01

TABLE 14. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

Weeks	Co	ntrol		2,000 ppm			4,000 ppm	
on	Av. Wt.	Number of	Av. Wt.	Wt. (percent	Number of	Av. Wt.	Wt. (percent	Number of
Study	(grams)	Survivors	(grams)	of controls)	Survivors	(grams)	of controls)	Survivors
MALE	-						· · · · · · · · · · · · · · · · · · ·	
0	21.9	50	21.9	100	50	21.6	99	50
1	24.4	50	24.7	101	50	24.1	99	50
2 3	25.7 26.9	50 50	25.4 26.6	99 99	50 50	25.5 26.2	99 97	50 50
4	27.5	50	28.3	103	50 50	27.2	99	50
5	28.3	50	27.6	98	50	27.2	96	50
6	28.8	50	(a) 24.9	86	50	(a) 26.4	92	49
7	29.6	50	29.2	99	50	28.7	97	49
8 9	29.9	49	29.4	98	50	29.0	97 96	49 49
10	30.9 30.5	49 49	30.2 30.6	98 100	50 50	29.6 30.1	96 99	49
11	31.0	49	30.5	98	50 50	29.8	96	49
12	31.2	49	30.8	99	50	30.0	96	48
13	31.8	49	31.4	99	50	30.8	97	48
14	32.4	49	31.7	98	50	30.9	95	48
18	33.0	48	32.9	100	50	32.3	98	47
22 26	34.0	48	33.8	99	50	33.3	98	44 44
30	35.0 35.7	48 47	34.7 35.5	99 99	50 49	33.7 34.6	96 97	44
34	36.6	44	36.3	99	49 48	35.1	96	44
39	37.1	43	36.6	99	45	35.5	96	44
42	37.2	43	36.6	98	45	35.2	95	44
46	37.9	43	36.7	97	45	35.5	94	44
51	38.1	43	37.8	99	45	36.0	94	44
56	38.7	43	38.1	98	45	36.3	94	44
60 65	37.7 37.6	43 43	37.7 37.8	100 101	45 45	35.5 35.8	94 95	44 44
69	38.5	43	38.0	99	45	36.4	95	44
74	37.6	43	37.6	100	45	35.5	94	44
78	38.2	43	38.3	100	45	36.1	95	44
82	38.6	41	38.2	99	43	36.1	94	43
87 91	38.3 38.2	40	38.0	99	42	35.9	94 93	41 40
96	38.1	37 36	38.0 37.4	99 98	42 40	35.7 35.5	93	38
99	37.4	35	37.2	99	38	35.4	95	35
104	36.3	33	37.1	102	34	35.5	98	31
FEMALE								
0	18.1	50	18.3	101	50	18.4	102	50 50
$egin{smallmatrix} 1 \ 2 \end{smallmatrix}$	18.8 19.8	50 50	18.9 18.6	101 94	50 50	18.9 18.8	101 95	50 50
3	20.3	50	19.3	95	50	19.6	97	50
4	21.4	50	21.6	101	50	20.7	97	50
5	21.9	50	21.5	98	50	21.2	97	50
6	22.9	50	22.4	98	50	22.3	97	50
7	23.1	50	23.1	100	50	22.7	98 97	50 50
8 9	23.5 23.6	50 50	23.2 23.4	99 99	50 50	22.7 22.6	96	50
10	24.0	50	23.9	100	50	23.5	98	50
11	24.7	50	24.5	99	50	24.0	97	50
12	25.4	50	24.8	98	50	24.1	95	50
15	26.3	50	25.4	97	50	24.9	95	50
19 23	28.0 29.3	50 50	26.3 28.0	94 96	50 50	26.1 27.0	93 92	50 50
23 27	31.3	50 50	29.7	95	50	28.2	90	50
31	32.4	50	30.4	94	50	28.7	89	50
36	33.1	49	30.8	93	50	29.1	88	49
39	33.1	49	30.9	93	50	29.1	88	49
43	34.2	49	31.4	92	50	29.8	87	49
48	35.1	49	31.7	90	50	30.2	86 85	49 49
53 57	36.5 36.8	49 49	32.4 32.7	89 89	50 50	30.9 31.2	85 85	49
62	37.2	49	33.5	90	49	31.6	85	49
66	36.6	49	33.5	92	49	31.4	86	49
71	37.1	49	33.1	89	49	31.6	85	47
75	38.7	48	35.5	92	49	33.4	86	46
79	39.1	48	36.1	92	49	34.0	87	46
84 88	39.6 40.9	48	36.9	93	49	34.2	86 85	45 44
93	40.9 41.0	47 46	37.3 37.9	91 92	48 47	34.9 34.3	84	40
96 101	41.0 42.3	46 41	38.3 39.2	93 93	47 45	34.3 35.1	84 83	39 36

⁽a) Some cages of low dose and high dose male mice experienced weight loss because of insufficient feed from 5/20/81 to 5/28/81 (weeks 5 and 6),

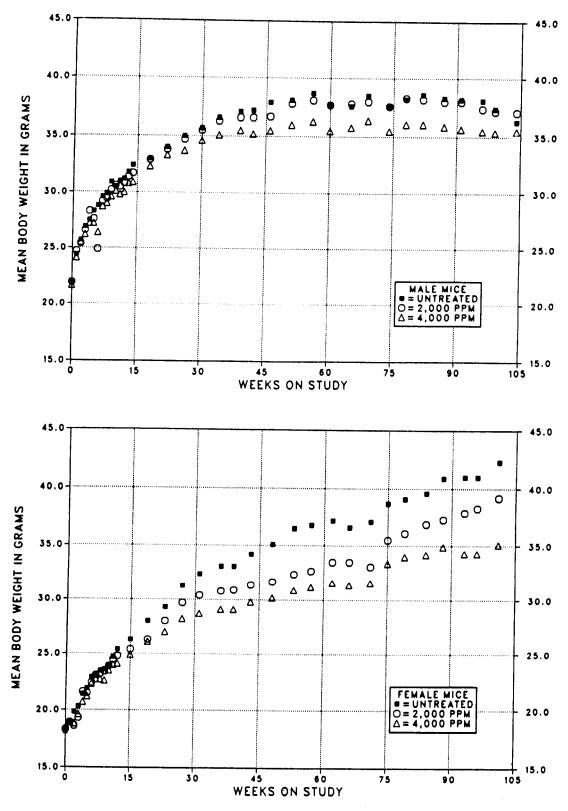


FIGURE 11. GROWTH CURVES FOR MICE FED DIETS CONTAINING NALIDIXIC ACID FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female mice fed diets containing nalidixic acid at the concentrations used in these studies and for controls are shown in Table 15 and in the Kaplan and Meier curves in Figure 12. No significant differences in survival were seen between any groups of either sex.

Pathology and Statistical Analyses of Results

This section describes the statistically signifi-

cant or biologically noteworthy changes in the incidences of mice with neoplastic or nonneoplastic lesions of the subcutaneous tissue, lung, and ovary.

Summaries of the incidences of neoplasms and nonneoplastic lesions, individual animal tumor diagnoses, statistical analyses of primary tumors that occurred with an incidence of at least 5% in at least one animal group, and historical control incidences for the neoplasms mentioned in this section are presented in Appendixes C and D for male and female mice, respectively.

TABLE 15. SURVIVAL OF MICE IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

	Control	2,000 ppm	4,000 ppm
MALE (a)		<u> </u>	
Animals initially in study	50	50	50
Natural deaths Moribund kills Animals surviving until study termination	2 15 33	4 12 34	5 14 31
Survival P values (b)	0.799	0.861	0.870
FEMALE (a)			
Animals initially in study	50	50	50
Natural deaths Moribund kills Animals surviving until study termination	3 7 40	0 7 43	4 14 32
Survival P values (b)	0.067	0.563	0.108

⁽a) Termination period: week 104

⁽b) The result of the life table trend test is in the control column, and the results of the life table pairwise comparisons with the controls are in the dosed columns.

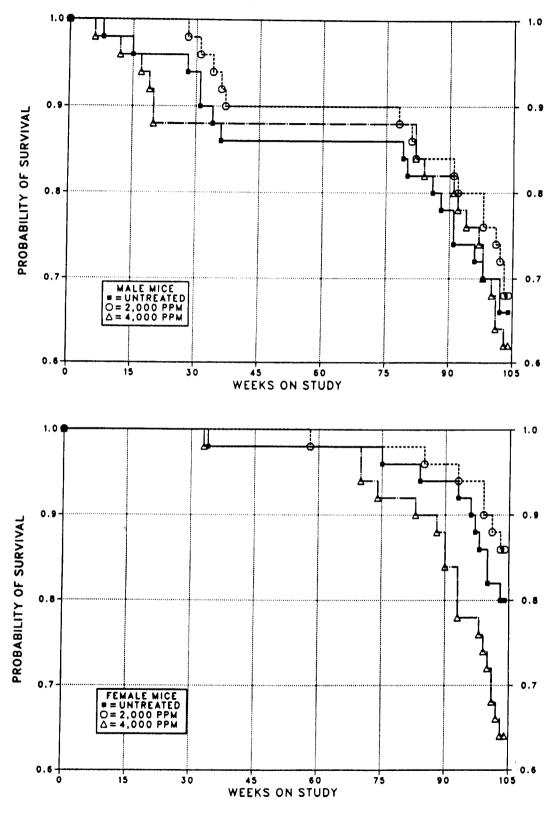


FIGURE 12. KAPLAN-MEIER SURVIVAL CURVES FOR MICE FED DIETS CONTAINING NALIDIXIC ACID FOR TWO YEARS

Subcutaneous Tissue: Fibrosarcomas and fibromas or fibrosarcomas (combined) in male mice occurred with significant positive trends; the incidences in the high dose group were significantly greater than those in the controls (Table 16). Photomicrographs comparing the fibromas and fibrosarcomas are presented in Figures 13 to 16.

Lung: Chronic bronchopneumonia was observed at increased incidences in dosed male mice (male: control, 0/49; low dose, 11/50, P<0.01; high dose, 6/50, P<0.05; female: 5/49; 5/50; 2/49).

Ovary: Neoplasms were observed in dosed but not in control female mice (Table 17). The historical incidence of ovarian neoplasms (cystadenomas, papillary cystadenomas, adenocarcinomas, adenomas, or papillary adenomas, combined) in B6C3F₁ mice in NTP studies is 14/1,577 (0.9%), and the highest observed incidence is 2/43. The historical incidence of luteomas, granulosa cell tumors, or granulosa cell carcinomas (combined) in NTP studies is 14/1,577 (0.9%), and the highest observed incidence is 3/47.

TABLE 16. SUBCUTANEOUS TISSUE TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (a)

	Control	2,000 ppm (b)	4,000 ppm (b)
Fibroma			
Overall Rates	1/50 (2%)	3/50 (6%)	3/50 (6%)
Fibrosarcoma			
Overall Rates	4/50 (8%)	6/50 (12%)	11/50 (22%)
Terminal Rates	1/33 (3%)	2/34 (6%)	4/31 (13%)
Week of First Observation	88	81	84
Incidental Tumor Tests	P = 0.048	P = 0.339	P = 0.080
Fibroma or Fibrosarcoma (c)			
Overall Rates	5/50 (10%)	9/50 (18%)	14/50 (28%)
Terminal Rates	2/33 (6%)	4/34 (12%)	7/31 (23%)
Week of First Observation	88	81	84
Incidental Tumor Tests	P = 0.024	P = 0.186	P = 0.035

⁽a) For a complete explanation of the entries in this table, see Table C3 (footnotes); the statistical analyses used are discussed in Section II (Statistical Methods).

TABLE 17. NUMBERS OF MICE WITH OVARIAN NEOPLASMS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Control	2,000 ppm	4,000 ppm
Number examined	49	50	48
Cystadenoma, NOS	0	2	0
Luteoma	0	0	1
Granulosa cell tumor	Ö	i	1
Granulosa cell carcinoma	0	2	0
Tubular adenoma	0	1	0
Luteoma, granulosa cell tumor, or	•		
granulosa cell carcinoma (combined)	0	3	2

⁽b) The estimated dose in milligrams per kilogram per day is given in Section III (Body Weights, Feed Consumption, and Clinical Signs) and in Appendix F.

⁽c) Historical incidence at study laboratory (mean \pm SD): 42/399 (11% \pm 11%); historical incidence in NTP studies: 186/1,692 (11% \pm 9%)

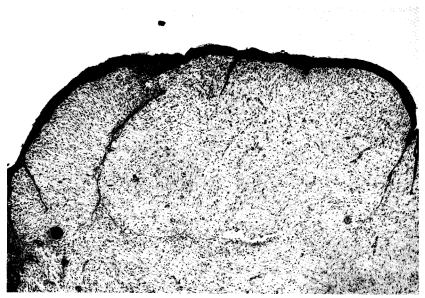


Figure 13. Subcutaneous tissue fibroma in control male mouse no. 145.



Figure 15. Subcutaneous tissue fibrosarcoma in high dose male mouse no. 72.

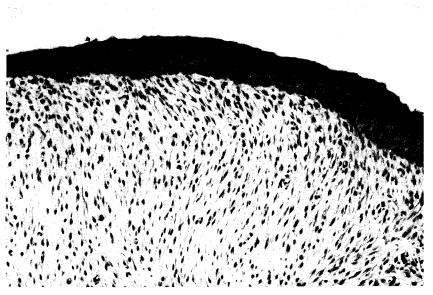


Figure 14. Higher magnification of fibroma shown in Figure 13. Note the uniform elongated nuclei of the neoplastic fibrocytes and relatively abundant intercellular collagen.

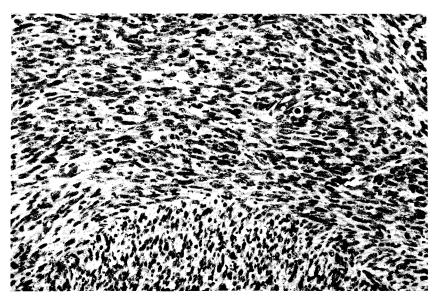


Figure 16. Higher magnification of fibrosarcoma shown in Figure 15. Note the greater degree of cellularity and anaplasia compared with the fibroma in Figures 13 and 14.

III. RESULTS: GENETIC TOXICOLOGY

Nalidixic acid was not mutagenic in any of several in vitro short-term tests. No gene reversion was observed in *Salmonella typhimurium* strains TA97, TA98, TA100, or TA1535 after exposure to nalidixic acid in either the presence or absence of exogenous metabolic activation. Results of tests for induction of trifluorothymidine resistance in mouse L5178Y/TK lymphoma cells

were negative with or without metabolic activation. In Chinese hamster ovary cells, nalidixic acid did not induce sister chromatid exchanges or chromosomal aberrations in either the presence or absence of activation.

The experimental procedures and results are presented in Appendix I.

IV. DISCUSSION AND CONCLUSIONS

Nalidixic acid was evaluated for toxicity and carcinogenicity in 13-week and 2-year studies. The chemical was administered in the diet to F344/N rats and B6C3F₁ mice of each sex. Nalidixic acid was studied because of its widespread use as an antimicrobial agent for urinary tract infections.

In vitro genetic toxicology studies were performed with Salmonella typhimurium, mouse lymphoma cells, and Chinese hamster ovary cells. Nalidixic acid showed no evidence of genotoxicity in any of these short-term tests.

In the 13-week studies, the only compoundrelated death was one female rat in the 16,000ppm group. Final body weights were lower in groups of male rats and mice given 4,000 ppm or more and in groups of female rats and mice given 8,000 ppm or more. Relative liver weights were increased at dietary concentrations as low as 2,000 ppm (male rats and male mice). In mice, feed consumption by dosed groups was similar to that by control groups, and no compound-related histopathologic lesions were seen. Male rats in the 16,000-ppm group consumed only about two-thirds as much feed as controls and weighed approximately half as much at the end of the study. In all rats in this group, a severe degeneration of the germinal epithelium of the seminiferous tubules of the testis was observed. There are several possible explanations for this finding: (1) Depressed feed intake and low body weight have been associated with testicular atrophy. Sprague Dawley rats whose feed consumption was restricted to 67% that of males fed ad libitum for 2 years had testes that were normal; 90% contained sperm (Berg. 1960). However, a group restricted to 54% of feed consumption by the freely feeding group had atrophic seminiferous tubules. (2) Nalidixic acid could possibly affect testicular function by complexing with metal ions. Zinc is necessary for normal testicular function in rats (Oishi and Hiraga, 1980), and there has been concern that chemicals causing zinc depletion may interfere with spermatogenesis (Thomas et al., 1982). Nalidixic acid has been shown to chelate zinc and other divalent cations (G.S. Goldstein, Sterling Drug Inc., personal communication to Bureau of Drugs, 1977). However, no measurements of zinc levels were performed in either the

13-week or 2-year studies in rats, the levels of free nalidixic acid reaching the testes were probably relatively low, and the nalidixic acid was probably protein bound. The hypothesis that nalidixic acid may cause decreased zinc levels in the testis has not been tested. (3) An interference with DNA replication may have caused the depletion of germ cells in the testis by interfering with divisions of spermatogonia, stem cells that produce spermatozoa. Nalidixic acid is thought to interfere with DNA replication by complexing with the a-subunit of DNA gyrase (Cozzarelli, 1980; McCoy et al., 1980), thus interfering with bacterial DNA replication/repair by disruption of the supercoiling process. However, bacterial gyrase is structurally and functionally different from human topoisomerase II (Compendium, 1988).

Nalidixic acid, like many other weak acids, is rapidly absorbed from the gastrointestinal tract of humans, rats, and mice (Rossoff, 1974; Gleckman et al., 1979); it then undergoes metabolism to hydroxynalidixic acid and/or the glucuronide or dicarboxylic acid derivatives, has a plasma half-life of about 2 hours (Mannisto, 1976; Martindale, 1977), and is excreted in the urine. These attributes would tend to limit the possibility of cumulative toxicity, and no clearly chemical-related toxic effects were observed in the 13-week studies.

The increase in relative liver weight for both rats (20%-90% increase) and mice (30% increase) may be biologically significant. No histopathologic lesions of the liver were associated with dietary exposure in either species, suggesting that the increase in relative weight for male rats was probably caused by proliferation of smooth endoplasmic reticulum and increased levels of hepatocyte microsomal enzymes, although these were not specifically examined. The lower final mean body weights affected the liver to body weight ratios, but absolute increases in liver weight were also observed at concentrations below 16,000 ppm in male rats.

Dietary concentrations for the 2-year studies in rats and mice were set at 2,000 and 4,000 ppm for both males and females. These levels were based primarily on body weight changes in the 13-week studies. In both species, dietary

concentrations of 8,000 ppm resulted in more than a 10% reduction in final body weight relative to control values after 13 weeks.

In the 2-year studies in rats, mean body weights of high dose male and female and low dose male groups were lower than those of control groups. Survival of rats in dosed groups was similar to that in control groups. Feed consumption was reduced by about 5% (at 2,000 ppm) to 10% (at 4,000 ppm) in dosed groups relative to controls.

Substantially increased incidences of neoplasms of the preputial gland and clitoral gland were observed in rats administered nalidixic acid for 2 years. The incidences of preputial gland adenomas and carcinomas in high dose male rats showed increases (adenomas, 21%; carcinomas, 26%) (see Table 6) far in excess of the control incidence (adenomas, 4%; carcinomas, 0%) or the historical control incidence at the study laboratory (adenomas, 6%; carcinomas, 1.5%) and in NTP studies (adenomas, 4%; carcinomas, 3%) (Table A4a). The incidences in historical control groups are based largely on the histopathologic evaluation of glands macroscopically observed to be enlarged, and it is possible that a small percentage of these neoplasms were missed in earlier studies. In the current studies, nearly all preputial and clitoral glands were examined microscopically. The effect of nalidixic acid on clitoral gland neoplasms was not as strong as the effect on the preputial gland. Clitoral gland neoplasms (collectively) were increased in the dosed groups (33% or 34%) (see Table 7) relative to the concurrent control group (11%) or the historical control incidence at the study laboratory (11%) and in NTP studies (7%) (Table B4a). These neoplasms were also first detected earlier in nalidixic acid groups (2,000 ppm, week 73: 4,000 ppm, week 58) than in the control group (week 100). In both the low dose and high dose groups. five neoplasms were observed before week 100. In most NTP studies, clitoral gland neoplasms in untreated controls are not found before week 100. There were only three studies in the data base in which lesions were observed before week 90 (at weeks 80, 86, and 88). The chemicals 5nitro-o-anisidine (NCI, 1978a), 1,5-napthalenediamine (NCI, 1978b), glycidol (NTP, 1990a), and 5-nitroacenaphthene (NCI, 1978c) have also induced clitoral gland neoplasms in rats. In male rats, 2,4-diaminoanisole sulfate (NCI, 1978d) and 3,3'-dimethoxybenzidine dihydrochloride (NTP, 1990b) caused increases in preputial gland neoplasms. The clitoral gland of the female is homologous to the preputial gland of the male and that both had increased incidences of neoplasms. It is possible that there is a relationship between these tumor sites and proximity to the urinary tract. These increases in preputial and clitoral neoplasms constitute clear evidence of carcinogenicity for male and female rats.

Squamous cell carcinomas of the tongue, a relatively uncommon neoplasm (0.3% historical incidence of oral cavity neoplasms at the study laboratory; the highest incidence in untreated controls in any NTP study was 2/49) were observed in 2/49 high dose male rats in this study. From the limited information available from the data base, chemical induction of these neoplasms is usually associated with genotoxic compounds (as are preputial/clitoral gland neoplasms) (Ashby and Tennant, 1988) and is usually considered to be the result of direct contact of a chemical. Nalidixic acid's limited genotoxicity is probably restricted to indirect effects of secondary influences on DNA replication and repair and lacks the response spectrum commonly associated with chemicals that induce preputial and clitoral gland tumors. Although the response in the preputial and clitoral glands is unambiguous, the low incidence of oral cavity neoplasms cannot be related with certainty to administration of nalidixic acid. There were no preneoplastic lesions (hyperplasia or papillomas) in the oral cavity or preneoplastic or neoplastic lesions in the esophagus or forestomach (organs lined by stratified squamous epithelium) to support the association of squamous cell carcinoma with administration of nalidixic acid.

In contrast to the above findings, several neoplasms commonly observed in untreated control F344/N rats occurred at reduced incidences in those groups administered nalidixic acid. In male rats, anterior pituitary gland adenomas were decreased in dosed groups (4% each) compared with the concurrent control group (22%). High dose female rats had decreased incidences of leukemia (control, 40%; 4,000 ppm, 14%) and mammary gland neoplasms (control, 20%; 4,000

ppm, 4%). Female rats in the control group had a greater incidence of leukemia than the historical incidence at the study laboratory (28%) or on the overall mean control incidence in NTP studies (20%). Thus, the dosed groups did not show as large a decrease in the incidence of leukemia compared with historical controls as they did compared with concurrent controls. The cause of the reductions in pituitary gland and mammary gland neoplasms in the dosed groups is not known. One possible explanation, at least for the mammary neoplasms, is that reduced body weight may have been a factor. Rao et al. (1987) showed a relationship between body weight at 18 months and the incidence of benign mammary neoplasms. The mean body weight of the nalidixic acid control group was about 300 g at 18 months, compared with 250 g in the 4,000ppm group (see Table 4). The estimated tumor incidence for the control group determined by using the regression line of Rao et al. (1987) for benign mammary neoplasms would be about 30% and that for the 4,000-ppm group would be approximately 6%.

Retinal degeneration and cataracts in rats have been reported to result from high levels of light (Rao, 1988). In these studies of nalidixic acid, significant increases in these lesions were observed in dosed groups of both male and female rats. There appeared to be a dose response in the incidence of cataracts in male rats, and the incidence and mean severity of these eve lesions were generally similar in both dosed groups of female rats. Cage placement may have contributed to these findings, since the low dose groups were on the top two tiers of the rack and the high dose groups were on the middle two tiers of the rack and the cages were not rotated. Because eye lesions were identified relatively early in the studies, a veterinary ophthalmologist examined the eyes of a number of rats. The examinations were inconclusive as to the etiology. Light intensity measurements in the study room were made during the course of these studies, and the intensity was found to decline from the top to bottom of each rack. Light intensity was higher near cage racks containing male rats, a finding that is in accord with the slightly higher incidence of cataracts in dosed males than in females, but light intensity within cages was not measured. Although the data support an association between cataracts and retinal degeneration and chemical exposure, there is some uncertainty because these eye lesions are frequently associated with high-intensity lighting and the cages were not rotated in these studies. Additional research is needed to confirm a relationship between nalidixic acid and eye lesions.

There was some speculation before the start of this study that an antimicrobial agent with the urinary tract as a target organ may affect development of kidney lesions in older rats. As judged by data generated during these studies, nalidixic acid did not reduce the incidence or severity of the spontaneous age-related nephropathy in rats or cause specific kidney lesions.

In the 2-year studies of nalidixic acid in mice, high dose animals of each sex and low dose females weighed 1%-17% less than their respective controls. Survival was not affected by compound administration. Feed consumption by groups administered nalidixic acid was similar to values by control groups. Certain early deaths of male mice were attributed to fighting among cagemates.

The incidence of subcutaneous fibromas or fibrosarcomas (combined) in the high dose male group (28%) was marginally greater than in the concurrent control group (10%) or historical control groups (11%). However, these tumors are variable in incidence, and the incidence in the high dose males is well within the range of historical controls. Although the marginal increase in subcutaneous neoplasms in these studies could possibly be chemically related, an increase in similar neoplasms was not reported by Kurokawa et al. (1986), who used 1,600 ppm nalidixic acid as the highest dietary concentration. It is probable that the shorter exposure duration (76 weeks), lower dose, or different mouse strain contributed to the difference in the results obtained in that study and in the current NTP studies.

Chronic bronchopneumonia in male mice was observed at incidences of 0% in the control group, 22% in the 2,000-ppm group, and 12% in the 4,000-ppm group. Serologic analysis indicated that mice in these studies were infected by Sendai virus. According to Hall et al. (1986), animals with Sendai are predisposed to secondary

bacterial and mycoplasmal infections. These infections are not usually severe enough to cause death but may interfere with intrinsic host defense mechanisms. Thus, it is possible that Sendai virus infections together with nalidixic acid affected the incidences of bronchopneumonia in these studies. The reason that bronchopneumonia did not occur in control males is unknown; however, nalidixic acid at the levels administered may have increased the susceptibility of the dosed mice to the infection.

Three mice in the 2,000-ppm group and two mice in the 4,000-ppm group had ovarian luteomas or granulosa cell tumors or granulosa cell carcinomas (combined). Although relatively uncommon in untreated control mice in NTP studies, these few neoplasms are not considered to be associated with nalidixic acid exposure.

For the studies in mice, it is unlikely that higher doses of nalidixic acid would have been tolerated. At the end of the 2-year study, female mice in the 4,000-ppm group weighed 17% less than the controls, a decrease similar to that observed after consumption of 8,000 ppm nalidixic acid in feed for 13 weeks. There was more than a 10% body weight reduction in male mice consuming 8,000 ppm nalidixic acid after 13 weeks of exposure.

Many of the side effects associated with nalidixic acid administration to some humans were not

detected in these studies. Allergic reactions and central nervous system effects were not observed in rats or mice. Feed consumption was marginally decreased in rats but not in mice; the cause of the reductions is not known but could be due to feed aversion or to gastrointestinal disturbance.

The experimental and tabulated data for the NTP Technical Report on nalidixic acid were examined for accuracy, consistency, completeness, and compliance with Good Laboratory Practice regulations. As summarized in Appendix K, the audit revealed no major problems with the conduct of the studies or with collection and documentation of the experimental data. No discrepancies were found that influenced the final interpretation of the results of these studies.

Under the conditions of these 2-year feed studies, there was clear evidence of carcinogenic activity* of nalidixic acid for F344/N rats, as indicated by increased incidences of preputial gland neoplasms in males and clitoral gland neoplasms in females. There was equivocal evidence of carcinogenic activity for male B6C3F₁ mice fed diets containing nalidixic acid, as indicated by marginally increased incidences of subcutaneous tissue neoplasms. There was no evidence of carcinogenic activity for female B6C3F₁ mice fed diets containing 2,000 or 4,000 ppm nalidixic acid for 2 years.

^{*}Explanation of Levels of Evidence of Carcinogenic Activity is on page 6.
A summary of the Peer Review comments and the public discussion on this Technical Report appears on page 9.

V. REFERENCES

- 1. Ahlmen, J.; Sigurdsson, J.; Wohrm, A.; Calmenius, C.; Merck, C.; Bucht, H. (1983) Effect of a three-day course of nalidixic acid in the frequency-dysuria syndrome with significant bacteriuria in women. Scand. J. Infect. Dis. 15:71-74.
- 2. Ames, B.N.; McCann, J.; Yamasaki, E. (1975) Methods for detecting carcinogens and mutagens with the Salmonella/mammalian-microsome mutagenicity test. Mutat. Res. 31:347-364.
- 3. Anderson, E.E.; Anderson, B., Jr.; Nashold, B.S. (1971) Childhood complications of nalidixic acid. J. Am. Med. Assoc. 216:1023-1024.
- 4. Armitage, P. (1971) Statistical Methods in Medical Research. New York: John Wiley & Sons, Inc., pp. 362-365.
- 5. Ashby, J.; Tennant, R.W. (1988) Chemical structure, Salmonella mutagenicity and extent of carcinogenicity as indicators of genotoxic carcinogenesis among 222 chemicals tested in rodents by the U.S. NCI/NTP. Mutat. Res. 204:17-115.
- 6. Back, D.G.; Pickett, B.W.; Voss, J.L.; Seidel, G.E., Jr. (1975) Effect of antibacterial agents on the motility of stallion spermatozoa at various storage times, temperatures and dilution ratios. J. Anim. Sci. 41:137-143.
- 7. Bailey, A.J.G.; Cole, A.; Goodfield, J.; May, P.M.; Dreyfuss, M.E.; Midgley, J.M.; Williams, D.R. (1984) The complexation of transition series metal ions by nalidixic acid and related methoxyquinolones: Its influence on partition coefficients with reference to antibacterial activity. Int. J. Pharm. 22:283-290.
- 8. Barbeau, G.; Belanger, P.-M. (1982) Pharmacokinetics of nalidixic acid in old and young volunteers. J. Clin. Pharmacol. 22:490-496.
- 9. Beliles, R.P. (1972) The influence of pregnancy on the acute toxicity of various compounds in mice. Toxicol. Appl. Pharmacol. 23:537-540.
- 10. Berg, B.N. (1960) Nutrition and longevity in the rat. I. Food intake in relation to size, health and fertility. J. Nutr. 71:242-254.

- 11. Bohr, V.; Mansbridge, J.; Hanawalt, P. (1986) Comparative effects of growth inhibitors on DNA replication, DNA repair, and protein synthesis in human epidermal keratinocytes. Cancer Res. 46:2929-2935.
- 12. Boisvert, A.; Barbeau, G. (1981) Nalidixic acid-induced photodermatitis after minimal sun exposure. Drug Intell. Clin. Pharm. 15:126-127.
- 13. Boorman, G.A.; Montgomery, C.A., Jr.; Eustis, S.L.; Wolfe, M.J.; McConnell, E.E.; Hardisty, J.F. (1985) Quality assurance in pathology for rodent carcinogenicity studies. Milman, H.; Weisburger, E., Eds.: Handbook of Carcinogen Testing. Park Ridge, NJ: Noyes Publications, pp. 345-357.
- 14. Boyle, V.J.; Simpson, C.A. (1980) Bacterial DNA repair assay of selected compounds in pulp and paper mill effluents. Tappi 63:127-130.
- 15. Clarkson, J.M.; Mitchell, D.M. (1983) The effect of various inhibitors of DNA synthesis on the repair of DNA photoproducts. Biochim. Biophys. Acta 740:355-361.
- 16. Clive, D.; Johnson, K.O.; Spector, J.F.S.; Batson, A.G.; Brown, M.M.M. (1979) Validation and characterization of the L5178Y/TK^{+/-} mouse lymphoma mutagen assay system. Mutat. Res. 59:61-108.
- 17. Compendium of Preclinical and Clinical Data (1988) Ciprofloxacin. Mechanism of Action. Product Information Monograph. New York: Marcel Dekker, Inc., p. 11.
- 18. Courtney, K.D.; Valerio, D.A.; Pallotta, A.J. (1967) Experimental teratology in the monkey. Toxicol. Appl. Pharmacol. 10:378.
- 19. Cox, D.R. (1972) Regression models and life tables. J. R. Stat. Soc. B34:187-220.
- 20. Cozzarelli, N.R. (1980) DNA gyrase and the supercoiling of DNA. Science 207:953-960.
- 21. Crumplin, G.C. (1981) The involvement of DNA topoisomerases in DNA repair and mutagenesis. Carcinogenesis 2:157-160.

- 22. Cuisinaud, G.; Ferry, N.; Pozet, N.; Zech, P.Y.; Sassard, J. (1982) Nalidixic acid kinetics in renal insufficiency. Br. J. Clin. Pharmacol. 14:489-493.
- 23. Czinn, S.J.; Speck, W.T.; Rosenkranz, H.S. (1981) Abnormalities in the development of the American sea urchin induced by nalidixic acid. Mutat. Res. 91:119-121.
- 24. DeMarini, D.M.; Lawrence, B.K. (1988) Mutagenicity of topoisomerase-active agents in bacteriophage T4. Teratogenesis Carcinog. Mutagen. 8:293-301.
- 25. Dunnett, C.W. (1955) A multiple comparison procedure for comparing several treatments with a control. J. Am. Stat. Assoc. 50:1096-1122.
- 26. Epstein, J.H.; Wintroub, B.U. (1985) Photosensitivity due to drugs. Drugs 30:42-57.
- 27. Ferry, N.; Cuisinaud, G.; Pozet, N.; Zech, P.Y.; Sassard, J. (1981) Nalidixic acid kinetics after single and repeated oral doses. Clin. Pharmacol. Ther. 29:695-698.
- 28. Filippova, L.M.; Efremova, G.I. (1974) Mutagenic and modificational activity of nevigramon. Sov. Genet. 10:128-129.
- 29. Fraser, A.G.; Harrower, A.D.B. (1977) Convulsions and hyperglycaemia associated with nalidixic acid. Br. Med. J. 2:1518.
- 30. Galloway, S.M.; Bloom, A.D.; Resnick, M.; Margolin, B.H.; Nakamura, F.; Archer, P.; Zeiger, E. (1985) Development of a standard protocol for in vitro cytogenetic testing with Chinese hamster ovary cells: Comparison of results for 22 compounds in two laboratories. Environ. Mutagen. 7:1-51.
- 31. Galloway, S.M.; Armstrong, M.J.; Reuben, C.; Colman, S.; Brown, B.; Cannon, C.; Bloom, A.D.; Nakamura, F.; Ahmed, M.; Duk, S.; Rimpo, J.; Margolin, B.H.; Resnick, M.A.; Anderson, B.; Zeiger, E. (1987) Chromosome aberrations and sister chromatid exchanges in Chinese hamster ovary cells: Evaluations of 108 chemicals. Environ. Molec. Mutagen. 10(Suppl. 10):1-175.

- 32. Gart, J.J.; Chu, K.C.; Tarone, R.E. (1979) Statistical issues in interpretation of chronic bioassay tests for carcinogenicity. J. Natl. Cancer Inst. 62:957-974.
- 33. Gedroyc, W.; Shorvon, S.D. (1982) Acute intracranial hypertension and nalidixic acid therapy. Neurology 32:212-215.
- 34. Gleckman, R.; Alvarez, S.; Joubert, D.W.; Matthews, S.J. (1979) Drug therapy reviews: Nalidixic acid. Am. J. Hosp. Pharm. 36:1071-1076.
- 35. Hall, W.C.; Lubet, R.A.; Henry, C.J.; Collins, M.J., Jr. (1986) Sendai virus--Disease processes and research complications. Hamm, T.E., Ed.: Complications of Viral and Mycoplasmal Infections in Rodents to Toxicology Research and Testing. New York: Hemisphere Publishing Corp., pp. 25-52.
- 36. Haseman, J.K. (1984) Statistical issues in the design, analysis and interpretation of animal carcinogenicity studies. Environ. Health Perspect. 58:385-392.
- 37. Haseman, J.K.; Huff, J.; Boorman, G.A. (1984) Use of historical control data in carcinogenicity studies in rodents. Toxicol. Pathol. 12:126-135.
- 38. Haseman, J.K.; Huff, J.; Rao, G.N.; Arnold, J.; Boorman, G.A.; McConnell, E.E. (1985) Neoplasms observed in untreated and corn oil gavage control groups of F344/N rats and (C57BL/6N \times C3H/HeN)F₁ (B6C3F₁) mice. J. Natl. Cancer Inst. 75:975-984.
- 39. Hecht, A. (1978) Drug effects on the eye. FDA Consum. 12:14-15.
- 40. IMS America Ltd. (1988) Hazardous Substances Databank, Sept. 20, 1988.
- 41. Ingham, B.; Brentnall, D.W.; Dale, E.A.; McFadzean, J.A. (1977) Arthropathy induced by antibacterial fused N-alkyl-4-pyridone-3-carboxylic acids. Toxicol. Lett. 1:21-26.

- 42. Jo, M.; Tachi, N.; Shinoda, M. (1979) Convulsions from excessive dosage of nalidixic acid: A case report. Brain Dev. 1:327-329.
- 43. Kada, T.; Tutikawa, K.; Sadaie, Y. (1972) In vitro and host-mediated "rec-assay" procedures for screening chemical mutagens; and phloxine, a mutagenic red dye detected. Mutat. Res. 16:165-174.
- 44. Kalter, H.; Warkany, J. (1983) Congenital malformations. N. Engl. J. Med. 308:491-497.
- 45. Kanisawa, M.; Katoh, H.; Aiso, K. (1974) Carcinogenicity of potassium 1-methyl-7-[2-(5-nitro-2-furyl)-vinyl]-4-oxo-1,4-dihydro-1,8-naphthyridine-3-carboxylate in ICR mice. Gann 65:1-11.
- 46. Kaplan, E.L.; Meier, P. (1958) Nonparametric estimation from incomplete observations. J. Am. Stat. Assoc. 53:457-481.
- 47. Keane, J.T.; Pearson, R.W.; Malkinson, F.D. (1984) Nalidixic acid-induced photosensitivity in mice: A model for pseudoporphyria. J. Invest. Dermatol. 82:210-213.
- 48. Kowalczyk, J. (1980) Sister-chromatid exchanges in children treated with nalidixic acid. Mutat. Res. 77:371-375.
- 49. Kurokawa, Y.; Matsushima, Y.; Imazawa, T.; Takamura, N.; Maekawa, A.; Takahashi, M.; Hayashi, Y. (1986) Long-term in vivo carcinogenicity study of nalidixic acid in CDF₁ mice. Food Chem. Toxicol. 24:319-323.
- 50: Levin, D.E.; Marnett, L.J.; Ames, B.N. (1984) Spontaneous and mutagen-induced deletions: Mechanistic studies in Salmonella tester strain TA102. Proc. Natl. Acad. Sci. USA 81:4457-4461.
- 51. Ljunggren, B.; Moller, H. (1978) Drug phototoxicity in mice. Acta Derm. Venereol. 58:125-130.
- 52. Mandal, B.K.; Stevenson, J. (1970) Haemolytic crisis produced by nalidixic acid. Lancet 1:614.

- 53. Mandell, G.L.; Sande, M.A. (1985) Antimicrobial agents. Gilman, A.G.; Goodman, L.S.; Rall, T.W.; Murad, F., Eds.: Goodman and Gilman's The Pharmacological Basis of Therapeutics, 7th ed. New York: Macmillan Publishing Co., Inc., pp. 1109-1110.
- 54. Mannisto, P.T. (1976) Pharmacokinetics of nalidixinic acid and oxolinic acid in healthy women. Clin. Pharmacol. Ther. 19:37-46.
- 55. Martindale (1977) The Extra Pharmacopeia, 27th ed. Wade, A., Ed. London: Pharmaceutical Press, p. 1008.
- 56. Maronpot, R.R.; Boorman, G.A. (1982) Interpretation of rodent hepatocellular proliferative alterations and hepatocellular tumors in chemical safety assessment. Toxicol. Pathol. 10:71-80.
- 57. McChesney, E.W.; Froelich, E.J.; Lesher, G.Y.; Crain, A.V.R.; Rosi, D. (1964) Absorption, excretion, and metabolism of a new antibacterial agent, nalidixic acid. Toxicol. Appl. Pharmacol. 6:292-309.
- 58. McConnell, E.E. (1983a) Pathology requirements for rodent two-year studies. I. A review of current procedures. Toxicol. Pathol. 11:60-64.
- 59. McConnell, E.E. (1983b) Pathology requirements for rodent two-year studies. II. Alternative approaches. Toxicol. Pathol. 11:65-76.
- 60. McConnell, E.E.; Solleveld, H.A.; Swenberg, J.A.; Boorman, G.A. (1986) Guidelines for combining neoplasms for evaluation of rodent carcinogenesis studies. J. Natl. Cancer Inst. 76:283-289.
- 61. McCoy, E.C.; Petrullo, L.A.; Rosenkranz, H.S. (1980) Non-mutagenic genotoxicants: Novobiocin and nalidixic acid, 2 inhibitors of DNA gyrase. Mutat. Res. 79:33-43.
- 62. The Merck Index (1983) 10th ed. Rahway, NJ: Merck & Co., Inc., p. 911.
- 63. Meyboom, R.H.B. (1984) Thrombocytopenia induced by nalidixic acid. Br. Med. J. 289:962.

- 64. Moore, W.E.; Portmann, G.A.; Stander, H.; McChesney, E.W. (1965) Biopharmaceutical investigation of nalidixic acid in man. J. Pharm. Sci. 54:36-41.
- 65. Murray, E.D.S. (1981) Nalidixic acid in pregnancy. Br. Med. J. 282:224.
- 66. Myhr, B.; Bowers, L.; Caspary, W.J. (1985) Assays for the induction of gene mutations at the thymidine kinase locus in L5178Y mouse lymphoma cells in culture. Prog. Mutat. Res. 5:555-568.
- 67. National Cancer Institute (NCI) (1976) Guidelines for Carcinogen Bioassay in Small Rodents. NCI Technical Report No. 1. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD. 65 p.
- 68. National Cancer Institute (NCI) (1978a) Bioassay of 5-Nitro-o-anisidine for Possible Carcinogenicity. NCI Technical Report No. 127. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.
- 69. National Cancer Institute (NCI) (1978b) Bioassay of 1,5-Naphthalenediamine for Possible Carcinogenicity. NCI Technical Report No. 143. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.
- 70. National Cancer Institute (NCI) (1978c) Bioassay of 5-Nitroacenaphthene for Possible Carcinogenicity. NCI Technical Report No. 118. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.
- 71. National Cancer Institute (NCI) (1978d) Bioassay of 2,4-Diaminoanisole Sulfate for Possible Carcinogenicity. NCI Technical Report No. 84. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.

- 72. National Institutes of Health (NIH) (1978) Open Formula Rat and Mouse Ration (NIH-07). Specification NIH-11-1335. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.
- 73. National Institute for Occupational Safety and Health (NIOSH) (1979) Registry of Toxic Effects of Chemical Substances, 1978 ed. Washington, DC: NIOSH, p. 817.
- 74. National Institute for Occupational Safety and Health (NIOSH) (1988) Registry of Toxic Effects of Chemical Substances.
- 75. National Toxicology Program (NTP) (1990a) Toxicology and Carcinogenesis Studies of Glycidol in F344/N Rats and B6C3F₁ Mice. NTP Technical Report No. 374. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Research Triangle Park, NC (in preparation).
- 76. National Toxicology Program (NTP) (1990b) Toxicology and Carcinogenesis Studies of 3,3'-Dimethoxybenzidine Dihydrochloride in F344/N Rats. NTP Technical Report No. 372. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Research Triangle Park, NC (in preparation).
- 77. Negishi, M.; Young, C.; Suzuki, H. (1985) Effect of ofloxacin on the hemopoietic stem cells and comparison with other antimicrobial agents. Recent Adv. Chemother. Proc. Int. Congr. Chemother. 14th, pp. 861-862.
- 78. Nishimura, K.; Oka, T.; Tatsumi, H. (1971) Teratological studies on piromidic acid. Chemotherapy 19:422-432.
- 79. Nishio, A.; Uyeki, E.M. (1982) Inhibition of DNA synthesis in permeabilized L cells by novobiocin. Biochem. Biophys. Res. Commun. 106:1448-1455.
- 80. Oishi, S.; Hiraga, K. (1980) Testicular atrophy induced by phthalic acid esters: Effect on testosterone and zinc concentrations. Toxicol. Appl. Pharmacol. 53:35-41.

- 81. Physician's Desk Reference (PDR) (1986) 40th ed. Oradell, NJ: Medical Economics Company, pp. 1922-1923.
- 82. Pierre, A.; Salles, B.; Paoletti, C. (1982) Measurement of recA protein induction in Salmonella typhimurium: A possible biochemical test for the detection of DNA damaging agents. Biochimie 64:775-781.
- 83. Podger, D.M.; Grigg, G.W. (1986) Enhancement of frameshift mutagenesis in *Salmonella typhimurium* derivatives of *hisC3076* by 5-azacytidine and other agents. Mutagenesis 1:283-286.
- 84. Potasman, I.; Bassan, H. (1980) Nicoumalone and nalidixic acid interaction. Ann. Intern. Med. 92:571.
- 85. Rao, G.N. (1988) Light-intensity-related ophthalmitis of Fischer 344 rats in long-term studies. Lab. Anim. Sci. 38:497.
- 86. Rao, G.N.; Piegorsch, W.W.; Haseman, J.K. (1987) Influence of body weight on the incidence of spontaneous tumors in rats and mice of long-term studies. Am. J. Clin. Nutr. 45:252-260.
- 87. Remington's Pharmaceutical Sciences (1980) 16th ed. Easton, PA: Mack Publishing Company, p. 1162.
- 88. Robinson, G.W.; Nicolet, C.M.; Kalainov, D.; Friedberg, E.C. (1986) A yeast excision-repair gene is inducible by DNA damaging agents. Proc. Natl. Acad. Sci. U.S.A. 83:1842-1846.
- 89. Rossoff, I.S. (1974) Handbook of Veterinary Drugs. New York: Springer Publishing Company, p. 375.
- 90. Sacks, L.E.; MacGregor, J.T. (1982) The B. subtilis multigene sporulation test for mutagens: Detection of mutagens inactive in the Salmonella his reversion test. Mutat. Res. 95:191-202.
- 91. Sadtler Standard Spectra. IR No. 41887; NMR No. 13246M. Philadelphia: Sadtler Research Laboratories.

- 92. Salles, B.; Germanier, M.; Defais, M. (1987) A bacterial strain for detecting agents that produce free radical-mediated DNA strand breaks. Mutat. Res. 183:213-217.
- 93. Sarachek, A. (1979) Population changes induced in *Candida albicans* by nalidixic acid. Mycopathologia 68:105-120.
- 94. Shimada, H.; Morita, H.; Akimoto, T. (1980) Lack of induction of dominant lethal mutations in male mice by nalidixic acid. Toxicol. Lett. 7:165-170.
- 95. Shiratori, O.; Takase, S. (1980) Mutagenic activity tests on cinoxacin: *In vitro* and *in vivo* cytogenetic tests in mammalian cells. Chemotherapy (Tokyo) 28:523-529.
- 96. Stenchever, M.A.; Powell, W.; Jarvis, J.A. (1970) Effect of nalidixic acid on human chromosome integrity. Am. J. Obstet. Gynecol. 107: 329-330.
- 97. Sterling-Winthrop Research Institute (1962a) Oral Administration of Win 18,320 to Albino Rats for Thirteen Months (unpublished).
- 98. Sterling-Winthrop Research Institute (1962b) Oral Administration of Win 18,320 to Dogs for Thirteen Months (unpublished).
- 99. Sterling-Winthrop Research Institute (1962c) Oral Administration of Win 18,320 to Rhesus Monkeys for Twelve Months (unpublished).
- 100. Sterling-Winthrop Research Institute (1965) Oral Administration of Win 18,320 to Juvenile Rhesus Monkeys for Twelve Months (unpublished).
- 101. Sugimura, T.; Sato, S.; Nagao, M.; Yahagi, T.; Matsushima, T.; Seino, Y.; Takeuchi, M.; Kawachi, T. (1976) Overlapping of carcinogens and mutagens. Magee, P.N., Ed.: Fundamentals in Cancer Prevention. Baltimore, MD: University Park Press, pp. 191-215.

- 102. Suter, W.; Jaeger, I. (1982) Comparative evaluation of different pairs of DNA repair-deficient and DNA repair-proficient bacterial tester strains for rapid detection of chemical mutagens and carcinogens. Mutat. Res. 97:1-18.
- 103. Tarone, R.E. (1975) Tests for trend in life table analysis. Biometrika 62:679-682.
- 104. Thomas, J.A.; Curto, K.A.; Thomas, M.J. (1982) MEHP/DEHP: Gonadal toxicity and effects on rodent accessory organs. Environ. Health Perspect. 45:85-88.
- 105. Tokunaga, Y.; Asaba, M.; Kato, R. (1979) Dominant lethal mutation test of miloxacin, a new synthetic antibacterial agent. Oyo Yakuri 18:37-45.
- 106. Traeger, A.; Peiker G. (1980) Excretion of nalidixic acid via mother's milk. Arch. Toxicol. Suppl. 4:388-390.

- 107. U.S. International Trade Commission (USITC) (1977) Synthetic Organic Chemicals, U.S. Production and Sales, 1976. USITC Publication No. 833. Washington, DC: USITC.
- 108. The United States Pharmacopeia (USP) (1975) The National Formulary, XIV. Rockville, MD: United States Pharmacopeial Convention, p. 477.
- 109. Yasuda, H.; Taniguchi, Y.; Shigeta, Y. (1983) Focal hyperplasia of intracytoplasmic filaments in the canine parathyroid gland treated with nalidixic acid. Acta Pathol. Jpn. 33:1151-1158.
- 110. Zeiger, E.; Anderson, B.; Haworth, S.; Lawlor, T.; Mortelmans, K. (1988) Salmonella mutagenicity tests: IV. Results from the testing of 300 chemicals. Environ. Molec. Mutagen. 11(Suppl. 12):1-158.

APPENDIX A

SUMMARY OF LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

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TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreat	ed Control	Low	Dose	High	Dose
Animals initially in study	50		50		50	
Animals necropsied	50		50		50	
Animals examined histopathologically	50		50		50	
INTEGUMENTARY SYSTEM				***************************************		
*Skin	(50)		(50)		(50)	
Papilloma, NOS	1	(2%)				
Squamous cell carcinoma						(2%)
Basal cell tumor Keratoacanthoma				(2%)	1	(2%)
*Subcutaneous tissue	(50)		(50)	(2%)	(50)	
Carcinoma, NOS, metastatic		(2%)	(00)		(00)	
Fibroma		(8%)	3	(6%)	1	(2%)
Fibrosarcoma				(4%)	1	(2%)
Neurilemoma, malignant			1	(2%)		
RESPIRATORY SYSTEM						
#Nasal mucosa	(50)		(50)		(50)	
Adenoma, NOS	.=.					(2%)
#Lung Carcinoma, NOS, metastatic	(50)	(90%)	(18)		(50)	
Alveolar/bronchiolar adenoma	1	(2%)	1	(6%)		
Pheochromocytoma, metastatic			1	(0%)	1	(2%)
Osteosarcoma, metastatic						(2%)
Chordoma, metastatic						(2%)
HEMATOPOIETIC SYSTEM			***************************************			
*Multiple organs	(50)		(50)		(50)	
Malignant lymphoma, histiocytic type		(2%)				
Leukemia, mononuclear cell		(44%)		(22%)		(34%)
#Spleen	(50)		(31)	(0~)	(50)	
Leukemia, mononuclear cell	(40)			(6%)	(EO)	
#Mandibular lymph node Carcinoma, NOS, metastatic	(49) 1	(2%)	(14)		(50)	
CIRCULATORY SYSTEM #Spleen	(50)		(31)		(50)	
Hemangiosarcoma				(3%)	, 	
*Soft tissue	(50)		(50)		(50)	(00)
Hemangioma					1	(2%)
DIGESTIVE SYSTEM					, <u></u>	
*Tongue	(50)		(50)		(50)	(46)
Squamous cell carcinoma	(50)		(14)			(4%)
#Salivary gland Adenoma, NOS		(2%)	(14)		(49)	
#Liver	(50)	(470)	(44)		(50)	
Neoplastic nodule		(2%)		(2%)		(2%)
Hepatocellular carcinoma		(2%)				
Histiocytic sarcoma						(2%)
#Jejunum	(50)		(15)		.(50)	
Neurilemoma, malignant	1	(2%)				

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

,	Untreat	ed Control	Low	Dose	High	Dose
URINARY SYSTEM						
#Kidney	(50)		(17)		(50)	
Tubular cell adenoma		(2%)	(,		(00)	
Tubular cell adenocarcinoma		(2%)				
ENDOCRINE SYSTEM						
#Anterior pituitary	(49)		(50)		(50)	
Carcinoma, NOS		(2%)		(2%)		
Adenoma, NOS		(22%)		(4%)		(4%)
#Adrenal	(50)		(50)		(49)	
Cortical adenoma		(4%)				(2%)
#Adrenal cortex	(50)		(50)		(49)	
Osteosarcoma, metastatic						(2%)
#Adrenal medulla	(50)		(50)		(49)	
Pheochromocytoma		(32%)		(38%)		(45%)
Pheochromocytoma, malignant		(6%)		(8%)		(10%)
#Thyroid	(50)		(17)		(49)	
Follicular cell carcinoma				(12%)	_	
C-cell adenoma		(10%)	2	(12%)		(12%)
C-cell carcinoma		(2%)				(2%)
#Parathyroid	(36)		(12)		(40)	/0.m:
Adenoma, NOS	.= *		,			(3%)
#Pancreatic islets	(50)	/O~ \	(49)		(50)	
Islet cell adenoma	1	(2%)	4	(00)		
Islet cell carcinoma			l	(2%)	<u> </u>	
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Fibroadenoma	2	(4%)				(2%)
*Preputial gland	(50)		(50)		(50)	
Carcinoma, NOS			10	(20%)	12	(24%)
Papilloma, NOS	1					
Adenoma, NOS		(4%)		(20%)		(20%)
#Prostate	(50)		(14)		(50)	
Adenocarcinoma, NOS						(2%)
#Testis	(50)		(50)		(50)	
Interstitial cell tumor	47	(94%)	47	(94%)	50	(100%)
NERVOUS SYSTEM						
#Brain	(50)		(15)		(50)	
Glioma, NOS	1	(2%)	1	(7%)	1	(2%)
Astrocytoma		(2%)				
*Spinal cord	(50)		(50)		(50)	
Neurilemoma, malignant			1	(2%)		
SPECIAL SENSE ORGANS				·····		
*Zymbal gland	(50)		(50)		(50)	
Carcinoma, NOS	(00)			(4%)		(4%)
Carcinoma, NOS, metastatic	1	(2%)	-	,	-	,
Papillary adenoma		(2%)				
MUSCULOSKELETAL SYSTEM						
			(50)		(50)	
*Vertebra	(50)		(50)		(50)	

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High Dos	se
BODY CAVITIES					······································	
*Pleura	(50)		(50)		(50)	
Mesothelioma, NOS		(4%)		(2%)		
*Pericardium	(50)		(50)		(50)	
Mesothelioma, NOS		(2%)				
*Epicardium	(50)		(50)		(50)	
Mesothelioma, NOS		(2%)				
*Tunica vaginalis	(50)		(50)		(50)	
Mesothelioma, NOS	1	(2%)	2	(4%)		
ALL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Mesothelioma, NOS	2	(4%)	1	(2%)	,	
Connective tissue		(- 1.07		. – ,		
Lipoma					1	
ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice	50 4 19 27		50 1 21 28		50 1 22 27	
TUMOR SUMMARY						
Total animals with primary tumors**	50		50		50	
Total primary tumors	136		129		144	
Total animals with benign tumors	49		47		50	
Total benign tumors	95		85		98	
Total animals with malignant tumors	27		32		35	
Total malignant tumors	33		39		45	
Total animals with secondary tumors##	1				3	
Total secondary tumors	4				4	
Total animals with tumors uncertain						
benign or malignant	6		5		1	
Total uncertain tumors	8		5		1	

^{*} Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.

** Primary tumors: all tumors except secondary tumors

Number of animals examined microscopically at this site

Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: UNTREATED CONTROL

								_					_			-									
ANIMAL NUMBER	1 4 4	1 4 1	1 4 5	1 2 4	1 5	1 0 1	1 0 6	1 4 8	1 5 0	1 0 4	1 3 8	1 2 1	1 2 6	1 4 7	1 1 4	1 1 6	1 8	1 0 5	1 1 3	1 2 8	1 1 1	1 1 2	1 3 0	1 0 2	1 0 3
Weeks on Study	0 5 6	0 5 8	0 7 8	0 8 2	0 8 5	0 8 6	9	0 9 1	9 2	9 5	0 9 5	9 6	0 9 7	0 9 7	9 8	0 9 8	9 8	9	0 0	0	1 0 1	1 0 1	1 0 3	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin Papilloma, NOS Subcutaneous tissue Carcinoma, NOS, metastatic Fibroma	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Carcinoma, NOS, metastatic Trachea Nasal cavity	+ + +	+ +	+ + +	+ + +	+	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ X + +	+ + +	+ + +	+ + +	+ + +	+ + +
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Carcinoma, NOS, metastatic Thymus	+ + + +	+ + + +	+ + +	+ + + +	+ + + + + +	+++	+ + + +	+++	+ + + +	+ + +	+++-	+ + +	+ + + +	+++++	+ + + +	+ + + +	+++	+ + + -	+ + +	+ + X +	+ + +	+++	+ + +	+++-	+ + + +
CIRCULATORY SYSTEM. Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Neoplastic nodule Hepatocellular carcinoma Bile duct	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X +	+
Pancreas Esophagus Stomach Small intestine	+++++	++++	+++	++++	+ + +	++++	+++	++++	++++	++++	++++	+ + +	++++	+++++	++++	++++	+ + +	+ + +	++++	++++	++++	+ + +	+ + +	+ + +	+ + + +
Neurilemoma, malignant Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X +	+	+
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS Adrenal Cortical adenoma	+	X +	+	+	+	+	+	X +	+	+	X +	+	+	+	+	+	+	+	+ X	+	X +	+	+	+	+
Pheochromocytoma Pheochromocytoma, malignant	+	+	+	+	+	+	X	+	+	+	+	+	X +	X	+	X +	+	X	+	+	* *	X X +	X	X +	X +
C cell adenoma C cell carcinoma Parathyroid Pancreatic islets Islet cell adenoma	- +	+	+	++	++	++	++	**************************************	++	- +	- +	-	++	++	++	++	+	- *	+	++	**************************************	+	+	+ +	-
	1					_																			

Tissue examined microscopically Required tissue not examined microscopically Tumorincidence Necropsy, no autolysis, no microscopic examination Animal missexed

No tissue information submitted
C Necropsy, no histology due to protocol
A. Autolysis
M Animal missing
B No necropsy performed

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

								(C	oni	unu	ıed	.)														
ANIMAL NUMBER	1 0 7	1 0 8	1 0 9	1 1 0	1 7	1 1 9	1 2 0	1 2 2	1 2 3	1 2 5	1 2 7	1 2 9	1 3 1	1 3 2	1 3 3	1 3 4	1 3 5	1 3 6	1 3 7	1 3 9	1 4 0	1 4 2	1 4 3	1 4 6	1 4 9	TOTAL.
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES TUMORS
INTEGUMENTARY SYSTEM				_													_									
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
Papilloma, NOS Subcutaneous tissue Carcinoma, NOS, metastatic Fibroma	+	+	+	+ X	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+ X	+ X	+	+	+	+	+ X	*50 1 4
RESPIRATORY SYSTEM Lungs and bronch Carcinoma, NOS, metastatic Trachea	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	+ +	50 1 49
Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM Bone marrow Spleen	++	+	+	+ +	- +	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	49 50
Lymph nodes Carcinoma, NOS, metastatic Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1 27
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	50
Liver Neoplastic nodule Hepatocellular carcinoma	+	+	+	*X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 1
Bile duct Pancreas	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
Esophagus	T	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
Small intestine Neurilemoma, malignant Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 50
URINARY SYSTEM Kidney	ļ-,				_																					50
Tubular cell adenoma Tubular cell adenocarcinoma Unnary bladder	X	+	+	+	Ť	+				+ _	+ _	Ť	+		T	T		T	T _		Τ.	T	T	+	+	1 1 49
•	.		+		+			+	+	т	т	+		т			т	т						· ·	т	7,0
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
Adenoma, NOS Adrenal Cortical adenoma	+	+	+	X +	+	+	+	X +	+	+	+	+	+	X +	+	+	+	+	X +	X +	X +	X +	X +	+ X	+	11 50 2
Pheochromocytoma Pheochromocytoma, malignant		X		X	X		X	X			X	X										X				16
Thyroid C cell adenoma C-cell carcinoma	+	+	+	+	+	+	+	*	+	+	+	+	+	+	*	+	+	*	+	+	+	+	+ X	+	+	50 5 1
Parathyroid Pancreatic islets Islet cell adenoma	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	36 50 1

^{*} Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

Ammary gland											•																
STUDY			1		1	1 2 4	1 1 5	1 0 1				1 0 4	1 3 8	1 2 1	1 2 6	1 4 7	1 1 4	1 1 6	1 1 8	1 0 5	1 1 3		1 1 1	1 2	1 3 0		
Asmmary gland	WEEKS ON STUDY	5	5	1	7		0 8 5			0 9 1	0 9 2			9 6	0 9 7	0 9 7			0 9 8		1 0 0	1 0 0	1 0 1	1 0 1	1 0 3	1 0 4	
Trostate Trostate	Testis	4		+	+ + v	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ + V	+	+ + •	+ +	+	+ + +	+ +	+	+ + v	+ + +	+ + *	
Chama, NOS	Prostate Preputial/clitoral gland Papilloma, NOS	N N		+	+	+	+	+	+	+	+	+	+	+	+	+	, N	+	+	+	+	, N		N +	N N	+	+ 1
N N N N N N N N N N N N N N N N N N N		+	•	+	+ X	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+
N N N N N N N N N N N N N N N N N N N	SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS, metastatic Papillary adenoma	N	·]	V .	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N		N	N
Mesothelioma, NOS	BODY CAVITIES Pleura Mesothehoma, NOS	1 -					-	N	N	N	N	-	N	N		-		•	X			•	X	-		-	-
Multiple organs, NOS Mesothelioma, NOS Malognant lymphoma, histocytic type	Mesothelioma, NOS Tunica vaginalis	1		+	N +	N +	N +	N	N	N +	N +	N +	N	N +	N +	N +	N +	+	N X +	N +	N +	+	N X +	+	N +	N +	N +
Leukemia, mononuclear cell XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ALL OTHER SYSTEMS Multiple organs, NOS Mesothelioma, NOS Maingnant lymphoma, histocytic type	N	r]	N :	N	N	N	N	N	N	N	N	N			X	N	N	N	N	N	N	N	N	N	N	N
	Leukemia, mononuclear cell	_				X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X		X	

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

ANIMAL NUMBER WEEKS ON STUDY	1 0 7	1 0 8	1 0 9	1 0 1 0 4	1 1 7	1 1 9	1 2 0 1 0 4	1 2 2 2 1 0 4	1 2 3 1 0 4	1 2 5 1 0 4	1 2 7	1 2 9	1 3 1 0 4	1 3 2 1 0 4	1 3 3 1 0 4	1 3 4 1 0 4	1 3 5	1 3 6 1 0 4	1 3 7 1 0 4	1 3 9	1 4 0	1 4 2 1 0 4	1 4 3	1 4 6	1 4 9 1 0 4	TOTAL. TISSUES TUMORS
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma Testis Interstitial cell tumor Prostate Preputial/clitoral gland Papilloma, NOS Adenoma, NOS	+ X + N	+ * X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ * X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + X + N	+ X + N	+ X + N	+ X + N	+ X + X + N	+ X + N	+ X + N	+ X + N	+ * X + N	+ X + N	*50 2 50 47 50 *50 *1 2
NERVOUS SYSTEM Brain Ghoma, NOS Astrocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 1
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS, metastatic Papillary adenoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1 1
BODY CAVITIES Pleura Mesothelioma, NOS Percardium Mesothelioma, NOS Tunica vaginalis Mesothelioma, NOS	N H	N N +	N N +	N N +	N N +	N N +	N +	N N +	N N +	N N +	N N	N N +	N N +	N N +	N N +	N N +	N N +	N +	N H	N +	N N +	N N +	N N +	N N +	N +	*50 2 *50 2 *50 1
ALL OTHER SYSTEMS Multiple organs, NOS Mesothelioma, NOS Malignant lymphoma, histocytic type Leukemia, mononuclear cell	N X X	N	N	N	N	N	N X	N	N	N	N	N X	N	N	N	N	N	N X	N	N	N	N	N	N	N X	*50 2 1 22

^{*} Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: LOW DOSE

0 2.				. • • •		J # 4 #	-	A	·			••••	.												
ANIMAL NUMBER	0 3 2	0 1 6	0 2 7	0 0 4	0 4 5	0 0 2	0 0 6	0 1 9	0 2 4	0 4 4	0 1 7	0 3 0	0 1 3	0 4 0	0 4 6	0 3 5	0 4 2	0 4 8	0 4 3	0 2 6	0 9	0 1 2	0 0 1	0 0 3	0 0 5
WEEKS ON STUDY	0 3 4	0 3 7	0 4 8	0 7 5	0 7 5	0 7 7	0 7 7	0 7 7	0 8 3	0 8 5	0 8 6	0 8 6	0 8 9	0 8 9	9 6	0 9 7	9 8	9	0 9 9	1 0 0	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
Keratoacanthoma Subcutaneous tissue Fibroma Fibrosarcoma Neurilemoma, malignant	+	+ X	+	+	*	+	+	+	+	X	+	*X	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch Alveolar/bronchiolar adenoma Trachea	+	+	+ +	+	+	+	+	+	+	+	+	+	+	 +		-	_	 -	+	- -	-	+	-	_	_
Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangtosarcoma Leukemia, mononuclear cell Lymph nodes	+++++++++++++++++++++++++++++++++++++++	+++++++	- + +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	- + +	+ x -	+	_	+	-	_	+	+	+	-	- * X
Thymus CIRCULATORY SYSTEM	+	+	+	+	+	+	+	+	+	+	_	+	+	+	-	_				_			_		
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver	++	++	+	++	++	++	++	++	++	++	++	++	++	+	_	-	+	+	-+	-	+	+	- +	- +	_
Neoplastic nodule Bile duct Pancreas Esophagus Stomach Small intestine	+++++	+ + + + +	+++++	+ + + + +	+ + + + +	+++++	+++++	+ + + + +	+ + + + +	+ + + + +	+ + + + +	+++++	+++++	+++++	- + - -	++	+ +	+ + - - +	+ +	+ +	+ + - -	+ +	+ +	+ +	+
Large intestine URINARY SYSTEM Kidney	+	+	+	+	+	+	+	+ + +	+	+	+	+	+	+	_	_	_		+	- +			_		
Urnary bladder ENDOCRINE SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	_	_	_		_	_			_	_		
Pituitary Carcinoma, NOS Adenoma, NOS Adrenal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+
Pheochromocytoma Pheochromocytoma, malignant Thyroid	+	+	+	+	* X	+	+	X +	+	+	+	+	+	+	_	+	X	x -	* X	+	_	X -	_	_	X +
Follicular cell carcinoma C cell adenoma Parathyroid Pancreatic islets Islet cell carcinoma	++	+	-	+ + X	++	++	++	++	++	+++	++	X + +	++	- +	 +	-	- +	 +	-	- +	- +	_ +	+	_ +	X +
REPRODUCTIVE SYSTEM Mammary gland Testis Interstital cell tumor Prostate Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS	+ + + X	+ + N	+ + N	+ + X + N	+ X + N	+ X + N X	N + X + N X	N + X + N X	+ + X + N	+ + X + N	+ + X + N	N + X + N	+ + X + N	+ + X + N	N + X - N	N + X - N	N + X - N X	N + X N	N + X - N	N + X - N	N + X - N	N + X - N X	N + X - N X	* X	N + X N
NERVOUS SYSTEM Brain Glioma, NOS Spinal cord	+	+ N	+ N	+	+ N	+ N	+ N	+ N	•		+ N	+	+ N	+	+ X N	_ _ N	 _ N	 N	_ _ N	- N	- N	- N	 N	- N	
Neurlemoma, malignant SPECIAL SENSE ORGANS Zymbal gland	X	N	N	N							N													N	
Carcinoma, NOS BODY CAVITIES Pleura Mesothelioma, NOS Tunica vaginalis Mesothelioma, NOS	N +	N +	N +	N +	N +	N +	N +	N +	N +	, ,	N +	N +	N +	N +	N +	N +	N +	N +	N +	N X +	N +	N +	N +	N +	N +
ALL OTHER SYSTEMS Multiple organs, NOS Mesothehoma, NOS Leukemia, mononuclear cell	N	N	N	N	N	N	N	N	N	N	N X	N	N X	N	N	N X	N		N X	N		N X		N	N

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: LOW DOSE (Continued)

								(C	ont	tin	red	.)														
ANIMAL NUMBER	0 0 7	0 0 8	0 1 0	0 1 1	0 1 4	0 1 5	0 1 8	0 2 0	0 2 1	0 2 2	0 2 3	0 2 5	0 2 8	0 2 9	0 3 1	0 3 3	0 3 4	0 3 6	0 3 7	0 3 8	0 3 9	0 4 1	0 4 7	0 4 9	0 5 0	TOTAL.
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	TISSUES						
INTEGUMENTARY SYSTEM	-																									
Skin Keratoacanthoma Subcutaneous tissue Fibroma Fibrosarcoma Neurilemoma, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+ + X	+	+	+ X +	+	+	+	+	+	+	+	+	+ + X	*50 1 *50 3 2
RESPIRATORY SYSTEM Lungs and bronch Alveolar/bronchiolar adenoma Trachea	_	_	+	_	+ X -	-	-	-		-			-	_	+	- -	_	-	-	-	-		- - -	-	- -	18 1 1 14
Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangiosarcoma Leukemia, mononuclear cell Lymph nodes Thymus	+		+	-	+	+	-		+	+	+			+ X -	_ _ _	-	_			-	- +	+	-	_	-	12 31 1 2 14 13
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++	+ + +	- + X + - -	+	++	++	+ ++	+	++	-+ ++	+++	+++	-+ ++	+	+ + +	-+ ++	++	-+	++	+++	+ +	++	+++	++	-+ ++	14 44 1 44 49 14 14 15
URINARY SYSTEM Kidney Urinary bladder	-	_	_	_				_	_		<u>-</u>		_	=	=	-	+	_	=	=	_	-	-	-	-	17 13
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenal Pheochromocytoma	+ +	+ + X	+ *	+	+ *	+ *	+	+	+ *	+ *	+	+ + X	+ X + X	+	+	+	+ *	+ X +	+ *	+	+ + X	+	+ *	+	+ * X	50 1 2 50 19
Pheochromocytoma, mahgnant Thyroid Follicular cell carcinoma C-cell adenoma Parathyroid	-	-	-	-	- -	-	-	<u>x</u> -	-	-	- -	- -		-	-	-			<u>x</u>	-	-	-	* X	-	X	17 2 2 12 49
Pancreatic islets Islet cell carcinoma REPRODUCTIVE SYSTEM	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+		+		+		+		1
Mammary gland Testis Interstitial cell tumor Prostate Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS	N + X - N X	N + X - N X	N + X - N	N + X - N X	N + X - N	N X N	N + X - N	N + X - N	N + X - N	N + X - N	N X N	N + X - N	N + N	N - N X	N + X - N	N X - N	N + X - N X	*50 50 47 14 *50 10								
NERVOUS SYSTEM Brain Ghoma, NOS Spinal cord Neurilemoma, mahignant	- N	- N	- N	N	- N	- N	N	- N	_ N	- N	_ N	- N	N	- N	- N	N	N	- N	- N	- N	_ N	N	- N	_ N	- N	15 1 *50 1
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 2
BODY CAVITIES Pleura Mesothelioma, NOS Tunica vaginalis Mesothelioma, NOS	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + X	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + X		*50 1 *50 2
ALL OTHER SYSTEMS Multiple organs, NOS Mesothelioma, NOS Leukemia, mononuclear cell	N	N	N X	N		N X	N	N		N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1 11

^{*} Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: HIGH DOSE

																1	<u> </u>			<u> </u>	- 21	- 61		AT -	
ANIMAL NUMBER	6	6 8	0 5 6	0 5 1	9	9	0 8 4	9	0 8 1	0 8 5	0 5 8	0 6 7	7	0	0 6 2	9	5 2	5	7	8	7	6	7	5	0 5 4
WEEKS ON STUDY	5 5	0 6 4	0 7 1	0 8 1	0 8 9	0 9 0	0 9 1	9	0 9 3	0 9 3	0 9 5	0 9 5	0 9 5	0 9 6	0 9 7	0 9 7	0 9 8	9 9	9 9	9	1 0 1	1 0 2	1 0 3	1 0 4	1 0 4
INTEGUMENTARY SYSTEM																									+
Skin Squamous cell carcinoma Basal cell tumor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous tissue Fibroma Fibrosarcoma	X +	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma, metastatic Osteosarroma, metastatic Chordoina, metastatic Trachea	_		_	1	_	_	_	_	_	_	_	_	+		X	4	+	_	+	+	+	+	+	+	X +
Nasal cavity Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	÷	÷	+	+	÷	*	+	÷	+
HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	++++	+ + -	+	+	+++	+++	++++	++++	++++	++++	+++	+++	+	+++	+ + -	++	+++++	++++	+	+	+ + +	++++	++++	+ + +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Squamous cell carcinoma Salivary gland Liver	+ +	++	++	X + +	-+	++	++	++	++	+ +	++	++	++	++	++	+	+	++	++	++	+	++	+	++	+
Neoplastic nodule Histocytic sarcoma Bile duct	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas Esophagus	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach Small intestine Large intestine	+++++++++++++++++++++++++++++++++++++++	+++	+++	+++	+++	+++	+++	+++	++	+++	++++	+++	++++	+++	+++	+++	++	+++	+++	+++	+ +	+++	+ +	+++	+++
URINARY SYSTEM Kidney Urinary bladder	+++	+	+	++	+	+	+	++	++	++	++	+	++	+	+	+	++	++	++	+	++	+	++	++	++
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal Cortical adenoma	+	+	+	+	-	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +
Pheochromocytoma Pheochromocytoma, malignant Osteosarcoma, metastatic				X				X			X	X	X	X	х		X	X	X		X	X			
Thyroid C cell adenoma C cell carcinoma	+	+	+	+	_	+	*	+	+	+	+	+	+	+	*	+	*	+	+	+	+	+	+ X	+	+
Parathyroid Adenoma, NOS	+	+	-	+	-	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	-	+	+
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testis Interstitial cell tumor Prostate	X +	* X +	* X +	* X +	+ X +	* X +	* X +	+ X +	* X +	+ X +	* X +	+ X +	* *	* X +	* X +	* X +	+ X +	+ X +	* X +	+ X +	+ X +	* X +	* X +	* *	* *
Adenocarcinoma, NOS Preputial/icitorial gland Carcinoma, NOS Adenoma, NOS	N	N	N		N	N X	N X	N	N X	N	N X	N X	N	N	N	N	N X	N	N X	N K	N X	N	N X	N	N X
NERVOUS SYSTEM Brain Glioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell Connective tissue, NOS Lipoma Soft tissue Hemangioma	N	N	N	N	N	N X	N	N X	N X	N X	N	N	N X	N X	N	N X	N	N X	N	N	N	N X	N	N	N

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: HIGH DOSE (Continued)

								(0	oni		ıçu	,														
ANIMAL NUMBER	0 5 5	0 5 7	0 6 3	0 6 4	0 6 5	0 6 6	0 6 9	0 7 2	0 7 3	0 7 4	0 7 5	0 7 6	0 7 8	0 8 0	0 8 2	0 8 3	0 8 6	0 8 7	0 8 9	9	9 2	0 9 5	0 9 6	9 8	9 9	TOTAL:
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	TISSUES TUMORS																						
INTEGUMENTARY SYSTEM																										
Skin Squamous cell carcinoma	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
Basal cell tumor Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1 1
RESPIRATORY SYSTEM Lungs and bronchi Pheochromocytoma, metastatic Osteosarcoma, metastatic Chordoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	50 1 1 1
Trachea Nasal cavity Adenoma, NOS	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	++	+	+	49 50 1
HEMATOPOIETIC SYSTEM							· · ·																			50
Bone marrow Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
Lymph nodes Thymus	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 30
CIRCULATORY SYSTEM	<u>'</u>			<u>.</u>																			·			
Heart SISIEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM	-			_																						+50
Oral cavity Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 2
Salivary gland Liver	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	++	+	+	+	+	+	+	+	++	+	49 50
Neoplastic nodule Histocytic sarcoma Bile duct	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	T	X	+			1 1 50
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Esophagus Stomach	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
Small intestine Large intestine	++	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
"		т				т				т	т			Т.	т	T	т.								<u> </u>	
URINARY SYSTEM Kidney Urinary bladder	++	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	++	+	++	+	+	++	50 50
ENDOCRINE SYSTEM Pituitary																										50
Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	50 2
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	49
Pheochromocytoma Pheochromocytoma, malignant Osteosarcoma, metastatic	x	X	X					X	X X		X			X	X		X X				X		X	X	X X	22 5 1
Thyroid C-cell adenoma	+	+	+	+	+ X	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	*X	+	+	+	+	+	49
C cell carcinoma Parathyroid	_	_	_	_	_	_	_		_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	+	1 40
Adenoma, NOS		_	_	-	_	_	7	7		_	т	г	т	Τ.	_	Τ.	_	т	*	r	-	т	_	7	F	1
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	N	+	+	+	+	+	+	+	+	+	+	*50
Testis Interstitial cell tumor Prostate	+ X +	* X	+ X +	+ X +	* X +	* X +	* X	+ X +	* X +	+ X +	* X +	* X +	+ X +	X +	* X	+ X +	+ X +	+ X +	+ X +	+ X +	* X +	* X +	* X	* X +	* X +	50 50 50
Adenocarcinoma, NOS	1	N.T	B.T					, p. t										Х								1
Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS	N	N	N	N	IN	N	N X	N	N X X	N	N	N X	N X	N	N	N	N X	N	N X	X	N	N X X	IA	N X	IN	*50 12 10
NERVOUS SYSTEM Brain Glioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X	N	N	*50
MUSCULOSKELETAL SYSTEM Bone Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N X	N X	N X	N	N	N	N	N	N	N X	N X	N	N	N	N X	N	N	N	N	N X	N	N	N X	N	N	*50 17
Connective tissue, NOS Lipoma															х											1
Soft tissue Hemangioma																				x						1
																										_

^{*} Animals necropsied

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

•	Control	2,000 ppm	4,000 ppm
Subcutaneous Tissue: Fibroma			
Overall Rates (a)	4/50 (8%)	3/50 (6%)	1/50 (2%)
Adjusted Rates (b)	14.8%	6.9%	3.0%
Terminal Rates (c)	4/27 (15%)	0/28 (0%)	0/27 (0%)
Week of First Observation	104	75	99
		P = 0.508N	P = 0.180N
Life Table Tests (d)	P = 0.138N		
Incidental Tumor Tests (d)	P = 0.142N	P = 0.450N	P = 0.176N
Cochran-Armitage Trend Test (d)	P = 0.133N	D 0 F00M	D 0.101N
Fisher Exact Test (d)		P = 0.500N	P = 0.181N
Subcutaneous Tissue: Fibroma or Fibros			
Overall Rates (a)	4/50 (8%)	5/50 (10%)	2/50 (4%)
Adjusted Rates (b)	14.8%	12.1%	5.0%
Terminal Rates (c)	4/27 (15%)	1/28 (4%)	0/27 (0%)
Week of First Observation	104	37	64
Life Table Tests (d)	P = 0.287N	P = 0.494	P = 0.337N
Incidental Tumor Tests (d)	P = 0.284N	P = 0.596N	P = 0.333N
Cochran-Armitage Trend Test (d)	P = 0.283N	1 -0.00011	1 : 0,00011
Fisher Exact Test (d)	F - 0.2001N	D-0 500	P = 0.339N
risher Exact lest(d)		P = 0.500	L 0.99214
Hematopoietic System: Mononuclear Cell		40/80 (555)	4 11 11 10 10 10 10 1
Overall Rates (a)	22/50 (44%)	13/50 (26%)	17/50 (34%)
Adjusted Rates (b)	48.6%	36.6%	44.7%
Terminal Rates (c)	5/27 (19%)	6/28 (21%)	8/27 (30%)
Week of First Observation	82	89	90
Life Table Tests (d)	P = 0.222N	P = 0.099N	P = 0.263N
Incidental Tumor Tests (d)	P = 0.141N	P = 0.201N	P = 0.182N
· · · · · · · · · · · · · · · · · · ·	P = 0.172N	1 - 0.20111	1 - 0.10211
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	F=0.172N	P = 0.047N	P = 0.206N
risher Exact Test (d)		F -0.04711	1 -0.20014
Anterior Pituitary Gland: Adenoma			2/22 // 4/
Overall Rates (e)	11/49 (22%)	2/50 (4%)	2/50 (4%)
Adjusted Rates (b)	36.0%	7.1%	5.9%
Terminal Rates (c)	8/26 (31%)	2/28 (7%)	1/27 (4%)
Week of First Observation	58	104	91
Life Table Tests (d)	P = 0.002N	P = 0.007N	P = 0.008N
Incidental Tumor Tests (d)	P = 0.002N	P = 0.007N	P = 0.008N
Cochran-Armitage Trend Test (d)	P = 0.002N	1 = 0.00111	2 0.0001
Fisher Exact Test (d)	1 = 0.00211	P = 0.007N	P = 0.007N
risher Exact Test (d)		F = 0.007 N	F = 0.00111
Anterior Pituitary Gland: Adenoma or C		0.50 (0.6)	0/80 / 40/ \
Overall Rates (e)	12/49 (24%)	3/50 (6%)	2/50 (4%)
Adjusted Rates (b)	37.5%	10.0%	5.9%
Terminal Rates (c)	8/26 (31%)	2/28 (7%)	1/27 (4%)
Week of First Observation	58	99	91
Life Table Tests (d)	P = 0.001 N	P = 0.012N	P = 0.005N
Incidental Tumor Tests (d)	P = 0.001 N	P = 0.014N	P = 0.005N
Cochran-Armitage Trend Test (d)	P = 0.001 N		
Fisher Exact Test (d)		P = 0.010N	P = 0.003N
Adrenal Gland Medulla: Pheochromocyte	nma		
Overall Rates (e)	16/50 (32%)	19/50 (38%)	22/49 (45%)
Adjusted Rates (b)	44.7%	56.5%	56.6%
Terminal Rates (c)	8/27 (30%)	14/28 (50%)	11/27 (41%)
Week of First Observation	90	75	81
		D 0050	D _ 0 170
Life Table Tests (d)	P = 0.149	P = 0.359	P = 0.179
	P = 0.149 P = 0.133	P = 0.359 P = 0.204	P = 0.179 P = 0.142
Life Table Tests (d)			

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
Adrenal Medulla: Malignant Pheochromo	ocytoma		
Overall Rates (e)	3/50 (6%)	4/50 (8%)	5/49 (10%)
Adjusted Rates (b)	10.5%	13.3%	18.5%
Terminal Rates (c)	2/27 (7%)	3/28 (11%)	5/27 (19%)
Week of First Observation	101	98	104
Life Table Tests (d)	P = 0.286	P = 0.510	P = 0.355
Incidental Tumor Tests (d)	P = 0.297	P = 0.429	P = 0.360
Cochran-Armitage Trend Test (d)	P = 0.280		
Fisher Exact Test (d)		P = 0.500	P = 0.346
Adrenal Medulla: Pheochromocytoma or	Malignant Pheochron		
Overall Rates (e)	18/50 (36%)	21/50 (42%)	24/49 (49%)
Adjusted Rates (b)	50.5%	60.8%	62.0%
Terminal Rates (c)	10/27 (37%)	15/28 (54%)	13/27 (48%)
Week of First Observation	90	75	81
Life Table Tests (d)	P = 0.152	P = 0.365	P = 0.182
Incidental Tumor Tests (d)	P = 0.136	P = 0.193	P = 0.147
Cochran-Armitage Trend Test (d)	P = 0.114		
Fisher Exact Test (d)		P = 0.341	P = 0.135
Гhyroid Gland: C-Cell Adenoma			
Overall Rates (e)	5/50 (10%)	(f) 2/17 (12%)	6/49 (12%)
Adjusted Rates (b)	16.1%	, , , , , , , , , , , , , , , , , , , ,	18.0%
Terminal Rates (c)	3/27 (11%)		3/27 (11%)
Week of First Observation	91		91
Life Table Test (d)	V -		P = 0.496
Incidental Tumor Test (d)			P = 0.462
Fisher Exact Test (d)			P = 0.486
Thyroid Gland: C-Cell Adenoma or Carc	inoma		
Overall Rates (e)	6/50 (12%)	(f) 2/17 (12%)	7/49 (14%)
Adjusted Rates (b)	19.6%	(=, =, = (= = : : ,	21.0%
Terminal Rates (c)	4/27 (15%)		3/27 (11%)
Week of First Observation	91		91
Life Table Test (d)	31		P = 0.496
Incidental Tumor Test (d)			P=0.469
Fisher Exact Test (d)			P = 0.484
			1 - 0.404
Preputial Gland: Adenoma Overall Rates (a)	2/49 (4%)	10/49 (20%)	10/47 (21%)
Adjusted Rates (b)	5.2%	35.7%	29.6%
Terminal Rates (c)	0/27 (0%)	10/28 (36%)	5/26 (19%)
Week of First Observation	56	104	91
Life Table Tests (d)	P=0.016	P = 0.017	P=0.018
Incidental Tumor Tests (d)	P = 0.015	P = 0.017	P = 0.014
Cochran-Armitage Trend Test (d)	P=0.013	2 0.021	
Fisher Exact Test (d)	1 -0.010	P = 0.014	P = 0.011
Preputial Gland: Adenoma or Papilloma	•		
Overall Rates (a)	3/49 (6%)	10/49 (20%)	10/47 (21%)
Adjusted Rates (b)	8.3%	35.7%	29.6%
•	6.3% 0/27 (0%)	10/28 (36%)	5/26 (19%)
Terminal Rates (c) Week of First Observation		10/28 (36%)	91
Week of First Observation	56 B = 0.024		P = 0.042
Life Table Tests (d)	P = 0.034	P = 0.041	P = 0.042 P = 0.034
Incidental Tumor Tests (d)	P = 0.033	P = 0.035	r = 0.004
Cochran-Armitage Trend Test (d)	P = 0.028	D-0.005	D-0.000
Fisher Exact Test (d)		P = 0.035	P = 0.029

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
Preputial Gland: Carcinoma			
Overall Rates (a)	0/49 (0%)	10/49 (20%)	12/47 (26%)
Adjusted Rates (b)	0.0%	28.1%	36.8%
Terminal Rates (c)	0/27 (0%)	5/28 (18%)	7/26 (27%)
Week of First Observation	3.2. (3.2)	77	90
Life Table Tests (d)	P<0.001	P = 0.002	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 Test (d)	- 10.00	P<0.001	P<0.001
Preputial Gland: Adenoma, Papilloma, o	r Carcinoma		
Overall Rates (a)	3/49 (6%)	19/49 (39%)	20/47 (43%)
Adjusted Rates (b)	8.3%	56.2%	53.6%
Terminal Rates (c)	0/27 (0%)	14/28 (50%)	10/26 (38%)
Week of First Observation	56	77	90
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 Test (d)	1 10,001	P<0.001	P<0.001
Festis: Interstitial Cell Tumor			
Overall Rates (e)	47/50 (94%)	47/50 (94%)	50/50 (100%)
Adjusted Rates (b)	100.0%	100.0%	100.0%
Terminal Rates (c)	27/27 (100%)	28/28 (100%)	27/27 (100%)
Week of First Observation	56	75	55
Life Table Tests (d)	P=0.334	P=0.536	P=0.364
Incidental Tumor Tests (d)	P=0.038	P = 0.150	P = 0.113
Cochran-Armitage Trend Test (d)	P = 0.101	1 = 0,100	1 -0.116
Fisher Exact Test (d)	1 -0.101	P = 0.661	P = 0.121
All Sites: Mesothelioma			
Overall Rates (a)	5/50 (10%)	4/50 (8%)	0/50 (0%)
Adjusted Rates (b)	15.3%	12.4%	0.0%
Terminal Rates (c)	2/27 (7%)	2/28 (7%)	0/27 (0%)
Week of First Observation	97	86	5/21 (5/6)
Life Table Tests (d)	P = 0.034N	P = 0.510N	P = 0.038N
Incidental Tumor Tests (d)	P = 0.032N	P=0.636	P = 0.030N
Cochran-Armitage Trend Test (d)	P = 0.029N	1 = 0.000	1 = 0.03014
Fisher Exact Test (d)	1 -0.02311	P = 0.500N	P = 0.029N
All Sites: Benign Tumors Overall Rates (a)	49/50 (98%)	47/50 (94%)	50/50 (100%)
Adjusted Rates (b)	100.0%	100.0%	100.0%
Terminal Rates (c)	27/27 (100%)	28/28 (100%)	27/27 (100%)
Week of First Observation	56	75	55
Life Table Tests (d)	P = 0.454	P=0.466N	P=0.484
Incidental Tumor Tests (d)	P = 0.454 P = 0.276	P = 0.4661 P = 0.612	P=0.484 P=0.486
Cochran-Armitage Trend Test (d)		r - 0.012	r - 0.400
Fisher Exact Test (d)	P = 0.378	P = 0.309N	P = 0.500
All Sites: Malignant Tomans			
All Sites: Malignant Tumors	OFFICA (FAM)	00/50 /04%	05/50/2000
Overall Rates (a)	27/50 (54%)	32/50 (64%)	35/50 (70%)
Adjusted Rates (b)	56.9%	72.1%	79.2%
Terminal Rates (c)	7/27 (26%)	16/28 (57%)	18/27 (67%)
Week of First Observation	78	34	64
Life Table Tests (d)	P = 0.133	P = 0.249	P = 0.152
Incidental Tumor Tests (d)	P = 0.056	P = 0.127	P = 0.060
Cochran-Armitage Trend Test (d)	P = 0.061		
Fisher Exact Test (d)		P = 0.208	P = 0.074

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
ll Sites: All Tumors			
Overall Rates (a)	50/50 (100%)	50/50 (100%)	50/50 (100%)
Adjusted Rates (b)	100.0%	100.0%	100.0%
Terminal Rates (c)	27/27 (100%)	28/28 (100%)	27/27 (100%)
Week of First Observation	56	34	55
Life Table Tests (d)	P = 0.513	P = 0.529	P = 0.542
Incidental Tumor Tests (d)	(g)	(g)	(g)
Cochran-Armitage Trend Test (d)	(g)	`	••
Fisher Exact Test (d)	\ 5 /	P = 1.000	P = 1.000

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

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

⁽c) Observed tumor incidence in animals killed at the end of the study
(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 tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group than in controls is indicated by (\hat{N}) .

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

⁽f) Incomplete sampling of tissues

⁽g) No P value is reported because all animals had tumors.

TABLE A4a. HISTORICAL INCIDENCE OF PREPUTIAL GLAND TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

		Incidence in C	
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
Historical Incidence at Physiolo	gical Research Laborat	ories	
Ephedrine sulfate	2/50	0/50	2/50
Phenylephrine hydrochloride	0/50	2/50	2/50
Erythromycin stearate	0/50	1/50	1/50
Tetracycline hydrochloride	5/50	0/50	5/50
Oxytetracycline hydrochloride	0/50	(b) 1/50	1/50
Vitrofurazone	8/50	1/50	9/50
Nalidixic acid	(c) 3/50	0/50	(c) 3/50
-Methyldopa sesquihydrate	7/49	1/49	8/49
TOTAL	25/399 (6.3%)	6/399 (1.5%)	31/399 (7.8%)
SD(d)	6.50%	1.42%	6.34%
Range (e)			
High	8/50	2/50	9/50
Low	0/50	0/50	1/50
Overall Historical Incidence			
TOTAL SD (d)	(c) 69/1,596 (4.3%) 5.03%	(f) 49/1,596 (3.1%) 2.84%	(c,f) 118/1,596 (7.4%) 5.21%
Range (e)			
High	8/50	5/50	9/50
Low	0/50	0/50	0/50

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks (b) Adenocarcinoma, NOS

TABLE A4b. HISTORICAL INCIDENCE OF ORAL CAVITY SQUAMOUS CELL TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

Number Examined	Number of Tumors	Site	Diagnosis
Historical Incidence at Physiolo	gical Research Laboratories		
399	(b) 1 (0.3%)	Palate, NOS	Squamous cell papilloma
Overall Historical Incidence			
	2	Palate, NOS	Squamous cell papilloma
	1	Tongue, NOS	Squamous cell papilloma
	2	Oral mucosa	Squamous cell carcinoma
	2	Palate, NOS	Squamous cell carcinoma
TOTAL 1,596	7 (0.4%)		

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks; the greatest incidence observed in any untreated control group is

⁽c) Includes one papilloma, NOS

⁽d) Standard deviation

⁽e) Range and SD are presented for groups of 35 or more animals.
(f) Includes seven adenocarcinomas, NOS, and one squamous cell carcinoma

⁽b) Observed in the erythromycin stearate study

TABLE A4c. HISTORICAL INCIDENCE OF ANTERIOR PITUITARY GLAND TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

Incidence in Controls						
Study	Adenoma	Carcinoma	Adenoma or Carcinoma			
listorical Incidence at Physiol	ogical Research Laborat	ories				
Ephedrine sulfate	4/49	1/49	5/49			
Phenylephrine hydrochloride	11/48	0/48	11/48			
Crythromycin stearate	14/49	1/49	15/49			
etracycline hydrochloride	12/48	0/48	12/48			
Oxytetracycline hydrochloride	20/50	(b) 1/50	21/50			
Nitrofurazone	11/48	0/48	11/48			
Validixic acid	11/49	1/49	12/49			
-Methyldopa sesquihydrate	8/49	0/49	8/49			
TOTAL	91/390 (23.3%)	4/390 (1.0%)	95/390 (24.4%)			
SD(c)	9.17%	1.09%	9,41%			
Range (d)						
High	20/50	1/49	21/50			
Low	4/49	0/49	5/49			
Overall Historical Incidence						
TOTAL	(e) 377/1,540 (24.5%)	(f) 23/1,540 (1.5%)	(e,f) 400/1,540 (26.0%)			
SD(c)	10.33%	2.05%	10.24%			
Range (d)						
High	24/46	3/39	25/46			
Low	4/50	0/50	4/50			

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks (b) Adenocarcinoma, NOS

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

⁽e) Includes 12 chromophobe adenomas and 1 acidophil adenoma
(f) Includes five chromophobe carcinomas and one adenocarcinoma, NOS

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

•	Untreat	ed Control	Low	Dose	High	Dose
Animals initially in study	50		50		50	
Animals necropsied	50		50		50	
Animals necropsical Animals examined histopathologically	50		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Animal foreign body					1	(2%)
Epidermal inclusion cyst			1	(2%)		
Follicular cyst, NOS						(2%)
Ulcer, NOS						(2%)
Abscess, NOS			0	(40%)		(4%)
Inflammation, active chronic			2	(4%)		(6%)
Inflammation, granulomatous Inflammation with fibrosis			4	(90/)		(2%) $(10%)$
Hyperplasia, epithelial				(2%) (2%)		(10%) $(12%)$
*Subcutaneous tissue	(50)		(50)	(470)	(50)	(1470)
Abscess, NOS		(2%)	(00)		(00)	
Inflammation, active chronic		(470)			1	(2%)
Inflammation, acute/chronic						(2%)
Calcinosis, NOS	1	(2%)			•	
RESPIRATORY SYSTEM						
#Nasal cavity	(50)		(50)		(50)	
Infection, fungal		(2%)	2	(4%)		
Foreign material, NOS		(4%)				
#Nasal mucosa	(50)	(40)	(50)		(50)	
Dilatation/ducts		(4%)				
Retention of content		(4%)		(90)		
Congestion, acute Hemorrhage	1	(2%)		(2%)		
Inflammation, acute	1	(2%)		(2%) (2%)	9	(6%)
Inflammation, active chronic		(22%)		(30%)	_	(28%)
Inflammation, chronic		(18%)	-	(24%)		(14%)
Hyperplasia, epithelial		(2%)	12	(27/0)		(6%)
Angiectasis	•	√¬·•,	1	(2%)	· ·	(5.0)
#Nasal gland	(50)		(50)		(50)	
Hyperplasia, NOS				(2%)	, /	
*Larynx	(50)		(50)		(50)	
Inflammation, chronic				(2%)		
#Trachea	(49)		(14)		(49)	
Inflammation, chronic	-	(6%)		(7%)		(2%)
#Tracheal gland	(49)		(14)		(49)	(0 €)
Dilatation, NOS	/FO\		(4.0)			(2%)
#Lung Congestion, NOS	(50)	(20%)	(18)	(60/-)	(50)	(2%)
Hemorrhage		(2%)	1	(6%)	1	(270)
Inflammation, interstitial		(2%) (8%)	9	(11%)	Q	(16%)
Inflammation, acute/chronic		(2%)	Z	\ I I 70)	8	(1070)
Inflammation, chronic focal		(2%)			1	(2%)
Granuloma, NOS	•	(= /0)				(2%)
Inflammation with fibrosis	1	(2%)			•	(= /0 /
Perivascular cuffing		(2%)			1	(2%)
Hemosiderosis		(2%)				(4%)
Hyperplasia, epithelial			1	(6%)		(2%)
Hyperplasia, mesothelial		(2%)				
Histiocytosis	2	(4%)			1	(2%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
IEMATOPOIETIC SYSTEM						
*Nasolacrimal duct	(50)		(50)		(50)	
Hyperplasia, lymphoid	(54)		(00)			(2%)
#Bone marrow	(49)		(12)		(50)	
Congestion, NOS					1	(2%)
Metaplasia, osseous		(2%)				
Hyperplasia, hematopoietic	11	(22%)	5	(42%)	19	(38%)
Hyperplasia, granulocytic	1	(2%)				
#Spleen	(50)		(31)		(50)	
Accessory structure					1	(2%)
Congestion, NOS				(3%)		
Fibrosis, focal		(4%)	2	(6%)	1	(2%)
Necrosis, focal		(2%)				
Hemosiderosis	2	(4%)	2	(6%)		(10%)
Depletion, lymphoid					1	(2%)
Hyperplasia, granulocytic		(2%)			_	
Hematopoiesis	2	(4%)		(3%)		(4%)
#Splenic capsule	(50)		(31)	(0.00)	(50)	
Hemosiderosis				(3%)	/80	
#Lymph node	(49)		(14)		(50)	/O~ \
Cyst, NOS	•		_			(2%)
Hemorrhage	2	(4%)		(7%)		(12%)
Hemosiderosis		.04.	1	(7%)	1	(2%)
Hyperplasia, plasma cell		(2%)			(50)	
#Mandibular lymph node	(49)	(0%)	(14)		(50)	(00)
Cyst, NOS	i	(2%)				(2%)
Hemorrhage					_	(2%)
Hyperplasia, NOS Hyperplasia, plasma cell	1	(2%)				(8%) (2%)
Hyperplasia, plasina cen Hyperplasia, lymphoid		(2%)	1	(7%)	1	(270)
#Mediastinal lymph node	(49)	(2%)		(1%)	(50)	
Hemosiderosis		(2%)	(14)		(50)	(4%)
Hyperplasia, NOS		(2%)				(2%)
#Mesenteric lymph node	(49)	(270)	(14)		(50)	(270)
Cyst, NOS	(49)		(14)			(4%)
Hemorrhage	1	(2%)			2	(4.70)
Hemosiderosis		(2%) (2%)				
Hyperplasia, reticulum cell	1	(270)		(7%)		
#Nasal mucosa	(50)		(50)	(170)	(EO)	
Hyperplasia, lymphoid	(90)		(00)		(50)	(2%)
#Liver	(50)		(44)		(50)	(470)
Hematopoiesis		(2%)	(44)		(50)	
#Adrenal cortex	(50)	(470)	(50)		(49)	
Hematopoiesis		(2%)	(00)		(43)	
#Thymus	(27)	(2 10 1	(13)		(30)	
Cyst, NOS	(21)			(8%)	(00)	
Hemorrhage	1	(4%)	1	(370)		
Hyperplasia, epithelial		(22%)	2	(15%)	15	(50%)
IRCULATORY SYSTEM			· · · · · · · · · · · · · · · · · · ·			
#Nasal mucosa	(50)		(50)		(50)	
Thrombosis, NOS	.507			(2%)	,	
#Heart/atrium	(50)		(50)		(50)	
Mineralization		(4%)		(8%)		(8%)
Dilatation, NOS		(2%)		(2%)		(16%)
Thrombus, organized		(2%)		(4%)		(8%)
Inflammation, chronic		(4%)		(4%)	_	
Fibrosis			_	•	3	(6%)
Metaplasia, osseous			1	(2%)		(2%)
#Heart/ventricle	(50)		(50)		(50)	•
Thrombus, organized						

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

•	Untreat	ed Control	Low	Dose	High	Dose
RCULATORY SYSTEM (Continued)						
#Myocardium	(50)		(50)		(50)	
Mineralization	(00)			(2%)		(10%)
Inflammation, acute/chronic				(6%)	· ·	(10,0)
Degeneration, NOS	39	(78%)		(66%)	45	(90%)
Pigmentation, NOS	00	(1070)		(2%)		(2%)
Hemosiderosis			*	(270)		(2%)
#Endocardium	(50)		(50)		(50)	(21 /0 /
Mineralization	(007		(00)			(2%)
Inflammation, acute/chronic	1	(2%)			•	(= ,0 ,
Fibrosis, focal		(4%)	2	(4%)	1	(2%)
Hyperplasia, NOS	~	(170)	-	(-1,0)		(4%)
#Cardiac valve	(50)		(50)		(50)	(-1/0)
Endocardiosis		(2%)		(2%)		(4%)
*Blood vessel	(50)	(270)	(50)	(270)	(50)	(4/0)
Inflammation, active chronic		(2%)	(00)		(00)	
*Coronary artery	(50)	· == /0)	(50)		(50)	
Inflammation, acute/chronic		(2%)	(30)		(30)	
Necrosis, fibrinoid		(2%)				
*Pulmonary artery	(50)	(470)	(50)		(50)	
Mineralization	(50)		(00)			(2%)
Inflammation, chronic focal		(9%)			1	(470)
		(2%)			•	(96)
Hypertrophy, NOS		(2%)				(2%)
*Hepatic vein	(50)		(50)		(50)	
Hyperplasia, NOS						(2%)
#Liver	(50)		(44)		(50)	
Thrombosis, NOS						(4%)
#Pancreas	(50)		(49)		(50)	
Periarteritis	1	(2%)				
GESTIVE SYSTEM #Salivary gland	(50)		(14)		(49)	
#Salivary gland Inflammation, chronic focal	(50)			(7%)	1	(2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis	(50)				1	
#Salivary gland Inflammation, chronic focal		(2%)			1	(2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis	1	(2%) (4%)			1	(2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change	1 2				1	(2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal	1 2	(4%)		(7%)	1	(2%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal	1 2 2	(4%)	1	(7%)	1 1 (49)	(2%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland	1 2 2	(4%)	1	(7%)	1 1 (49)	(2%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change	1 2 2 (50)	(4%)	1	(7%)	1 1 (49)	(2%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal	1 2 2 (50)	(4%) (4%)	(14)	(7%)	1 1 (49) 1	(2%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland	1 2 2 (50)	(4%) (4%)	(14)	(7%)	1 1 (49) 1	(2%) (2%) (2%) (2%) (2%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal	1 2 2 (50) 1 1 (50)	(4%) (4%)	1 (14)	(7%)	1 1 (49) 1 1 3 (49) 1	(2%) (2%) (2%) (2%) (2%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland	1 2 2 (50) 1 1 (50)	(4%) (4%)	1 (14) 1 (14)	(7%)	1 1 (49) 1 1 3 (49) 1	(2%) (2%) (2%) (2%) (2%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial	1 2 2 (50) 1 1 (50)	(4%) (4%)	1 (14) 1 (14) (44)	(7%)	1 1 (49) 1 1 (49) 1 (50)	(2%) (2%) (2%) (2%) (2%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver	1 2 2 (50) 1 1 (50)	(4%) (4%) (2%) (2%)	1 (14) (14) (44) (44)	(7%) (7%)	1 1 (49) 1 1 3 (49) 1 (50) 2	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS	1 2 2 (50) 1 1 (50)	(4%) (4%) (2%) (2%)	1 (14) (14) (44) (44)	(7%)	1 (49) 1 1 3 (49) 1 (50) 2	(2%) (2%) (2%) (2%) (2%) (6%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS	1 2 2 (50) 1 1 (50) (50)	(4%) (4%) (2%) (2%) (4%)	1 (14) (14) (44) (44)	(7%) (7%)	1 (49) 1 1 3 (49) 1 (50) 2 1	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS	1 2 2 (50) 1 1 (50) (50)	(4%) (4%) (2%) (2%)	1 (14) 1 (14) (44) 1 1	(7%) (7%) (2%) (2%)	1 (49) 1 1 3 (49) 1 (50) 2 1	(2%) (2%) (2%) (2%) (2%) (6%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar	1 2 2 (50) 1 1 (50) (50)	(4%) (4%) (2%) (2%) (4%)	1 (14) 1 (14) (44) 1 1	(7%) (7%) (2%) (2%)	1 (49) 1 1 3 (49) 1 (50) 2 1	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (2%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal	1 2 2 (50) 1 1 (50) (50)	(4%) (4%) (2%) (2%) (4%)	1 (14) 1 (14) (44) 1 1	(7%) (7%) (2%) (2%)	1 1 (49) 1 1 3 (49) 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic	1 2 2 (50) 1 1 (50) (50) 2	(4%) (4%) (2%) (2%) (4%) (10%)	1 (14) 1 (14) (44) 1 1	(7%) (7%) (2%) (2%) (5%) (2%)	1 1 (49) 1 1 (3 (49) 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (2%) (4%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning	1 2 2 (50) 1 1 (50) (50) 2	(4%) (4%) (2%) (2%) (4%) (4%)	1 (14) 1 (14) (44) 1 1 2 1	(7%) (7%) (2%) (2%) (5%) (2%)	1 1 (49) 1 1 (3 (49) 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal	1 2 2 (50) 1 1 (50) (50) 2	(4%) (2%) (2%) (4%) (10%)	1 (14) 1 (14) (44) 1 1 2 1 4 2	(7%) (7%) (2%) (2%) (5%) (2%)	1 1 (49) 1 1 (3 (49) 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (2%) (4%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty	1 2 2 (50) 1 1 (50) (50) 2	(4%) (4%) (2%) (2%) (4%) (4%)	1 (14) (14) (44) 1 1 2 1 4 2 1 1	(7%) (7%) (2%) (2%) (5%) (2%) (9%) (5%) (2%)	1 1 (49) 1 1 (3 (49) 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (2%) (6%) (2%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS	1 2 2 (50) 1 1 (50) (50) 2	(4%) (2%) (2%) (4%) (10%)	1 (14) (14) (44) 1 1 2 1 4 2 1 1	(7%) (7%) (2%) (2%) (5%) (2%)	1 1 (49) 1 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (4%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS Mitotic alteration	1 2 2 (50) 1 1 (50) (50) 2	(4%) (2%) (2%) (2%) (4%) (10%)	1 (14) (14) (14) (14) (14) (14) (14) (14)	(7%) (2%) (2%) (5%) (2%) (5%) (2%) (5%) (2%)	1 1 (49) 1 1 (50) 2 1 1 2	(2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (4%) (2%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS Mitotic alteration Basophilic cyto change	1 2 2 (50) 1 1 (50) (50) 2 5	(4%) (2%) (2%) (2%) (4%) (10%) (4%) (2%) (8%)	1 (14) (14) (14) (14) (14) 1 1 2 1 1 2 1 2 1 1 25	(7%) (2%) (2%) (5%) (2%) (5%) (2%) (5%) (2%) (57%)	1 1 (49) 1 1 (50) 2 1 1 2 1 3	(2%) (2%) (2%) (2%) (6%) (2%) (2%) (4%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS Mitotic alteration Basophilic cyto change Focal cellular change	1 2 2 (50) 1 1 (50) (50) 2 5	(4%) (2%) (2%) (2%) (4%) (10%) (4%) (2%) (8%)	1 (14) (14) (44) 1 1 2 1 4 2 1 1 25 4	(7%) (2%) (2%) (5%) (2%) (5%) (2%) (2%) (2%) (2%) (2%) (9%)	1 1 (49) 1 1 (50) 2 1 1 2 1 3	(2%) (2%) (2%) (2%) (6%) (2%) (2%) (4%) (2%) (4%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS Mitotic alteration Basophilic cyto change Focal cellular change Eosinophilic cyto change	1 2 2 (50) 1 1 (50) (50) 2 5 2 1 4	(4%) (2%) (2%) (2%) (4%) (10%) (4%) (2%) (8%) (58%) (26%) (2%)	1 (14) (14) (44) 1 1 2 1 4 2 1 1 25 4 2	(7%) (2%) (2%) (5%) (2%) (5%) (2%) (2%) (5%) (2%) (5%) (5%)	1 1 (49) 1 1 (50) 2 1 1 2 1 3	(2%) (2%) (2%) (2%) (6%) (2%) (2%) (2%) (4%) (6%)
#Salivary gland Inflammation, chronic focal Inflammation with fibrosis Focal cellular change Atrophy, focal Hyperplasia, stromal #Parotid gland Inflammation, chronic focal Necrosis, diffuse Focal cellular change Atrophy, focal #Sublingual gland Hyperplasia, epithelial #Liver Deformity, NOS Congestion, NOS Hemorrhage Granuloma, NOS Scar Fibrosis, multifocal Degeneration, cystic Degeneration, ballooning Necrosis, focal Metamorphosis, fatty Pigmentation, NOS Mitotic alteration Basophilic cyto change Focal cellular change	1 2 2 (50) 1 1 (50) (50) 2 5 2 1 4	(4%) (2%) (2%) (2%) (4%) (10%) (4%) (2%) (8%)	1 (14) (14) (44) (1 1 1 2 1 4 2 1 1 25 4 2 3	(7%) (2%) (2%) (5%) (2%) (5%) (2%) (2%) (2%) (2%) (2%) (9%)	1 1 (49) 1 1 (50) 2 1 1 2 1 3	(2%) (2%) (2%) (2%) (6%) (2%) (4%) (2%) (4%) (2%) (4%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control		Low Dose		High	Dose	
GESTIVE SYSTEM							
#Liver (Continued)	(50)		(44)		(50)		
Hyperplasia, focal		(6%)		(2%)	(50)		
Angiectasis		(4%)		(5%)	4	(8%)	
#Portal tract	(50)	(,	(44)	(=)	(50)	ν=	
Inflammation, chronic	1	(2%)			1	(2%)	
#Liver/centrilobular	(50)		(44)		(50)		
Inflammation, chronic			1	(2%)			
Degeneration, NOS		•	1	(2%)	1	(2%)	
Cytoplasmic vacuolization		(2%)					
#Liver/periportal	(50)		(44)		(50)		
Inflammation, acute/chronic						(2%)	
Inflammation, chronic				(7%)		(2%)	
#Bile duct	(50)		(44)		(50)	. = 6 :	
Hyperplasia, NOS		(54%)		(73%)		(58%)	
Hyperplasia, focal		(4%)		(2%)		(10%)	
#Pancreas	(50)		(49)	(0.41)	(50)		
Inflammation, acute/chronic		.00%		(2%)	•	(10~	
Inflammation, chronic focal		(8%)		(14%)		(18%)	
Inflammation, chronic diffuse		(4%)		(2%)		(8%)	
#Pancreatic acinus	(50)	(90)	(49)		(50)		
Cytoplasmic change, NOS Cytoplasmic vacuolization		(2%) (2%)					
Basophilic cyto change	1	(2%)	0	(4%)			
Atrophy, focal	16	(32%)	_	(45%)	99	(44%)	
Atrophy, diffuse	10	(3270)		(2%)		(2%)	
Hyperplasia, focal			7	(270)		(2%)	
#Esophagus	(49)		(14)		(50)	(2 10)	
Infection, bacterial	(40)		(14)			(2%)	
Hyperkeratosis						(2%)	
#Glandular stomach	(50)		(14)		(50)	(= /0/	
Dilatation, NOS		(6%)	(/		(/		
Cyst, NOS		(28%)	2	(14%)	6	(12%)	
Sclerosis		(4%)		(7%)		•	
Necrosis, focal		,,		,	1	(2%)	
Amyloidosis					1	(2%)	
Hyperplasia, epithelial	1	(2%)					
#Forestomach	(50)		(14)		(50)		
Ulcer, NOS	1	(2%)					
Inflammation, acute			1	(7%)			
Inflammation, active chronic		(2%)					
Hyperplasia, epithelial	1	(2%)			4	(9.0%)	
Hyperkeratosis #Small intestine	150/		/15			(2%)	
#Small intestine Ectopia	(50)	(90%)	(15)		(50)		
#Jejunum		(2%)	(15)		/E0\		
Cyst, NOS	(50)		(15)	(7%)	(50)		
Inflammation, necrotizing	1	(2%)	1	(170)			
Granulation tissue		(2%)					
Ulcer, perforated		(2%)					
#Large intestine	(50)	(2 /0)	(14)		(50)		
Cyst, NOS	(00)		(17)			(2%)	
Sclerosis						(2%)	
#Colon	(50)		(14)		(50)	(2 /0 /	
Retention of content	(00)		(14)			(2%)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

•	Untreat	ed Control	Low	Dose	High	Dose
JRINARY SYSTEM						···
#Kidney	(50)		(17)		(50)	
Pyelonephritis, acute		(2%)	(11)		(00)	
Inflammation, chronic focal	•	(270)	1	(6%)	2	(4%)
Nephropathy	47	(94%)		(76%)	-	(92%)
#Kidney/cortex	(50)	(3470)	(17)	(10%)	(50)	(32 10)
Mineralization	(30)			(6%)	(00)	
Cyst, NOS	1	(2%)	•	(0707	1	(2%)
#Kidney/medulla	(50)	(270)	(17)		(50)	(2 /0)
Mineralization		(2%)		(6%)	(00)	
Necrosis, NOS	•	(2 /0)		(070)	1	(2%)
#Kidney/tubule	(50)		(17)		(50)	(270)
Abscess, chronic		(2%)	(11)		(00)	
Degeneration, NOS		(4%) (4%)				
Pigmentation, NOS		(4%) (2%)	1	(6%)		
#Kidney/pelvis	(50)	(470)	(17)	(070)	(50)	
Mineralization		(2%)	(17)		(00)	
Hyperplasia, epithelial #Urinary bladder		(2%)	(10)		(50)	
Hemorrhage	(49)		(13)			(90)
Inflammation, acute						(2%)
				(0%)	1	(2%)
Inflammation, acute/chronic			1	(8%)		
NDOCRINE SYSTEM						
#Pituitary intermedia	(49)		(50)		(50)	
Hyperplasia, NOS	2	(4%)				
#Anterior pituitary	(49)		(50)		(50)	
Cyst, NOS		(6%)		(4%)		(10%)
Focal cellular change		(12%)		(4%)	2	(4%)
Hyperplasia, focal		(2%)		(6%)		(4%)
Angiectasis		(2%)		(4,7,	_	, /
#Pituitary posterior	(49)	(4.07	(50)		(50)	
Cyst, NOS				(2%)		
#Adrenal/capsule	(50)		(50)	(= .0)	(49)	
Ectopia		(10%)		(16%)		(8%)
Inflammation, chronic focal	v	(20,0)		(2%)	-	(0,0)
#Adrenal cortex	(50)		(50)	(= ,0)	(49)	
Congestion, NOS	(30)		(00)			(4%)
Degeneration, lipoid	14	(28%)	2	(4%)		(12%)
Necrosis, focal	14	(30,0)		(2%)	v	, , , ,
Metamorphosis, fatty				(2%)		
Focal cellular change	1	(2%)		(6%)	1	(2%)
Hyperplasia, focal		(18%)		(16%)		(4%)
Angiectasis		(4%)	O	(10 %)		(4%)
#Adrenal medulla	(50)	(T /U)	(50)		(49)	(- 10)
Mineralization	(30)			(2%)		(2%)
Nuclear enlargement	1	(2%)	1	(470)	ı	(470)
Hyperplasia, focal		(30%)	^	(18%)	10	(27%)
Angiectasis	15	(3070)			13	(2170)
	(FA)			(2%)	(40)	
#Thyroid	(50)	(90)	(17)		(49)	
Cyst, NOS		(2%)	_	(100)		
Hyperplasia, C-cell		(38%)		(12%)		(24%)
#Thyroid follicle	(50)		(17)		(49)	
Mineralization					1	(2%)
Dilatation, NOS		(2%)				
#Pancreatic islets	(50)		(49)		(50)	
Hyperplasia, focal	3	(6%)				

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Dilatation, NOS		(6%)	(30)			(2%)
Cyst, NOS	J	(0%)				(2%)
Pigmentation, NOS						(2%)
Hyperplasia, epithelial	10	(20%)	1	(2%)		(10%)
*Preputial gland	(50)	(2070)	(50)	(2 /0)	(50)	(10%)
Retention of content		(4%)		(8%)		(6%)
Cyst, NOS	-	(4707	•	(0 70)		(2%)
Inflammation, acute						(2%)
Abscess, NOS			3	(6%)		(6%)
Inflammation, active chronic	1	(2%)		(6%)		(4%)
Inflammation, chronic		(24%)		(18%)		(22%)
Inflammation, granulomatous		(54%)		(30%)		(22%)
Hyperplasia, epithelial		(2%)		(10%)		(2%)
Hyperplasia, papillary	1	,		(2%)	•	(= 10)
#Prostate	(50)		(14)	. = 707	(50)	
Mineralization	(30)		(17)			(2%)
Retention of content						(4%)
Mucocele	1	(2%)			-	,
Hemorrhage	•	, , ,			1	(2%)
Inflammation, suppurative	9	(4%)			•	, - ,
Inflammation, active chronic		(20%)	3	(21%)	9	(4%)
Inflammation, chronic		(4%)	0	(21/0)	-	(4/0)
Hyperplasia, epithelial		(2%)	9	(14%)		
*Seminal vesicle	(50)	(270)	(50)	(1470)	(50)	
Inflammation, chronic		(2%)	(00)		(00)	
Atrophy, NOS	1	(270)	1	(2%)	1	(2%)
Hyperplasia, epithelial	1	(2%)	•	(2/0)	•	(2 /0)
#Testis	(50)	(2 /0)	(50)		(50)	
Mineralization		(22%)		(12%)	* * * * *	(36%)
Infarct, NOS	11	(2270)	U	(1270)		(2%)
Atrophy, NOS	9	(4%)	6	(12%)		(6%)
Hyperplasia, interstitial cell		(30%)		(26%)		(14%)
*Epididymis		(30%)		(20%)		(1470)
Dilatation, NOS	(50)		(50)		(50)	(90%)
Infarct, NOS						(2%)
*Ampulla of vas deferens	/FA\		(FA)			(2%)
Retention of content	(50)		(50)		(50)	(90)
*Scrotum	(50)		(50)		-	(2%)
Hemorrhage	(50)	(901)	(50)		(50)	
remottuage	1	(2%)				
ERVOUS SYSTEM						
*Choroid plexus	(50)		(50)		(50)	
Hyperplasia, papillary					1	(2%)
#Brain	(50)		(15)		(50)	
Mineralization		(2%)				
Deformity, NOS	2	(4%)				
Hydrocephalus, internal	1	(2%)				
Hemorrhage	2	(4%)				
*Spinal cord	(50)		(50)		(50)	
Demyelinization			1	(2%)		
Cytoplasmic vacuolization					1	(2%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control		High Dose		
SPECIAL SENSE ORGANS					
*Eye	(50)	(50)	(50)		
Hemorrhage	1 (2%)	(30)	(30)		
*Eye/cornea	(50)	(50)	(50)		
Synechia, anterior	(307	1 (2%)	1 (2%)		
Vascularization	1 (2%)	1 (270)	1 (2%)		
*Eye/iris	(50)	(50)	(50)		
Inflammation, active chronic	(30)	(00)	1 (2%)		
*Eye/retina	(50)	(50)	(50)		
Degeneration, NOS	3 (6%)	2 (4%)	3 (6%)		
*Eye/crystalline lens	(50)	(50)	(50)		
Mineralization	(00)	1 (2%)	2 (4%)		
Cataract	3 (6%)	2 (4%)	3 (6%)		
*Nasolacrimal duct	(50)	(50)	(50)		
Retention of content	1 (2%)	(00)	1 (2%)		
Inflammation, active chronic	3 (6%)	3 (6%)	5 (10%)		
Inflammation, chronic	20 (40%)	17 (34%)	21 (42%)		
Foreign material, NOS	1 (2%)	(0 2 10)	22 (-270)		
Hyperplasia, epithelial	$\frac{1}{1} (2\%)$		1 (2%)		
*Harderian gland	(50)	(50)	(50)		
Inflammation, chronic	1 (2%)	(00)	1 (2%)		
Fibrosis	- (= /5/		1 (2%)		
MUSCULOSKELETAL SYSTEM					
*Femur	(50)	(50)	(50)		
Healed fracture			1 (2%)		
Osteochondrodystrophy			1 (2%)		
Metaplasia, cartilaginous			1 (2%)		
Metaplasia, osseous	1 (2%)		/ W A S		
*Articular cartilage	(50)	(50)	(50)		
Metaplasia, osseous			1 (2%)		
BODY CAVITIES					
*Pleura	(50)	(50)	(50)		
Inflammation, chronic focal	1 (2%)	/= 0:	/ 24		
*Pericardium	(50)	(50)	(50)		
Hyperplasia, mesothelial	1 (2%)	(o.)			
*Epicardium	(50)	(50)	(50)		
Inflammation, active chronic		1 (2%)	المحاجد الم		
Inflammation, chronic focal			1 (2%)		
Hemosiderosis	/FO:	1 (2%)	/FO\		
*Mesentery	(50)	(50)	(50)		
Accessory structure	• /8~ \		3 (6%)		
Necrosis, fat	1 (2%)	1 (00)	1 (00)		
Hemosiderosis		1 (2%)	1 (2%)		
*Tunica vaginalis	(50)	(50)	(50)		
Inflammation, active chronic	1 (2%)				
ALL OTHER SYSTEMS					
Adipose tissue					
Necrosis, NOS	5	2	2		

SPECIAL MORPHOLOGY SUMMARY None

^{*} Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

APPENDIX B

SUMMARY OF LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

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TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreated Control		Low Dose		High 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)		
Papilloma, NOS	1	(2%)					
*Subcutaneous tissue	(50)		(50)		(50)		
Squamous cell carcinoma, invasive	1	(2%)	-				
Paraganglioma, malignant Fibroma	0	(101)		(2%)			
Fibrosarcoma	2	(4%)		(2%) (4%)			
Liposarcoma				(2%)			
RESPIRATORY SYSTEM							
#Lung	(50)		(19)		(50)		
Squamous cell carcinoma, metastatic	,	(2%)	(13)		(50)		
Alveolar/bronchiolar adenoma	1	(= /0)			1	(2%)	
HEMATOPOIETIC SYSTEM							
*Multiple organs	(50)		(50)		(50)		
Leukemia, mononuclear cell		(38%)		(16%)		(14%)	
#Spleen	(50)	(00 /0)	(50)	(+0/0)	(50)	(I - I / U)	
Leukemia, mononuclear cell		(2%)		(2%)	(00)		
CIRCULATORY SYSTEM							
#Spleen	(50)		(50)		(50)		
Hemangioma		(2%)	****				
#Myocardium	(50)		(11)		(50)		
Neurilemoma	1	(2%)					
DIGESTIVE SYSTEM							
#Liver	(50)		(50)		(50)		
Neoplastic nodule	1	(2%)			1	(2%)	
URINARY SYSTEM None		3617					
ENDOCRINE SYSTEM	***************************************	, <u>, , , , , , , , , , , , , , , , , , </u>					
#Pituitary intermedia	(50)		(37)		(50)		
Adenoma, NOS	(00)		(01)			(2%)	
#Anterior pituitary	(50)		(37)		(50)	\- / v /	
Carcinoma, NOS		(2%)		(3%)			
Adenoma, NOS	19	(38%)	18	(49%)		(34%)	
#Adrenal	(50)		(50)		(50)		
Cortical adenoma		(4%)			2	(4%)	
Cortical carcinoma		(2%)	(FO)		/FA\		
#Adrenal medulla Pheochromocytoma	(50)	(COL)	(50)	(2%)	(50)	(2%)	
Pheochromocytoma Pheochromocytoma, malignant		(6%) (2%)	1	(4%)	1	(2%)	
#Thyroid	(50)	(2/0)	(12)		(50)		
C-cell adenoma		(4%)		(8%)		(6%)	
C-cell carcinoma		(2%)		(8%)		(4%)	
#Pancreatic islets	(50)		(11)	•	(50)		
Islet cell adenoma	1	(2%)					

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control		Low Dose		High Dose		
REPRODUCTIVE SYSTEM							
*Mammary gland	(50)		(50)		(50)		
Adenocarcinoma, NOS	V = - /	(6%)	1	(2%)			
Fibroadenoma		(14%)		(12%)	2	(4%)	
*Clitoral gland	(50)	(22,0)	(50)		(50)		
Carcinoma, NOS	1	(2%)	4	(8%)	4	(8%)	
Papilloma, NOS		(2%)	1	(2%)			
Papillary carcinoma		,		,	1	(2%)	
Adenoma, NOS	4	(8%)	10	(20%)	11	(22%)	
#Uterus	(50)		(49)		(50)		
Leiomyoma					1	(2%)	
Endometrial stromal polyp	14	(28%)	15	(31%)	5	(10%)	
Endometrial stromal sarcoma			1	(2%)			
#Uterus/endometrium	(50)		(49)		(50)		
Adenocarcinoma, NOS					1	(2%)	
Papillary cystadenocarcinoma, NOS			1	(2%)			
#Ovary	(50)		(12)		(50)		
Granulosa cell tumor	2	(4%)					
NERVOUS SYSTEM							
#Brain	(50)		(12)		(50)		
Astrocytoma	(00)			(8%)	(00)		
Oligodendroglioma	2	(4%)	-	(0,0)	1	(2%)	
SPECIAL SENSE ORGANS	***************************************						
*Zymbal gland	(50)		(50)		(50)		
Squamous cell carcinoma	, ,	(4%)	(00)		(00)		
MUSCULOSKELETAL SYSTEM		··· -					
None							
BODY CAVITIES None							
ALL OTHER SYSTEMS							
None							
ANIMAL DISPOSITION SUMMARY Animals initially in study	50		50		50		
Natural death	50 6		50 1		50		
Moribund sacrifice	22		18		21		
Terminal sacrifice	$\frac{22}{22}$		31		21		
Zerminar Sacrines	44		31		23		

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control	Low Dose	High Dose
TUMOR SUMMARY	<u> </u>		
Total animals with primary tumors**	47	43	41
Total primary tumors	93	76	61
Total animals with benign tumors	38	37	32
Total benign tumors	58	53	44
Total animals with malignant tumors	25	22	16
Total malignant tumors	32	23	16
Total animals with secondary tumors##	2		
Total secondary tumors	2		
Total animals with tumors uncertain			
benign or malignant	3		1
Total uncertain tumors	3		1

^{*} Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.

** Primary tumors: all tumors except secondary tumors

** Number of animals examined microscopically at this site

^{##} Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: UNTREATED CONTROL

STUDY O	T 14	AL.							.,.	141	<i>J</i>			UN			•								
ANIMAL NUMBER	1 3 6	1 0 7	1 2 3	1 1 7	1 4 7	1 1 4	1 1 8	1 4 6	1 0 4	1 4 3	1 8	1 3 5	1 4 0	1 2 9	1 3 1	1 3 8	1 2 8	1 0 5	1 2 5	1 4 2	1 2 4	1 3 9	1 0 9	1 0	1 3 3
WEEKS ON STUDY	0 3 7	0 5 7	0 6 0	0 6 8	0 7 0	0 7 5	0 7 5	0 8 2	0 8 5	0 8 9	0 9 0	0 9 1	0 9	0 9 2	0 9 2	9	9	0 9 4	9	0 9	1 0 0	1 0 0	1 0 1	1 0 2	1 0 2
INTEGUMENTARY SYSTEM																									—
Skin Papilloma, NOS Subcutaneous tissue Squamous ceil carcinoma, invasive Fibroma	++	+	+	+	+	+ *	+ + X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Squamous cell carcinoma, metastatic Trachea Nasal cavity	+ + +	+ +	+ +	+	+ +	+ +	+ +	+ +	+	+ +	+	+ +	+ +	+ +	+ +	+ +	+	+	+ X +	+ +	+	+ +	+ +	+ + +	+ + +
HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Hemangioma Leukemia, mononuclear ceil Lymph nodes Thymus	+ + +	+ + +	+++	+ + +	+ + +	+ + +	+ + +	++++	+ + +	+ ++	+ + +	+ + -	+++	+ + +	+ + +	+ + +	+ + -	+++	+ + -	+ + +	+ + +	+ + -	+++	+ + +	+ X + +
CIRCULATORY SYSTEM	-																								
Heart Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Neonlastic nodule	++	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	++	++	++	++	+	+	++
Bile duct Pancreas Esophagus Stomach	+ + + +	++++	+ + +	+ + +	+ + + +	+ + +	++++	+ + + +	+ + +	+ + + +	+ + + +	+ + +	+ + +	+ + + +	+ + +	+ + + +	+ + +	++++	+ + +	+ + + +	+ + + +	++++	+ + + +	+ + + +	++++++
Small intestine Large intestine	++	++	+	+	+	++	++	+	+	+	++	++	+	+	++	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Urinary bladder	++	++	++	++	+	+	++	+	++	+	++	+	++	+	+	+	++	+	++	++	++	+	+	++	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+
Adenoma, NOS Adrenal Cortical adenoma Cortical carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	X +	X +	+	+	*	+	+	+
Pheochromocytoma Pheochromocytoma, malignant Thyroid C-cell adenoma	+	+	+	+	+	+	+	+ X	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+
C-cell carcinoma Parathyroid Pancreatic islets Islet cell adenoma	-+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X + +	+	+	+	+	+	+	+	+	++
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	N	+ X	+	+	+	+	+
Fibroadenoma Preputial/citoral gland Carcinoma, NOS Papilloma, NOS	N	N	N	X N	N	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N
Adenoma, NOS Uterus Endometrial stromal polyp Ovary Granulosa cell tumor	+ +	* X +	* X +	+	* X +	+ X +	+	+	+	+	+	* X +	+	+ X +	+	+	+	+	+	+	* X +	+ X +	+	+	* X +
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	*X	+	+	+
SPECIAL SENSE ORGANS Zymbal gland Squamous cell carcinoma	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N	N	N X	N	N X	N X	N	N X	N	N X	N X	N	N X	N X	N X	N	N X	N X	N	N	N X	N

^{+:} Tissue examined microscopically
-: Required tissue not examined microscopically
X: Tumor incidence
N: Necropsy, no autolysis, no microscopic examination
S: Animal missexed

[:] No tissue information submitted
C: Necropsy, no histology due to protocol
A: Autolysis
M: Animal missing
B: No necropsy performed

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

								``	OHI			.,														
ANIMAL NUMBER	1 0 2	1 0 8	1 4 5	1 0 1	1 0 3	1 0 6	1 1 1	1 1 2	1 3	1 1 5	1 6	1 9	1 2 0	1 2 1	$\begin{vmatrix} 1 \\ 2 \\ 2 \end{vmatrix}$	1 2 6	1 2 7	1 3 0	1 3 2	1 3 4	1 3 7	1 4 1	1 4 4	1 4 9	1 5 0	TOTAL.
WEEKS ON STUDY	1 0 3	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS																	
INTEGUMENTARY SYSTEM																							-			
Skin Papilloma, NOS Subcutaneous tissue Squamous cell carcinoma, invasive Fibroma	+ +	+	+	+	+	+	+	+	+ + X	+	* X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1 *50 1 2
RESPIRATORY SYSTEM Lungs and bronchi Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Trachea Nasal cavity	++	+	++	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	÷ +	+	+	+	+	+	50 50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangioma	++	++	++	++	+	++	+	++	++	+ +	++	+++	++	++	+	++	++	+	++	+	++	++	++	+	++	50 50 1
Leukemia, mononuclear cell Lymph nodes Thymus	+	++	+	Х + -	+	+	++	++	++	+	+	+	+	++	++	+	+	++	+	+	++	+	+	++	+	50 35
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	50 1
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule	+ +	+	+	+	+	+	+	+	++	++	+ + X	++	+	+	+	+	+	+	+	+	++	+	+	++	++	50 50 1
Bile duct Pancreas Esophagus	++	+	+	+	+	+	+	+	++++	+	+	+	+	+	+	++++	+	+	+	+	+	+	+	+	+	50 50
Stomach Small intestine	+ +	+	++	++	++++	+	+	+++++	++	+	+	+	+	+	+++	+++	+	+	+	+	+	+	++++	+++	+++++	50 50 50
Large intestine	+	+	+	+	Ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
URINARY SYSTEM Kidney Urinary bladder	++	++	+	++	+	+	+	+	++	++	+	++	+	+	+	+	+	+	++	++	+	++	+	++	+++	50 49
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Carcinoma, NOS Adenoma, NOS Adrenal	X	X +	X +	X +	+	X +	+	+	+	X +	X +	X +	X + X	+	+	X +	X +	X +	+	+	X +	X +	+	X +	X +	1 19 50
Cortical adenoma Cortical carcinoma Pheochromocytoma Pheochromocytoma, malignant	x				x								Х	x				x								2 1 3 1
Thyroid C-cell adenoma C-cell carcinoma Parathyroid	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	+	+	50 2 1 37
Pancreatic islets Islet cell adenoma	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Fibroadenoma	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 3
Preputial/clitoral gland Carcinoma, NOS Papilloma, NOS	N	N	N	N	N	N	N	N	Ň	N	N	N	N	N	N X X	N	N	N	N	N	N	N	N	N	N	*50 1 1
Adenoma, NOS Uterus Endometrial stromal polyp Ovary	+	+ X +	+	X +	+ X +	+	+	+	+	+	X +	+	+	+ X +	X +	+	+	+	+	X +	+	+	+	+ X +	X + +	50 14 50
Granulosa cell tumor			_															X	X		· 					2
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 2
SPECIAL SENSE ORGANS Zymbal gland Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	Ŋ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N X	N X	N X	N	N X	N X	N	N	N	N X	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*50 19

^{*} Animals necropsied

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: LOW DOSE

	U	_	NΑ	~~.	J 1 21		A		y: 1	LU	•••	JU.												
0 4 0	0 0 5	0 5 0	0 2 9	0 4 9	0 1 4	0 4 1	0 0 6	0 2 1	0 3 6	0 3 2	0 0 2	0 4 5	0 2 4	0 1 0	0 1 7	0 3 9	0 2 0	0 2 3	0	0 0 3	0 0 4	0 0 7	0 0 8	0 0 9
0 4 7	0 5 3	0 6 4	0 6 5	0 6 7	0 7 3	0 7 9	0 8 0	0 8 1	0 8 2	0 8 8	9 4	9	0 9 6	0 9 7	9	1 0 1	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
+	+	+	+	*	+	+	+	+ X	+	+	N	N	N	N X	N	N	N	N	N	N	N	N	N	N
++++	+++	++++	+++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	- - +	+ - +	- - +	- - +	~ +	+ + +	- - +	- - +	- +	- - +	- - +	-	- +	+ -+
+ + +	+ + + + + + + + + + + + + + + + + + + +	+ + + + +	+ + + +	+ + + +	+++	++++	++++	+ + + +	+ + + +	++++	++	++	+ + - +	+ +	++	+ + - +	+ + - +	++	++-+	+ + -	+ + -	++-+	+++-++	+ +
- +	+	+	+	+	+	+	+	+	+	+	<u> </u>	<u> </u>					_							
++++++++	+ + + + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + + +	+++++++	+++++++	++++++	++++++	+ + + + + + +	+++++++	++++++	++++++	-++	-++	-++	++	1++1111	-++	++	+ + - + +	-++	-++	++	+ +	+ +	-++:
+ +	++	++	++	++	+	+	++	+	+	++	-	 -		_	 -	<u>-</u>		=	-	=	<u> </u>	<u> </u>		
+ + +	+ + +	+ + +	+ X + +	+ + +	+ X + +	+ + +	+ X +	+ + +	+ + +	+ + +	+ X +	+ X +	+ X +	+	+	+ + -	+	+	+	+	+	+ X +	+	+ X +
+	- X	+	+	_	+	+	+	+	+	+	-	_	_	_	_	-	_	_	_	_	_	_	_	_
+	+	+	+	+	+	N	+	+	+	+	N	+	N	N	N	N	+	N	N	N	N	N	N	N
N	N	N	N	N	N X	N	N	N	N X	N	N	X N	N	N X	N X	N	N	N	N	N	N	N	N	N
+ X	+	+ X	+	+	+	+ X	+	+ X	+	* *	+ X	+ X	+	+	+	X +	+	+ X	х +	X +	+	+	+	+ X
+	+++++++++++++++++++++++++++++++++++++++	+	+	+	+	+	+	+	+	+	<u>-</u> -		- *	_		_	- -	- -	_	_	<u>-</u> -	<u>-</u> -		_
N	N	N	N	N	N	N	N X	N	N	N X	N	N	N	N	N X	N X	N	N	N	N	N	N	N	N
	0 4 0 0 0 4 77 1 + + + + + + + + + + + + + + + + +	0 0 0 4 0 5 0 5 0 0 4 7 3 1 + + + + + + + + + + + + + + + + + +	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O	O	O O O O O O O O O O O O O	0	0	0	O O O O O O O O O O O O O	0	0	0	0	0	0	0	0	0	0

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: LOW DOSE (Continued)

								(C	OIII	ınι	ıeu	,														
ANIMAL NUMBER	0 1 1	0 1 2	0 1 3	0 1 5	0 1 6	0 1 8	0 1 9	0 2 2	0 2 5	0 2 6	0 2 7	0 2 8	0 3 0	0 3 1	0 3 3	0 3 4	0 3 5	0 3 7	0 3 8	0 4 2	0 4 3	0 4 4	0 4 6	0 4 7	0 4 8	TOTAL:
WEEKS ON STUDY	1 0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tissue Paraganglioma, malignant Fibroma Fibrosarcoma Liposarcoma	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+ X	N	*50 1 1 2 1
RESPIRATORY SYSTEM Lungs and bronchi Trachea Nasal cavity	- - +	- - +	- - +	- - +	+ -+	- +	- +	+ -+	- - +	- - +	- - +	- +	- - +	+ + +	- - +	++++	+ - +	- - +	- - +	- +	<u>-</u> +	- - +	- - +	-+	- - +	19 11 50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Leukemia, mononuclear cell Lymph nodes Thymus	+++	+ + -	++	++	++ -+	++	+ + - +	++	+ + - +	+++-++	+ + - +	++-++	+ + - +	+ + X - +	- + - +	+ + + +	++-++	++++	++	++-+	+ + - +	++-++	++-++	+ + - +	+ +	49 50 1 13 41
CIRCULATORY SYSTEM Heart	-	_	_	_	_	_	_		_	_	_	_	_	_	_	-	_	_	-	_	-	_	-	_	_	11
DIGESTIVE SYSTEM Salivary gland Liver Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++	+ +	-++	-++	-++	++	-++	- + +	-++	+ +	++	-++	-++	-++	++	+	-++	+ +	+	++	++	-++1111	-++	-++	+ +	11 50 50 11 11 12 11 11
URINARY SYSTEM Kidney Urinary bladder	=							=	<u>-</u>	+	=			_	-	_	=				<u>-</u>	<u> </u>	_	=	_	12
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenal Pheochromocytoma Thyroid C-cell adenoma C-cell carcinoma Parathyroid	+	- + + X	+ X X +	+ + -	+ X +	+	+	+ +	+	+ X + X	+ + -	+ + -	+ + -	+ +	+ X +	+ X + -	+ + -	+ X + -	+ + -	+ X + 	+ X + -	+ X +	+ + -	+ X +	+ -	37 1 18 50 1 12 1 1 9
REPRODUCTIVE SYSTEM Mammary gland	N	N	+	N	N	N	N	N	N	N	+ X	N	N	N	N	+	+	+	N	N	N	N	N	+	N	*50
Adenocarcinoma, NOS Fibroadenoma Preputial/clitoral gland Carcinoma, NOS	N	N	X N	N	N	N	N	N	N	N	N N	N X	N	N	N	X N	X N	X N	N	N	N	N	N	N	N	1 6 *50 4
Papilloma, NOS Adenoma, NOS Uterus Papillary cystadenocarcinoma, NOS Endometrial stromal polyp Endometrial stromal sarcoma Ovary	X +	+	X +	X +	x + x -	* X	+ X +	+	+ X -	+	+ X -	+ X -	+	+	+ X -	+	+	+	+	X +	+ X -	X +	-	+	+	1 10 49 1 15 1 12
NERVOUS SYSTEM Brain Astrocytoma	-	_	-	_		-		-	-	_			-	_	_		_	-	_	-	-	_	-	_		12
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N X	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N X	N	N	N	*50 8

^{*} Animals necropsied

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: HIGH DOSE

ANIMAL NUMBER	0 5 2	0 9 0	0 5 4	0 5 7	0 8 3	0 7 0	0 6 7	0 7 3	0 6 0	0 8 2	9 7	0 7 4	0 7 1	0 7 6	0 7 2	8 8	1 0 0	0 6 2	0 8 1	0 6 5	0 9 2	0 5 1	0 5 3	0 5 5	0 5 6
WEEKS ON STUDY	0 5 8	0 6 7	0 7 7	0 7 8	0 7 9	0 8 0	0 8 3	0 8 7	0 9 1	0 9 1	0 9	0 9 2	9	9 4	0 9 5	0 9 8	9	1 0 0	1 0 1	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Trachea Nasal cavity	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + -	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	- + + +	+ + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + -	+ + + +	+ + -	+ + + +	+ + + +	+ + + +	+ + + +	+ + -	+ + + +	+ + + +	+ + + +	++++	+ + +	+ + -	+ + -	+ + + +	+ + + +	+ + +	+ + + -
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver	++	+	++	++	++	++	+	+	++	++	++	+	++	+	++	++	++	++	+	+	+	++	+	++	+ +
Neoplastic nodule Bile duct Pancreas Esophagus Stomacn Small intestine Large intestine	+ + + + + +	++++++	+++++	++++++	+ + + + + +	+++++	+++++	+++++	++++++	++++++	++++++	++++++	++++++	+++++	+++++	+++++	++++++	+ + + + + +	+++++	++++++	+++++	++++++	+++++	+++++	+ + + + +
URINARY SYSTEM Kidney Urinary bladder	++	+	++	++	++	+ +	+	+ +	+	+	+	+	++	+	+	+	+	++	+ +	+	++	++	++	++	+ +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Cortical adenoma	+ +	+	+	+	* X +	+	+	+ X +	+	+	* X +	+	+ X +	* X +	+	+ X +	+ X +	+	+ X +	+	+ *	+ X +	+	+	+ X +
Pheochromocytoma Thyroid C-cell adenoma C-cell carcinoma	+	+	+	+	+	+	+	+	+ X	+	+	+	*	+	+	+	+	+	*X	+	+	+	+	+	+
Parathyroid REPRODUCTIVE SYSTEM	_	+	+	+	+	+		+	+	+	-		+	+	+	+	+	+		+	+	+	+	+	+
Mammary gland Fibroadenoma Preputial/clitoral gland Carcinoma, NOS	h N	N N X	N	+ N X	+ N	n +	+ N	h N	N +	+ N	n H	n +	n N	X N	N +	n N	N +	+ N	X N	n H	n H	+ N X	n H	n N	+ N
Papillary carcinoma Adenoma, NOS Uterus Adenocarcinoma, NOS	X +	+	X +	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	X +	X +	X +	X +	+	X +	+	+
Leiomyoma Endometrial stromal polyp Ovary	+	+	+	+	X +	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	И	N	N	N	N X	N X	N X	N	N	N X	N	N X	N	N	N	N	N X	N	N	N	N X	N	N	N	N

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: HIGH DOSE (Continued)

								``	UIII	•		.,														
ANIMAL NUMBER	0 5 8	0 5 9	0 6 1	0 6 3	0 6 4	0 6 6	0 6 8	0 6 9	0 7 5	0 7 7	0 7 8	0 7 9	0 8 0	0 8 4	0 8 5	0 8 6	0 8 7	0 8 9	0 9 1	0 9 3	0 9 4	0 9 5	0 9 6	0 9 8	0 9 9	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Trachea Nasal cavity	+ + +	+++	+ + +	+ + +	+ + +	+ - +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ X + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	50 1 49 50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++-	+ + + +	+ + +	+ + + +	+ + + + +	+ + + +	+ + + -	+ + + +	+ + + -	+ + + -	+ + + -	+ + -	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + +	+ + + +	+ + +	+ + +	+++-	+ + +	49 50 50 34
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+ + + + + + + + + + + + + + + + + + + +	+ + + + + + + +	+++++++	+++++++	+++++++	++ +++++	+ + + + + + + +	+ + + + + + + +	+ + + + + + + +	+++++++	+ + X + + + + + + + + + + + + + + + + +	+++++++	+++++++	++ +++++	++ +++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	++ +++++	++ ++++++	+++++++	+ + + + + + + + + + + + + + + + + + + +	50 50 1 50 50 50 50 50 50 50
URINARY SYSTEM Kidney Urinary bladder	++	+	++	++	+	++	++	+	+	++	+	++	++	++	++	+ +	++	++	++	++	+	+	++	++	++	50 50
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Cortical adenoma Pheochromocytoma Thyroid C-cell adenoma C-cell carcinoma	+ +	* X + X +	+ + +	+ X +	+ + +	+ + +	* X +	+ + +	+ + +	+ + + +	+ X +	+ + +	+ + +	+ X +	+ X +	+ + +	+ X +	+ X + X	+ + +	+ + +	+ + +	+ + +	+ X +	+ + +	+ + +	50 18 50 2 1 50 3 2
Parathyroid	_	-	+	_	+	+	+	_	+	* +	+	_	+	+	+	-	+	+	-	+	+	+	_	+	+	37
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma Preputial/clitoral gland Carcinoma, NOS	h N	+ N	+ N	+ N	+ N	+ N	+ N	, ,	r N X	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	*50 2 *50 4
Papillary carcinoma Adenoma, NOS Uterus Adenocarcinoma, NOS Leiomyoma	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	X +	X + X	X +	+	+	+	1 11 50 1
Endometrial stromal polyp Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	X +	+	5 50
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50

^{*} Animals necropsied

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

•	Control	2,000 ppm	4,000 ppm
Subcutaneous Tissue: Fibroma or Fibrosa	rcoma		
Overall Rates (a)	2/50 (4%)	3/50 (6%)	0/50 (0%)
Adjusted Rates (b)	6.7%	9.1%	0.0%
Terminal Rates (c)	1/22 (5%)	2/31 (6%)	0/29 (0%)
	,		0/25 (0%)
Week of First Observation	75	97	D - 0 202N
Life Table Tests (d)	P = 0.153N	P = 0.600	P = 0.203N
Incidental Tumor Tests (d)	P = 0.196N	P = 0.540	P = 0.251 N
Cochran-Armitage Trend Test (d)	P = 0.202N		
Fisher Exact Test (d)		P = 0.500	P = 0.247N
Iematopoietic System: Mononuclear Cell	Leukemia		
Overall Rates (a)	20/50 (40%)	9/50 (18%)	7/50 (14%)
Adjusted Rates (b)	51.6%	24.7%	16.5%
Terminal Rates (c)	5/22 (23%)	5/31 (16%)	0/29 (0%)
Week of First Observation	75	80	79
Life Table Tests (d)	P = 0.001N	P = 0.008N	P = 0.004N
Incidental Tumor Tests (d)	P = 0.001N	P = 0.040N	P = 0.004N
		1 -0.04014	1 -0.00411
Cochran-Armitage Trend Test (d)	P = 0.002N	D - 0 01 4N	D 0 000NT
Fisher Exact Test (d)		P = 0.014N	P = 0.003N
Anterior Pituitary Gland: Adenoma			
Overall Rates (e)	19/50 (38%)	18/37 (49%)	17/50 (34%)
Adjusted Rates (b)	67.1%	60.8%	45.6%
Terminal Rates (c)	13/22 (59%)	12/22 (55%)	10/29 (34%)
Week of First Observation	92	65	79
Life Table Tests (d)	P = 0.136N	P = 0.442N	P = 0.165N
Incidental Tumor Tests (d)	P = 0.269N	P = 0.257	P = 0.283N
Cochran-Armitage Trend Test (d)	P = 0.379N	1 - 0,20	1 - 0.20011
Fisher Exact Test (d)	1 -0.5791	P = 0.219	P = 0.418N
Antonion Dituitony Clands Adamama on Co	uainama		
Anterior Pituitary Gland: Adenoma or Ca Overall Rates (e)		19/97 (40%)	177/50 (240%)
	20/50 (40%)	18/37 (49%)	17/50 (34%)
Adjusted Rates (b)	68.3%	60.8%	45.6%
Terminal Rates (c)	13/22 (59%)	12/22 (55%)	10/29 (34%)
Week of First Observation	92	65	79
Life Table Tests (d)	P = 0.098N	P = 0.356N	P = 0.122N
Incidental Tumor Tests (d)	P = 0.211N	P = 0.296	P = 0.224N
Cochran-Armitage Trend Test (d)	P = 0.305N		
Fisher Exact Test (d)	5.0001	P = 0.279	P = 0.340N
Adrenal Gland: Cortical Adenoma or Car	cinoma		
Overall Rates (e)	3/50 (6%)	0/50 (0%)	2/50 (4%)
Adjusted Rates (b)	11.4%	0.0%	6.6%
Terminal Rates (c)	17.4% 1/22 (5%)	0.0%	1/29 (3%)
		0/31 (0%)	
Week of First Observation	100	D 000137	103
Life Table Tests (d)	P = 0.317N	P = 0.084N	P = 0.404N
Incidental Tumor Tests (d)	P = 0.420N	P = 0.145N	P = 0.529N
Cochran-Armitage Trend Test (d)	P = 0.390N		
Fisher Exact Test (d)		P = 0.121N	P = 0.500N
Adrenal Medulla: Pheochromocytoma			
Overall Rates (e)	3/50 (6%)	1/50 (2%)	1/50 (2%)
Adjusted Rates (b)	11.5%	3.2%	3.4%
Terminal Rates (c)	2/22 (9%)	1/31 (3%)	1/29 (3%)
Week of First Observation	92	104	104
Life Table Tests (d)	P = 0.143N	P = 0.215N	P = 0.231 N
Incidental Tumor Tests (d)	P = 0.155N	P = 0.263N	P = 0.244N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.202N	P = 0.309N	P = 0.309N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

Control	2,000 ppm	4,000 ppm
Malignant Pheochrom	nocytoma	
		1/50 (2%)
		3.4%
		1/29 (3%)
		104
		P = 0.117N
		P = 0.125N
	• • • • • • • • • • • • • • • • • • • •	
	P = 0.181N	P = 0.181N
2/50 (4%)	(f) 1/12 (8%)	3/50 (6%)
6.8%		8.9%
1/22 (5%)		1/29 (3%)
82		94
		P = 0.576
		P = 0.487
		P = 0.500
noma		#/#O (40%)
	(f) 2/12 (17%)	5/50 (10%)
		14.3%
		2/29 (7%)
82		91
		P = 0.446
		P≈0.349
		P = 0.357
77 FO (1 AO)	0.50 (1901)	9/50 (40)
		2/50 (4%)
		5.7%
		0/29 (0%)
		94
		P≈0.062N
	P = 0.540N	P = 0.122N
P = 0.067N	T) 0 #00%T	D 0 000NT
	P = 0.500N	P = 0.080N
2/50 (6%)	1/50 (90%)	0/50 (0%)
		0/50 (0%) 0.0%
		0/29 (0%)
		P = 0.102N
		P = 0.102N P = 0.130N
	r - 0.00014	1 -0.13014
F 0.00014	P = 0.309N	P = 0.121N
•	2 3.0002.	_ 3,200.01
	7/50 (14%)	2/50 (4%)
		2/30 (4%) 5.7%
		5.7% 0/29 (0%)
		94
		P = 0.012N
		P = 0.012N P = 0.026N
	1 -0.54514	1 -0.02011
1 -0.01214	P=0.298N	P = 0.014N
	1 -0.20011	0.01711
	Malignant Pheochrom 4/50 (8%) 16.0% 3/22 (14%) 92 P=0.060N P=0.067N P=0.101N 2/50 (4%) 6.8% 1/22 (5%) 82	Malignant Pheochromocytoma 4/50 (8%) 1/50 (2%) 16.0% 3.2% 3/22 (14%) 1/31 (3%) 92 104 P=0.060N P=0.105N P=0.067N P=0.132N P=0.101N P=0.181N 2/50 (4%) (f) 1/12 (8%) 6.8% 1/22 (5%) 82 7/50 (14%) (f) 2/12 (17%) 9.3% 1/22 (5%) 82 7/50 (14%) 6/50 (12%) 20.6% 17.8% 2/22 (9%) 4/31 (13%) 68 95 P=0.041N P=0.352N P=0.086N P=0.540N P=0.086N P=0.540N P=0.067N P=0.500N 3/50 (6%) 1/50 (2%) 10.0% 3.2% 1/22 (5%) 10.0% 3.2% 1/22 (5%) 10.0% 3.2% 1/22 (5%) 10.0% 3.2% 1/20 (5%) 10.0% 3.2% 1/20 (5%) 10.0% 3.2% 1/20 (5%) 10.0% 3.2% 1/20 (5%) 10.0% 3.2% 1/20 (5%) 10.0% 3.2% 1/21 (16%) 89 104 P=0.044N P=0.238N P=0.062N P=0.330N P=0.060N P=0.309N pocarcinoma 10/50 (20%) 7/50 (14%) 28.9% 20.8% 3/22 (14%) 5/31 (16%) 68 95 P=0.006N P=0.173N P=0.017N P=0.343N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
Clitoral Gland: Adenoma			
Overall Rates (a)	4/46 (9%)	10/46 (22%)	11/47 (23%)
Adjusted Rates (b)	19.0%	29.8%	31.3%
Terminal Rates (c)	4/21 (19%)	8/31 (26%)	5/27 (19%)
Week of First Observation			58
	104	88 B-0.016	P=0.112
Life Table Tests (d)	P = 0.091	P = 0.216	
Incidental Tumor Tests (d)	P = 0.059	P = 0.153	P = 0.067
Cochran-Armitage Trend Test (d)	P = 0.044	D 0.0W0	D 0040
Fisher Exact Test (d)		P = 0.072	P = 0.049
litoral Gland: Adenoma or Papilloma			
Overall Rates (a)	4/46 (9%)	11/46 (24%)	11/47 (23%)
Adjusted Rates (b)	19.0%	31.7%	31.3%
Terminal Rates (c)	4/21 (19%)	8/31 (26%)	5/27 (19%)
Week of First Observation	104	88	58
Life Table Tests (d)			P=0.112
	P = 0.097	P=0.153	
Incidental Tumor Tests (d)	P = 0.060	P = 0.086	P = 0.067
Cochran-Armitage Trend Test (d)	P = 0.047		
Fisher Exact Test (d)		P = 0.044	P = 0.049
litoral Gland: Carcinoma or Papillary (Carcinoma		
Overall Rates (a)	1/46 (2%)	4/46 (9%)	5/47 (11%)
Adjusted Rates (b)	3.3%	10.3%	13.3%
Terminal Rates (c)	0/21 (0%)	1/31 (3%)	2/27 (7%)
Week of First Observation		- ,	
	100	73	67
Life Table Tests (d)	P = 0.109	P = 0.219	P = 0.141
Incidental Tumor Tests (d)	P = 0.074	P = 0.105	P = 0.105
Cochran-Armitage Trend Test (d)	P = 0.084		
Fisher Exact Test (d)		P = 0.181	P = 0.107
litoral Gland: Adenoma, Papilloma, Car	cinoma, or Papillary Ca	arcinoma	
Overall Rates (a)	5/46 (11%)	15/46 (33%)	16/47 (34%)
Adjusted Rates (b)	21.8%	39.5%	41.5%
Terminal Rates (c)	4/21 (19%)	9/31 (29%)	7/27 (26%)
Week of First Observation			58
	100	73 D = 0.069	
Life Table Tests (d)	P=0.028	P = 0.062	P = 0.030
Incidental Tumor Tests (d)	P = 0.009	P = 0.016	P = 0.010
Cochran-Armitage Trend Test (d)	P = 0.008		
Fisher Exact Test (d)		P = 0.011	P = 0.007
Itanya, Endometrial Stromal Dalam			
terus: Endometriai Stromai Polvo		15/50/0000	5/50 (10%)
	14/50 (28%)	15/50130%1	
Overall Rates (a)	14/50 (28%) 38.6%	15/50 (30%) 38.7%	
Overall Rates (a) Adjusted Rates (b)	38.6%	38.7%	14.4%
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	38.6% 4/22 (18%)	38.7% 9/31 (29%)	14.4% 3/29 (10%)
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	38.6% 4/22 (18%) 57	38.7% 9/31 (29%) 4 7	14.4% 3/29 (10%) 79
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	38.6% 4/22(18%) 57 P=0.010N	38.7% 9/31 (29%) 47 P=0.437N	14.4% 3/29 (10%) 79 P=0.013N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d)	38.6% 4/22(18%) 57 P=0.010N P=0.031N	38.7% 9/31 (29%) 4 7	14.4% 3/29 (10%) 79
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	38.6% 4/22(18%) 57 P=0.010N	38.7% 9/31 (29%) 47 P=0.437N P=0.448	14.4% 3/29 (10%) 79 P=0.013N P=0.030N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d)	38.6% 4/22(18%) 57 P=0.010N P=0.031N	38.7% 9/31 (29%) 47 P=0.437N	14.4% 3/29 (10%) 79 P=0.013N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	38.6% 4/22(18%) 57 P=0.010N P=0.031N	38.7% 9/31 (29%) 47 P=0.437N P=0.448	14.4% 3/29 (10%) 79 P=0.013N P=0.030N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	38.6% 4/22(18%) 57 P=0.010N P=0.031N P=0.021N	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Ill Sites: Benign Tumors Overall Rates (a)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) All Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4%	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0%
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) All Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N 38/50 (76%) 92.2% 19/22 (86%)	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4% 21/31 (68%)	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0% 18/29 (62%)
Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) All Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N 38/50 (76%) 92.2% 19/22 (86%) 57	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4% 21/31 (68%) 47	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0% 18/29 (62%) 58
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) All Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N 38/50 (76%) 92.2% 19/22 (86%)	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4% 21/31 (68%) 47 P=0.109N	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0% 18/29 (62%) 58 P=0.037N
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) All Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N 38/50 (76%) 92.2% 19/22 (86%) 57	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4% 21/31 (68%) 47	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0% 18/29 (62%) 58
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Il Sites: Benign Tumors Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	38.6% 4/22 (18%) 57 P=0.010N P=0.031N P=0.021N 38/50 (76%) 92.2% 19/22 (86%) 57 P=0.034N	38.7% 9/31 (29%) 47 P=0.437N P=0.448 P=0.500 37/50 (74%) 78.4% 21/31 (68%) 47 P=0.109N	14.4% 3/29 (10%) 79 P=0.013N P=0.030N P=0.020N 32/50 (64%) 74.0% 18/29 (62%) 58 P=0.037N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
All Sites: Malignant Tumors			
Overall Rates (a)	25/50 (50%)	22/50 (44%)	16/50 (32%)
Adjusted Rates (b)	60.2%	51.4%	36.2%
Terminal Rates (c)	6/22 (27%)	11/31 (35%)	4/29 (14%)
Week of First Observation	75	67	67
Life Table Tests (d)	P = 0.030N	P = 0.167N	P = 0.041 N
Incidental Tumor Tests (d)	$P = 0.061 \mathrm{N}$	P = 0.525	P = 0.079N
Cochran-Armitage Trend Test (d)	$P = 0.043 \mathrm{N}$		
Fisher Exact Test (d)		P = 0.345 N	P = 0.052N
All Sites: All Tumors			
Overall Rates (a)	47/50 (94%)	43/50 (86%)	41/50 (82%)
Adjusted Rates (b)	95.9%	86.0%	83.5%
Terminal Rates (c)	20/22 (91%)	24/31 (77%)	21/29 (72%)
Week of First Observation	57	47	58
Life Table Tests (d)	P = 0.036N	P = 0.047N	P = 0.042N
Incidental Tumor Tests (d)	P = 0.064N	P = 0.306N	P = 0.056N
Cochran-Armitage Trend Test (d)	P = 0.049N		
Fisher Exact Test (d)		P = 0.159N	P = 0.061N

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

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

⁽c) Observed tumor incidence in animals killed at the end of the study

⁽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 tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group than in controls is indicated by (N).

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

⁽f) Incomplete sampling of tissues

TABLE B4a. HISTORICAL INCIDENCE OF CLITORAL GLAND TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

		Incidence in Con	ntrols
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
Historical Incidence at Physi	ological Research Labor	atories	
Ephedrine sulfate	5/49	1/49	6/49
Phenylephrine hydrochloride	1/50	1/50	2/50
Erythromycin stearate	5/50	1/50	6/50
Tetracycline hydrochloride	1/49	0/49	1/49
Oxytetracycline hydrochloride	2/50	3/50	5/50
Nitrofurazone	3/49	5/49	8/49
Validixic acid	(b) 5/50	1/50	(b) 6/50
ı-Methyldopa sesquihydrate	10/50	0/50	10/50
TOTAL	(b) 32/397 (8.0%)	12/397 (3.0%)	(b) 44/397 (11.1%)
SD(c)	5.95%	3.44%	5.89%
Range (d)			
High	10/50	5/49	10/50
Low	1/50	0/50	1/49
Overall Historical Incidence			
TOTAL	(b) 63/1,643 (3.8%)	(e) 53/1,643 (3.2%)	(b,e) 116/1,643 (7.1%)
SD(c)	4.44%	3.49%	4.91%
Range (d)			
High	10/50	6/49	10/50
Low	0/50	0/50	0/50

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks (b) Includes one papilloma, NOS (c) Standard deviation

⁽d) Range and SD are presented for groups of 35 or more animals.
(e) Includes three squamous cell carcinomas and four adenocarcinomas, NOS

TABLE B4b. HISTORICAL INCIDENCE OF LEUKEMIA IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence in Controls	
Historical Incidence at Physiological Resea	arch Laboratories	
Ephedrine sulfate	13/49	
Phenylephrine hydrochloride	15/50	
Erythromycin stearate	14/50	
Tetracycline hydrochloride	11/49	
Oxytetracycline hydrochloride	13/50	
Nitrofurazone	15/49	
Nalidixic acid	20/50	
ı-Methyldopa sesquihydrate	12/50	
TOTAL	113/397 (28.5%)	
SD(b)	5.43%	
Range (c)		
High	20/50	
Low	11/49	
Overall Historical Incidence		
TOTAL	324/1,643 (19.7%)	
SD(b)	8.10%	
Range (c)		
High	20/50	
Low	3/50	

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks (b) Standard deviation (c) Range and SD are presented for groups of 35 or more animals.

TABLE B4c. HISTORICAL INCIDENCE OF MAMMARY GLAND TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

	Incidence in Controls									
Study	Fibroadenoma	Adenocarcinoma	Fibroadenoma or Adenocarcinoma							
Historical Incidence at Physi	ological Research Lab	oratories								
Ephedrine sulfate	10/49	1/49	11/49							
Phenylephrine hydrochloride	11/50	1/50	11/50							
Erythromycin stearate	(b) 13/50	2/50	(b) 14/50							
Tetracycline hydrochloride	(c) 16/49	(d) 1/49	(c,d) 16/49							
Oxytetracycline hydrochloride	(b) 22/50	1/50	(b) 22/50							
Nitrofurazone	8/49	1/49	9/49							
Nalidixic acid	7/50	3/50	10/50							
a-Methyldopa sesquihydrate	19/50	2/50	21/50							
TOTAL	106/397 (26.7%)	12/397 (3.0%)	114/397 (28.7%)							
SD (e)	10.65%	1.50%	9.95%							
Range (f)										
High	22/50	3/50	22/50							
Low	7/50	1/50	9/49							
Overall Historical Incidence										
TOTAL	(g) 520/1,643 (31.6%)	(h) 49/1,643 (3.0%)	(g,h) 552/1,643 (33.6%)							
SD(e)	12.23%	2.07%	11.95%							
Range (f)										
High	30/50	4/50	32/50							
Low	5/50	0/50	6/50							

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks (b) Includes one adenoma, NOS

⁽c) Includes three adenomas, NOS
(d) Papillary adenocarcinoma

⁽e) Standard deviation

⁽f) Range and SD are presented for groups of 35 or more animals.
(g) Includes 11 adenomas, NOS, 2 cystadenomas, NOS, and 1 papillary cystadenoma, NOS
(h) Includes two carcinomas, NOS, two papillary adenocarcinomas, and one papillary cystadenocarcinoma, NOS

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreat	ed Control	Low	Dose	High	Dose
Animals initially in study	50		50		50	
Animals necropsied	50 50		50 50		50 50	
Animals examined histopathologically	50		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Inflammation, chronic focal		(2%)			1	(2%)
Hyperplasia, basal cell		(2%)				
Acanthosis		(2%)	.=.			
*Subcutaneous tissue	(50)	(00)	(50)		(50)	
Cyst, NOS		(2%)				
Hemorrhage, chronic Abscess, NOS	1	(2%)			•	(90()
Inflammation, granulomatous focal						(2%) (2%)
Granulation tissue	1	(2%)			1	(270)
Necrosis, NOS		(2%)				
		14 /0 /				_
RESPIRATORY SYSTEM #Nasal cavity	(50)		(50)		(50)	
Retention of content	(007		(00)			(2%)
Empyema						(2%)
Infection, fungal	1	(2%)			-	(= / /
Foreign material, NOS	2	(4%)	1	(2%)	3	(6%)
#Nasal mucosa	(50)		(50)		(50)	
Inflammation, acute		(2%)		(6%)		
Inflammation, active chronic		(8%)		(2%)		(28%)
Inflammation, chronic	11	(22%)	15	(30%)		(32%)
Foreign material, NOS						(2%)
Hyperplasia, epithelial #Nasal gland	(50)		(50)		(50)	(8%)
Retention of content	(50)		(50)			(2%)
#Nasal turbinate	(50)		(50)		(50)	(270)
Metaplasia, osseous		(2%)	(00)			(6%)
#Maxillary sinus	(50)	(= ,,,	(50)		(50)	(0,0)
Inflammation, acute					1	(2%)
Inflammation, active chronic					1	(2%)
Foreign material, NOS						(2%)
#Maxillary sinus gland	(50)		(50)		(50)	
Inflammation, chronic						(2%)
#Trachea	(50)	(0.0%)	(11)		(49)	(0.0%)
Inflammation, chronic		(8%)	(10)			(8%)
#Lung Emphysema, NOS	(50)	(2%)	(19)		(50)	(4%)
Congestion, acute	1	(470)	1	(5%)		(4%) (4%)
Hemorrhage	1	(2%)	1	(370)	2	(12 70)
Bronchopneumonia, NOS	1	(470)			3	(6%)
Inflammation, acute/chronic	1	(2%)			0	,0,0,
Pneumonia, interstitial chronic		(12%)	1	(5%)	5	(10%)
Inflammation, chronic focal	Ü	,,,		(5%)		(2%)
Inflammation, granulomatous	1	(2%)	_			(2%)
Reaction, foreign body	_					(4%)
Perivascular cuffing	1	(2%)	1	(5%)		(2%)
Foreign material, NOS					2	(4%)
Hemosiderosis		(2%)				
Hyperplasia, alveolar epithelium		(2%)	1	(5%)		
Histiocytosis	1	(2%)			1	(2%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

•	Untreat	ed Control	Low	Dose	High	Dose	
EMATOPOIETIC SYSTEM							
#Bone marrow	(50)		(49)		(49)		
Fibrosis	(00)		(-0)			(2%)	
Atrophy, NOS			2	(4%)	_	_ ·- /	
Metaplasia, osseous	10	(20%)		(8%)	3	(6%)	
Hyperplasia, hematopoietic	-	(22%)		(31%)		(24%)	
Hyperplasia, reticulum cell		(4%)		(01.0)		(2%)	
#Spleen	(50)	(170)	(50)		(50)	(=,	
Congestion, NOS	, ,	(2%)	(30)		(00)		
Necrosis, focal	•	(4 /0)	1	(2%)			
Hemosiderosis	32	(64%)		(80%)	41	(82%)	
Hyperplasia, reticulum cell		(01,0)		(2%)		(
Hyperplasia, lymphoid			-	(2,0)	1	(2%)	
Hematopoiesis	6	(12%)	11	(22%)		(22%)	
#Lymph node	(50)	(1270)	(13)	(22 %)	(50)	(2270)	
Hemorrhage	(00)			(8%)		(4%)	
Inflammation, granulomatous			-	(0 /0)		(2%)	
Hemosiderosis			1	(8%)		(4%)	
Hyperplasia, plasma cell				(8%)		(2%)	
Hyperplasia, reticulum cell				(8%)	•	(2 10)	
#Mandibular lymph node	(50)		(13)	(370)	(50)		
Cyst, NOS	(00)		(10)			(8%)	
Hemorrhage	1	(2%)			*	(0 /0/	
Pigmentation, NOS	1	(270)			1	(2%)	
Atrophy, focal						(2%)	
Hyperplasia, NOS	9	(4%)				(4%)	
Hyperplasia, plasma cell		(4%)				(2%)	
#Mediastinal lymph node	(50)	(470)	(13)		(50)	(270)	
Hemorrhage	,	(6%)	(13)		(+-/	(6%)	
Hemosiderosis		(6%)	1	(8%)		(14%)	
Hyperplasia, NOS		(2%)	1	(8%)	•	(1470)	
Hyperplasia, plasma cell	1	(270)			1	(2%)	
Hyperplasia, plasma cen Hyperplasia, lymphoid						(2%)	
#Pancreatic lymph node	(50)		(13)		(50)	(270)	
Hemorrhage		(2%)	(13)		(50)		
#Mesenteric lymph node	(50)	(270)	(13)		(50)		
Hemorrhage		(4%)	(13)			(2%)	
Hyperplasia, reticulum cell	4	(470)				(2%)	
Hyperplasia, lymphoid	1	(2%)				(2%)	
#Liver	(50)	(270)	(50)			(270)	
Hematopoiesis	(50)		(50)		(50)	(90/)	
#Large intestine	(EA)		/445			(2%)	
Hyperplasia, lymphoid	(50)	(2%)	(11)		(50)		
#Thymus		(470)	(41)		/9.45		
Hemorrhage	(35)		(41)	(90()	(34)		
•	11	(21%)		(2%)	99	(CEOL)	
Hyperplasia, epithelial	11	(31%)	18	(44%)	22	(65%)	
IRCULATORY SYSTEM							
*Multiple organs	(50)		(50)		(50)		
Periarteritis	1	(2%)					
#Heart	(50)		(11)		(50)		
Hypertrophy, NOS	1	(2%)					
#Myocardium	(50)		(11)		(50)		
Inflammation, acute/chronic	•				1	(2%)	
Inflammation, chronic focal						(2%)	
Degeneration, NOS	22	(44%)	3	(27%)		(54%)	
#Endocardium	(50)		(11)		(50)		
Inflammation, acute/chronic	, - - /		·/			(2%)	
Infection, bacterial						(2%)	
Hemosiderosis	_	(2%)			_		

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

CIRCULATORY SYSTEM (Continued) #Cardiac valve Inflammation, chronic Hyperplasia, NOS *Artery Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Inflarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) 1 (50) (50)	(2%)	(11)	(9%)	(50) (50) (1) (50) (1) (50) (50) (50) (50) (50) (50)	(2%) (2%) (2%) (2%) (2%) (2%) (2%)
#Cardiac valve Inflammation, chronic Hyperplasia, NOS *Artery Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation for	(50) (50) (50) (50) (50) (50) (50)	(2%)	(50) (50) (50) (50) (11) 1 (11)	(9%)	(50) (50) (50) (50) (50) (50) (50) (50)	(2%) (2%) (2%) (2%) (2%) (2%)
Inflammation, chronic Hyperplasia, NOS *Artery Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation focal	(50) (50) (50) (50) (50) (50) (50)	(2%)	(50) (50) (50) (50) (11) 1 (11)	(9%)	(50) (50) (50) (50) (50) (50) (50) (50)	(2%) (2%) (2%) (2%) (2%) (2%)
Hyperplasia, NOS *Artery Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Cyst, NOS #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) (50) 1 (50) (50) (50)	(2%)	(50) (50) (50) (11) 1 (11) (11)	(9%)	(50) (50) (1) (50) (1) (50) (50) (50) (50) (50) (50)	(2%) (2%) (2%) (2%) (2%) (2%)
*Artery Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) (50) 1 (50) (50) (50)	(2%)	(50) (50) (50) (11) 1 (11) (11)	(9%)	(50) 1 (50) 1 1 (50) 1 (50) (50) 1 (50) 1 (50)	(2%) (2%) (2%) (2%) (2%)
Periarteritis *Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation focal	(50) (50) (50) 1 (50) (50) (50)	(2%)	(50) (50) (50) (11) 1 (11) (11)	(9%)	(50) (50) (50) (50) (50) (50) 1 (50) 1 (50)	(2%) (2%) (2%) (2%)
*Pulmonary artery Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) (50) (50) (50) (50)	(2%)	(50) (50) (11) 1 (11)	(9%)	(50) 1 (50) 1 (50) (50) 1 (50) 1 (50)	(2%) (2%) (2%) (2%)
Periarteritis Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) (50) (50) (50) (50)	(2%)	(50) (50) (11) 1 (11)	(9%)	(50) (50) (50) (50) 1 (50) 1 (50)	(2%) (2%) (2%)
Hypertrophy, focal #Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Inflart, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) 1 (50) (50) 1 (50) (50)	(2%)	(50) (11) 1 (11) (11)	(9%)	(50) (50) (50) (50) 1 (50) 1 (50)	(2%) (2%) (2%)
#Liver Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) 1 (50) (50) 1 (50) (50)	(2%)	(50) (11) 1 (11) (11)	(9%)	(50) 1 (50) (50) 1 (50) 1 1 (50)	(2%) (2%)
Thrombosis, NOS DIGESTIVE SYSTEM *Tongue Inflammation, acute/chronic #Salivary gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) 1 (50) (50) 1 (50) (50)	(2%)	(50) (11) 1 (11) (11)	(9%)	(50) (50) 1 (50) 1 1 (50)	(2%)
*Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) 1 (50) (50)	(2%)	(11) 1 (11) (11)	(9%)	(50) (50) 1 (50) 1 1 (50)	(2%)
*Tongue Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) 1 (50) (50)	(2%)	(11) 1 (11) (11)	(9%)	(50) 1 (50) 1 1 (50)	(2%)
Inflammation, acute/chronic #Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) 1 (50) (50)	(2%)	(11) 1 (11) (11)	(9%)	(50) 1 (50) 1 1 (50)	(2%)
#Salivary gland Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50) 1 (50) (50)	(2%)	(11) (11)	(9%)	(50) 1 1 (50)	(2%)
Inflammation, active chronic Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) 1 (50) (50)		(11) (11)	(9%)	(50) 1 1 (50)	(2%)
Inflammation, chronic focal #Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50)		(11)	(9%)	(50) 1 1 (50)	(2%)
#Parotid gland Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50)		(11)	(9%)	1 1 (50)	
Inflammation, chronic focal Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50)		(11)		1 1 (50)	
Atrophy, focal #Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50) (50)		(11)		1 (50)	
#Sublingual gland Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50)				(50)	(2%)
Cyst, NOS #Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50)					
#Submaxillary gland Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change			/4.4.		1	
Atrophy, focal #Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change			(44)		1	(2%)
#Liver Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	1		(11)		(50)	
Hernia, NOS Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(2%)				
Deformity, NOS Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	(50)		(50)		(50)	
Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	1	(2%)	3	(6%)	1	(2%)
Inflammation, acute focal Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(8%)		, ,		(6%)
Inflammation, acute/chronic Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(2%)				
Granuloma, NOS Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(4%)	1	(2%)		
Necrosis, focal Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(18%)		(26%)	15	(30%)
Infarct, NOS Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	-	(2%)		(2%)		(8%)
Metamorphosis, fatty Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(= /0 /	-	(= 10)		(2%)
Mitotic alteration Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change	4	(8%)	2	(4%)	•	(2 /0 /
Cytoplasmic vacuolization Basophilic cyto change Ground glass cyto change		(2%)		(2%)		
Basophilic cyto change Ground glass cyto change		(2 /0)		(2%)	t	(2%)
Ground glass cyto change	30	(76%)		(76%)		(70%)
		(4%)	90	(1070)		(2%)
Focal cellular change		(6%)	5	(10%)		(6%)
Eosinophilic cyto change	U	1070)	J	(1070)		(2%)
Clear cell change			1	(2%)		(4%)
Hepatocytomegaly	9	(4%)	1	(270)	2	(=10)
Angiectasis	4	·*/V)	e	(12%)		
#Hepatic capsule	(50)		(50)	(1470)	(50)	
Fibrosis, focal	(00)			(2%)	(00)	
#Portal tract	(50)		(50)	(= 10)	(50)	
Inflammation, chronic		(6%)		(6%)		(2%)
Histiocytosis		(2%)	J	(370)	1	(210)
#Liver/centrilobular	(50)	(= 10)	(50)		(50)	
Necrosis, NOS	(30)			(2%)	(00)	
Metamorphosis, fatty	1	(2%)	1	(2 70)		
#Liver/periportal		(470)	(50)		(50)	
Metamorphosis, fatty	(50)	(2%)		(2%)	(00)	
Cytoplasmic vacuolization		(2%) (6%)	1	(470)		
#Bile duct		(U70)	(EO)		(EO)	
#Blie duct Hyperplasia, NOS	(50)	(1.40%)	(50)	(10%)	(50)	
Hyperplasia, NOS Hyperplasia, focal		(14%) (6%)		(10%) (2%)		(2%) $(2%)$

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

DIGESTIVE SYSTEM (Continued) #Pancreas Cyst, NOS						
#Pancreas Cyst, NOS					*	
Cyst, NOS	(50)		(11)		(50)	
	(00)		(11)			(2%)
Inflammation, active chronic	1	(2%)			•	(2 /0)
Inflammation, acute/chronic	•	(270)			1	(2%)
Inflammation, chronic focal	3	(6%)	1	(9%)		(6%)
Inflammation, chronic diffuse		(2%)	•	(370)	·	(070)
Metaplasia, NOS	1	(270)			1	(2%)
#Pancreatic acinus	(50)		(11)		(50)	(270)
Degeneration, NOS	(30)		(11)			(2%)
Focal cellular change	9	(4%)				(2%)
Atrophy, focal			0	(100)		(6%)
		(18%)	Z	(18%)	3	(0%0)
Atrophy, diffuse	2	(4%)				(OC)
Hyperplasia, NOS		(0%)			1	(2%)
Hyperplasia, focal		(2%)			(PA)	
#Glandular stomach	(50)	(4.0.4)	(12)		(50)	(40~)
Dilatation, NOS		(10%)	2	(17%)		(12%)
Cyst, NOS		(40%)			17	(34%)
Inflammation, acute/chronic	1	(2%)	1	(8%)		
#Forestomach	(50)		(12)		(50)	
Edema, NOS	1	(2%)				
Ulcer, NOS	1	(2%)				
Inflammation, acute/chronic	2	(4%)	1	(8%)		
Granulation tissue	1	(2%)				
Erosion	-	(=,0)	1	(8%)		
Hyperplasia, epithelial	1	(2%)	-	(0,0)		
#Small intestine	(50)	(270)	(11)		(50)	
Ectopia		(2%)	(11)		(00)	
*Rectum	(50)	(270)	(50)		(50)	
Dilatation, NOS	(00)		(00)			(2%)
Inflammation, chronic			1	(2%)	•	(270)
Erosion				(2%)		
URINARY SYSTEM						
#Kidney	(50)		(10)		(FO)	
Hydronephrosis	(50)	(90)	(12)		(50)	
	1	(2%)		(O.04.)		
Hemorrhage			1	(8%)		(00)
Abscess, NOS						(2%)
Inflammation, chronic focal	20	.=0~.	_	(* 0*)		(2%)
Nephropathy		(78%)		(58%)		(82%)
#Kidney/medulla	(50)	/ / ~ ` `	(12)	(40%)	(50)	2004 S
Mineralization		(4%)		(42%)	_	(6%)
#Kidney/tubule	(50)		(12)		(50)	
Pigmentation, NOS	2	(4%)		(8%)	1	(2%)
Hyperplasia, atypical				(8%)		
#Kidney/pelvis	(50)		(12)		(50)	
Mineralization		(12%)			9	(18%)
#Urinary bladder	(49)		(11)		(50)	
Inflammation, chronic			1	(9%)		
NDOCRINE SYSTEM				****		
#Pituitary intermedia	(50)		(37)		(50)	
Hyperplasia, focal	(00)			(3%)		(2%)
#Anterior pituitary	(50)		(37)	(070)		(4 70)
Cyst, NOS		(44%)		(100)	(50)	(28%)
	22	(44%)		(19%)	14	(20%)
Multiple cysts			3	(8%)		(0 <i>0</i> / \
Hemosiderosis		(0 ~)		.00		(2%)
T1 1 11 . 1	4	(8%)	1	(3%)	4	(8%)
Focal cellular change						
Focal cellular change Hyperplasia, focal Angiectasis	9	(18%) (16%)	7	(19%) (11%)	8	(16%) (16%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
NDOCRINE SYSTEM (Continued)						· · · · · · · · · · · · · · · · · · ·
#Adrenal	(50)		(50)		(50)	
Angiectasis		(10%)		(4%)		(10%)
#Adrenal/capsule	(50)	(==)	(50)	(-,-,	(50)	
Ectopia		(6%)		(8%)		(8%)
#Adrenal cortex	(50)	(0.0)	(50)	(0.0)	(50)	
Degeneration, lipoid		(28%)		(14%)		(12%)
Metamorphosis, fatty		(6%)		(2%)		(2%)
Eosinophilic cyto change	·	(070)		(4%)	•	(=,0)
Hypertrophy, focal	4	(8%)		(8%)	5	(10%)
Hyperplasia, focal		(32%)		(22%)		(26%)
#Adrenal medulla	(50)	(0270)	(50)	(2270)	(50)	(20,0)
Degeneration, NOS		(2%)	(30)		(00)	
Amyloid, NOS		(2%)				
			E	(10%)	4	(8%)
Hyperplasia, focal		(4%)		(10%)		(070)
#Thyroid	(50)		(12)	(9.0%)	(50)	(90%)
Embryonal duct cyst		(90%)	1	(8%)	1	(2%)
Inflammation, chronic focal		(2%)	0	(9E0L)	10	(200)
Hyperplasia, C-cell		(40%)		(25%)		(38%)
#Thyroid follicle	(50)	(901)	(12)		(50)	
Dilatation, NOS		(2%)	(0)		(97)	
#Parathyroid Hyperplasia, diffuse	(37)	(3%)	(9)		(37)	
nyperpiasia, dinuse	1	(3%)				
EPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Dilatation, NOS	21	(42%)	1	(2%)	6	(12%)
Dilatation/ducts	2	(4%)	1	(2%)		
Galactocele	1	(2%)	1	(2%)	2	(4%)
Inflammation, granulomatous	2	(4%)				
Hyperplasia, epithelial	12	(24%)			8	(16%)
Histiocytosis	1	(2%)				
*Mammary duct	(50)	,	(50)		(50)	
Hyperplasia, epithelial	,		1	(2%)		
*Clitoral gland	(50)		(50)	\ -	(50)	
Retention of content		(2%)	,	(12%)		(10%)
Cyst, NOS	•	(= 10)	Ū	(12,0)		(2%)
Inflammation, active chronic	1	(2%)	3	(6%)		(10%)
Inflammation, chronic	-	(14%)		(18%)		(10%)
Abscess, chronic	•	(17/0)		(2%)	O	(1470)
Inflammation, granulomatous	o	(4%)		(2%)		
Granulation tissue	2	(*** 70)	1	(270)	1	(2%)
Hyperplasia, epithelial	3	(6%)	7	(14%)		(10%)
*Vagina	(50)	(0 10)	(50)	(1-2/0)	(50)	(1070)
Polyp, inflammatory	(50)		(50)			(2%)
#Uterus	(50)		(49)			(270)
Dilatation, NOS				(COL)	(50)	(CO)
Hemorrhage		(16%)		(6%)	3	(6%)
3	2	(4%)		(2%)		
Inflammation, active chronic		(901)	2	(4%)		/O# :
Inflammation, acute/chronic		(2%)				(2%)
#Cervix uteri	(50)	.043	(49)		(50)	
Dilatation, NOS		(2%)				
Inflammation, acute	1	(2%)				
Fibrosis					2	(4%)
#Cervical mucous membrane	(50)		(49)		(50)	
Metaplasia, NOS					1	(2%)
# T T	(50)		(49)		(50)	
#Uterus/endometrium			/			
#Uterus/endometrium Cyst, NOS		(8%)	4	(8%)	1	(2%)
		(8%)			1	(2%)
Cyst, NOS		(8%)		(8%) (2%)		(2%) (2%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose	
REPRODUCTIVE SYSTEM (Continued)							
#Endometrial stroma	(50)		(49)		(50)		
Necrosis, NOS	(20)			(2%)	,		
Hyperplasia, focal	1	(2%)					
NERVOUS SYSTEM							
*Choroid plexus	(50)		(50)		(50)		
Hyperplasia, NOS					2	(4%)	
#Brain	(50)		(12)		(50)		
Deformity, NOS	_	(6%)		(0 ×)	_	(2%)	
Hemorrhage	3	(6%)	1	(8%)	2	(4%)	
SPECIAL SENSE ORGANS							
*Eye/anterior chamber	(50)		(50)		(50)		
Hemorrhage						(4%)	
*Eye/sclera	(50)	(1.40%)	(50)	(000)	(50)	(40%)	
Mineralization	7	(14%)	16	(32%)		(40%)	
Metaplasia, osseous *Eye/ciliary body	(50)		(50)		(50)	(2%)	
Hemosiderosis	(30)		(90)			(2%)	
*Eye/iris	(50)		(50)		(50)	(2 10)	
Synechia, anterior	(00)		(00)			(4%)	
Synechia, posterior			1	(2%)		(4%)	
Hemosiderosis						(2%)	
*Eye/retina	(50)		(50)		(50)		
Detachment						(2%)	
Fibrosis	=			(0.4%)		(2%)	
Degeneration, NOS		(12%)		(84%)		(94%)	
*Eye/crystalline lens	(50)	(90%)	(50)	(4.4%)	(50)	(90%)	
Cataract *Nasolacrimal duct	(50)	(2%)		(44%)	(50)	(38%)	
Retention of content		(4%)	(50)			(4%)	
Inflammation, active chronic		(18%)	1	(2%)		(10%)	
Inflammation, chronic		(22%)		(42%)		(32%)	
Foreign material, NOS	**	\ /V/		(2%)	-	(10%)	
*Harderian gland	(50)		(50)		(50)	, / - /	
Inflammation with fibrosis	(= 0)		/			(2%)	
Fibrosis	1	(2%)				(2%)	
*Zymbal gland	(50)		(50)		(50)		
Abscess, NOS		(2%)					
Infection, bacterial	1	(2%)					
MUSCULOSKELETAL SYSTEM							
*Bone	(50)		(50)		(50)		
Chondrodystrophy						(2%)	
*Epiphysis	(50)	(04)	(50)		(50)		
Metaplasia, cartilaginous		(2%)	/20:				
*Vertebra	(50)		(50)		(50)	(90)	
Degeneration, NOS *Femur	(50)		(50)		(50)	(2%)	
Deformity, NOS	(00)			(2%)	(00)		
Metaplasia, osseous	9	(4%)	1	(270)	1	(2%)	
*Synovial tissue	(50)	(3/0)	(50)		(50)	(2 /0)	
Mineralization	(00)			(2%)	(00)		
*Intervertebral disc	(50)		(50)		(50)		
Metaplasia, osseous			ĺ			(2%)	

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control	Low Dose	High Dose
BODY CAVITIES			
*Mesentery	(50)	(50)	(50)
Accessory structure			2 (4%) 1 (2%)
Inflammation, acute/chronic Inflammation, chronic		1 (2%)	1 (270)
ALL OTHER SYSTEMS Adipose tissue Inflammation, chronic			1
Necrosis, NOS	7	10	7

^{*} Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

APPENDIX C

SUMMARY OF LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

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TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

•	Untreat	ed Control	Low	Dose	High	Dose	
Animals initially in study	50		50		50		
Animals necropsied	50		50		50		
Animals examined histopathologically	50		50		50		
INTEGUMENTARY SYSTEM							
*Subcutaneous tissue	(50)		(50)		(50)		
Fibroma		(2%)		(6%)	_	(6%)	
Fibrosarcoma	4	(8%)	6	(12%)	11	(22%)	
RESPIRATORY SYSTEM							
#Lung	(49)		(50)		(50)		
Hepatocellular carcinoma, metastatic		(8%)				_	
Alveolar/bronchiolar adenoma		(8%)		(8%)		(8%)	
Alveolar/bronchiolar carcinoma	2	(4%)	2	(4%)	4	(8%)	
HEMATOPOIETIC SYSTEM					····		
*Multiple organs	(50)		(50)		(50)		
Malignant lymphoma, histiocytic type		(2%)	1	(2%)	1	(2%)	
Malignant lymphoma, mixed type		(6%)					
#Spleen	(50)	.00	(15)		(50)		
Malignant lymphoma, mixed type		(2%)	(00)		(AP)		
#Lymph node Malignant lymphoma, mixed type	(49)	(2%)	(23)		(47)		
#Mesenteric lymph node	(49)	(470)	(23)		(47)		
Malignant lymphoma, mixed type		(2%)	(20)			(2%)	
CIRCULATORY SYSTEM	*						
#Spleen	(50)		(15)		(50)		
Hemangioma		(2%)	(10)		(00)		
#Liver	(50)	(= /•/	(50)		(50)		
Hemangiosarcoma		(2%)		(4%)	(20)		
#Urinary bladder	(50)	, — . .	(10)	(- / - /	(49)		
Hemangioma	1	(2%)					
DIGESTIVE SYSTEM							
#Liver	(50)		(50)		(50)		
Hepatocellular adenoma		(6%)	6	(12%)		(6%)	
Hepatocellular carcinoma	7	(14%)	7	(14%)	4	(8%)	
#Cecum	(50)		(9)		(49)		
Leiomyosarcoma	1	(2%)					
URINARY SYSTEM							
None							
ENDOCRINE SYSTEM							
#Adrenal medulla	(50)		(50)		(49)		
Pheochromocytoma		(2%)		(2%)		(6%)	
#Thyroid	(49)	(00)	(8)		(49)	,oe :	
Follicular cell adenoma Follicular cell carcinoma	1	(2%)				(2%)	
romemar cen carcinoma					I	(2%)	

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control	Low Dose	High Dose
REPRODUCTIVE SYSTEM			(10)
#Testis Sertoli cell tumor	(50)	(8)	(49)
Interstitial cell tumor	1 (2%)		2 (4%)
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS			
*Harderian gland Adenoma, NOS	(50)	(50)	(50) 2 (4%)
MUSCULOSKELETAL SYSTEM None			·
BODY CAVITIES None			
ALL OTHER SYSTEMS			
*Multiple organs	(50)	(50)	(50)
Sarcoma, NOS Fibrosarcoma, metastatic	1 (2%) 1 (2%)		
ANIMAL DISPOSITION SUMMARY			
Animals initially in study	50	50	50
Natural death	2	4	5
Moribund sacrifice Terminal sacrifice	15 33	12 34	14 31
TUMOR SUMMARY			
Total animals with primary tumors**	26	24	32
Total primary tumors	36	32	40
Total animals with benign tumors	11	12	15
Total benign tumors	13	14	18
Total animals with malignant tumors	18	16	20
Total malignant tumors	23	18	22
Total animals with secondary tumors## Total secondary tumors	5		

^{*} Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.

** Primary tumors: all tumors except secondary tumors

Number of animals examined microscopically at this site

Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: UNTREATED CONTROL

ANIMAL NUMBER	1 0 6	1 0	1 3 4	1 1	1 2 5	1 0 7	1 5	1 4 2	1 2 6	1 2 9	1 3 1	1 8	1 2 1	1 0 2	3	1 2 8	1 4 4	1 0 1	1 0 3	1 0 4	1 0 5	0 8	1 0 9	1 2	1 3
WEEKS ON STUDY	0 0 8	0 1 5	0 2 8	0 3 1	0 3 1	0 3 4	0 3 6	0 7 9	0 8 0	0 8 6	0 8 8	0 9 1	0 9	9	9 8	$0 \\ 2$	1 0 2	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+ X	+	+ X	+ X	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	-	+	+	+	+	+	+	+	+	+	+ X	+	+	+	*	+	+	+	+	+	+	+	+	+
Trachea Nasal cavity	++	_	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangioma	÷ +	++	++	++	++	+	++	++	++	++	++	++	+	++	++	++	++	+ + X	++	+	+	++	+	+	++
Malignant lymphoma, mixed type Lymph nodes Malignant lymphoma, mixed type Thymus	++	-	+	+	+	+	+	+	+	+	+	+	+	+	+ X +	+	+	+	+	+	X + +	+	+	+	+
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangosarcoma	+	- +	++	+ +	++	+	++	+ +	++	+ + X	+ +	+ + X	+	+	+	+ + X	++	++	+ + X	++	++	+	++	++	+ +
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine Leiomyosarcoma	+++++++	+++-++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	+ + + + + +	+ + + + + +	++++++	+ + + + + X	++++++	++++++	++++++	++++++
URINARY SYSTEM Kidney Urinary bladder Hemangioma	++	++	++	++	++	++	++	++	++	++	++	++	++	++	+ +	++	++	++	+ +	++	++	++	+++	++	++
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Parathyroid	+++	- + 	+ + + +	+ + +	+ + + +	+ + + +	+ + + +	+++	+ + + +	+ + + + +	+ + + +	+ + + +	+++	+ + + + +	+ + +	+ + + -	+ + + +	+++++++	+ + +	+ X + X + X	+ + + -	+ + + + +	++++++	++++++	+ + + +
REPRODUCTIVE SYSTEM Mammary gland Testis Sertoli cell tumor Prostate	N +	N +	N + +	N +	N + +	N +	N +	N +	N + +	N + +	N + +	N +	N + +	N + +	+ + +										
NERVOUS SYSTEM Brain	+	_	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Sarcoma, NOS Fibrosarcoma, metastatic Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type										Х	Х	х										x			

Tissue examined microscopically
 Required tissue not examined microscopically
 Tumor incidence
 Necropsy, no autolysis, no microscopic examination
 Animal missexed

[:] No tissue information submitted
C: Necropsy, no histology due to protocol
A: Autolysis
M: Animal missing
B: No necropsy performed

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: UNTREATED CONTROL (Continued)

								(0	0111		ueu	′														
ANIMAL NUMBER	1 1 4	1 1 6	1 1 7	1 9	1 2 0	$\frac{1}{2}$	1 2 3	1 2 4	1 2 7	1 3 0	1 3 2	1 3 3	1 3 5	1 3 6	1 3 7	1 3 9	1 4 0	1 4 1	1 4 3	1 4 5	1 4 6	1 4 7	1 4 8	1 4 9	1 5 0	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	*50 1 4
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+ X	+ X	*X	+ X	+	+	+ X	+	+	+	+	+	+	* X	+	+	+	+	+	+	+ X	+	+ X	+	+	49 4 4 2
Trachea Nasal cavity	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 49
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangioma	++	++	++	+	++	++	+	++	++	++	++	++	++	++	++	++	++	+++	++	+++	++	++	+	+	+++	50 50 1
Malignant lymphoma, mixed type Lymph nodes Malignant lymphoma, mixed type Thymus	+	+	+	+	+	+	* X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 49 2 42
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangiosarcoma Bile duct	+ + X	+ * X	+ + X	++	+	+ +	+ + X	+ +	+	+ + X	++	++++	++	+ + X	+ + X	++	++	++	++	+ +	++	++	++	++	+ +	49 50 3 7
Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine Leiomyosarcoma	++++++	++++++	++++++	++++++	++++++	++++++	+++++	++++++	+++++	++++++	++++++	+++++	++++++	+ + + + + +	++++++	++++++	++++++	+++++	++++++	++++++	+++++	+++++	++++++	++++++	+ + + + + +	50 *50 50 49 50 50 50
URINARY SYSTEM Kidney Urinary bladder Hemangioma	++	+	++	++	++	++	+	+ +	++	++	++	+ + X	+	++	++	++	+ +	++	++	++	++	++	++	++	++	50 50 1
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Parathyroid	+	+ + + +	+++++++	++++-	+ + + +	+++	++++++	+ + + +	+ + + + +	+ + +	++++++	+++++++++++++++++++++++++++++++++++++++	++++++	+ + + -	+++++	+ + + + +	+++++++	+ + + -	+++-	+ + + +	+ + +	+ + + +	+ + + +	+ + + +	+ + + -	48 50 1 49 1 32
REPRODUCTIVE SYSTEM Mammary gland Testis Sertoli cell tumor Prostate	N +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	X + +	N + +	N +	N + +	N + +	N + +	N + +	N + +	N + X +	Y + +	N + +	*50 50 1 49
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS Fibrosarcoma, metastatic Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type	N	N	N	N	N	N	N	N	N X	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N		*50 1 1 1 3

^{*} Animals necropsied

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: LOW DOSE

										•			_												
ANIMAL NUMBER	0 4 9	0 3 3	0 3 1	0 3 8	0 2 9	0 1 9	0 1 0	0 5 0	0 1 3	0 3 4	0	0 4 3	0 1 1	0 0 6	0 3 9	0 4 6	0 0 1	0 0 2	0 0 3	0 0 4	0 0 5	0 0 7	0 0 8	0 1 2	0 1 4
WEEKS ON STUDY	0 2 8	0 3 1	0 3 4	0 3 6	0 3 7	0 7 8	0 8 1	0 8 2	0 9 1	9	0 9 8	9	1 0 1	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+	+ X	+	+ X	N	+ X	N	N	* X	+ X	N	N	N	N	N	+	N	+ X	N	+
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea Nasal cavity	+	+ +	+ +	+ + +	+ +	+ +	+ +	+ +	+	+	+	+	+	+	+	+	* X X -	+ X -	+	+	+	* *	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+ + +	+ + +	+ + + +	+ + + +	+ + + +	++-	+ + + +	- +		- + -	- + +	- - + -	=	=	++-	- - + -	= = =	+	=	=	- - -	++	- + +	-
CIRCULATORY SYSTEM Heart	- -	+	+	+	+	+	+	+				_	_	-		_					_		+	_	
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangiosarcoma	++	++	++	+ +	++	+ +	+	+ + X	+	- + x	- *	+	- + X X	+	+	+	- + X	+	- *	- * X	+	+	+	+	+
Bile duct Callbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+ N + + + + + + + + + + + + + + + + + +	++++++	++++++	++++++	++++++	++++++	++++++	++++++	X + N + +	+ 	+ Z 1	++1+12+	+ 1 + 1 7 +	++11111	+ 1 1	+ X	+ N - - -	+ 1 - 1 - 1 - 1 - 1 - 1	11112+	+ 1 1 1 2 +	11112+	+ N - - -	+ X	* N	+ X
URINARY SYSTEM Kidney Urinary bladder	+ +	++	++	++	++	++	 + +	++	+	+	+	+	+	++	+	++	+	+	+	+	+	<u>+</u>	+	+	+ +
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Parathyroid	++++	+++-	+ + + -	++++	+ + +	+ + + +	+ + + +	+ + + +	-	+	+	+	- * X -	+	- + -	-	- + -	+	+	- + -	+	+	- + -	- + -	+
REPRODUCTIVE SYSTEM Mammary gland Testis Prostate	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N -	N -	N -	N -	N -	N -	N -	N -	N -	N -	N ~	N -	N -	N - +	N - -	N - -	N -
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+		+		_	_		_	_	_		-		_		_		_
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiccytic type	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: LOW DOSE (Continued)

								(C	0111	.111	ueu	,														
ANIMAL NUMBER	0 1 5	0 1 6	0 1 7	0 1 8	0 2 0	0 2 1	0 2 2	0 2 3	0 2 4	0 2 5	0 2 6	0 2 7	0 2 8	0 3 0	0 3 2	0 3 5	0 3 6	0 3 7	0 4 0	0 4 1	0 4 2	0 4 4	0 4 5	0 4 7	0 4 8	TOTAL:
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	$\begin{matrix} 1 \\ 0 \\ 4 \end{matrix}$	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	N	N	+	N	*	N	N	N	+ X	+ X	+	N	N	N	+	+	N	N	+	N	N	N	N	N	N	*50 3 6
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea Nasal cavity	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	50 4 2 8 8
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	- - + -		- - - -	- - - -	- - + -	- - - -	=	-	++-	- - - -	=======================================	- + -		- - + -	<u>-</u> <u>-</u> -	- - + -		=	- - - -	+	- - -	- + -		-	-	8 15 23 7
CIRCULATORY SYSTEM Heart	_	_		-	_		_	_	_	_	_	_		_	_	_		_	-		-		_		-	9
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	- + X	+	- +	+		- + X	+	-+	+	- + X	+	+	+	-+	+	+	+	- +	- + X	+	-	- + X	+	+	-	8 50 6 7
Hemangiosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+ N	+ N	+ X	+ N	+ N - - - -	+ X - -	+ N - - - -	+ N - - -	+ N	+ N	+ X	+ N - - -	+ N	+ N	+ N	+ Z	+ 1 - 1 - 1 - 1	+ N	X + N - - -	+ N - - -	+ - - - - -	+ 7	+ N	+ N	+ X	2 50 *50 9 11 8 9
URINARY SYSTEM Kidney Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 10
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Parathyroid	+	+	- +	- +	- +	- +	- +	+	- +	+ +	- +	+ -	+	-	- + -	- + -	+	- - -	- + -	- +	-	-	+	+	+	9 50 1 8 5
REPRODUCTIVE SYSTEM Mammary gland Testis Prostate	N		N - +	N - -	N - -	N -	N - -	N - -	N - -	N - -	N - -	N - -	N - +	и - -	N -	N - -	N -	N - -	N - -	N - -	N - -	N - +	N - -	N -	N -	*50 8 12
NERVOUS SYSTEM Brain	-		-	_	_	_	-	_	-	_		_	_	-				_	_	_		-	-	_	-	9
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1

^{*} Animals necropsied

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: HIGH DOSE

ANIMAL NUMBER	0 5 9	0 7 9	0 5 8	0 9 4	0 7 1	9 1	0 8 3	0 8 7	0 7 8	9	9	0 6 9	0 7 0	0 7 2	8	0 6 3	0 7 4	0 9 2	0 9 7	0 5 1	0 5 2	0 5 3	0 5 4	0 5 5	0 5 6
WEEKS ON STUDY	0 0 6	0 1 2	0 1 7	0 1 9	0 2 0	0 2 0	0 8 2	0 8 2	0 8 4	0 9 1	0 9 2	9	0 9 7	9 8	9 8	1 0 0	1 0 1	1 0 1	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+	+ X	+ X	+	+	+	+ X	+ X	+ X	+ X	+	+ X	, X	+	+ X	+	+	† X
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Malignant lymphoma, mixed type Thymus	+ + + + +	+ +	+ + + +	+ + - +	++++	+++++	+ + +	+ + + +	+ + + +	+ + + +	+ + + +	+++	+++++	++	+++++	++++++	+++++	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + + +
CIRCULATORY SYSTEM Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	++	- +	++	++	++	+	++	+ + X	++	++	++	++	+ +	++	+	+ + X	++	+ + X	++	++	++	++	+ +	+ + X	++
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+ + + + + + + + + + + + + + + + + + + +	+ + + + + +	+ + + + + +	+ + + + + +	+++++	+++++	+++++	4+++++	+++++	+ + + + + + + -	+ + + + + +	+++++	+++++	+++++	+++++	4+++++	+++++	+ + + + +	+++++	+ + + + + +	+++++	+++++	+++++	+++++	+++++
URINARY SYSTEM Kidney Urinary bladder	+	+ +	+ +	++	++	+++	++	++	++	+ + +	+ + +	+ + +	+++	+ + +	+++	++	++	+ + +	+ + +	++	+ + +	+++	++	+ + +	+ + +
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Follicular cell carcinoma Parathyroid	+++++++++++++++++++++++++++++++++++++++	+ +	++++++	+ + +	+ + +	+ + +	+++++	+ + +	++++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + X	+ + X +	++++	+ + +	++++++	+ + +	+ + +	+++++	+++++++++++++++++++++++++++++++++++++++	+ + + X	+++++++
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitial cell tumor Prostate	N -	N +	N +	N +	N +	N +	N +	N + +	N +	N +	N + X	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	т + т	N +	N +	N + X +
NERVOUS SYSTEM Brain		+	+			+	+	+	+			+	-		-	+				·		<u> </u>			
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiccytic type	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: HIGH DOSE (Continued)

										,,,,,																
ANIMAL NUMBER	0 5 7	0 6 0	0 6 1	0 6 2	0 6 4	0 6 5	0 6 6	0 6 7	0 6 8	0 7 3	0 7 5	0 7 6	0 7 7	0 8 0	0 8 1	0 8 2	0 8 4	0 8 5	0 8 8	0 8 9	9	9 3	0 9 5	9	1 0 0	TOTAL:
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+ X	+	+	+	+	+	+	+	+	+ X	+	+	+ X	+	+	+	+	+	+	+	+	+	* X	*50 3 11
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+ X +	+	+	+	+	+ X +	+ X +	+ X +	+	+	+ X +	* X +	+ X +	+	+	+	+	+	+ X +	+	+	+	+	+	50 4 4 4 49
Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Malignant lymphoma, mixed type Thymus	+ + + +	+ + +	+ + + +	++++	+ + + +	+ + X +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+++++	++++	+ + + +	++++	+ + + +	+++++	++++	+++	+ + + +	+ + + +	+ + + +	+ + + +	50 50 47 1 46
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Bile duct Callbladder & common bile duct Pancreas	++++++	++++	++++	++ ++	++++	++ ++	+ + + + +	++++	++++	+ X + +	+ + + + + + + + + + + + + + + + + + + +	++ ++	++++	++++	+ + + + + + + + + + + + + + + + + + + +	++ ++-	+ + + + +	+ + + + + + + + + + + + + + + + + + + +	+ + + +	+ + X + +	+ + X + +	++++	+++++	+ + + N	+ + + + + +	49 50 3 4 50 *50 50
Esophagus Stomach Small intestine Large intestine	+++++	+ + + +	+ + + +	++++	++++	+++++	++++	+ + + +	+ + + +	+ + + +	+ + + +	++++	+ + + +	++++	+ + + +	++++	+ + + +	++++	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	49 50 50 49
URINARY SYSTEM Kidney Urinary bladder	++	+	+	+	+	+	++	++	++	+	+	+	+	++	++	++	+	+	+	++	++	++	+	+	++	50 49
ENDOCRINE SYSTEM Pituitary Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Follicular cell carcinoma Parathyroid	+++++++++++++++++++++++++++++++++++++++	+ + +	+ + + + +	+++++	+ + X +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + + +	+ + + +	+++	+ + + +	++++++	+++++	+ + +	+ + + +	+ + X +	+ + + +	+ + +	+ + + +	+ + + +	+ + +	+ + + +	50 49 3 49 1 1 37
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitial cell tumor	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	*50 49 2
Prostate NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	N +	N N	N	N X	N N	N H	N +	N N	N	N +	N N	N	N +	n N	N H	N +	N N	N N	n N	N +	N	N +	+ N	+ N	+ N	*50 *50 2
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1

^{*} Animals necropsied

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

•	Control	2,000 ppm	4,000 ppm
Subcutaneous Tissue: Fibroma			
Overall Rates (a)	1/50 (2%)	3/50 (6%)	3/50 (6%)
Adjusted Rates (b)	3.0%	8.4%	9.7%
Terminal Rates (c)	1/33 (3%)	2/34 (6%)	3/31 (10%)
Week of First Observation	104	102	104
Life Table Tests (d)	P = 0.214	P=0.319	P = 0.282
Incidental Tumor Tests (d)	P = 0.251	P = 0.350	P = 0.282
Cochran-Armitage Trend Test (d)	P = 0.238		
Fisher Exact Test (d)		P = 0.309	P = 0.309
Subcutaneous Tissue: Fibrosarcoma			
Overall Rates (a)	4/50 (8%)	6/50 (12%)	11/50 (22%)
Adjusted Rates (b)	10.4%	14.9%	28.3%
Terminal Rates (c)	1/33 (3%)	2/34 (6%)	4/31 (13%)
Week of First Observation	88	81	84
Life Table Tests (d)	P = 0.036	P = 0.414	P = 0.056
Incidental Tumor Tests (d)	P = 0.048	P = 0.339	P = 0.080
Cochran-Armitage Trend Test (d)	P=0.031	- 0.000	
Fisher Exact Test (d)	0.001	P = 0.370	P = 0.045
		1 -0.010	1 -0.030
Subcutaneous Tissue: Fibroma or Fibrosa		0.(50.(100))	1.4(%0.400%)
Overall Rates (a)	5/50 (10%)	9/50 (18%)	14/50 (28%)
Adjusted Rates (b)	13.2%	22.4%	36.3%
Terminal Rates (c)	2/33 (6%)	4/34 (12%)	7/31 (23%)
Week of First Observation	88	81	84
Life Table Tests (d)	P = 0.018	P = 0.238	P = 0.026
Incidental Tumor Tests (d)	P = 0.024	P = 0.186	P = 0.035
Cochran-Armitage Trend Test (d)	P = 0.015		
Fisher Exact Test (d)		P = 0.194	P = 0.020
Lung: Alveolar/Bronchiolar Adenoma			
Overall Rates (e)	4/49 (8%)	4/50 (8%)	4/50 (8%)
Adjusted Rates (b)	11.4%	11.8%	12.9%
Terminal Rates (c)	3/33 (9%)	4/34 (12%)	4/31 (13%)
Week of First Observation	91	104	104
Life Table Tests (d)	P = 0.544	P = 0.624N	P = 0.617
Incidental Tumor Tests (d)	P=0.531	P = 0.631	P = 0.601
Cochran-Armitage Trend Test (d)		P=0.031	F = 0.001
Fisher Exact Test (d)	P = 0.562N	D - 0 CO1N	D - 0 CO1N
risher Exact lest(d)		P = 0.631N	P = 0.631 N
Lung: Alveolar/Bronchiolar Carcinoma	0440442	0.450	A 18 0 10 20 5
Overall Rates (e)	2/49 (4%)	2/50 (4%)	4/50 (8%)
Adjusted Rates (b)	6.1%	5.9%	12.9%
Terminal Rates (c)	2/33 (6%)	2/34 (6%)	4/31 (13%)
Week of First Observation	104	104	104
Life Table Tests (d)	P = 0.225	P = 0.685N	P = 0.307
Incidental Tumor Tests (d)	P = 0.225	P = 0.685N	P = 0.307
Cochran-Armitage Trend Test (d)	P = 0.259		
Fisher Exact Test (d)		P = 0.684N	P = 0.349
Lung: Alveolar/Bronchiolar Adenoma or (Carcinoma		
Overall Rates (e)	6/49 (12%)	5/50 (10%)	8/50 (16%)
Adjusted Rates (b)	17.3%	14.7%	25.8%
Terminal Rates (c)	5/33 (15%)	5/34 (15%)	8/31 (26%)
	91		
	91	104	104
Week of First Observation		D 0 477037	D 0 0 40
Week of First Observation Life Table Tests (d)	P = 0.282	P = 0.476N	P = 0.342
Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.282 P = 0.275	P = 0.476N P = 0.507N	P = 0.342 P = 0.329
Week of First Observation Life Table Tests (d)	P = 0.282		

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
Hematopoietic System: Malignant Lymph	oma Mived Type		
Overall Rates (a)	6/50 (12%)	(f) 0/50 (0%)	1/50 (2%)
Adjusted Rates (b)	17.5%	0.0%	3.2%
Terminal Rates (c)	5/33 (15%)	0/34 (0%)	1/31 (3%)
		0/34 (0%)	104
Week of First Observation	98	D 0.01CM	- - -
Life Table Tests (d)	P = 0.018N	P=0.016N	P = 0.067N
Incidental Tumor Tests (d)	P = 0.014N	P = 0.013N	P = 0.051 N
Cochran-Armitage Trend Test (d)	P = 0.016N		
Fisher Exact Test (d)		P = 0.014N	P = 0.056N
łematopoietic System: Lymphoma, All M	Ialignant		
Overall Rates (a)	7/50 (14%)	(f) 1/50 (2%)	2/50 (4%)
Adjusted Rates (b)	19.6%	2.2%	5.8%
Terminal Rates (c)	5/33 (15%)	0/34(0%)	1/31 (3%)
Week of First Observation	91	78	97
Life Table Tests (d)	P=0.039N	P=0.031N	P=0.092N
Incidental Tumor Tests (d)	P = 0.033N	P = 0.009N	P = 0.062N
Cochran-Armitage Trend Test (d)		1 - 0.00311	1 -0.00214
Fisher Exact Test (d)	P = 0.036N	D = 0.020M	D 0 000NT
risher Exact lest(d)		P = 0.030N	P = 0.080N
Circulatory System: Hemangioma or Hen		0/80 (12)	0/80/02
Overall Rates (a)	3/50 (6%)	2/50 (4%)	0/50 (0%)
Adjusted Rates (b)	9.1%	5.3%	0.0%
Terminal Rates (c)	3/33 (9%)	1/34 (3%)	0/31 (0%)
Week of First Observation	104	91	
Life Table Tests (d)	P = 0.086N	P = 0.482N	P = 0.132N
Incidental Tumor Tests (d)	P = 0.096N	P = 0.526N	P = 0.132N
Cochran-Armitage Trend Test (d)	P = 0.082N		
Fisher Exact Test (d)	1 010021	P = 0.500N	P = 0.122N
Liver: Hepatocellular Adenoma			
Overall Rates (e)	3/50 (6%)	6/50 (12%)	3/50 (6%)
Adjusted Rates (b)	9.1%	16.2%	9.7%
Terminal Rates (c)	3/33 (9%)	4/34 (12%)	3/31 (10%)
Week of First Observation			
	104	98	104
Life Table Tests (d)	P = 0.544	P = 0.267	P = 0.635
Incidental Tumor Tests (d)	P = 0.539N	P = 0.299	P = 0.635
Cochran-Armitage Trend Test (d)	P = 0.573		
Fisher Exact Test (d)		P = 0.243	P = 0.661
Liver: Hepatocellular Carcinoma			
Overall Rates (e)	7/50 (14%)	7/50 (14%)	4/50 (8%)
Adjusted Rates (b)	18.8%	18.1%	10.8%
Terminal Rates (c)	4/33 (12%)	4/34 (12%)	1/31 (3%)
Week of First Observation	86	82	82
Life Table Tests (d)	P=0.241N	P = 0.575N	P = 0.286N
Incidental Tumor Tests (d)	P = 0.241N P = 0.182N	P = 0.584	P = 0.199N
		r - 0.004	F - U.13314
Cochran-Armitage Trend Test (d)	P = 0.221N	D 0010	D 0.00037
Fisher Exact Test (d)		P = 0.613	P = 0.263N
iver: Hepatocellular Adenoma or Carci	noma		
Overall Rates (e)	10/50 (20%)	12/50 (24%)	7/50 (14%)
Adjusted Rates (b)	27.2%	30.8%	19.7%
Terminal Rates (c)	7/33 (21%)	8/34 (24%)	4/31 (13%)
Week of First Observation	86	82	82
Life Table Tests (d)	P = 0.298N	P=0.451	P = 0.336N
Incidental Tumor Tests (d)	P = 0.238N P = 0.228N		P = 0.361N P = 0.261N
	r = 0.225 N	P = 0.405	r = 0.201N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.263 N	P = 0.405	P = 0.298N

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

•	Control	2,000 ppm	4,000 ppm
Adrenal Medulla: Pheochromocytoma			
Overall Rates (e)	1/50 (2%)	1/50 (2%)	3/49 (6%)
Adjusted Rates (b)	3.0%	2.6%	9.1%
Terminal Rates (c)	1/33 (3%)	0/34 (0%)	2/31 (6%)
Week of First Observation	104	101	100
Life Table Tests (d)	P = 0.190	P = 0.748N	P=0.290
Incidental Tumor Tests (d)	P = 0.262	P = 0.713N	P = 0.348
Cochran-Armitage Trend Test (d)	P = 0.196		1 0.010
Fisher Exact Test (d)	1 -0.100	P = 0.753	P = 0.301
All Sites: Benign Tumors			
Overall Rates (a)	11/50 (22%)	12/50 (24%)	15/50 (30%)
Adjusted Rates (b)	32.1%	32.1%	43.5%
Terminal Rates (c)	10/33 (30%)	9/34 (26%)	12/31 (39%)
Week of First Observation	91	98	92
Life Table Tests (d)	P = 0.170	P = 0.542	P = 0.202
Incidental Tumor Tests (d)	P = 0.227	P = 0.566	P = 0.225
Cochran-Armitage Trend Test (d)	P = 0.210		
Fisher Exact Test (d)	V.22V	P = 0.500	P = 0.247
All Sites: Malignant Tumors			
Overall Rates (a)	18/50 (36%)	16/50 (32%)	20/50 (40%)
Adjusted Rates (b)	44.7%	37.3%	48.6%
Terminal Rates (c)	11/33 (33%)	8/34 (24%)	10/31 (32%)
Week of First Observation	86	78	82
Life Table Tests (d)	P = 0.362	P = 0.367N	P = 0.392
Incidental Tumor Tests (d)	P = 0.506	P = 0.329N	P = 0.588N
Cochran-Armitage Trend Test (d)	P = 0.377	- 0.0	3 33333
Fisher Exact Test (d)	- 0.071	P = 0.417N	P = 0.418
All Sites: All Tumors			
Overall Rates (a)	26/50 (52%)	24/50 (48%)	32/50 (64%)
Adjusted Rates (b)	64.8%	55.4%	76.1%
Terminal Rates (c)	19/33 (58%)	15/34 (44%)	21/31 (68%)
Week of First Observation	86	78	82
Life Table Tests (d)	P=0.132	P=0.359N	P=0.145
Incidental Tumor Tests (d)	P=0.166	P=0.307N	P = 0.203
Cochran-Armitage Trend Test (d)	P = 0.135	1 - 0.00111	2 - 0.200
Fisher Exact Test (d)	1 -0.100	P = 0.421 N	P = 0.155
- MICE MINUTED (U)		I V. T& + 11	- 0.100

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

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

⁽c) Observed tumor incidence in animals killed at the end of the study

⁽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 tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group than in controls is indicated by (N).

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

⁽f) Fifteen spleens were examined microscopically.

TABLE C4. HISTORICAL INCIDENCE OF INTEGUMENTARY SYSTEM TUMORS IN MALE B6C3F $_1$ MICE RECEIVING NO TREATMENT (a)

		Incidence in C	ontrols
Study	Fibroma	Fibrosarcoma	Fibroma or Fibrosarcoma
Historical Incidence at Physiol	ogical Research Labor	atories	
Ephedrine sulfate	0/50	0/50	0/50
Phenylephrine hydrochloride	2/50	(b) 1/50	(b) 3/50
Erythromycin stearate	3/50	(b) 13/50	(b) 15/50
Tetracycline hydrochloride	1/49	2/49	3/49
Oxytetracycline hydrochloride	2/50	(c) 11/50	(c) 13/50
a-Methyldopa sesquihydrate	0/50	0/50	0/50
Nitrofurazone	0/50	(b) 3/50	(b) 3/50
Nalidixic acid	1/50	4/50	5/50
TOTAL	9/399 (2.3%)	34/399 (8.5%)	42/399 (10.5%)
SD(d)	2.25%	10.01%	11.34%
Range (e)			
High	3/50	13/50	15/50
Low	0/50	0/50	0/50
Overall Historical Incidence			
TOTAL SD (d)	(f) 40/1,692 (2.4%) 2.98%	(g) 153/1,692 (9.0%) 7.83%	(f,g) 186/1,692 (11.0%) 9.09%
Range (e)			
High	6/50	15/50	19/50
Low	0/50	0/50	0/50

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks
(b) Includes one sarcoma, NOS
(c) Includes three sarcomas, NOS
(d) Standard deviation

⁽e) Range and SD are presented for groups of 35 or more animals.
(f) Includes one neurofibroma
(g) Includes 51 sarcomas, NOS, and 5 neurofibrosarcomas

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreat	ed Control	Low	Dose	High	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)	
Ulcer, NOS	3	(6%)	2	(4%)	4	(8%)
Inflammation, active chronic					1	(2%)
Inflammation, chronic		(4%)	5	(10%)	2	(4%)
Hyperplasia, epithelial		(2%)				
*Subcutaneous tissue	(50)		(50)		(50)	
Mineralization	_					(2%)
Cyst, NOS	2	(4%)				(2%)
Hemorrhage						(2%)
Inflammation, active chronic		(2%)			1	(2%)
Inflammation, chronic		(4%)				
Abscess, chronic	1	(2%)			4	∕0 ~ :
Granuloma, foreign body						(2%)
Angiectasis					1	(2%)
RESPIRATORY SYSTEM						
#Nasal cavity	(49)		(8)		(50)	
Hemorrhage		(10%)				(12%)
Lymphocytic inflammatory infiltrate		(6%)		(38%)		(14%)
#Maxillary sinus	(49)		(8)		(50)	
Inflammation, active chronic					_	(2%)
#Trachea	(49)		(8)		(49)	(OC)
Hemorrhage #Lung	(40)		(PO)			(2%)
#Lung Mineralization	(49)		(50)	(90)	(50)	
Congestion, NOS	6	(12%)		(2%) (8%)	e	(12%)
Hemorrhage		(12%)		(12%)		(8%)
Lymphocytic inflammatory infiltrate		(6%)		(52%)		(6%)
Pneumonia, interstitial chronic		(2%)	20	(02 /0)	•	(070)
Bronchopneumonia, chronic	•	(24 70)	11	(22%)	6	(12%)
Hyperplasia, alveolar epithelium				(6%)		(2%)
Histiocytosis	1	(2%)	J	(070)		(2%)
HEMATOPOIETIC SYSTEM				<u> </u>	<u>-</u>	
*Multiple organs	(50)		(50)		(50)	
Leukocytosis, NOS	(30)			(2%)	(00)	
#Bone marrow	(50)		(8)	,	(50)	
Hyperplasia, granulocytic		(80%)		(88%)		(60%)
#Spleen	(50)		(15)	. = =?	(50)	
Congestion, NOS		(2%)	,		, -,	
Hemorrhage	1	(2%)				
Hematoma, NOS					1	(2%)
Necrosis, focal		(2%)				
Pigmentation, NOS	40	(80%)	8	(53%)	42	(84%)
Depletion, lymphoid					1	(2%)
Hyperplasia, reticulum cell				(7%)		
Hyperplasia, lymphoid		(22%)		(27%)		(28%)
Hematopoiesis		(92%)		(80%)		(86%)
#Lymph node	(49)		(23)		(47)	
Histiocytosis	_	(O#)			1	(2%)
Plasmacytosis		(2%)				
Hyperplasia, lymphoid	2	(4%)			1	(2%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
HEMATOPOIETIC SYSTEM (Continued)					-	
#Mandibular lymph node	(49)		(23)		(47)	
Histiocytosis	\ - <i>'</i>	(2%)	(=0)			(2%)
Plasmacytosis		(2%)			_	(= /0 /
Hyperplasia, lymphoid		(12%)	2	(9%)	10	(21%)
#Mesenteric lymph node	(49)	(,-,	(23)	(5,77)	(47)	(,-,
Dilatation, NOS	(/			(4%)	(,	
Congestion, NOS	15	(31%)		(26%)	8	(17%)
Edema, NOS				(9%)		
Hemorrhage	1	(2%)		(4%)		
Inflammation, acute	1	(2%)			2	(4%)
Inflammation, chronic					1	(2%)
Inflammation, granulomatous					1	(2%)
Hyperplasia, lymphoid	3	(6%)	2	(9%)	5	(11%)
#Liver	(50)		(50)		(50)	
Hematopoiesis	20	(40%)	8	(16%)	15	(30%)
#Peyer's patch	(50)		(9)		(50)	
Hyperplasia, lymphoid	3	(6%)	1	(11%)	3	(6%)
#Kidney	(50)		(50)		(50)	
Hematopoiesis					1	(2%)
#Thymus	(42)		(7)		(46)	
Cyst, NOS	3	(7%)			2	(4%)
Multiple cysts	1	(2%)			1	(2%)
Hemorrhage					1	(2%)
Necrosis, NOS			1	(14%)		
Atrophy, NOS						(2%)
Hyperplasia, lymphoid					1	(2%)
CIRCULATORY SYSTEM			_			
*Subcutaneous tissue	(50)		(50)		(50)	
Lymphangiectasis	1	(2%)				
#Heart	(50)		(9)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)	·			
Inflammation, active chronic	1	(2%)			1	(2%)
Inflammation, chronic	4	(8%)			2	(4%)
Endocardiosis	1	(2%)				
*Artery	(50)		(50)		(50)	
Periarteritis	1	(2%)				
DIGESTIVE SYSTEM						
*Tooth	(50)		(50)		(50)	
Dysplasia, NOS	1	(2%)	·		1	(2%)
*Root of tooth	(50)		(50)		(50)	•
Inflammation, suppurative		(4%)	,			(2%)
Inflammation, acute		(2%)				
Inflammation, active chronic	1	(2%)			1	(2%)
*Pulp of tooth	(50)		(50)		(50)	
	3	(6%)	.,			
Inflammation, suppurative			_	/ - -/ \		
Inflammation, suppurative Inflammation, active chronic			1	(2%)		
Inflammation, active chronic #Salivary gland	(49)		(8)	(2%)	(49)	
Inflammation, active chronic		(6%)	(8)	(2%)	(49) 1	(2%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
OIGESTIVE SYSTEM (Continued)	 			<u>-</u>		
#Liver	(50)		(50)		(50)	
Mineralization	(00)		(00)			(2%)
Cyst, NOS						(4%)
Congestion, NOS			9	(4%)	۵	(-10)
Lymphocytic inflammatory infiltrate	1	(2%)		(14%)	1	(2%)
Inflammation, acute		(2%)	•	(14/0)	•	(270)
Inflammation, active chronic		(2%)				
Inflammation, chronic		(8%)	1	(2%)	1	(2%)
Necrosis, NOS		(8%)		(4%)		(6%)
Metamorphosis, fatty		(2%)	-	(270)	_	(2%)
Cytoplasmic vacuolization		(2%)			-	(= /-/
Focal cellular change		(6%)	2	(4%)		
Hepatocytomegaly		(56%)		(48%)	30	(60%)
#Liver/centrilobular	(50)	(00,0)	(50)	(10,0)	(50)	(0070)
Congestion, NOS	, ,	(2%)	(55)		.537	
Nuclear vacuolization		(2%)				
Cytoplasmic vacuolization		(2%)				
#Liver/periportal	(50)	(2,0)	(50)		(50)	
Inflammation, acute		(2%)	(00)		(55)	
*Gallbladder	(50)	1=177	(50)		(50)	
Cyst, NOS		(2%)	(,,	
#Bile duct	(50)	(= /	(50)		(50)	
Hyperplasia, cystic	,			(2%)	(,	
#Pancreas	(50)		(9)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)			,	
#Pancreatic acinus	(50)		(9)		(50)	
Cytoplasmic vacuolization					1	(2%)
Focal cellular change	5	(10%)			1	(2%)
Atrophy, NOS	3	(6%)			3	(6%)
#Esophagus	(49)		(11)		(49)	`
Hemorrhage	1	(2%)				
#Stomach	(50)		(8)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)				
Inflammation, acute					1	(2%)
Inflammation, active chronic	1	(2%)			_	
#Gastric fundal gland	(50)		(8)		(50)	
Dilatation, NOS		(14%)	,3,			(18%)
#Glandular stomach	(50)	.=/	(8)		(50)	. = = ,
Mineralization		(2%)	,0,			(6%)
Inflammation, acute	•					(6%)
Erosion	1	(2%)			•	,
Hyperplasia, epithelial	-				3	(6%)
Metaplasia, glandular	1	(2%)			J	\-·-/
#Forestomach	(50)		(8)		(50)	
Mineralization		(2%)	,3,		(50)	
Multiple cysts	_				1	(2%)
Inflammation, active chronic	1	(2%)			•	·-·-/
Ulcer, chronic		(2%)				
Hyperplasia, epithelial	-				1	(2%)
Hyperkeratosis	2	(4%)			-	
*Rectum	(50)		(50)		(50)	
Ulcer, NOS	(20)			(2%)	(00)	
Inflammation, acute				(2%)		

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose	
RINARY SYSTEM							
#Kidney	(50)		(50)		(50)		
Lymphocytic inflammatory infiltrate	, ,	(4%)		(76%)		(20%)	
Pyelonephritis, acute		(6%)	Jo	(1070)	10	(2070)	
Inflammation, acute		(2%)					
Inflammation, chronic		(2%)					
Nephropathy		(6%)			1	(2%)	
Hyperplasia, tubular cell	-	(78%)	49	(84%)		(80%)	
#Kidney/capsule	(50)	(10/0)	(50)	(04 /0)	(50)	(00 10)	
Mineralization	(007		(00)			(2%)	
Inflammation, chronic	1	(2%)			•	(22 /0)	
#Kidney/cortex	(50)	(270)	(50)		(50)		
Cyst, NOS	(30)			(2%)		(2%)	
Infarct, healed	1	(2%)	•	(270)	•	(270)	
Atrophy, focal		(2%)					
Metaplasia, osseous		(2%)	q	(6%)	1	(8%)	
#Kidney/tubule	(50)		(50)	(070)	(50)	(070)	
Mineralization		(60%)		(30%)		(56%)	
Dilatation, NOS		(14%)		(32%)		(26%)	
Necrosis, NOS		(26%)		(28%)		(24%)	
Cytoplasmic vacuolization		(86%)		(64%)		(52%)	
Atrophy, NOS		(4%)		(2%)	20	(02 /0)	
Hyperplasia, atypical	2	(470)	1	(270)	1	(2%)	
#Kidney/pelvis	(50)		(50)		(50)	(270)	
Hemorrhage	(50)			(2%)	(30)		
*Ureter	(50)		(50)	(270)	(50)		
Inflammation, active chronic		(2%)	(30)		(30)		
#Urinary bladder			(10)		(40)		
	(50)		(10)		(49)		
Calculus, gross observation only		(4%)		/10W\		(Oa)	
Calculus, microscopic examination		(4%)	1	(10%)		(2%)	
Lymphocytic inflammatory infiltrate		(2%)			1	(2%)	
Inflammation, active chronic	_	(4%)					
Hyperplasia, epithelial		(2%)			.=.		
*Urethra	(50)		(50)	/ 1 ~ \	(50)	(00%)	
Calculus, microscopic examination		(36%)	2	(4%)	10	(20%)	
NDOCRINE SYSTEM	. 40						
#Pituitary intermedia	(48)		(9)	(110)	(50)		
Multiple cysts				(11%)			
#Anterior pituitary	(48)		(9)	(00%)	(50)	(00)	
Cyst, NOS		(4%)	3	(33%)	3	(6%)	
Multiple cysts		(4%)			~	(AM:	
Hyperplasia, NOS		(2%)	/#^		2	(4%)	
#Adrenal/capsule	(50)		(50)	.100~:	(49)	/00~:	
Hyperplasia, NOS		(96%)		(100%)		(90%)	
#Adrenal cortex	(50)		(50)		(49)		
Cyst, NOS	2	(4%)		(0 4)	1	(2%)	
Lymphocytic inflammatory infiltrate			1	(2%)	_		
Pigmentation, NOS		(4%)				(6%)	
Hyperplasia, NOS		(18%)	12	(24%)	13	(27%)	
Angiectasis		(2%)					
#Adrenal medulla	(50)		(50)		(49)		
Hyperplasia, NOS		(12%)		(8%)		(4%)	
#Thyroid	(49)		(8)		(49)		
Cystic follicles	6	(12%)				(10%)	
Abscess, NOS						(2%)	
Atrophy, NOS						(2%)	
Hyperplasia, follicular cell	1	(2%)			9	(6%)	

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose	
ENDOCRINE SYSTEM (Continued)							
#Thyroid follicle	(49)		(8)		(49)		
Atrophy, NOS	1	(2%)			1	(2%)	
#Parathyroid	(32)		(5)		(37)		
Multiple cysts					1	(3%)	
#Pancreatic islets	(50)		(9)		(50)		
Hyperplasia, NOS		(2%)					
Hyperplasia, focal	2	(4%)	1	(11%)	2	(4%)	
REPRODUCTIVE SYSTEM							
*Bulbourethral gland	(50)		(50)		(50)		
Ectopia						(2%)	
*Prepuce	(50)		(50)		(50)		
Inflammation, acute					1	(2%)	
Inflammation, active chronic	1	(2%)	1	(2%)			
Inflammation, chronic		(2%)					
Hyperplasia, epithelial	1	(2%)					
*Preputial gland	(50)		(50)		(50)		
Mineralization	1	(2%)					
Cystic ducts			2	(4%)	3	(6%)	
Lymphocytic inflammatory infiltrate	1	(2%)					
Inflammation, suppurative	3	(6%)		(4%)	2	(4%)	
Abscess, NOS				(2%)			
Inflammation, active chronic		(8%)		(2%)		(8%)	
Inflammation, chronic		(2%)		(8%)		(6%)	
#Prostate	(49)		(12)		(48)		
Inflammation, suppurative		(2%)					
Inflammation, active chronic		(4%)					
Hyperplasia, NOS		(4%)				(2%)	
*Seminal vesicle	(50)		(50)		(50)		
Dilatation, NOS	3	(6%)		(10%)		(8%)	
Inflammation, chronic			2	(4%)		(2%)	
Hyperplasia, focal						(2%)	
#Testis	(50)		(8)		(49)		
Mineralization		(2%)			-	(2%)	
Atrophy, NOS		(10%)				(16%)	
#Testis/tubule	(50)		(8)		(49)		
Mineralization		(8%)				(10%)	
*Epididymis	(50)		(50)		(50)		
Mineralization	1	(2%)					
Granuloma, spermatic						(2%)	
*Scrotum	(50)		(50)	(0~)	(50)	/0×:	
Steatitis				(8%)	4	(8%)	
NERVOUS SYSTEM							
#Brain	(49)		(9)		(50)		
Mineralization	25	(51%)	3	(33%)		(32%)	
Hemorrhage						(4%)	
*Spinal cord	(50)		(50)		(50)	(0.00)	
Malacia					1	(2%)	
SPECIAL SENSE ORGANS						***	
*Eye/lacrimal gland	(50)		(50)		(50)		
Atrophy, NOS	1	(2%)					
*Nasolacrimal duct	(50)		(50)		(50)		
Hemorrhage	7	(14%)	1	(2%)	5	(10%)	
Lymphocytic inflammatory infiltrate			1	(2%)			
Inflammation, suppurative						(2%)	
Inflammation, acute	1	(2%)			2	(4%)	

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
MUSCULOSKELETAL SYSTEM			,			
*Maxilla	(50)		(50)		(50)	
Inflammation, suppurative	1	(2%)				
Inflammation, active chronic					2	(4%)
*Coccyx	(50)		(50)		(50)	
Abscess, NOS	1	(2%)				
*Knee joint	(50)		(50)		(50)	
Ankylosis	1	(2%)				
*Tarsal joint	(50)		(50)		(50)	
Ankylosis	16	(32%)		(26%)	7	(14%)
Inflammation, active chronic			1	(2%)		
BODY CAVITIES						
*Mediastinum	(50)		(50)		(50)	
Hemorrhage	1	(2%)	(00)		(00)	
*Pericardium	(50)	(= ,0)	(50)		(50)	
Hemorrhage	1	(2%)	(00)		(00)	
*Mesentery	(50)	(=,	(50)		(50)	
Hemorrhage	,,	•	1	(2%)	,,	
Steatitis	2	(4%)	3	(6%)	1	(2%)
ALL OTHER SYSTEMS		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
*Multiple organs	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate		(80%)	(/	(8%)		(72%)
		\ · · · ·	-	· · · · /		
Axilla			1			

^{*} Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

APPENDIX D

SUMMARY OF LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

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TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreat	ed Control	Low	Dose	High	Dose
Animals initially in study	50		50		50	
Animals necropsied	49		50		49	
Animals examined histopathologically	49		50		49	
INTEGUMENTARY SYSTEM						
*Subcutaneous tissue	(49)		(50)		(49)	
Sarcoma, NOS					1	(2%)
Fibrosarcoma	3	(6%)				
RESPIRATORY SYSTEM	·····					
#Nasal cavity	(48)		(50)		(49)	
Papilloma, NOS	1	(2%)	,		, , ,	
#Lung	(49)		(50)		(49)	
Adenocarcinoma, NOS, metastatic					1	(2%)
Hepatocellular carcinoma, metastatic	1	(2%)		(2%)	_	
Alveolar/bronchiolar adenoma	•	(90%)		(6%)	2	(4%)
Alveolar/bronchiolar carcinoma Granulosa cell carcinoma, metastatic	1	(2%)		(4 %) (2 %)		
Sarcoma, NOS, metastatic			1	(470)	1	(2%)
Hepatoblastoma, metastatic			1	(2%)	1	(4 /0)
Osteosarcoma, metastatic	1	(2%)	•	(
HEMATOPOIETIC SYSTEM	-					
*Multiple organs	(49)		(50)		(49)	
Malignant lymphoma, lymphocytic type	1	(2%)	1	(2%)		
Malignant lymphoma, histiocytic type				(2%)		(4%)
Malignant lymphoma, mixed type		(27%)		(20%)		(22%)
*Skin	(49)		(50)		(49)	
Mast cell tumor	(40)			(2%)	(40)	
#Spleen	(49)	(6%)	(50)	(6%)	(49)	
Malignant lymphoma, mixed type #Mesenteric lymph node	(47)	(0%)	(50)	(6%)	(48)	
Malignant lymphoma, mixed type	(41)		(50)			(2%)
CIRCULATORY SYSTEM		·····				
*Subcutaneous tissue	(49)		(50)		(49)	
Hemangioma			(==/			(2%)
Hemangiosarcoma		(2%)		(2%)		
#Spleen	(49)		(50)		(49)	
Hemangiosarcoma	(10)		/#A\			(2%)
#Uterus	(49)		(50)		(49)	(90)
Hemangiosarcoma					1	(2%)
DIGESTIVE SYSTEM						
#Liver	(49)	(40)	(50)		(49)	/10~
Hepatocellular adenoma	_	(4%)		(8%)		(12%)
Hepatocellular carcinoma Hepatoblastoma	3	(6%)		(4%) (2%)	1	(2%)
Osteosarcoma, metastatic	1	(2%)	1	(270)		
#Duodenum	(49)	(470)	(50)		(49)	
Adenomatous polyp, NOS	(-5)			(2%)	(-0)	

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TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control	Low Dose	High Dose
ENDOCRINE SYSTEM			
#Anterior pituitary	(49)	(50)	(49)
Adenoma, NOS	18 (37%)	18 (36%)	15 (31%)
#Adrenal medulla	(48)	(50)	(49)
Pheochromocytoma	(32)	2 (4%)	3 (6%)
#Thyroid	(49)	(50)	(49)
Adenoma, NOS	(32)	1 (2%)	1 (2%)
Follicular cell adenoma		_ ,_,,	1 (2%)
#Pancreatic islets	(48)	(50)	(49)
Islet cell carcinoma	1 (2%)	(00)	,
REPRODUCTIVE SYSTEM			
- ·	(49)	(50)	(49)
*Mammary gland		(50)	1 (2%)
Adenocarcinoma, NOS	1 (2%)		(49)
#Uterus	(49) 1 (2%)	(50)	(4 3)
Histiocytic sarcoma	1 (2%) 1 (2%)	1 (2%)	
Endometrial stromal polyp	(49)	(50)	(49)
#Cervix uteri	(43)	1 (2%)	(43)
Leiomyoma #Ovary	(49)	1 (2%) (50)	(48)
	(43)	2 (4%)	(40)
Cystadenoma, NOS Luteoma		4 (4.70)	1 (2%)
Granulosa cell tumor		1 (2%)	1 (2%)
Granulosa cell tumor Granulosa cell carcinoma		1 (2%) 2 (4 %)	1 (270)
Granulosa cell carcinoma Tubular adenoma		1 (2%)	
AND MARKET AND		······································	
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS		(F a)	(40)
*Nasolacrimal duct	(49)	(50)	(49)
Papilloma, NOS		(70.0)	1 (2%)
*Harderian gland	(49)	(50)	(49)
Adenoma, NOS		4 (8%)	1 (2%)
Sarcoma, NOS		1 (2%)	
*Ear canal	(49)	(50)	(49)
Squamous cell carcinoma		1 (2%)	
MUSCULOSKELETAL SYSTEM			
MUSCULOSKELETAL SYSTEM *Cervical vertebra other	(49)	(50)	(49)
	(49)	(50) 1 (2%)	(49)
*Cervical vertebra other	(49)		(49)
*Cervical vertebra other Osteoma BODY CAVITIES None	(49)		(49)
*Cervical vertebra other Osteoma BODY CAVITIES None	(49)		(49)
*Cervical vertebra other Osteoma BODY CAVITIES None ALL OTHER SYSTEMS	1		(49)
*Cervical vertebra other Osteoma BODY CAVITIES None ALL OTHER SYSTEMS Knee Osteosarcoma			(49)
*Cervical vertebra other Osteoma BODY CAVITIES None ALL OTHER SYSTEMS Knee Osteosarcoma ANIMAL DISPOSITION SUMMARY			50
*Cervical vertebra other Osteoma BODY CAVITIES None ALL OTHER SYSTEMS Knee Osteosarcoma ANIMAL DISPOSITION SUMMARY Animals initially in study	1 50	1 (2%)	
*Cervical vertebra other Osteoma BODY CAVITIES None ALL OTHER SYSTEMS Knee Osteosarcoma ANIMAL DISPOSITION SUMMARY	1	1 (2%)	50

TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreated Control	Low Dose	High Dose
TUMOR SUMMARY			
Total animals with primary tumors**	36	39	35
Total primary tumors	51	68	52
Total animals with benign tumors	20	30	24
Total benign tumors	22	39	32
Total animals with malignant tumors	24	21	18
Total malignant tumors	29	27	19
Total animals with secondary tumors##	2	2	2
Total secondary tumors	3	3	2
Total animals with tumors uncertain			
benign or malignant		2	1
Total uncertain tumors		2	1

^{*} Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.

** Primary tumors: all tumors except secondary tumors

Number of animals examined microscopically at this site

Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: UNTREATED CONTROL

ANIMAL NUMBER	1 2 3	1 0 7	1 0 4	1 4 1	1 0 9	1 6	1 3 9	1 3 5	1 3 8	1 2 5	1 0 1	1 0 2	1 0 3	1 0 5	1 0 6	1 0 8	1 0	1 1 1	1 2	1 3	1 1 4	1 5	1 1 7	1 8	1 1 9
WEEKS ON STUDY	0 3 4	0 7 5	0 8 4	0 9 3	0 9 6	0 9 7	0 9 8	0 0	1 0 0	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibrosarcoma Hemangiosarcoma	A	+	+ X	+	+	+	*	+	+	* X	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar carcinoma	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+
Osteosarroma, metastatic Trachea Nasai cavity Papilloma, NOS	A A	++	+	+	++	++	+	+	+	++	+	++	++	+	+	+	++	+	+	+	+	+ *	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Malignant lymphoma, mixed type	A A	++	+ +	++	+	++	+	++	+++	++	+	+	++	+	+	+	+++	+	+	++	+	+	+	+	++
Lymph nodes Thymus	A A	+	++	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver	A A	- +	++	++	++	++	++	+	_ +	++	+	+ +	++	+	++	++	++	++	++	++	++	+	++	++	++
Hepatocellular adenoma Hepatocellular carcinoma Osteosarcoma, metastatic																			X						
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine	A A A A	+ + + + + +	+++++	++-++	+++++	++++++	++++++	++++++	+++++	+ + + + + +	+++++	+++++	+++++	++++++	+++++	+++++	+++++	+ + + + + +	+++++	+++++	+++++	+ + + + + +	+ + + + + +	+++++	+ + + + + +
Large intestine URINARY SYSTEM Kidney Urinary bladder	A A A	+ + + +	+ + +	+ + + +	+++	+ + +	+ + + +	+ + +	+ + + +	+ + +	+ + +	+++	+++	+ + +	+++	+++	+ + +	+ + +	+ + +	+++	+ + +	+ + +	+ + + +	+++++	+ + + +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Thyroid Parathyroid Pancreatic islets Islet cell carcinoma	A A A A	+ + + + +	+ + + + +	+ +	+ X + + +	+ - + - +	+ + + + +	+ + + + +	+ + + - +	+ + + + +	+ X + + - +	+ + + + +	+ X + + - +	+ X + + +	+ + + + X	+ ++++	+ + + + +	+ X + + - +	+ + + + +	+ X + + +	+ + + - +	+ + + +	+ X + + +	+ + + + +	+ + + + +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	A	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Histiocytic sarcoma Endometrial stromal polyp Ovary	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM Brain	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, mixed type Knee, NOS Osteosarcoma	A A	N X	N	N X	N X	N	N X	N	N	N X	N	N X	N	N	N	N	N	N	N X	N	N	N	N	N	N

^{+:} Tissue examined microscopically
-: Required tissue not examined microscopically
X: Tumor incidence
N: Necropsy, no autolysis, no microscopic examination
S: Animal missexed

[:] No tissue information submitted
C: Necropsy, no histology due to protocol
A: Autolysis
M: Animal missing
B: No necropsy performed

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: UNTREATED CONTROL (Continued)

								(0	VII.	,,,,,,	ueu	.,														
ANIMAL NUMBER	1 2 0	1 2 1	1 2 2	1 2 4	1 2 6	$\frac{1}{2}$	1 2 8	1 2 9	1 3 0	1 3 1	1 3 2	3	1 3 4	1 3 6	1 3 7	1 4 0	1 4 2	1 4 3	1 4 4	1 4 5	1 4 6	1 4 7	1 4 8	1 4 9	1 5 0	TOTAL:
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibrosarcoma Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*49 3 1
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1 1
Osteosarcoma, metastatic Trachea Nasal cavity Papilloma, NOS	++	+	+	++	X + +	+	+	+	+	++	+	+++	++	++	++	+	++	++	+	++	++	++	++	+	++	1 49 48 1
HEMATOPOIETIC SYSTEM Bone marrow Spleen Malignant lymphoma, mixed type Lymph nodes Thymus	++ ++	++++	+ + X + +	+ + + +	+ + + + +	+ + X + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + + +	+ + + +	+ + + +	++++	+ + + +	+ + + +	+ + + +	++++	+ + + +	+ + + +	+ + X + +	+ + + +	+ + + +	49 49 3 47 47
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Osteosarcoma, metastatic Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine URINARY SYSTEM	+++++++	++ ++++++	+ + X + + + + + +	++++++++	+ + X + + + + + +	+ + + + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + + +	++ +++++	++++++++	+++++++++	+++++++	+++++++	+ + X X + + + + + + + +	++ +++++	+++++++	+++++++	+++++++	++++++++	++++++++	+++++++	++++++++	+++++++++++++++++++++++++++++++++++++++	++ ++++++	++++++++	+ + X X + + + + + +	47 49 2 3 1 49 *49 48 49 48 49
Kidney Urinary bladder	+	+	+	+	+ +	+	+	++	+	++	+	+	+	++	++	+	++	+	++	+	++	+	+	++	+	49 49
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenai Thyroid Parathyroid Pancreatic islets Islet cell carcinoma	+ X + + +	+ + + +	+ + + + +	+ X + + - +	+ X + + - +	+ + + - +	+ + + + + +	+ + + + +	+ + + + +	+ X + + - +	+ + + - +	+ + + + + +	+ X + + +	+ X + + - +	+ + + + +	+ + + + + + +	+ X + + - +	+ X + + - +	+ X + + +	+ + + - +	+ + + - +	+ + + + + +	+ X + + +	+ + + + +	+ X + + +	49 18 48 49 31 48
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Uterus Histiocytic sarroma Endometrial stromal polyp Ovary	+ + +	+ + +	+ + +	+ + +	+ +	+ + +	+ + +	+ +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + X +	+ + +	+ + +	+ + +	+ * X +	*49 1 49 1 1 49
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, mixed type Knee, NOS Osteosarcoma	N X	N	N	N	N X	N	N X	N	N	N X	N X	N	N	N	N	N X	N	N X	N X	N	N	N	N	N	N	*49 1 13

^{*} Animals necropsied

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: LOW DOSE

	STUD			1477	LII	JIA		A.	_11	J ; ;	LO	** ,	00	3L											
ANIMAL NUMBER	0 4 3	$\begin{vmatrix} 0 \\ 4 \\ 2 \end{vmatrix}$	0 3 2	0 1 5	0 3 6	0 1 0	0 3 5	0 0 1	0 2	0 0 3	0 0 4	0 0 5	0 0 6	0 0 7	0 0 8	0 0 9	0 1 1	0 1 2	0 1 3	0 1 4	0 1 6	0 1 7	0 1 8	0 1 9	0 2 0
WEEKS ON STUDY	0 5 8	0 8 5	0 9 3	0 9 9	9	1 0 1	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin	- _							_														+	+	+	
Mast cell tumor Subcutaneous tissue Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	, X	+	+	+	+	+	+	+	+	+	+	+	+	+	+ ,
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carrinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carrinoma Granulosa cell carrinoma, metastatic	+	+	+	, t	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatoblastoma, metastatic Trachea Nasal cavity	++	+	++	X + +	++	++	++	++	+	++	++	++	+	+	++	++	++	++	++	+	+	++	+	++	++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Malignant lymphoma, mixed type	++	++	++	++	+ +	+	++	++	+	+	++	+	++	++	++	++	++	+	+	+	+	++	++	+ + X	+ +
Lymph nodes Thymus	++	+	++	++	* +	++	+	+	+	+	+	+	+	+	+ +	++	+	++	+	+	+	+	+	++	++
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	++	+	+ +	+ + X	+ + X	+	+	+	+	+	++	+ + X	+ +	+ * X	+	++	++	+	+ + X	+	+++	++	++	+ +	++
Hepatoblastoma Bile duct Gallbladder & common bile duct Pancreas Esophagus	+ + + +	+ + + +	+ + + +	X + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + +	+ X +	+ + + +	+ Z + +	++++	+ + + +	+ + + +	+ + + +	++++	+++++	+ + + +	+ + + +	+ + + +	+ + +	+ + + +	+ + + +
Stomach Small intestine Adenomatous polyp, NOS Large intestine	+ + +	+ + +	+ + +	+++++++++++++++++++++++++++++++++++++++	+ + +	+ + +	+ + +	++++	+ + +	++++++	+++++++++++++++++++++++++++++++++++++++	+ +	+	+ + X +	++++	+++++	++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++	+ + +	++++	+++++++++++++++++++++++++++++++++++++++	+ + +	+++++
URINARY SYSTEM Kidney Urinary bladder	++	++	++	++	++	++	++	++	++	++	++	++	+	+	+	++	+	+	++	++	++	+	++	++	++
ENDOCRINE SYSTEM Pituitary Adenoma, NOS	+	+	+	+	+	+	+	+ X	+	+	+	+	+	÷	+ X	+	*	+	+	+	+ X	+	+	+ X	+
Adrenal Pheochromocytoma Thyroid Adenoma, NOS Parathyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland	-	_	N			<u>'</u>				_						_				+		<u>.</u>			
Adenocarcinoma, NOS Uterus Leiomyoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+
Endometrial stromal polyp Ovary Cystadenoma, NOS Granulosa cell tumor Granulosa cell carcinoma Tubular adenoma	+	+	+	*X	+	+ X	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	x X	+	X	+
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS Sarcoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N X	N X	N	N	N	N X X
Ear Squamous cell carcinoma	*X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
MUSCULOSKELETAL SYSTEM Bone Osteoma	N	N X	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N		N X		N	N	N	N	N X	N	N X

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: LOW DOSE (Continued)

								(C	OHI	tint	ieu	. ,														
ANIMAL NUMBER	0 2 1	0 2 2	0 2 3	0 2 4	0 2 5	0 2 6	0 2 7	0 2 8	0 2 9	0 3 0	0 3 1	0 3 3	0 3 4	0 3 7	0 3 8	0 3 9	0 4 0	0 4 1	0 4 4	0 4 5	0 4 6	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM Skin																			_							*50
Mast cell tumor Subcutaneous tissue Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	1 *50 1
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Granulosa cell carcinoma, metastatic Hepatoblastoma, metastatic	+	+ X	+ X	+	+	+	+	+ X	+	+	+ X	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	50 1 3 2 1
Trachea Nasal cavity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 50
HEMATOPOLETIC SYSTEM Bone marrow Spleen Malignant lymphoma, mixed type Lymph nodes Thymus	+ + + +	+ + + +	+ + + +	+ + + +	++++	+ + + +	+ + + -	+ + + +	+ + + + +	+ + + +	++++	++++	++++	+++-	++++	++++	+ * X +	++++	++++	+ + + +	++++	++++	++++	+ + + +	+ + + +	50 50 3 50 48
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hepatoblastoma	++	+	+ + X	++	+	++	+	+	++	+ +	+	+	+	+	++	+	++	++	++	+ +	++	++	+	++	+++	50 50 4 2
Bile duct Galibladder & common bile duct Pancreas Esophagus Stomach Small intestine Adenomatous polyp, NOS Large intestine	+++++++	+ + + + + + + +	+ + + + + + +	+++++++++	++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++	+++++++	+++++++++	+ + + + + + +	+++++++++++++++++++++++++++++++++++++++	+ + + + + + +	+ + + + + + +	+++++++++++++++++++++++++++++++++++++++	+++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ + + + + + +	++++++++	50 *50 50 50 49 50 1
URINARY SYSTEM Kidney Urinary bladder	++	++	++	+ +	++	++	++	++	++	+	++	+ +	++	++	+ +	++	++	++	++	++	+++	++	++	++	+	50 49
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Adenoma, NOS Parathyroid	+ X +	+ + + -	+ X +	+ + +	+ + +	+ + + +	+ X + +	+ X + +	+ + +	+ X + +	+ X + X +	+ X + +	+ + -	+ X + +	+ X + X +	+ X + +	+ + -	+ + +	+ + -	+ + +	+ X + +	+ X + +	* X + + + +	+ + +	+ + + +	50 18 50 2 50 1 30
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Uterus Leiomyoma	+	+	+ X +	+	+	+	+ X +	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	*50 2 50 1
Endometrial stromal polyp Ovary Cystadenoma, NOS Granulosa cell tumor Granulosa cell carcinoma Tubular adenoma	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+ X	+	+	+	+	+	+	+	+	50 2 1 2 1
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS Sarcoma, NOS Ear Squamous cell carcinoma	N		N N	N N	N N	N	N	N N	N			N N				N		N N	N	N	N	N		N		*50 4 1 *50
MUSCULOSKELETAL SYSTEM Bone Osteoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, histiccytic type Malignant lymphoma, mixed type	N	N	N X	N	N	N	N	N	N	N X	N	N	N X	N	N X	N	N	N	N	N	N	N	N X	N	N	*50 1 1 10

^{*} Animals necropsied

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID: HIGH DOSE

	310.		_																							
ANIMAL NUMBER		0 6 5	0 5 6	0 5 9	9	9	0 7 8	0 6 8	0 7 9	0 5 2	0 9 1	0 9 7	0 5 7	0 7 3	0 8 3	0 6 9	0 8 9	0 7 2	0 6 6	0 5 1	0 5 3	0 5 4	0 5 5	0 5 8	0 6 0	0 6 1
WEEKS ON STUDY		0 3 3	0 7 0	0 7 0	0 7 4	0 8 3	0 8 8	0 9 0	9 0	9	9	9	0 9 8	9	0	1 0 1	1 0 1	1 0 2	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Hemangioma		A	+	*X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Sarcoma, NOS, metastatic		A	+	+ X	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+
Trachea Nasal cavity		A A	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOLETIC SYSTEM Bone marrow Spleen Hemangiosarcoma Lymph nodes		A A A	++	++++	+ +	+ +	+ +	+ + +	+++	++++	+ +	+ +	+ + +	+ +	+++++	+ + +	+ + +	++++	++++	+ + +	++++	+ + +	++	++++	+ + X +	+ + +
Malignant lymphoma, mixed type Thymus		A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	X
CIRCULATORY SYSTEM Heart		A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma		A A	+	+	+	+	+	+	++	+	+	+	+ + X	+	+ + X	+	+	+	++	+	+	+	++	+	++	++
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine		A A A A A	+ + + + + + +	++++++	+ + + + + +	+++++++	+ + + + + + +	++++++	+ + + + + + + +	++++++	+++++++	+ + + + + +	+ + + + + + +	+++++++	2+Z+++++	++++++	++++++	++++++	+ + + + + +	+ + + + + +	++++++	+ + + + + +	+ + + + + +	+ + + + + + +	++++++	+ + + + + +
URINARY SYSTEM Kidney Urinary bladder		A A	+ +	++	++	++	+	++	++	+	++	++	++	+++	+	++	++	+	++	++	++	++	++	++	++	++
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Adenoma, NOS Follicular cell adenoma Parathyroid		A A A	+ + +	+ + +	+ X + +	+ + +	+ + +	+ + + +	+ + +	+ X +	+ X + +	+ + +	+ X +	+ X + +	+ + X	+ + + -	+ + X +	+ + +	+ + +	+ + + +	+ + + +	+ X +	+ + + +	+ + +	+ X + +	+ + + +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Uterus		A A	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma Ovary Luteoma Granulosa cell tumor		A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+ X	+	+	+	+	+	+
NERVOUS SYSTEM Brain		A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Lacrimal gland Papilloma, NOS Harderian gland Adenoma, NOS		A A	N N	N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N	N N	N N	N N	N N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type		A	N	N	N	N X	N X	N	N	N	N X	N X	N	N	N X	N X	N X	N X	N	N X	N X	N	N	N	N	N

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: HIGH DOSE (Continued)

								``	UIII			,														
ANIMAL NUMBER	0 6 2	0 6 3	0 6 4	0 6 7	0 7 0	0 7 1	0 7 4	0 7 5	0 7 6	0 7 7	0 8 0	0 8 1	0 8 2	0 8 4	0 8 5	0 8 6	0 8 7	0 8 8	9	0 9 2	0 9 4	0 9 5	0 9 6	9 9	1 0 0	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	0 4	1 0 4	1 0 4	1 0 4	TISSUES TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Hemangioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	*49 1 1
RESPIRATORY SYSTEM Lungs and bronch: Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Sarcoma, NOS, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	49 1 2 1
Trachea Nasal cavity	++	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	49 49
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangiosarcoma Lymph nodes	+ +	+ +	++	+ +	++	+ +	+ +	++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	++	+++	+ +	+ +	+ +	+ +	++	49 49 1 48
Malignant lymphoma, mixed type Thymus	+	~	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 47
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma	++	++	++	+++	+ +	++	+++	+	++	++	++	+ +	+++	+ + X	+ + X	+ + X	+	+ + X	++	+ +	++	+ +	++	+ + X	++	49 49 6
Hepatocellular carcinoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++++++++++	++++++	++++++	+ + + + + + +	++++++	++++++	+ + + + + + +	++++++	++++++	++++++	++++++	++++++	++++++	++++++	++++++	+ + + + + + +	++++++	++++++	+ + + + + + +	++++++	+ + + + + + + +	++++++	+ + + + + + +	++++++	+ + + + + + + +	49 *49 49 49 49 49 49
URINARY SYSTEM Kıdney Urınary bladder	++	++	++	++	++	++	++	++	++	++	++	++	++	+	++	+	++	++	++	++	+	+	++	++	++	49 49
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Adenoma, NOS Follicular cell adenoma Parathyroid	+ + +	+ + +	+ + +	+ * * +	+ X + +	+ X + +	+ X + +	+ + +	+ + +	+ + +	+ + +	+ + + +	+ X + +	+ X + +	+ X +	+ X + +	+ + +	+ X + +	+ + + +	+ + +	+ X +	+ + +	+ X + +	+ + + +	+ + + +	49 15 49 3 49 1 1
REPRODUCTIVE SYSTEM Mammary gland Adenocarctnoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*49
Uterus Hemangiosarcoma Ovary Luteoma Granulosa cell tumor	+	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1 48 1 1
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SPECIAL SENSE ORGANS Lacrimal gland Papilloma, NOS Hardenan gland Adenoma, NOS	N N	N N	N N	N N X	N N	N N	N N	N N	N	N N	N N	N N	N	N N	N N	N N	N N	N N	N N	N N	Х	N N	N N	N N	N N	*49 1 *49 1
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type	N	N	N	N	N	N	N	N	N	N	N	N X	И	N	N	N	N X	N	N X	N	N	N	N	N	N	*49 2 11

^{*} Animals necropsied

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Control	2,000 ppm	4,000 ppm
Subcutaneous Tissue: Fibrosarcoma			
Overall Rates (a)	3/49 (6%)	0/50 (0%)	0/49 (0%)
Adjusted Rates (b)	6.9%	0.0%	0.0%
Terminal Rates (c)	1/40 (3%)	0/43 (0%)	0/32 (0%)
Week of First Observation	97	0/43 (0 /0)	0/32 (0 /0)
Life Table Tests (d)	P = 0.045N	P = 0.115N	P = 0.156N
Incidental Tumor Tests (d)	P = 0.030N	P = 0.113N P = 0.153N	
		P = 0.155N	P = 0.090N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.037N	P = 0.117N	P = 0.121N
risher Exact rest(u)		F = 0.1171V	F = 0.12114
Subcutaneous Tissue: Sarcoma or Fibros	sarcoma		
Overall Rates (a)	3/49 (6%)	0/50 (0%)	1/49 (2%)
Adjusted Rates (b)	6.9%	0.0%	2.0%
Terminal Rates (c)	1/40 (3%)	0/43 (0%)	0/32 (0%)
Week of First Observation	97	-: -= \7'''	70
Life Table Tests (d)	P = 0.202N	P = 0.115N	P = 0.355N
Incidental Tumor Tests (d)	P = 0.100N	P = 0.153N	P = 0.178N
Cochran-Armitage Trend Test (d)	P = 0.175N		
Fisher Exact Test (d)	3.21021	P = 0.117N	P = 0.309N
			- 3.30011
Lung: Alveolar/Bronchiolar Adenoma			
Overall Rates (e)	0/49 (0%)	3/50 (6%)	2/49 (4%)
Adjusted Rates (b)	0.0%	7.0%	6.3%
Terminal Rates (c)	0/40 (0%)	3/43 (7%)	2/32 (6%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.143	P = 0.134	P = 0.191
Incidental Tumor Tests (d)	P = 0.143	P = 0.134	P = 0.191
Cochran-Armitage Trend Test (d)	P = 0.201		
Fisher Exact Test (d)		P = 0.125	P = 0.247
Francis Alexandre (Dec. 112-1 A.)	a		
Lung: Alveolar/Bronchiolar Adenoma or		F (FO / 100)	0/40/48
Overall Rates (e)	1/49 (2%)	5/50 (10%)	2/49 (4%)
Adjusted Rates (b)	2.5%	11.6%	6.3%
Terminal Rates (c)	1/40 (3%)	5/43 (12%)	2/32 (6%)
Week of First Observation	104	104	104
Life Table Tests (d)	P = 0.312	P = 0.120	P = 0.422
Incidental Tumor Tests (d)	P = 0.312	P = 0.120	P = 0.422
Cochran-Armitage Trend Test (d)	P = 0.412		
Fisher Exact Test (d)		P = 0.107	P = 0.500
Hamatanaiatia Sustama Malismant I	oma Mivad Toma		
Hematopoietic System: Malignant Lymph Overall Rates (a)	16/49 (33%)	19/50 (96%)	19/40/940
Adjusted Rates (b)	36.1%	13/50 (26%) 28.8%	12/49 (24%) 30.8%
•			
Terminal Rates (c)	12/40 (30%)	11/43 (26%)	6/32 (19%)
Week of First Observation	93	99 D-0.865N	83 D=0.474N
Life Table Tests (d)	P = 0.419N	P = 0.265N	P = 0.474N
Incidental Tumor Tests (d)	P = 0.209N	P = 0.341N	P = 0.229N
Cochran-Armitage Trend Test (d)	P = 0.215N	D _ 0.007N	D 0 051 M
Fisher Exact Test (d)		P = 0.307N	P = 0.251 N
Hematopoietic System: Lymphoma, All M	Ialignant		
Overall Rates (a)	17/49 (35%)	15/50 (30%)	14/49 (29%)
Adjusted Rates (b)	37,4%	32.5%	34.0%
Terminal Rates (c)	12/40 (30%)	12/43 (28%)	6/32 (19%)
Week of First Observation	75	93	83
Life Table Tests (d)	P = 0.519N	P = 0.342N	P=0.561N
Incidental Tumor Tests (d)	P = 0.319N P = 0.209N	P = 0.342N P = 0.440N	P = 0.361N P = 0.216N
Cochran-Armitage Trend Test (d)	P = 0.203N P = 0.293N	1 -0.44014	1 -0.21014
Fisher Exact Test (d)	F = 0.2931V	D = 0.200M	D=0 asovi
risher Exact rest(u)		P = 0.388N	P = 0.332N

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Control	2,000 ppm	4,000 ppm
Circulatory System: Hemangioma or Hema	ngiosarcoma		
Overall Rates (a)	1/49 (2%)	1/50 (2%)	3/49 (6%)
Adjusted Rates (b)	2.1%	2.3%	9.4%
Terminal Rates (c)	0/40 (0%)	1/43 (2%)	3/32 (9%)
Week of First Observation	84	104	104
Life Table Tests (d)	P = 0.152	P = 0.750N	P = 0.244
Incidental Tumor Tests (d)	P = 0.230	P = 0.752N	P = 0.348
Cochran-Armitage Trend Test (d)	P = 0.201	1 = 0.70217	1 0.0.10
Fisher Exact Test (d)	1 - 0.201	P = 0.748N	P = 0.309
Liver: Hepatocellular Adenoma			
Overall Rates (e)	2/49 (4%)	4/50 (8%)	6/49 (12%)
Adjusted Rates (b)	5.0%	9.3%	17.8%
Terminal Rates (c)	2/40 (5%)	4/43 (9%)	5/32 (16%)
Week of First Observation	104	104	98
Life Table Tests (d)	P = 0.050	P = 0.371	P=0.078
Incidental Tumor Tests (d)	P = 0.059	P = 0.371	P=0.091
Cochran-Armitage Trend Test (d)	P = 0.003	1 0,011	2 0.001
Fisher Exact Test (d)	1 - 0.000	P = 0.349	P = 0.134
Liver: Hepatocellular Carcinoma			
Overall Rates (e)	3/49 (6%)	2/50 (4%)	1/49 (2%)
Adjusted Rates (b)	7.5%	4.3%	2.7%
Terminal Rates (c)	3/40 (7%)	0/43 (0%)	0/32 (0%)
Week of First Observation	104	99	100
Life Table Tests (d)	P = 0.273N	P = 0.464N	P = 0.382N
Incidental Tumor Tests (d)	P = 0.194N	P = 0.541N	P = 0.334N
Cochran-Armitage Trend Test (d)	P = 0.221N		
Fisher Exact Test (d)		P=0.490N	P = 0.309N
Liver: Hepatocellular Adenoma or Carcino	ma		
Overall Rates (e)	4/49 (8%)	6/50 (12%)	7/49 (14%)
Adjusted Rates (b)	10.0%	13.2%	20.0%
Terminal Rates (c)	4/40 (10%)	4/43 (9%)	5/32 (16%)
Week of First Observation	104	99	98
Life Table Tests (d)	P = 0.127	P = 0.419	P = 0.159
Incidental Tumor Tests (d)	P = 0.181	P = 0.364	P = 0.198
Cochran-Armitage Trend Test (d)	P = 0.214		
Fisher Exact Test (d)		P = 0.383	P = 0.262
Anterior Pituitary Gland: Adenoma			
Overall Rates (e)	18/49 (37%)	18/50 (36%)	15/49 (31%)
Adjusted Rates (b)	43.8%	41.9%	39.2%
Terminal Rates (c)	17/40 (43%)	18/43 (42%)	10/32 (31%)
Week of First Observation	96	104	74
Life Table Tests (d)	P = 0.513	P = 0.476N	P = 0.555
Incidental Tumor Tests (d)	$P = 0.461 \mathrm{N}$	P = 0.492N	P = 0.467N
Cochran-Armitage Trend Test (d)	P = 0.298N		
Fisher Exact Test (d)		P = 0.553N	P = 0.335N
Adrenal Medulla: Pheochromocytoma			
Overall Rates (e)	0/48 (0%)	2/50 (4%)	3/49 (6%)
Adjusted Rates (b)	0.0%	4.7%	9.4%
Terminal Rates (c)	0/40 (0%)	2/43 (5%)	3/32 (9%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.050	P = 0.254	P = 0.085
Incidental Tumor Tests (d)	P = 0.050	P = 0.254	P = 0.085
Cochran-Armitage Trend Test (d)	P = 0.084		
Fisher Exact Test (d)		P = 0.258	

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

Ovary: Granulosa Cell Tumor or Carcinom	а		
Overall Rates (e)	0/49 (0%)	3/50 (6%)	1/48 (2%)
Adjusted Rates (b)	0.0%	6.8%	2.8%
Terminal Rates (c)	0/40 (0%)	2/43 (5%)	0/32 (0%)
Week of First Observation	0/40 (0%)	101	101
Life Table Tests (d)	D=0.294	P=0.138	P=0.474
Incidental Tumor Tests (d)	P = 0.324	P = 0.138 P = 0.111	P = 0.474 P = 0.571
	P = 0.411	P = 0.111	F=0.571
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.371	P = 0.125	P = 0.495
Ovary: Luteoma, Granulosa Cell Tumor, or	Granulosa Cell Carc	inoma	
Overall Rates (e)	0/49 (0%)	3/50 (6%)	2/48 (4%)
Adjusted Rates (b)	0.0%	6.8%	5.8%
Terminal Rates (c)	* **		3.8% 1/32 (3%)
Week of First Observation	0/40 (0%)	2/43 (5%)	
The state of the s	D-0154	101	101
Life Table Tests (d)	P = 0.154	P = 0.138	P = 0.202
Incidental Tumor Tests (d)	P = 0.213	P = 0.111	P = 0.252
Cochran-Armitage Trend Test (d)	P = 0.195		D 0 2 1 2
Fisher Exact Test (d)		P = 0.125	P = 0.242
Iarderian Gland: Adenoma			
Overall Rates (a)	0/49 (0%)	4/50 (8%)	1/49 (2%)
Adjusted Rates (b)	0.0%	9.3%	3.1%
Terminal Rates (c)	0/40 (0%)	4/43 (9%)	1/32 (3%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.312	P = 0.073	P = 0.455
Incidental Tumor Tests (d)	P = 0.312	P = 0.073	P = 0.455
Cochran-Armitage Trend Test (d)	P = 0.390		
Fisher Exact Test (d)	1 -0.000	P = 0.061	P = 0.500
All Sites: Benign Tumors			
Overall Rates (a)	20/49 (41%)	30/50 (60%)	24/49 (49%)
Adjusted Rates (b)	48.6%	65.1%	60.8%
Terminal Rates (c)			
Week of First Observation	19/40 (48%)	27/43 (63%)	17/32 (53%)
	96	85	74
Life Table Tests (d)	P = 0.048	P = 0.073	P = 0.071
Incidental Tumor Tests (d)	P = 0.116	P = 0.055	P = 0.136
Cochran-Armitage Trend Test (d)	P = 0.240	- a-··	.
Fisher Exact Test (d)		P = 0.044	P = 0.271
All Sites: Malignant Tumors	0440400	01/50/10~	10/40 (00%)
Overall Rates (a)	24/49 (49%)	21/50 (42%)	18/49 (37%)
Adjusted Rates (b)	49.8%	42.8%	41.7%
Terminal Rates (c)	16/40 (40%)	15/43 (35%)	8/32 (25%)
Week of First Observation	75	58	70
Life Table Tests (d)	P = 0.366N	P = 0.275N	P = 0.410N
Incidental Tumor Tests (d)	P = 0.035N	P = 0.391N	P = 0.044N
Cochran-Armitage Trend Test (d)	P = 0.131N		
Fisher Exact Test (d)		P = 0.310N	P=0.154N
all Sites: All Tumors			
Overall Rates (a)	36/49 (73%)	39/50 (78%)	35/49 (71%)
Adjusted Rates (b)	74.9%	78.0%	75.8%
Terminal Rates (c)	28/40 (70%)	32/43 (74%)	21/32 (66%)
Week of First Observation	75	58	70
	P=0 197	P=0.537	P=11.77/1
Life Table Tests (d)	P = 0.187 P = 0.344N	P = 0.537	P = 0.224 P = 0.400N
	P=0.187 P=0.344N P=0.454N	P = 0.537 P = 0.346	P = 0.224 P = 0.400N

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

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

(c) Observed tumor incidence in animals killed at the end of the study

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

⁽b) Kaplan-Meier estimated tumor incidences 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 tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group than in controls is indicated by (N).

TABLE D4. HISTORICAL INCIDENCE OF OVARIAN TUMORS IN FEMALE B6C3F1 MICE RECEIVING NO TREATMENT (a)

•		Incidence in Controls	<u> </u>
Study	Cystadenoma	Granulosa Cell Neoplasms	Tubular Adenoma
Historical Incidence at Physiolog	gical Research Laborator	ies	
Ephedrine sulfate	0/41	0/41	0/41
Phenylephrine hydrochloride	0/49	0/49	0/49
Erythromycin stearate	0/48	(b) 2/48	0/48
Tetracycline hydrochloride	0/48	1/48	0/48
Oxytetracycline hydrochloride	2/44	0/44	0/44
ı-Methyldopa sesquihydrate	0/47	0/47	0/47
Nitrofurazone	2/47	(c) 3/47	0/47
Nalidixic acid	0/49	0/49	0/49
TOTAL	4/373 (1.1%)	(d) 6/373 (1.6%)	0/373 (0.0%)
SD(e)	2.04%	2.46%	0.00%
Range (f)			
High	2/44	3/47	0/49
Low	0/49	0/49	0/49
Overall Historical Incidence			
TOTAL	(g) 14/1,577 (0.9%)	(h,i) 14/1,577 (0.9%)	(i) 2/1,577 (0.1%)
SD(e)	1.56%	1.63%	0.80%
Range (f)			
High	2/43	3/47	2/43
Low	0/50	0/49	0/50

⁽a) Data as of May 12, 1988, for studies of at least 104 weeks

⁽b) Includes one luteoma

⁽c) Includes two luteomas

⁽d) Includes three luteomas

⁽e) Standard deviation

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

⁽g) Includes one adenoma, NOS, one papillary adenoma, five cystadenomas, NOS, six papillary cystadenomas, NOS, and one adenocarcinoma, NOS

⁽h) Includes four luteomas and one granulosa cell carcinoma

⁽i) Two benign mixed tumors were also observed.

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Untreat	ed Control	Low	Dose	High	Dose
Animals initially in study	50		50		50	
Animals necropsied	49		50		49	
Animals examined histopathologically	49		50		49	
INTEGUMENTARY SYSTEM						
*Subcutaneous tissue	(49)		(50)		(49)	
Inflammation, active chronic	. †1	(2%)			1	(2%)
RESPIRATORY SYSTEM						
#Nasal cavity	(48)		(50)		(49)	
Hemorrhage	2	(4%)			5	(10%)
Lymphocytic inflammatory infiltrate	3	(6%)				(6%)
Inflammation, acute	1	(2%)				(2%)
Inflammation, active chronic						(2%)
Granuloma, foreign body						(2%)
#Lung	(49)		(50)	(04)	(49)	
Mineralization				(2%)		
Congestion, NOS Hemorrhage	4	(20%)		(6%)	^	(100%
Lymphocytic inflammatory infiltrate	1	(2%)	3	(6%)		(12%)
Bronchopneumonia, chronic	E	(10%)	E	(10%)		(2%) $(4%)$
Histiocytosis	3	(1070)		(2%)	2	(4:70)
UPMATODOIETIO CVCTEM	·					····
HEMATOPOIETIC SYSTEM *Multiple organs	(49)		(50)		(49)	
Leukocytosis, NOS	(49)		(50)			(2%)
Hyperplasia, lymphoid	1	(2%)				(2%)
#Bone marrow	(49)	(270)	(50)		(49)	(2/0)
Fibrosis		(39%)		(22%)		(39%)
Hyperplasia, granulocytic		(22%)		(14%)		(14%)
Hyperplasia, lymphoid				(2%)	,	. = = . • /
#Spleen	(49)		(50)	•	(49)	
Necrosis, NOS	1	(2%)	'		, _ 2 ,	
Pigmentation, NOS	41	(84%)	33	(66%)		(88%)
Angiectasis	. .	(40~)				(2%)
Hyperplasia, lymphoid		(43%)		(26%)		(45%)
Hematopoiesis #Mandibular lymph node		(88%)		(68%)		(92%)
#Mandibular lymph node Hyperplasia, lymphoid	(47)	(21%)	(50)	(10%)	(48)	(29%)
#Thoracic lymph node	(47)	(4170)	(50)	(10%)	(48)	(4 97 0)
Hyperplasia, lymphoid	(41)		(00)			(2%)
#Pancreatic lymph node	(47)		(50)		(48)	(2/0)
Congestion, NOS	(41)		(00)			(2%)
#Mesenteric lymph node	(47)		(50)		(48)	(2 /0 /
Congestion, NOS	(21)			(10%)		(8%)
Inflammation, active chronic			·			(2%)
Necrosis, NOS	1	(2%)			•	
Histiocytosis	-				1	(2%)
Hyperplasia, lymphoid	4	(9%)	4	(8%)		(15%)
#Renal lymph node	(47)		(50)		(48)	
Hyperplasia, lymphoid	1	(2%)				
#Liver	(49)		(50)		(49)	
Hematopoiesis		(67%)		(44%)	39	(80%)
#Peyer's patch	(49)		(50)		(49)	
Hyperplasia, lymphoid	9	(6%)			2	(6%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
HEMATOPOIETIC SYSTEM (Continued)					A - V	.
#Thymus	(47)		(48)		(47)	
Cyst, NOS	(-1)		(-3)			(2%)
Multiple cysts	2	(4%)				(2%)
Congestion, NOS	_		3	(6%)	_	
Hemorrhage					1	(2%)
Hyperplasia, lymphoid	2	(4%)	1	(2%)	3	(6%)
CIRCULATORY SYSTEM						
#Heart	(49)		(50)		(49)	
Mineralization	1	(2%)	2	(4%)		
Inflammation, active chronic						(2%)
Inflammation, chronic	3	(6%)	4	(8%)	5	(10%)
*Arteriole	(49)		(50)		(49)	
Mineralization	1	(2%)				
*Artery	(49)		(50)		(49)	
Mineralization			1	(2%)		
DIGESTIVE SYSTEM		 				
#Salivary gland	(47)		(50)		(49)	
Lymphocytic inflammatory infiltrate					1	(2%)
Inflammation, chronic						(4%)
Atrophy, NOS			1	(2%)	3	(6%)
#Liver	(49)		(50)		(49)	
Congestion, NOS	1	(2%)	. ,		1	(2%)
Inflammation, acute		(2%)				
Inflammation, active chronic		(2%)			1	(2%)
Peliosis hepatis	1	(2%)				
Necrosis, NOS	2	(4%)			6	(12%)
Cytoplasmic vacuolization			2	(4%)		·
Focal cellular change	2	(4%)		(4%)		
Hepatocytomegaly		(6%)		(2%)	3	(6%)
Angiectasis	ū			(2%)	J	,
#Liver/centrilobular	(49)		(50)	/	(49)	
Hepatocytomegaly	,		,,,,,			(2%)
#Liver/periportal	(49)		(50)		(49)	
Inflammation, chronic	(- 0 /			(2%)		
Metamorphosis, fatty	1	(2%)		(2%)		
*Gallbladder	(49)		(50)	. = . = .	(49)	
Multiple cysts		(2%)	(,			(2%)
#Pancreas	(48)		(50)		(49)	•
Cyst, NOS	1	(2%)	,,		- /	
Cystic ducts		(2%)				
Lymphocytic inflammatory infiltrate		(2%)				
#Pancreatic acinus	(48)		(50)		(49)	
Focal cellular change						(2%)
Atrophy, NOS	3	(6%)	3	(6%)		(2%)
Hyperplasia, NOS				(4%)		(2%)
#Gastric fundal gland	(48)		(49)		(49)	
Dilatation, NOS		(44%)		(12%)		(20%)
#Glandular stomach	(48)	•	(49)		(49)	
Mineralization		(6%)		(2%)		
Inflammation, acute		(2%)		(2%)		
Inflammation, active chronic		(4%)			1	(2%)
Inflammation, chronic		(2%)				
		(2/0)				

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
DIGESTIVE SYSTEM (Continued)						
#Forestomach	(48)		(49)		(49)	
Multiple cysts					1	(2%)
Inflammation, active chronic			1	(2%)	1	(2%)
Erosion			1	(2%)		
Hyperkeratosis					1	(2%)
Acanthosis			1	(2%)		
Dysplasia, epithelial						(6%)
#Small intestine	(49)		(50)		(49)	
Granuloma, foreign body						(2%)
#Jejunum	(49)		(50)		(49)	
Amyloidosis						(2%)
#Ileum	(49)		(50)		(49)	
Inflammation, chronic		(2%)				
Necrosis, hemorrhagic		(2%)	_		-	(0 et)
Amyloidosis	1	(2%)	2	(4%)	1	(2%)
JRINARY SYSTEM						
#Kidney	(49)		(50)		(49)	
Hydronephrosis			()			(2%)
Lymphocytic inflammatory infiltrate	1	(2%)			_	•
Glomerulonephritis, acute					1	(2%)
Inflammation, chronic			1	(2%)	2	(4%)
Inflammation, chronic focal	1	(2%)		(
Hyperplasia, tubular cell	16	(33%)	28	(56%)	24	(49%)
#Kidney/capsule	(49)	(,	(50)	((49)	,
Hemorrhage	, , ,		,,,,,			(2%)
Inflammation, active chronic						(2%)
#Kidney/cortex	(49)		(50)		(49)	,,
Cyst, NOS		(2%)	(**)		(/	
Hemorrhage		(2%)				
Infarct, healed	_	(=)			1	(2%)
Metaplasia, osseous	3	(6%)	1	(2%)		(2%)
#Perirenal tissue	(49)	(0,0)	(50)	(= /0/	(49)	(= /0 /
Inflammation, chronic		(2%)	(00)		(-0)	
#Kidney/tubule	(49)		(50)		(49)	
Mineralization		(20%)	,	(10%)		(10%)
Dilatation, NOS		(10%)		(2%)		(10%)
Cyst, NOS	ŭ	(20,0)		(2%)	ŭ	(20,0)
Degeneration, hyaline			•	(= /0 /	1	(2%)
Degeneration, hydropic						(2%)
Nephrosis, NOS						(2%)
Necrosis, NOS	3	(6%)	8	(16%)		(6%)
Pigmentation, NOS		(4%)		(2%)		(4%)
Cytoplasmic vacuolization		(90%)		(66%)		(84%)
Atrophy, NOS						(2%)
#Urinary bladder	(49)		(49)		(49)	
Metaplasia, squamous			1	(2%)		
ENDOCRINE SYSTEM						-
#Anterior pituitary	(49)		(50)		(49)	
Cyst, NOS		(2%)		(4%)		(2%)
Multiple cysts	1	(2 /0)	4	(-1 /0)		(2%)
Hyperplasia, NOS	1.4	(29%)	1.0	(32%)		(22%)
Angiectasis		(2 9%) (2%)	10	(04/0)	11	(4470)
#Adrenal/capsule	(48)	(270)	(50)		(49)	
Cyst, NOS	(40)		(50)			(2%)
Hyperplasia, NOS	40	(100%)	E٨	(100%)		(100%)
11y per prasta, 1400	48	(100%)	. 50	(10070)	49	(10070)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
ENDOCRINE SYSTEM (Continued)						
#Adrenal cortex	(48)		(50)		(49)	
Accessory structure		(4%)	(33)		(
Congestion, NOS	_	(=,			1	(2%)
Metamorphosis, fatty	1	(2%)				(2%)
Pigmentation, NOS		(90%)	22	(44%)		(84%)
Cytomegaly		(0070)		(2%)		(0)
Hyperplasia, NOS	2	(4%)		(16%)	2	(4%)
#Adrenal medulla	(48)	(470)	(50)	(10,0)	(49)	(- / - /
Hyperplasia, NOS		(2%)	(00)		(-20)	
Hyperplasia, focal		(2%)			1	(2%)
#Thyroid	(49)	(270)	(50)		(49)	(2 10)
	(43)		(50)			(2%)
Embryonal duct cyst	10	(0.40%)	-	(100/)		
Cystic follicles		(24%)	5	(10%)	5	(10%)
Lymphocytic inflammatory infiltrate		(2%)				
Inflammation, acute	1	(2%)				(40)
Inflammation, chronic	_	(100)		(0.0%)		(4%)
Hyperplasia, follicular cell		(10%)		(8%)		(14%)
#Thyroid follicle	(49)		(50)		(49)	/0 <i>c</i> \
Atrophy, NOS						(2%)
#Parathyroid	(31)		(30)		(34)	
Hyperplasia, NOS				(3%)		
#Pancreatic islets	(48)		(50)		(49)	
Hyperplasia, NOS		(2%)				
Hyperplasia, focal	3	(6%)				
REPRODUCTIVE SYSTEM						
*Mammary gland	(49)		(50)		(49)	
Multiple cysts		(14%)	,	(16%)		(27%)
Inflammation, chronic		(2%)	Ū	(10,0)		(21,0)
Hyperplasia, cystic	•	(2 /0)	1	(2%)		
#Uterus	(49)		(50)	(270)	(49)	
Hydrometra		(6%)	(00)		(40)	
Hemorrhage		(2%)			1	(2%)
Hematoma, NOS	1	(270)	1	(2%)	1	(2 /0)
			1	(270)	1	(2%)
Inflammation, acute				(0.0()	1	(270)
Angiectasis	(40)			(8%)	(40)	
#Uterus/endometrium	(49)		(50)		(49)	(40%)
Inflammation, acute		(2%)	<u>.</u> .	/100m \		(4%)
Hyperplasia, cystic		(100%)	50	(100%)	48	(98%)
Angiectasis		(2%)	/50		/40	
#Ovary	(49)	(2~)	(50)		(48)	,o~ `
Mineralization		(2%)				(2%)
Follicular cyst, NOS		(10%)	_			(4%)
Parovarian cyst	4	(8%)		(16%)	6	(13%)
Hematoma, NOS			1	(2%)		
Hemorrhagic cyst						(2%)
Abscess, NOS						(2%)
#Mesovarium	(49)		(50)		(48)	
Steatitis	1	(2%)				
#Ovary/follicle	(49)		(50)		(48)	
Multiple cysts	1	(2%)				
NERVOUS SYSTEM						···
#Brain	(49)		(50)		(49)	
	(49)			(90%)		
Compression, NOS	0.0	(70%)		(2%)		(8%)
Mineralization	38	(78%)		(66%)	21	(43%)
Hydrocephalus, internal				(2%)		
Inflammation, active chronic			1	(2%)		

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID (Continued)

	Untreat	ed Control	Low	Dose	High	Dose
SPECIAL SENSE ORGANS					·	
*Eye	(49)		(50)		(49)	
Retinopathy	(,		1	(2%)		
Phthisis bulbi			1	(2%)		
*Eye/crystalline lens	(49)		(50)		(49)	
Cataract			1	(2%)		
*Nasolacrimal duct	(49)		(50)		(49)	
Foreign body, NOS			1	(2%)		
Cyst, NOS	1	(2%)				
Hemorrhage	9	(18%)	3	(6%)		(31%)
Lymphocytic inflammatory infiltrate					1	(2%)
Inflammation, acute	1	(2%)	1	(2%)		
Hyperplasia, epithelial						(4%)
*Harderian gland	(49)		(50)		(49)	
Inflammation, chronic			1	(2%)		
MUSCULOSKELETAL SYSTEM						
*Skull	(49)		(50)		(49)	
Fibrosis			2	(4%)		
BODY CAVITIES			***			
*Mesentery	(49)		(50)		(49)	
Steatitis	2	(4%)				
ALL OTHER SYSTEMS						
*Multiple organs	(49)		(50)		(49)	
Lymphocytic inflammatory infiltrate	45	(92%)	49	(98%)	43	(88%)
SPECIAL MORPHOLOGY SUMMARY						
Autolysis/no necropsy	1				1	

^{*} Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.

Number of animals examined microscopically at this site

† Multiple occurrence of morphology in the same organ; tissue is counted once only.

APPENDIX E

SENTINEL ANIMAL PROGRAM

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APPENDIX E. SENTINEL ANIMAL PROGRAM

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 study 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 serology on sera from extra (sentinel) animals in the study rooms. These animals are untreated, and these animals and the study 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 were selected at the time of randomization and allocation of the animals to the various study groups. Five animals of each designated sentinel group were killed at 6, 12, and 18 months on study. Data from animals surviving 24 months were collected from 5/50 randomly selected control animals of each sex and species. The blood from each animal was collected and clotted, and the serum was separated. The serum was cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Service for determination of the antibody titers. The following tests were performed:

	Hemagglutination <u>Inhibition</u>	Complement <u>Fixation</u>	ELISA
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 (6,12,24 mo)	M. Ad. (mouse adenovirus) LCM (lymphocytic chorio- meningitis virus) Sendai (18 mo)	MHV (mouse hepatitis virus) M. pul. (Mycoplasma pulmonis) (24 mo)
Rats	PVM KRV (Kilham rat virus) H-1 (Toolan's H-1 virus) Sendai (6,12,24 mo)	RCV (rat coronavirus) (6,12,18 mo) Sendai (18 mo)	M. pul. (24 mo) RCV/SDA (sialodacryo- adenitis virus) (24 mo)

Results

Results are presented in Table E1.

TABLE E1. MURINE ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID (a)

	Interval (months)	Number of Animals	Positive Serologic Reaction for
RATS			
	6	2/10	RCV
	12	9/10 6/10	Sendai RCV
	18	5/9	Sendai
	24	5/10 7/10 9/10	RCV/SDA Sendai <i>M. pul.</i> (b)
MICE			
	6		None positive
	12	1/9	Sendai
	18	5/5	Sendai
	24	1/10 1/10	Sendai <i>M. pul.</i> (b)

⁽a) Blood samples were taken from sentinel animals at 6, 12, and 18 months after the start of dosing and from the control animals just before they were killed; samples were sent to Microbiological Associates (Bethesda, MD) for determination of antibody titers.

⁽b) Further evaluation of this assay indicated that it was not specific for M. pulmonis, and these results were considered to be false positive.

APPENDIX F

FEED AND COMPOUND CONSUMPTION BY RATS AND MICE IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

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TABLE F1. FEED AND COMPOUND CONSUMPTION BY MALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Control			Low Dose			High Dose	
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)
2	17	203	16	194	165	15	180	333
8	18	311	17	300	113	17	281	242
12	16	349	16	332	96	15	309	194
16	17	371	17	359	95	16	330	194
20	16	399	16	382	84	16	352	182
24	16	409	15	386	78	14	356	157
28	16	423	15	397	76	14	365	153
32	18	438	17	411	83	16	377	170
37	16	449	15	420	71	15	381	157
40	16	454	15	426	70	14	384	146
44	17	459	17	431	79	16	389	165
49	16	453	15	420	71	14	380	147
54	17	466	16	430	74	15	392	153
58	16	461	14	423	66	14	383	146
63	16	456	15	417	72	14	376	149
67	14	454	13	415	63	12	373	129
72	16	453	15	415	72	14	373	150
76	16	449	15	410	73	14	369	152
80	15	451	14	410	68	13	366	142
85	14	456	12	410	59	12	362	133
89	13	453	12	409	59	12	362	133
94	12	439	13	403	65	11	349	126
97	13	432	12	392	61	12	344	140
101	15	439	13	390	67	12	338	142
Mean	15.7	422	14.8	391	78	14.0	353	164
SD(c)	1.5		1.6		22	1.6		44
CV(d)	9.6		10.8		28.2	11.4		26.8

⁽a) Average grams of feed removed from feeder per animal per day; not corrected for scatter.
(b) Estimated milligrams of nalidixic acid consumed per day per kilogram of body weight
(c) Standard deviation

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

TABLE F2. FEED AND COMPOUND CONSUMPTION BY FEMALE RATS IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Co	ntrol		Low Dose			High Dose	
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b
2	12	145	11	139	158	11	133	331
8	12	192	11	185	119	11	172	256
12	10	205	11	202	109	10	183	219
16	11	214	10	211	95	10	191	209
20	10	224	11	220	100	10	201	199
24	10	229	9	223	81	9	201	179
28	10	236	10	228	88	9	206	175
32	12	245	11	237	93	10	212	189
37	11	254	10	243	82	10	218	183
40	11	256	10	247	81	10	220	182
44	12	260	11	254	87	11	225	196
49	11	259	11	249	88	10	219	183
54	12	276	11	261	84	11	231	190
58	12	286	11	269	82	10	235	170
63	12	293	11	276	80	10	236	169
67	10	293	10	280	71	10	237	169
72	12	300	12	291	82	11	249	177
76	13	307	12	299	80	11	255	173
80	13	313	11	305	72	9	258	140
85	12	322	11	314	70	10	266	150
89	10	324	11	320	69	10	272	147
94	11	326	11	317	69	10	269	149
97	11	322	10	314	64	10	271	148
101	11	321	11	317	69	11	271	162
Mean	11.3	267	10.8	258	86	10.2	226	185
SD(c)	1.0		0.7		20	0.6		40
CV(d)	8.8		6.5		23.3	5.9		21.€

⁽a) Average grams of feed removed from feeder per animal per day; not corrected for scatter.
(b) Estimated milligrams of nalidixic acid consumed per day per kilogram of body weight
(c) Standard deviation
(d) Coefficient of variation = (standard deviation/mean) × 100

TABLE F3. FEED AND COMPOUND CONSUMPTION BY MALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Co	ntrol		Low Dose			High Dose	
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)
3	3.5	26.9	3.6	26.6	271	3.5	26.2	534
8	3.5	29.9	3.3	29.4	224	2.4	29.0	331
14	6.0	32.4	4.1	31.7	259	4.7	30. 9	608
18	4.2	33.0	4.1	32.9	249	4.2	32.3	520
22	4.2	34.0	4.1	33.8	243	4.5	33.3	541
26	4.0	35.0	4.0	34.7	231	4.2	33.7	499
30	4.0	35.7	4.1	35.5	231	4.4	34.6	509
34	4.2	36.6	4.3	36.3	237	4.6	35.1	524
3 9	4.2	37.1	4.5	36.6	246	4.5	35.5	507
42	4.2	37.2	4.3	36.6	235	4.3	35.2	489
46	4.3	37.9	4.3	36.7	234	4.6	35.5	518
51	4.3	38.1	4.2	37.8	222	4.4	36.0	489
56	4.0	38.7	4.2	38.1	220	4.5	36.3	496
60	4.1	37.7	4.2	37.7	223	4.5	35.5	507
65	4.1	37.6	4.0	37.8	212	4.4	35.8	492
69	4.2	38.5	4.2	38.0	221	4.4	36.4	484
74	4.0	37.6	3.9	37.6	207	4.1	35.5	462
78	4.0	38.2	3.9	38.3	204	4.6	36.1	510
82	3.8	38.6	3.8	38.2	199	3.9	36.1	432
87	3.9	38.3	3.8	38.0	200	3.9	35.9	435
91	3.9	38.2	3.6	38.0	189	3.9	35.7	437
96	4.0	38.1	3.8	37.4	203	4.1	35.5	462
99	3.4	37.4	3.9	37.2	210	4.3	35.4	486
Mean	4.1	36.2	4.0	35.9	225	4.2	34.4	490
SD (c)	0.5		0.3		21	0.5		52
CV (d)	12.2		7.5		9.3	11.9		10.6

⁽a) Average grams of feed removed from feeder per animal per day; not corrected for scatter.
(b) Estimated milligrams of nalidixic acid consumed per day per kilogram of body weight
(c) Standard deviation

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

TABLE F4. FEED AND COMPOUND CONSUMPTION BY FEMALE MICE IN THE TWO-YEAR FEED STUDY OF NALIDIXIC ACID

	Control			Low Dose		High Dose			
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b)	Grams Feed/ Day (a)	Body Weight (grams)	Dose/ Day (b	
5	3.1	21.9	3.0	21.5	279	3.0	21.2	566	
11	3.3	24.7	3.2	24.5	261	3.3	24.0	550	
15	3.3	26.3	3.2	25.4	252	3.1	24.9	498	
19	3.3	28.0	3.2	26.3	243	3.3	26.1	506	
23	3.3	29.3	3.2	28.0	229	3.1	27.0	459	
27	3.1	31.3	3.1	29.7	20 9	3.1	28.2	440	
31	3.4	32.4	3.2	30.4	211	3.4	28.7	474	
36	3.3	33.1	3.3	30.8	214	3.3	29.1	454	
39	3.2	33.1	3.2	30.9	207	3.2	29.1	440	
43	3.5	34.2	3.3	31.4	210	3.3	29.8	443	
48	3.7	35.1	3. 4	31.7	215	3.4	30.2	450	
53	3.5	36.5	3.5	32.4	216	3.5	30.9	453	
57	3.7	36.8	3.5	32.7	214	3.6	31.2	462	
62	3.6	37.2	3.6	33.5	215	3.5	31.6	443	
66	3.6	36.6	3.7	33.5	221	3.5	31.4	446	
71	3.6	37.1	3.7	33.1	224	3.5	31.6	443	
75	3.9	38.7	3.8	35.5	214	3.8	33.4	455	
79	3.6	39.1	3.5	36.1	194	3.6	34.0	424	
84	3.6	39.6	3.4	36.9	184	3.5	34.2	409	
88	3.6	40.9	3.2	37.3	172	3.5	34.9	401	
93	3.9	41.0	3.9	37.9	206	3.8	34.3	443	
96	4.0	41.0	3.8	38.3	198	4.1	34.3	478	
101	4.1	42.3	3.9	39.2	199	4.0	35.1	456	
Mean	3.5	34.6	3.4	32.0	217	3.5	30.2	461	
SD(c)	0.3		0.3		24	0.3		39	
CV(d)	8.6		8.8		11.1	8.6		8.5	

⁽a) Average grams of feed removed from feeder per animal per day; not corrected for scatter.
(b) Estimated milligrams of nalidixic acid consumed per day per kilogram of body weight
(c) Standard deviation

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

APPENDIX G

INGREDIENTS, NUTRIENT COMPOSITION, AND CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Meal Diet: April 1981 to April 1983

(Manufactured by Zeigler Bros., Inc., Gardners, PA)

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TABLE G1. INGREDIENTS OF NIH 07 RAT AND MOUSE RATION (a)

Ingredients (b)	Percent by Weight
Ground #2 yellow shelled corn	24.50
Ground hard winter wheat	23.00
Soybean meal (49% protein)	12.00
Fish meal (60% protein)	10.00
Wheat middlings	10.00
Dried skim milk	5.00
Alfalfa meal (dehydrated, 17% protein)	4.00
Corn gluten meal (60% protein)	3.00
Soy oil	2.50
Dried brewer's yeast	2.00
Dry molasses	1.50
Dicalcium phosphate	1.25
Ground limestone	0.50
Salt	0.50
Premixes (vitamin and mineral)	0.25

⁽a) NCI, 1976; NIH, 1978

TABLE G2. VITAMINS AND MINERALS IN NIH 07 RAT AND MOUSE RATION (a)

	Amount	Source
Vitamins		
A	5,500,000 IU	Stabilized vitamin A palmitate or acetate
\mathbf{D}_3	4,600,000 IU	D-activated animal sterol
K ₃	2.8 g	Menadione
d-a-Tocopheryl acetate	20,000 IŬ	
Choline	560.0 g	Choline chloride
Folic acid	2.2 g	
Niacin	30.0 g	
d-Pantothenic acid	18.0 g	d-Calcium pantothenate
Riboflavin	3.4 g	•
Thiamine	10.0 g	Thiamine mononitrate
B ₁₂	4,000 µg	
Pyridoxine	1.7 g	Pyridoxine hydrochloride
Biotin	140.0 mg	d-Biotin
Minerals		
Iron	120.0 g	Iron sulfate
Manganese	60.0 g	Manganous oxide
Zinc	16.0 g	Zinc oxide
Copper	4.0 g	Copper sulfate
Iodine	1.4 g	Calcium iodate
Cobalt	0.4 g	Cobalt carbonate

⁽a) Per ton (2,000 lb) of finished product

⁽b) Ingredients ground to pass through a U.S. Standard Screen No. 16 before being mixed

TABLE G3. NUTRIENT COMPOSITION OF NIH 07 RAT AND MOUSE RATION (a)

Nutrients	Mean \pm Standard Deviation	Range	Number of Samples
Protein (percent by weight)	24.19 ± 1.07	22.4-26.3	25
Crude fat (percent by weight)	5.02 ± 0.47	4.2-6.0	25 25
Crude fiber (percent by weight)	3.37 ± 0.47	2.4-4.2	25 25
Ash (percent by weight)	6.54 ± 0.26	5.97-7.03	25 25
Amino Acids (percent of total di	et)		
Arginine	1.300	1.21-1.38	3
Cystine	0.340	0.23-0.40	3
Glycine	1.137		3
Histidine		1.06-1.20	ა ი
	0.561	0.530-0.578	3
Isoleucine	0.899	0.881-0.934	3
Leucine	1.930	1.85-1.98	3
Lysine	1.243	1.20-1.30	3
Methionine	0.329	0.306-0.368	3
Phenylalanine	0.991	0.960-1.04	3
Threonine	0.851	0.827-0.886	3
Tryptophan	0.187	0.171-0.211	3
Tyrosine	0.647	0.566-0.769	3
Valine	1.090	1.05-1.12	3
Essential Fatty Acids (percent o	f total diet)		
Linoleic	2.40	2.37-2.44	2
Linolenic	0.284	0.259-0.308	2
Vitamins			
Vitamin A (IU/kg)	$11,936 \pm 2,547$	8,900-22,000	25
Vitamin D (IU/kg)	5,220	4,140-6,300	2
a-Tocopherol (ppm)	39.1	31.1-44.0	3
Thiamine (ppm)	18.7 ± 3.20	14.0-26.0	(b) 24
Riboflavin (ppm)	7.3	6.1-8.1	3
Niacin (ppm)	82	65-97	3
Pantothenic acid (ppm)	30.2	23.0-30.5	3
Pyridoxine (ppm)	7.7	5.6-8.8	3
Folic acid (ppm)	2.5	1.8-3.4	3
Biotin (ppm)	0.27	0.21-0.32	3
Vitamin B ₁₂ (ppb)	21.2	10.6-38.0	3
Choline (ppm)	3,337	3,200-3,430	3
Minerals			
Calcium (percent)	1.22 ± 0.10	1.10-1.45	25
Phosphorus (percent)	0.96 ± 0.05	0.84-1.10	25
Potassium (percent)	0.809	0.772-0.846	2
Chloride (percent)	0.581	0.479-0.635	3
Sodium (percent)	0.307	0.258-0.349	3
Magnesium (percent)	0.165	0.151-0.177	3
Sulfur (percent)	0.292	0.270-0.290	3
Iron (ppm)	420	409-431	3
Manganese (ppm)	87.7	81.7-95.5	3
Zinc (ppm)	52.1		
		46.1-56.0	3
Copper (ppm)	11.15	8.09-15.70	3
Iodine (ppm)	2.66	1.52-3.64	3
Chromium (ppm)	1.72	1.44-1.93	3
Cobalt (ppm)	0.64	0.49 - 0.78	3

⁽a) Two or three lots of diet analyzed for nutrients reported in this table were manufactured in 1983 or 1984.(b) One lot (July 22, 1981) was not analyzed for thiamine.

TABLE G4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Contaminants	Mean ± Standard Deviation	Range	Number of Samples
Arsenic (ppm)	0.45 ± 0.11	0.21-0.65	25
Cadmium (ppm) (a)	<0.1	0.21-0.00	25
Lead (ppm)	0.95 ± 0.78	0.27-2.93	25
Mercury (ppm) (a)	< 0.05	0.21-2.30	25
Selenium (ppm)	0.28 ± 0.06	0.16-0.40	25
Aflatoxins (ppb) (a,b)	<10.0	<5.0-10.0	25
Nitrate nitrogen (ppm) (c)	9.85 ± 4.55	0.6-19.0	25
Vitrite nitrogen (ppm) (c)	1.92 ± 1.28	0.4-5.3	25
3HA (ppm) (d)	5.67 ± 5.07	1.5-20.0	25
3HT (ppm)(d)	3.35 ± 2.55	<1.0-13.0	25
Aerobic plate count (CFU/g) (e)	$121,420 \pm 94,844$	7,000-420,000	25
Coliform (MPN/g) (f)	965 ± 991	<3-2.400	25
E. coli (MPN/g) (g)	6.76 ± 7.06	<3-23	24
E. coli (MPN/g) (h)	12.64 ± 29.46	<3-150	25
Fotal nitrosamines (ppb) (i, i)	4.40 ± 3.16	1.2-12.9	24
Cotal nitrosamines (ppb) (i.k)	8.29 ± 19.41	1.2-100.3	25
V-Nitrosodimethylamine (ppb) (i,l)	3.05 ± 3.05	0.6-12.0	24 24
V-Nitrosodimethylamine (ppb) (i,m)	6.89 ± 19.42	0.6-99.0	25
V-Nitrosopyrrolidine (ppb)	1.20 ± 0.62	<0.3-2.4	25 25
Pesticides (ppm)			
a-BHC (a,n)	< 0.01		25
β-BHC (a)	< 0.02		25
y-BHC - lindane (a)	< 0.01		25
δ-BHC (a)	< 0.01		25
Heptachlor (a)	< 0.01		25
Aldrin (a)	< 0.01		25
Heptachlor epoxide (a)	< 0.01		25
DDE (o)	< 0.01	0.05 (7/14/81)	25
DDD (a)	< 0.01		25
DDT (a)	< 0.01		25
HCB(a)	< 0.01		25
Mirex (a)	< 0.01	0.40 (0/07/04) 0.0 (0/00/00)	25
Methoxychlor (p)	< 0.05	0.13 (8/25/81); 0.6 (6/29/82)	25
Dieldrin (a)	< 0.01		25
Endrin (a)	< 0.01		25
Telodrin (a)	< 0.01		25
Chlordane (a)	< 0.05		25
Toxaphene (a)	<0.1		25
Estimated PCBs (a)	< 0.2		25
Ronnel (a) Ethion (a)	<0.01 <0.02		25 25
Trithion (a)	<0.02 <0.05		25 25
Diazinon (a)	< 0.05 < 0.1		25 25
Methyl parathion (a)	<0.1		25 25
Ethyl parathion (a)	<0.02 <0.02		25 25
Malathion (g)		0.05.0.95	
Endosulfan I (a,r)	0.08 ± 0.05	0.05-0.25	25 17
	< 0.01		17
Endosulfan II (a.r)	< 0.01		17

TABLE G4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION (Continued)

- (a) All values were less than the detection limit, given in the table as the mean.
- (b) Detection limit was reduced from 10 ppb to 5 ppb after July 1981.
 (c) Source of contamination: alfalfa, grains, and fish meal
- (d) Source of contamination: soy oil and fish meal
- (e) CFU = colony-forming unit
- (f) MPN = most probable number
- (g) Mean, standard deviation, and range exclude one value of 150 MPN for the lot produced on August 26, 1982.
- (h) Mean, standard deviation, and range include the high value given in (g).
- (i) All values were corrected for percent recovery.
- (j) Mean, standard deviation, and range exclude one value of 100.3 ppb obtained for the lot produced on April 27, 1981.
- (k) Mean, standard deviation, and range include the high value given in (j).
- (1) Mean, standard deviation, and range exclude one value of 99.0 ppb obtained for the lot produced on April 27, 1981.
- (m) Mean, standard deviation, and range include the high value given in (l).
- (n) BHC = hexachlorocyclohexane or benzene hexachloride
- (o) One observation was above the detection limit. The value and date it was obtained are given under the range.
- (p) Two observations were above the detection limit. The values and dates they were obtained are given under the range.
- (q) Ten lots contained more than 0.05 ppm.
- (r) Analysis for endosulfan I, endosulfan II, and endosulfan sulfate began on December 23, 1981.

APPENDIX H

CHEMICAL CHARACTERIZATION, ANALYSIS, AND DOSE PREPARATION OF NALIDIXIC ACID FOR THE TOXICOLOGY STUDIES

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APPENDIX H. CHEMICAL CHARACTERIZATION

Procurement and Characterization of Nalidixic Acid

Nalidixic acid was obtained in one lot (lot no. H120779) from Hilton-Davis Chemical Company (Cincinnati, OH). Purity and identity analyses were conducted at Midwest Research Institute (MRI) (Kansas City, MO). MRI reports on the analyses performed in support of the nalidixic acid studies are on file at the National Institute of Environmental Health Sciences.

The study chemical was identified as nalidixic acid by infrared, ultraviolet/visible, and nuclear magnetic resonance spectra (Figures H1 and H2) were consistent with those expected for the structure and with the literature spectra (Sadtler Standard Spectra). The ultraviolet/visible spectrum was consistent with that expected for the structure of nalidixic acid and with the spectrum of a USP standard. The absorptivity of the study material at 258 nm was within National Formulary specifications when compared with a USP standard (USP, 1975).

The purity of nalidixic acid was determined by elemental analysis, Karl Fischer water analysis, potentiometric titration in pyridine solution of the carboxylic acid group with 0.1 N tetrabutylammonium hydroxide (in methanol:2-propanol, 1:9), thin-layer chromatography, and high-performance liquid chromatography. Thin-layer chromatography was performed on silica gel plates with n-butanol saturated with ammonium hydroxide (system 1) and with absolute ethanol:concentrated ammonium hydroxide (90:10) (system 2).

Visualization was with visible and 254-nm ultraviolet light and with a commercially prepared ninhydrin spray reagent (0.5% in butanol). High-performance liquid chromatography was performed with a Waters µBondapak C₁₈ column with a Whatman CO:PELL ODS guard column, a solvent system of aqueous 1% acetic acid:acetonitrile containing 1% acetic acid (70:30, isocratic), and a detection wavelength of 254 nm.

Analysis of the cumulative data indicated that the nalidixic acid study material was approximately 99% pure. Results of the elemental analysis for carbon, hydrogen, and nitrogen agreed with the theoretical values. Water content was less than 0.01%. Titration of the carboxylic acid group indicated a purity of 102% (National Formulary specifications are 98%-102%). Thin-layer chromatography by system 1 indicated one trace and two slight trace impurities; system 2 indicated one trace and one slight trace impurity; similar results were obtained using a USP standard of nalidixic acid. High-performance liquid chromatography indicated one impurity with a peak area of 0.25% relative to the major peak area. Major peak comparisons with a USP standard by high-performance liquid chromatography indicated a purity of 98.8%.

Stability studies performed by high-performance liquid chromatography, using the same system as before but with a 50:50 solvent ratio, indicated that nalidixic acid was stable as a bulk chemical when stored protected from light for 2 weeks at temperatures up to 60° C. During the 2-year studies, the bulk chemical was stored at room temperature. The study material was identified at the study laboratory by infrared spectroscopy. Confirmation of the stability of the bulk chemical during the course of the studies was obtained by nonaqueous titration of the carboxylic acid group and high-performance liquid chromatography. No notable degradation was observed during the studies.

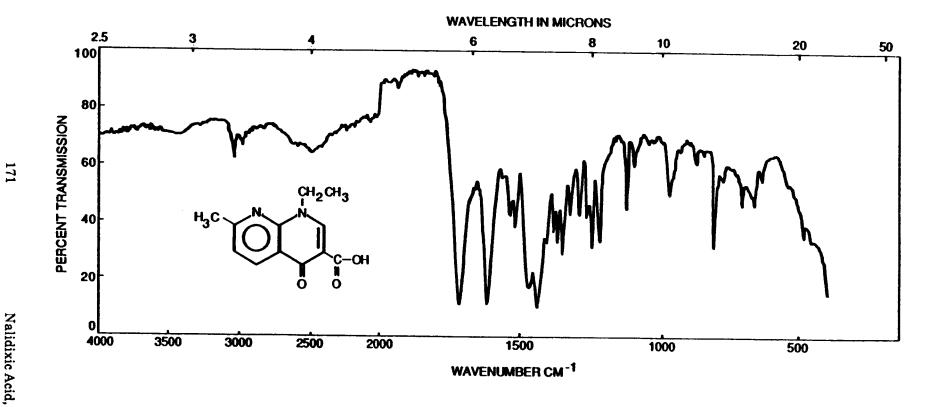


FIGURE H1. INFRARED ABSORPTION SPECTRUM OF NALIDIXIC ACID (LOT NO. H120779)

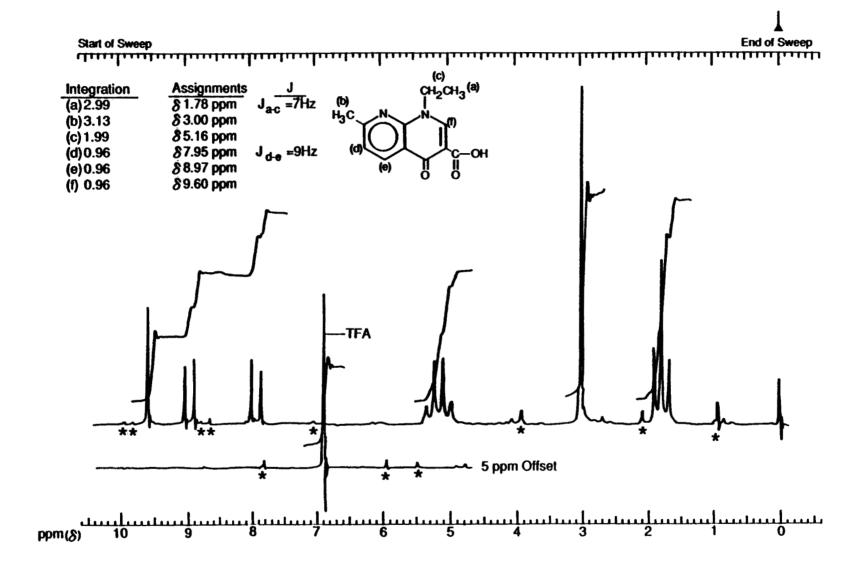


FIGURE H2. NUCLEAR MAGNETIC RESONANCE SPECTRUM OF NALIDIXIC ACID (LOT NO. H120779)

APPENDIX H. CHEMICAL CHARACTERIZATION

Preparation and Characterization of Formulated Diets

Formulated diets were prepared by adding a dry premix of feed and nalidixic acid to the appropriate amount of feed and blending for 15 minutes (Table H1). The nalidixic acid content of feed mixtures was determined by ultraviolet (at 257 nm) spectroscopy of acetonitrile extracts. The homogeneity of formulated diets containing 8,000 ppm nalidixic acid was demonstrated to be within 1% of the target concentration by the analytical chemistry laboratory and within 3% by the study laboratory in samples taken from three locations in the blender. The chemical in feed at a concentration of 8,000 ppm was shown to be stable for 2 weeks in the dark at temperatures up to 25° C. A loss of approximately 5% was demonstrated after 2 weeks' storage at 45° C. In the 13-week studies, the formulated diets were stored protected from light at room temperature and used within 11 days of formulation. In the 2-year studies, the formulated diets were stored protected from light at room temperature for no longer than 2 weeks.

Periodic analysis of formulated diets of nalidixic acid was conducted at the study laboratory and at the analytical chemistry laboratory. Feed samples were extracted with acetonitrile; the extracts were diluted to a concentration of approximately 3-5 μ g/ml, and the absorbance was read at 257 nm. Formulated diets were analyzed once at the beginning of the 13-week studies. The results ranged from 90% to 104% of the target concentrations (Table H2). During the 2-year studies, the formulated diets were analyzed at approximately 8-week intervals. Based on the number of times that concentrations were within specifications, it is estimated that the mixtures were formulated within \pm 10% of the target concentrations approximately 96% (27/28) of the time throughout the studies (Table H3). Results of referee analysis periodically performed by the analytical chemistry laboratory indicated generally good agreement with the results from the study laboratory (Table H4).

TABLE H1. PREPARATION AND STORAGE OF FORMULATED DIETS IN THE FEED STUDIES OF NALIDIXIC ACID

Thirteen-Week Studies	Two-Year Studies	
Dietary Preparation Weighed portions of nalidixic acid were transferred to a beaker and mixed by spatula with weighed portions of feed to form a premix. Premix was layered with feed in an 8-qt Patterson-Kelly Twin-Shell [®] V-blender for 5 min with and 10 min without the intensifier bar.	Same as 13-wk studies	
Maximum Storage Time 11 d	2 wk	
Storage Conditions Room temperature, protected from light and moisture	25° C in opaque plastic pails	

TABLE H2. RESULTS OF ANALYSIS OF FORMULATED DIETS IN THE THIRTEEN-WEEK FEED STUDIES OF NALIDIXIC ACID

		lidixic Acid in Feed (ppm)	Determined as a
Date Mixed	Target	Determined	Percent of Target
06/26/80	(a) 1,000	971	97.1
	(b) 1,000	973	97.3
	(c) 1,000	974	97.4
	1,000	978	97.8
	2,000	1,970	98.5
	4,000	4,000	100.0
	9,000	8,120	90.2
	(a) 16,000	16,300	101.9
	(b) 16,000	16,600	103.7
	(c) 16,000	16,200	101.2
	16,000	16,500	103.1

TABLE H3. RESULTS OF ANALYSIS OF FORMULATED DIETS IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

	Concentration of Nalidixic Acid in Feed for Target Concentration (ppm) (a)					
Date Mixed	2,000 ppm	4,000 ppm				
04/08/81	2,020	4,050				
04/29/81	1,990	4,000				
07/01/81	(b) 1,980	3,960				
08/26/81	2,000	3,950				
09/23/81	1,980	4,030				
12/23/81	1,950	3,950				
02/10/82	1,950	3,850				
04/14/82	1,980	3,970				
06/02/82	1,920	3,930				
07/07/82	1,940	4,040				
10/07/82	2,110	4,130				
10/20/82	1,960	3,770				
12/29/82	1,930	3,960				
03/23/83	(c) 1,780	4,100				
03/24/83	(d) 1,920					
Mean (ppm)	1,964	3,978				
Standard deviation	70.8	93.8				
Coefficient of variation (percent)	3.6	2.4				
Range (ppm)	1,780-2,110	3,770-4,130				
Number of samples	14	14				

⁽a) Results of duplicate analysis(b) Results of single analysis

⁽a) Sample taken from top left of blender (b) Sample taken from top right of blender

⁽c) Sample taken from bottom of blender

⁽c) Out of specifications; not used in the studies.

⁽d) Remix; not included in the mean.

TABLE H4. RESULTS OF REFEREE ANALYSIS OF FORMULATED DIETS IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

		Determined Cond	entration (ppm)
Date Mixed	Target Concentration (ppm)	Study Laboratory (a)	Referee Laboratory (b)
04/08/81	2,000	2,020	1,950
09/23/81	4,000	4,030	3,800
04/14/82	2,000	1,980	1,960
10/07/82	4,000	4,130	3,890

⁽a) Results of duplicate analysis (b) Results of triplicate analysis

APPENDIX I

GENETIC TOXICOLOGY

OF NALIDIXIC ACID

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APPENDIX I. GENETIC TOXICOLOGY

METHODS

Salmonella Protocol: Testing was performed as reported by Ames et al. (1975) with modifications listed below and described in greater detail by Zeiger et al. (1988). Chemicals were sent to the laboratories as coded aliquots from Radian Corporation (Austin, TX). The study chemical was incubated with the Salmonella typhimurium tester strains (TA97, TA98, TA100, and TA1535) either in buffer or S9 mix (metabolic activation enzymes and cofactors from Aroclor 1254-induced male Sprague Dawley rat or Syrian hamster liver) for 20 minutes at 37° C before the addition of soft agar supplemented with L-histidine and D-biotin and subsequent plating on minimal glucose agar plates. Incubation was continued for an additional 48 hours.

Chemicals were tested in four strains. All trials were repeated. Repeated trials with S9 were performed with a different concentration of S9.

Each test consisted of triplicate plates of concurrent positive and negative controls and of at least five doses of the study chemical. The high dose was limited by toxicity or solubility but did not exceed 10 mg/plate.

A positive response was defined as a reproducible, dose-related increase in histidine-independent (revertant) colonies in any one strain/activation combination. An equivocal response was defined as an increase in revertants which was not dose related, not reproducible, or of insufficient magnitude to support a determination of mutagenicity. A response was considered negative when no increase in revertant colonies was observed after chemical treatment.

Mouse Lymphoma Protocol: The experimental protocol is presented in detail by Myhr et al. (1985) and follows the basic format of Clive et al. (1979). All study chemicals were supplied as coded aliquots from Radian Corporation (Austin, TX). The highest dose of the study compound was determined by solubility or toxicity and did not exceed 5 mg/ml. Mouse L5178Y/TK lymphoma cells were maintained at 37° C as suspension cultures in Fischer's medium supplemented with 2 mM L-glutamine, 110 µg/ml sodium pyruvate, 0.05% pluronic F68, antibiotics, and heat-inactivated horse serum; normal cycling time was about 10 hours. To reduce the number of spontaneously occurring trifluorothymidine (Tft)-resistant cells, subcultures were exposed once to medium containing thymidine, hypoxanthine, methotrexate, and glycine for 1 day, to thymidine, hypoxanthine, and glycine for 1 day, and to normal medium for 3-5 days. For cloning, horse serum content was increased and Noble agar was added. Freshly prepared S9 metabolic activation factors were obtained from the liver of either Aroclor 1254-induced or noninduced male F344 rats.

All doses within an experiment, including concurrent positive and solvent controls, were replicated. Treated cultures contained 6×10^6 cells in 10 ml of medium. This volume included the S9 fraction in those experiments performed with metabolic activation. Incubation with the study chemical continued for 4 hours, after which time the medium plus chemical was removed and the cells were resuspended in 20 ml of fresh medium and incubated for an additional 2 days to express the mutant phenotype. Cell density was monitored so that log phase growth was maintained. After the 48-hour expression period, 3×10^6 cells were plated in medium and soft agar supplemented with Tft for selection of Tft-resistant cells (TK $^{+/+}$), and 600 cells were plated in nonselective medium and soft agar to determine cloning efficiency. Plates were incubated at 37° C under 5% carbon dioxide for 10-12 days. All data were evaluated statistically for both trend and peak response. Both responses had to be significant (P<0.05) for a chemical to be considered capable of inducing Tft resistance; a single significant response led to an "equivocal" conclusion, and the absence of both a trend and a peak response resulted in a "negative" call.

APPENDIX I. GENETIC TOXICOLOGY

Minimum criteria for accepting an experiment as valid and a detailed description of the statistical analysis and data evaluation are presented in Myhr et al. (1985). This assay was initially performed without S9; if a clearly positive response was not obtained, the experiment was repeated with induced S9

Chinese Hamster Ovary Cytogenetics Assays: Testing was performed as reported by Galloway et al. (1985, 1987) and is described briefly below. Chemicals were sent to the laboratories as coded aliquots from Radian Corporation (Austin, TX). Chemicals were tested in cultured Chinese hamster ovary (CHO) cells for induction of sister chromatid exchanges (SCEs) and chromosomal aberrations both in the presence and absence of Aroclor 1254-induced male Sprague Dawley rat liver S9 and cofactor mix. Cultures were handled under gold lights to prevent photolysis of bromodeoxyuridine (BrdU)-substituted DNA. Each test consisted of concurrent solvent and positive controls and of at least three doses of the study chemical; the high dose was limited by toxicity or solubility but did not exceed 5 mg/ml.

In the SCE test without S9, CHO cells were incubated for 26 hours with the study chemical in McCoy's 5A medium supplemented with 10% fetal bovine serum, L-glutamine (2 mM), and antibiotics. BrdU was added 2 hours after culture initiation. After 26 hours, the medium containing the study chemical was removed and replaced with fresh medium plus BrdU and colcemid, and incubation was continued for 2 more hours. Cells were then harvested by mitotic shake-off, fixed, and stained with Hoechst 33258 and Giemsa. In the SCE test with S9, cells were incubated with the chemical, serum-free medium, and S9 for 2 hours. The medium was then removed and replaced with medium containing BrdU and no study chemical; incubation proceeded for an additional 26 hours, with colcemid present for the final 2 hours. Harvesting and staining were the same as for cells treated without S9.

In the chromosomal aberration test without S9, cells were incubated in McCoy's 5A medium with the study chemical for 8 hours; colcemid was added, and incubation was continued for 2 hours. The cells were then harvested by mitotic shake-off, fixed, and stained with Giemsa. For the chromosomal aberration test with S9, cells were treated with the study chemical and S9 for 2 hours, after which the treatment medium was removed and the cells were incubated for 10 hours in fresh medium, with colcemid present for the final 2 hours. Cells were harvested in the same manner as for the treatment without S9.

For the SCE test, if significant chemical-induced cell cycle delay was seen, incubation time was lengthened to ensure a sufficient number of scorable cells. The harvest time for the chromosomal aberration test was based on the cell cycle information obtained in the SCE test; if cell cycle delay was anticipated, the incubation period was extended approximately 5 hours.

Cells were selected for scoring on the basis of good morphology and completeness of karyotype (21 ± 2 chromosomes). All slides were scored blind, and those from a single test were read by the same person. For the SCE test, 50 second-division metaphase cells were usually scored for frequency of SCEs per cell from each dose; 100 first-division metaphase cells were scored at each dose for the chromosomal aberration test. Classes of aberrations included simple (breaks and terminal deletions), complex (rearrangements and translocations), and other (pulverized cells, despiralized chromosomes, and cells containing 10 or more aberrations).

Statistical analyses were conducted on both the slopes of the dose-response curves and the individual dose points. An SCE frequency 20% above the concurrent solvent control value was chosen as a statistically conservative positive response. The probability of this level of difference occurring by chance at one dose point is less than 0.01; the probability for such a chance occurrence at two dose points is less than 0.001. Chromosomal aberration data are presented as percentage of cells with aberrations. As with SCEs, both the dose-response curve and individual dose points were statistically

APPENDIX I. GENETIC TOXICOLOGY

analyzed. A statistically significant (P < 0.003) trend test or a significantly increased dose point (P < 0.05) was sufficient to indicate a chemical effect.

RESULTS

Nalidixic acid did not induce gene mutation in *S. typhimurium* strains TA97, TA98, TA100, or TA1535 when tested in a preincubation protocol with doses up to 33 µg/plate in the presence or absence of Aroclor 1254-induced male Sprague Dawley rat or Syrian hamster liver S9 (Zeiger et al., 1988; Table II). Results of tests for induction of Tft resistance in mouse L5178Y/TK lymphoma cells were negative with or without Aroclor 1254-induced male F344 rat liver S9; nalidixic acid concentrations ranged from 30 to 100 µg/ml (Table I2). In cytogenetic tests with CHO cells, nalidixic acid, at concentrations up to 160 µg/ml, did not induce SCEs (Table I3) or chromosomal aberrations (Table I4) with or without liver S9 from Aroclor 1254-induced male Sprague Dawley rats. Although a slight increase in SCEs occurred in the first trial without S9, it was not repeated in a second trial, and the assay results overall were considered to be negative.

TABLE I1. MUTAGENICITY OF NALIDIXIC ACID IN SALMONELLA TYPHIMURIUM (a)

Strain	Dose (µg/plate)	•					R	everta	nts/Plat	e (b)						
			_	S9				+ S9	hamste	r)			+	S9 (rat)	
		Trial	1	Trial 2	2	109	6		30%	30	%	-	10%		30)%
TA100	0		5.5		5.1	64 ±	4.4	93	± 4.7	115 ±	7.1	8	1 ± 8	.5 10	ı ±	6.4
	0.03	83 ±	7.3		3.7							_	- -			
	0.1	89 ±	2.3		2.5	74 ±	3.2	91				-				16.6
	0.3	83 ±	7.2		3.6	85 ±	5.0	97		100 1					1 ±	
	1	89 ±	6.0		7.6	82 ±	3.8	90		133 ± 122 ±	$\frac{4.2}{5.2}$	-		.3 11 .1 12		: 4.2 : 11.8
	3.3 10	(c) 101 ±	3.3	108 ± 0).9	90 ± (c) 40 ±	3.8 7.3	103 133		135 ±	5.2 7.8	(c) 9		6.6 (c) 2		
	16.5	••				(C) 40 ±	7.0	100	J. 0.1	150 ±		(0) 5	2 ± 0).O (C) Z		. 0.7
	33									Tox	–					•
Tui-1		NT + i		NT 4 i		NT 42		T	1	Mana	:	NT.		. Na		tive
Trial sun Positive		Negati 1,242 ±		Negative $1,277 \pm 21$		Negati 920 ±			ivocal ±1 45. 7	Negat 685 ±			egative 66 ± 65	5.5 1,18		
				- S9				+ S9 (h	amster)			+ S9	(rat)		
		Trial	1	Tri	al 2	-	109			30%	_	109	6		30%	6
TA1535	0	23 ±	2.2	24 ±	0.9	1	6 ±	1.2	11	± 0.7		14 ±	1.8	13	±	0.3
	0.03	12 ±	3.4	24 ±												
	0.1	22 ±	3.2	26 ±	2.0		7 ±	0.7	12			8 ±	1.5	10		1.5
	0.3	19 ±	3.4	20 ±		_	0±	1.9	10			10 ±	2.8	13		2.2
	1	23 ±	1.9	23 ±		-	1 ±	0.7	14			12 ±	2.8	14	_	1.8
	3.3 10	(c) 15 \pm	2.0	21 ±			0 ±	$\frac{1.2}{2.4}$	11 12			11 ±	3.2	14 (c) 2	-	0.9
	10			-	-	(6)	3 ±	2.4	12	± 2.5	(() U _	0.0	(0) 2	_	0.1
Trial sun		Negati		Nega			egati			ative		Vegati		Neg		
Positive	control (d)	947 ±	2.6	1,027 ±	20.5	٤	3 ±	5.0	259	± 17.7	1	57 ±	3.2	176	Ĭ	9.2
TA97	0	97 ±	6.2	91 ±			± 0.	4.4	158	± 9.5	1	49 ±	2.1	225	±	12.2
	0.03	87 ±	2.5	87 ±							_					
	0.1		7.5	–	10.0)1 ±	5.5		± 15.6	_	49 ±	5.6			19.4
	0.3	86 ± 81 ±	4.2 3.2		: 12.0 : 3.5		5 ±	5.8 10.5	166 157		_	24 ± 29 ±	3.8 9.5	192 190		8.6 9.0
	1 3.3	_	5.2 5.9	94 ±			0 I	2.3	148		_	29 ±	2.8			12.1
	10		0.0			-	9 ±	7.0		± 14.5	-)5 ±	2.4	(c)31		
Trial sun		Nogati	•••	Nogo	+:	N		i	Nos	ative	,	Vegati		Neg	ati	ivo
	control (d)	Negati 570 ±		Nega 2,442 ±			egati 57 ±	41.6	-	± 48.8		.57 ±		697	٠.	7.4
TA98	0	20 ±	2.4	16 ±	± 0.9	•	7 ±	2.5	31	± 5.0		31 ±	5.8	34	+	1.5
	0.03	19 ±	0.6	18 ±				21.0	91	- 0.0		-	0.0	J.		
	0.1	24 ±	2.6	19 ±			26 ±	2.1	32	± 6.0		30 ±	1.8	27	±	4.7
	0.3	20 ±	2.3	18 ±			32 ±	2.8	27			31 ±	4.3	33		2.5
	1	22 ±	3.8	16 ±			28 ±	3.3	31			34 ±	7.2	35		4.7
	3.3	19 ±	1.0	16 ±	t 1.5		31 ±	3.5	27		,	37 ±	3.8	26	_	1.5
	10					(c)	6 ±	2.6	32	± 2.0	(4	e) 0 ±	0.0	(c) 6	I	1.5
Trial sun	nmary	Negati	ive	Nega	tive	N	egat	ive	Nes	gative]	Negat	ive	Neg	ati	
	control(d)			1,875 ±				53.2		± 31.7		952 ±				7.9

⁽a) Study performed at EG&G Mason Research Institute. The detailed protocol is presented by Zeiger et al. (1988). Cells and study compound or solvent (dimethyl sulfoxide) were incubated in the absence of exogenous metabolic activation (-S9) or with Aroclor 1254-induced S9 from male Syrian hamster liver or male Sprague Dawley rat liver. High dose was limited by toxicity or solubility but did not exceed 10 mg/plate; 0 µg/plate dose is the solvent control.

(b) Revertants are presented as mean ± standard error from three plates.

⁽c) Slight toxicity

⁽d) Positive control; 2-aminoanthracene was used on all strains in the presence of S9. In the absence of metabolic activation, 4-nitro-o-phenylenediamine was used with TA98, sodium azide was used with TA100 and TA1535, and 9-aminoacridine was used with TA97.

TABLE 12. INDUCTION OF TRIFLUOROTHYMIDINE RESISTANCE BY NALIDIXIC ACID IN MOUSE L5178Y LYMPHOMA CELLS (a,b)

Compound	Concentration (µg/ml)	Cloning Efficiency (percent)	Relative Total Growth (percent)	Tft-Resistant Cells	Mutant Fraction (c)
- S9					
Trial 1					
Dimethyl sulfoxide (d)		90.0 ± 3.6	100.0 ± 14.4	102.0 ± 10.7	37.8 ± 4.3
Nalidixic acid	30 40 50 (e) 60 80 100	$64.3 \pm 6.7 63.7 \pm 10.4 83.7 \pm 3.2 79.0 \pm 3.0 82.0 \pm 3.1 77.7 \pm 10.4$	$\begin{array}{c} 88.0 \pm & 5.0 \\ 101.7 \pm & 13.4 \\ 64.7 \pm & 4.1 \\ 74.0 \pm & 10.0 \\ 77.0 \pm & 2.6 \\ 99.0 \pm & 15.6 \end{array}$	$\begin{array}{cccc} 60.7 \pm & 7.5 \\ 72.7 \pm & 17.3 \\ 93.3 \pm & 2.4 \\ 93.0 \pm & 11.0 \\ 69.3 \pm & 3.2 \\ 77.0 \pm & 11.4 \end{array}$	31.3 ± 1.5 37.0 ± 3.2 37.3 ± 0.3 39.5 ± 3.5 28.3 ± 2.0 33.3 ± 3.4
Methyl methanesulfonat	te (f) 5	53.5 ± 5.5	53.0 ± 5.0	599.5 ± 44.5	(g) 372.5 ± 10.5
Trial 2					
Dimethyl sulfoxide		97.0 ± 12.7	100.0 ± 6.7	80.3 ± 18.5	29.3 ± 7.7
Nalidixic acid	30 40 50 60 80 (f) 100	$\begin{array}{cccc} 99.0 \pm & 6.2 \\ 94.7 \pm & 4.3 \\ 102.3 \pm & 8.1 \\ 96.0 \pm & 2.5 \\ 92.3 \pm & 7.2 \\ 87.0 \pm & 3.0 \end{array}$	86.7 ± 3.5 83.0 ± 22.3 94.0 ± 4.2 85.0 ± 4.9 91.7 ± 11.3 80.0 ± 2.0	$\begin{array}{c} 102.7 \pm & 5.8 \\ 120.7 \pm & 10.7 \\ 95.7 \pm & 1.3 \\ 108.3 \pm & 7.5 \\ 106.3 \pm & 9.0 \\ 96.0 \pm & 11.0 \end{array}$	34.3 ± 1.2 42.7 ± 4.3 31.7 ± 3.0 37.7 ± 1.9 38.7 ± 0.3 37.0 ± 3.0
Methyl methanesulfonat	te 5	80.7 ± 5.4	60.7 ± 1.8	471.0 ± 14.7	(g) 195.7 ± 7.2
+ S9 (h)					
Trial 1					
Dimethyl sulfoxide (d)		101.5 ± 3.5	99.8 ± 2.1	59.8 ± 8.1	19.8 ± 3.4
Nalidixic acid	30 40 50 (i) 60 80 (f) 100	$ \begin{array}{rrrr} 104.7 \pm & 4.5 \\ 96.3 \pm & 7.4 \\ 95.7 \pm & 10.5 \\ 113 \\ 107.7 \pm & 5.8 \\ 103.0 \pm & 3.0 \\ \end{array} $	$\begin{array}{cccc} 88.0 \pm & 4.6 \\ 82.3 \pm & 4.9 \\ 79.7 \pm & 5.8 \\ 69 \\ 87.3 \pm & 5.2 \\ 80.0 \pm & 3.0 \end{array}$	$\begin{array}{c} 59.3 \pm 11.6 \\ 53.0 \pm 3.5 \\ 48.0 \pm 12.2 \\ 68 \\ 88.7 \pm 4.7 \\ 75.0 \pm 10.0 \end{array}$	$\begin{array}{cccc} 19.0 \pm & 4.6 \\ 19.0 \pm & 3.0 \\ 16.3 \pm & 3.4 \\ 20 \\ 27.7 \pm & 1.3 \\ 24.0 \pm & 4.0 \end{array}$
Methylcholanthrene	2.5	49.0 ± 8.7	17.0 ± 5.0	575.3 ± 27.2	$(g) 409.0 \pm 53.0$
Trial 2					
Dimethyl sulfoxide (f)		104.5 ± 0.5	100.0 ± 8.0	75.5 ± 8.5	24.0 ± 3.0
Nalidixic acid	30 40 50 (f) 60 80 (f) 100	$ \begin{array}{r} 100.0 \pm & 2.5 \\ 97.0 \pm & 9.1 \\ 94.7 \pm & 6.8 \\ 109.5 \pm & 4.5 \\ 104.0 \pm & 6.7 \\ 105.5 \pm & 5.5 \\ \end{array} $	84.3 ± 2.4 88.3 ± 3.2 102.5 ± 3.5	$\begin{array}{c} 85.7 \pm 10.8 \\ 78.7 \pm 15.6 \\ 102.0 \pm 25.9 \\ 89.0 \pm 4.0 \\ 72.7 \pm 5.5 \\ 73.0 \pm 8.0 \end{array}$	$\begin{array}{cccc} 28.7 \pm & 4.1 \\ 27.3 \pm & 5.8 \\ 35.3 \pm & 6.7 \\ 27.0 \pm & 0.0 \\ 23.3 \pm & 0.3 \\ 23.0 \pm & 1.0 \end{array}$
Methylcholanthrene	2.5	59.0 ± 4.7	13.3 ± 0.3	771.3 ± 22.3	(g) 440.3 ± 30.2

TABLE 12. INDUCTION OF TRIFLUOROTHYMIDINE RESISTANCE BY NALIDIXIC ACID IN MOUSE L5178Y LYMPHOMA CELLS (Continued)

(a) Study performed at Litton Bionetics, Inc. The experimental protocol is presented in detail by Myhr et al. (1985) and follows the basic format of Clive et al. (1979). The highest dose of study compound is determined by solubility or toxicity and may not exceed 5 mg/ml. All doses are tested in triplicate, unless otherwise noted; the average for the tests is presented in the table. Cells $(6 \times 10^5/\text{ml})$ were treated for 4 hours at 37° C in medium, washed, resuspended in medium, and incubated for 48 hours at 37° C. After expression, 3×10^6 cells were plated in medium and soft agar supplemented with trifluorothymidine (Tft) for selection of Tft-resistant cells, and 600 cells were plated in nonselective medium and soft agar to determine the cloning efficiency.

(b) Mean \pm standard error from replicate trials of approximately 1×10^6 cells each. All data are evaluated statistically for both trend and peak response (P<0.05 for at least one of the three highest dose sets). Both responses must be significantly (P<0.05) positive for a chemical to be considered capable of inducing Tft resistance. If only one of these responses is significant, the call is "equivocal"; the absence of both trend and peak response results in a "negative" call.

(c) Mutant fraction (frequency) is a ratio of the Tft-resistant cells to the cloning efficiency, divided by 3 (to arrive at MF per 1×10^6 cells treated); MF = mutant fraction.

(d) Data presented are for four tests.

(e) Data presented are for two tests; the dose in one test was lethal.

(f) Data presented are for two tests.

(g) Significant positive response; occurs when the relative mutant fraction (average MF of treated culture/average MF of solvent control) is greater than or equal to 1.6.

(h) Tests conducted with metabolic activation were performed as described in (a) except that S9, prepared from the liver of Aroclor 1254-induced F344 rats, was added at the same time as the study chemical and/or solvent (dimethyl sulfoxide).

(i) Data presented are for one test.

TABLE 13. INDUCTION OF SISTER CHROMATID EXCHANGES IN CHINESE HAMSTER OVARY CELLS BY NALIDIXIC ACID (a)

Compound	Dose (µg/ml)	Total Cells	No. of Chromo- somes	No. of SCEs	SCEs/ Chromo- some	SCEs/ Cell	Hours in BrdU	Relative SCEs/Cell (percent) (b)
-S9 (c)								
Trial 1Summary: Weak	ly positive							
Dimethyl sulfoxide		50	1,044	410	0.39	8.2	27.5	
Nalidixic acid	5 16 50 160	50 50 50 50	1,039 1,039 1,041 1,042	431 488 426 502	0.41 0.47 0.41 0.48	8.6 9.8 8.5 10.0	27.5 27.5 27.5 27.5	104.9 119.5 103.7 122.0
Mitomycin C	0 0.001	50 10	1,045 208	539 164	0.52 0.79	10.8 16.4	27.5 27.5	131.7 200.0
Trial 2Summary: Nega	tive							
Dimethyl sulfoxide		50	1,048	450	0.43	9.0	26.5	
Nalidixic acid	50 75 100 150	50 50 50 50	1,048 1,049 1,049 1,047	476 512 501 509	0.45 0.49 0.48 0.49	9.5 10.2 10.0 10.2	26.5 26.5 26.5 26.5	105.6 113.3 111.1 113.3
Mitomycin C	0 0.01	50 10	1,052 210	644 580	$0.61 \\ 2.76$	12.9 58.0	26.5 26.5	143.3 644.4
+ S9 (d)								
Trial 1Summary: Nega	tive							
Dimethyl sulfoxide		50	1,050	467	0.44	9.3	26.0	
Nalidixic acid	5 16 50 160	50 50 50 50	1,051 1,053 1,051 1,050	458 423 437 505	0.44 0.40 0.42 0.48	9.2 8.5 8.7 10.1	26.0 26.0 26.0 26.0	98.9 91.4 93.5 108.6
Cyclophosphamide	$\begin{array}{c} 0.3 \\ 2 \end{array}$	50 10	1,044 210	607 381	0.58 1.81	12.1 38.1	26.0 26.0	130.1 409.7
Trial 2Summary: Nega	tive							
Dimethyl sulfoxide		50	1,048	418	0.4	8.4	26.0	
Nalidixic acid	50 75 100 150	50 50 50 50	1,046 1,049 1,049 1,046	425 434 404 396	0.41 0.41 0.39 0.38	8.5 8.7 8.1 7.9	26.0 26.0 26.0 26.0	101.2 103.6 96.4 94.0
Cyclophosphamide	$_{2}^{0.3}$	50 10	1,050 209	605 414	0.58 1.98	$12.1 \\ 41.4$	26.0 26.0	144.0 492.9

TABLE 13. INDUCTION OF SISTER CHROMATID EXCHANGES IN CHINESE HAMSTER OVARY CELLS BY NALIDIXIC ACID (Continued)

(a) Study performed at Environmental Health Research and Testing, Inc. SCE = sister chromatid exchange; BrdU = bromodeoxyuridine. A detailed description of the SCE protocol is presented by Galloway et al. (1985). Briefly, Chinese hamster ovary cells were incubated with study compound or solvent (dimethyl sulfoxide) as described in (c) and (d) below and cultured for sufficient time to reach second metaphase division. Cells were then collected by mitotic shake-off, fixed, air dried, and stained.

(b) SCEs/cell of culture exposed to study chemical relative to those of culture exposed to solvent

(d) In the presence of S9, cells were incubated with study compound or solvent for 2 hours at 37°C. Cells were then washed, and medium containing BrdU was added. Cells were incubated for a further 26 hours, with colcemid present for the final 2-3 hours. S9 was from the liver of Aroclor 1254-induced male Sprague Dawley rats.

⁽c) In the absence of S9, Chinese hamster ovary cells were incubated with study compound or solvent for 2 hours at 37° C. Then BrdU was added, and incubation was continued for 24 hours. Cells were washed, fresh medium containing BrdU and colcemid was added, and incubation was continued for 2-3 hours.

TABLE 14. INDUCTION OF CHROMOSOMAL ABERRATIONS IN CHINESE HAMSTER OVARY CELLS BY NALIDIXIC ACID (a)

			-S9(b)			+ S9 (c)				
-	Dose (µg/ml)	Total Cells	No. of Abs	Abs/ Cell	Percent Cells with Abs	Dose (µg/ml)	Total Cells	No. of Abs	Abs/ Cell	Percent Cells with Abs
Harves	t time: 12	hours				Harvest time: 12.5	hours			
Dim	ethyl sulfo	xide				Dimethyl sulfox	ide			
		100	0	0.00	0.0	·	100	1	0.01	1.0
Nali	idixic acid					Nalidixic acid				
	5	100	0	0.00	0.0	5	100	1	0.01	1.0
	16	100	2	0.02	2.0	16	100	0	0.00	0.0
	50	100	2	0.02	2.0	50	100	0	0.00	0.0
	160	100	1	0.01	1.0	160	100	1	0.01	1.0
s	Summary:	Negative				Summary: N	legative			
Mita	omycin C					Cyclophospham	ide			
	0.25	100	23	0.23	17.0	15	100	42	0.42	29.0
	1	50	35	0.70	40.0	50	50	52	1.04	54.0

⁽a) Study performed at Environmental Health Research and Testing, Inc.; Abs = aberrations. A detailed presentation of the technique for detecting chromosomal aberrations is found in Galloway et al. (1985). Briefly, Chinese hamster ovary cells were incubated with study compound or solvent (dimethyl sulfoxide) as indicated in (b) and (c). Cells were arrested in first metaphase by addition of colcemid and harvested by mitotic shake-off, fixed, and stained in 6% Giemsa.

(b) In the absence of S9, cells were incubated with study compound or solvent for 8-10 hours at 37° C. Cells were then washed,

and fresh medium containing colcemid was added for an additional 2-3 hours followed by harvest.

⁽c) In the presence of S9, cells were incubated with study compound or solvent for 2 hours at 37°C. Cells were then washed, medium was added, and incubation was continued for 8-10 hours. Colcemid was added for the last 2-3 hours of incubation before harvest. S9 was from the liver of Aroclor 1254-induced male Sprague Dawley rats.

APPENDIX J

RETINAL DEGENERATION AND CATARACTS AND CAGE POSITION FOR RATS IN THE TWO-YEAR FEED STUDIES OF NALIDIXIC ACID

2,000 ppm	4 (2.0)	5 (3.2)	5 (3.2)	3 (2.2)	5 (3.2)
2,000 ppm	4 (1.4)	3 (0.6)	5 (2.8)	2 (1.0)	5 (1.8)
4,000 ppm	5 (3.2)	4 (1.6)	5 (3.0)	4 (2.4)	5 (2.4)
4,000 ppm	5 (2.8)	5 (2.8)	5 (3.0)	(3.0)	5 (2.2)
Control	1 (0.8)	0	0	0	0
Control	1 (0.2)	0	2 (1.6)	0	0

FIGURE J1. INCIDENCE OF RETINAL DEGENERATION BY CAGE POSITION IN MALE RATS FED NALIDIXIC ACID FOR TWO YEARS

2,000 ppm	2 (1.0)	3 (0.6)	3 (1.0)	1 (0.2)	3 (1.2)
2,000 ppm	3 (0.6)	2 (0.4)	3 (0.8)	1 (0.2)	2 (0.4)
4,000 ppm	4 (1.8)	2 (0.6)	5 (1.4)	4 (1.0)	5 (1.6)
4,000 ppm	(1.0)	4 (1.0)	4 (1.0)	4 (1.5)	2 (0.4)
Control	1 (0.6)	2 (0.6)	1 (0.2)	0	2 (0.6)
Control	1 (0.2)	1 (0.2)	2 (1.0)	1 (0.5)	0

FIGURE J2. INCIDENCE OF CATARACTS BY CAGE POSITION IN MALE RATS FED NALIDIXIC ACID FOR TWO YEARS

2,000 ppm	4 (3.0)	5 (3.1)	3 (2.7)	5 (3.1)	5 (2.8)
2,000 ppm	5 (2.0)	3 (1.4)	3 (1.2)	4 (1.4)	3 (1.2)
4,000 ppm	3 (1.0)	5 (2.6)	5 (2.8)	5 (3.0)	5 (2.8)
4,000 ppm	4 (2.2)	5 (2.0)	4 (2.4)	5 (2.8)	5 (2.8)
Control	0	0	0	0	0
Control	0	0	1 (0.2)	0	1 (0.5)

FIGURE J3. INCIDENCE OF RETINAL DEGENERATION BY CAGE POSITION IN FEMALE RATS FED NALIDIXIC ACID FOR TWO YEARS

2,000 ppm	2 (0.4)	2 (0.8)	2 (1.0)	5 (1.4)	4 (1.0)
2,000 ppm	0	1 (0.2)	1 (0.4)	0	1 (0.2)
4,000 ppm	0	3 (1.6)	0	2 (0.8)	2 (1.2)
4,000 ppm	2 (0.8)	0	1 (0.4)	2 (0.8)	2 (0.4)
Control	0	0	0	0	0
Control	0	0	0	0	0

FIGURE J4. INCIDENCE OF CATARACTS BY CAGE POSITION IN FEMALE RATS FED NALIDIXIC ACID FOR TWO YEARS

APPENDIX K

AUDIT SUMMARY

APPENDIX K. AUDIT SUMMARY

The pathology specimens, experimental data, study documents, and draft of NTP Technical Report No. 368 for the 2-year studies of nalidixic acid in rats and mice were audited for the National Institute of Environmental Health Sciences (NIEHS) at the National Toxicology Program (NTP) Archives by Integrated Laboratory Systems. The audit included review of:

- (1) All records concerning animal receipt, quarantine, randomization, and disposition prior to study start.
- (2) All inlife records including protocol, correspondence, animal husbandry, environmental conditions, dosing, external masses, mortality, animal identification, and serology for 2-year study animals.
- (3) Body weight, feed consumption, and clinical observation data; all data were scanned before individual data for a random 10% sample of animals in each study group were reviewed in detail.
- (4) All chemistry records.
- (5) All postmortem records for individual animals concerning date of death, disposition code, condition code, tissue accountability, correlation of masses or clinical signs recorded at or near the last inlife observation with gross observations and microscopic diagnoses, and correlation between gross observations and microscopic diagnoses.
- (6) All wet tissue bags for inventory and wet tissues from a random 20% sample of 2-year study animals in each group, plus other relevant cases, to evaluate the integrity of identity for individual animals and to examine for untrimmed potential lesions.
- (7) Blocks and slides of tissues from a random 20% sample of 2-year study animals in each group, plus animals with less than complete or correct identification, to examine for proper match and inventory.
- (8) Necropsy record forms for data entry errors and all microscopic diagnoses for a random 20% sample of animals, plus all redlined diagnoses on the preliminary pathology tables, to verify incorporation of changes into the final pathology tables.
- (9) The extent of correlation between the data, factual information, and procedures for the 2-year studies as presented in the draft Technical Report and the study records available at the NTP Archives.

Procedures and events for the exposure phase of the studies were documented adequately by the archival records, with the exception that some or all of the records for balance calibration, animal quarantine, disposition of surplus rats and mice, rack changes, feed inventory, dose preparation and use, and ultraviolet spectra from dose mixture analyses were not available at the Archives. Review of data for the entire exposure phase indicated that the protocol procedures for animal care were followed adequately during the course of the studies. Although dose mixture preparation and use records were not available, records for formulation schedule, dose analysis, and feed consumption indicated that animals were dosed. Recalculation of approximately 10% of the group mean body weight and feed consumption values showed all to be correct. All of the external masses observed inlife in rats and mice correlated with necropsy observations. The disposition code and date of death recorded at necropsy for each unscheduled-death animal (136 rats and 87 mice) had matching entries in the inlife records.

Individual animal identifiers (punched ears and clipped toes) were present and correct in the residual tissue bags for 56/64 rats and 37/61 mice examined. Review of the entire data trail for the 8 rats and 24 mice with less than complete and correct identifiers indicated that the integrity of individual animal identity had been maintained. No untrimmed potential lesions were found in the wet tissues of 61 mice examined, whereas 14 lesions were found in 14/64 rats examined; none involved target organs. Intestinal segments were not completely opened for 4/64 rats and 19/61 mice; however, no potential lesions were evident by external examination. All gross observations made at necropsy were correlated with microscopic diagnoses, except for three that involved nontarget organs of three rats.

APPENDIX K. AUDIT SUMMARY

Tissue blocks and slides matched each other properly. All post-Pathology Working Group changes in diagnoses had been incorporated into the final pathology tables.

Full details about these and other audit findings are presented in audit reports that are on file at NIEHS.

NATIONAL TOXICOLOGY PROGRAM TECHNICAL REPORTS PRINTED AS OF SEPTEMBER 1989

TR No	. CHEMICAL	TR No.	CHEMICAL
201	2,3,7,8-Tetrachlorodibenzo-p-dioxin (Dermal)	287	Dimethyl Hydrogen Phosphite
206	Dibromochloropropane		1,3-Butadiene
207	Cytembena		Benzene
	FD & C Yellow No. 6	291	Isophorone
209	2,3,7,8-Tetrachlorodibenzo-p-dioxin (Gavage)		HC Blue No. 2
210	1,2-Dibromoethane (Inhalation)		Chlorinated Trisodium Phosphate
211	C.I. Acid Orange 10	295	Chrysotile Asbestos (Rats)
212	Di(2-ethylhexyl)adipate	296	Tetrakis(hydroxymethyl)phosphonium Sulfate and Tetrakis(hydroxymethyl)phosphonium Chloride
213	Butylbenzyl Phthalate	298	Dimethyl Morpholinophosphoramidate
$\begin{array}{c} 214 \\ 215 \end{array}$	Caprolactam Bisphenol A		C.I. Disperse Blue 1
216	11-Aminoundecanoic Acid		3-Chloro-2-methylpropene
217	Di(2-ethylhexyl)phthalate		o-Phenylphenol
219	2,6-Dichloro-p-phenylenediamine		4-Vinylcyclohexene
220	C.I. Acid Red 14	304	Chlorendic Acid
221	Locust Bean Gum	305	Chlorinated Paraffins (C ₂₃ , 43% chlorine)
222	C.I. Disperse Yellow 3		Dichloromethane
223	Eugenol	307	Ephedrine Sulfate
224	Tara Gum	308	Chlorinated Paraffins (C ₁₂ , 60% chlorine)
225	D & C Red No. 9		Decabromodiphenyl Oxide
226	C.I. Solvent Yellow 14	310	Marine Diesel Fuel and JP-5 Navy Fuel
227	Gum Arabic	311	Tetrachloroethylene (Inhalation)
229	Guar Gum	312	n-Butyl Chloride
	Agar	314	Methyl Methacrylate
231	Stannous Chloride	315	Oxytetracycline Hydrochloride
233	2-Biphenylamine Hydrochloride	$\frac{316}{317}$	1-Chloro-2-methylpropene Chlorpheniramine Maleate
234 235	Allyl Isothiocyanate Zearalenone	318	Ampicillin Trihydrate
236	D-Mannitol	319	1,4-Dichlorobenzene
238	Ziram	320	Rotenone
239	Bis(2-chloro-1-methylethyl)ether	321	Bromodichloromethane
240	Propyl Gallate	322	Phenylephrine Hydrochloride
242	Diallyl Phthalate (Mice)	323	Dimethyl Methylphosphonate
244	Polybrominated Biphenyl Mixture	324	Boric Acid
245	Melamine	325	Pentachloronitrobenzene
247	L-Ascorbic Acid	326	Ethylene Oxide
248	4,4'-Methylenedianiline Dihydrochloride	327	Xylenes (Mixed)
249	Amosite Asbestos	328	Methyl Carbamate
250	Benzyl Acetate	329	1,2-Epoxybutane
251	Toluene Diisocyanate	330	4-Hexylresorcinol
252	Geranyl Acetate	331	Malonaldehyde, Sodium Salt
253	Allyl Isovalerate	332	Mercaptobenzothiazole
255	1,2-Dichlorobenzene	333 334	N-Phenyl-2-naphthylamine 2-Amino-5-nitrophenol
257	Diglycidyl Resorcinol Ether	335	C.I. Acid Orange 3
259	Ethyl Acrylate	336	Penicillin VK
261	Chlorobenzene 1,2-Dichloropropane	337	Nitrofurazone
263 266	Monuron	338	Erythromycin Stearate
267	Propylene Oxide	339	2-Amino-4-nitrophenol
269	Telone II®	343	Benzyl Alcohol
271	HC Blue No. 1	344	Tetracycline Hydrochloride
272	Propylene	345	Roxarsone
273	Trichloroethylene (Four strains of rats)	348	a-Methyldopa Sesquihydrate
274	Tris(2-ethylhexyl)phosphate	349	Pentachlorophenol
275	2-Chloroethanol	350	Tribromomethane
276	8-Hydroxyquinoline	353	2,4-Dichlorophenol
280	Crocidolite Asbestos	356	Furosemide
281	HC Red No. 3	357	Hydrochlorothiazide
282	Chlorodibromomethane	358 359	Ochratoxin A 8-Methoxypsoralen
$\frac{284}{285}$	Diallylphthalate (Rats) C.I. Basic Red 9 Monohydrochloride	361	Hexachloroethane
200	O.I. Dasic fied a Mononyarochioride	301	

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