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> BIOASSAYS OF NITRILOTRIACETIC ACID (NTA) AND NITRILOTRIACETIC ACID, TRISODIUM SALT, MONOHYDRATE (Na3NTA•H2O) FOR POSSIBLE CARCINOGENICITY

CAS No. 139-13-9 (NTA) CAS No. 18662-53-8 (Na<sub>3</sub>NTA•H<sub>2</sub>O)

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### Carcinogenesis Program, Division of Cancer Cause and Prevention National Cancer Institute

CONTRIBUTORS: This report presents the results of carcinogen bioassays of nitrilotriacetic acid and nitrilotriacetic acid, trisodium salt, monohydrate conducted by the Carcinogen Bioassay and Program Resources Branch, Carcinogenesis Program, Division of Cancer Cause and Prevention, National Cancer Institute (NCI), Bethesda, Maryland. The bioassays were conducted at the Stanford Research Institute, Menlo Park, California, and Litton Bionetics, Inc., Kensington, Maryland, initially under direct contract to the NCI and currently under a subcontract to Tracor Jitco, Inc., prime contractor for the NCI carcinogen bioassay program.

For the work performed at the Stanford Research Institute (SRI)<sup>1</sup>, the experimental design, including doses, was determined by collaborative efforts of individuals at NCI (Dr. R. R. Bates<sup>1,8</sup>), the University of California Medical School (Dr. R. M.  $Elashoff^2$ ), and SRI (Dr. D. C. L. Jones<sup>1</sup>, Dr. D. P. Sasmore<sup>1</sup>, Dr. C. W. Newell<sup>1</sup>, and Mr. W. E.  $Davis^1$ ). The principal investigator for the contract was Dr. D. C. L. Jones; chemical analyses were performed by Dr. R. Spanggord<sup>1</sup>; the technical supervisor of animal treatment, observation, and data handling was Mr. W. E. Davis<sup>1</sup>; necropsy and tissue fixation were supervised by Dr. D. P. Sasmore<sup>1</sup>. Microscopic preparation and histopathologic examination were performed by Dr. W. M. Busey<sup>3</sup> and Dr. V. J. Rosen<sup>4</sup>, and the diagnoses included in this report represent the interpretation of these pathologists. Dr. R. A. Squire<sup>9</sup> reviewed all diagnoses of tumors of the urinary tract and concurred with the overall pathologic evaluation of the SRI study.

At Litton Bionetics, Inc.<sup>6</sup>, the principal investigators for the contract were Dr. B. M. Ulland<sup>5</sup> and Dr. F. M. Garner<sup>6</sup>. The

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In studies at both laboratories, compilation of individual animal survival and summary tables was performed by EG&G Mason Research Institute<sup>7</sup>. Pathology tables were compiled by the different research laboratories<sup>1,3,6</sup>. Statistical analyses were performed by Dr. R. M. Elashoff<sup>2</sup>.

The results of this study were reviewed and this report was prepared at Tracor Jitco. Those responsible for the report at Tracor Jitco<sup>10</sup> were the toxicologist, Dr. J. F. Robens; the technical editor, Dr. E. W. Gunberg; and the technical writers, Ms. L. A. Waitz, Mr. W. D. Reichardt, and Dr. G. L. Miller. The final report was reviewed by Dr. Elashoff and members of the participating organizations<sup>1,6,9,10</sup>.

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iv

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V

### SUMMARY

Bioassays for the carcinogenicity of nitrilotriacetic acid, trisodium salt, monohydrate (Na3NTA·H20) were conducted at Stanford Research Institute (SRI), using Fischer 344 rats, and at Litton Bionetics, Inc. (LBI), using both Fischer 344 rats, and Similar bioassays, using rats and mice, were B6C3Fl mice. conducted at LBI on the free acid, nitrilotriacetic acid (NTA). Each chemical was mixed in respective diets and administered ad The Na3NTA·H<sub>2</sub>0 was tested in rats at SRI at 200, 2,000, libitum. and 20,000 ppm for a 24-month period. It was also tested in rats at LBI at 7,500 and 15,000 ppm and in mice at 2.500 and 5,000 ppm using 18-month feeding periods for both species. The NTA was tested in rats and mice at LBI at 7,500 and 15,000 ppm for the 18-month period. The numbers of animals used in tests at SRI were 24 of each sex for each dose group and for the controls; at LBI, 50 of each sex for each dose group and 20 of each sex for Since equimolar quantities of Na3NTA·H2O and NTA the controls. were not used, given concentrations of Na3NTA·H20 represented 30% less NTA than did equal concentrations of the free acid.

Average weights attained by high-dose groups of rats and mice were consistently lower than those of control groups. Less difference was observed with the low-dose groups. Survival, however, was not decreased by the compounds administered, except in rats given 20,000 ppm Na<sub>3</sub>NTA  $H_2O$ .

Lesions of the urinary tract were found in most treated groups of both rats and mice. They were characterized, especially in the high-dose groups, by primary tumors of epithelial origin. These tumors were particularly significant since they were not found in the urinary tract of the control mice and only rarely occur spontaneously in the strains of animals on test. Lesions of the urinary tract were also characterized by hydronephrosis and/or nephritis in high-dose rats and by nephritis in both high- and low-dose mice.

Statistical evidence of the carcinogenicity of  $Na_3NTA \cdot H_20$  and NTA was provided by incidences of tumors at different sites in the urinary tract. For example, among animals given 20,000 ppm

Na3NTA·H20 at SRI, tumors of the kidney occurred in male (treated, 9/24; untreated, 0/24; P = 0.001) and female (treated, 4/24; untreated, 0/24; P = 0.054) rats; tumors of the ureter, in male (treated, 8/24; untreated, 0/24; P = 0.002) and female (treated, 6/24; untreated, 0/24; P = 0.011) rats; and tumors of the bladder, in female rats (treated, 5/24; untreated, 0/22; P = 0.031). Similarly, among animals given 15,000 ppm NTA at LBI, tumors of the bladder occurred in female rats (treated, 12/48; untreated, 0/18; P = 0.014) and tumors of the kidney occurred in male mice (treated, 24/44; untreated, 0/20; P < 0.001). Additional tests at LBI, using 15,000 and 7,500 ppm Na3NTA·H20 and 7,500 ppm NTA in male and female rats, 15,000 ppm NTA in female mice, and 7,500 ppm NTA in male mice, also induced tumors of the urinary tract, but in numbers too low to be statistically significant. Metastatic tumors, appearing to have arisen from primary tumors of the urinary tract, were found in 5/24 male and 5/24 female rats given 20,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O at SRI and in one male rat given 15, 000 ppm NTA at LBI; none were found in rats given lower doses or in mice.

Thus, NTA and  $NA_3NTA \cdot H_20$  were shown to be carcinogenic to the urinary tracts of both rats and mice at the higher doses tested. Lower doses, as delineated in this report, did not induce significant numbers of such lesions.

viii

# TABLE OF CONTENTS

I.	Int	roduction 1
II.		erials and Methods - Stanford Research Institute I)
	A. B. C. D. E. F. G.	Chemical
III.		ults — Stanford Research Institute — NTA·H <sub>2</sub> 0 — Rats 11
	A. B. C. D.	Body Weights and Clinical Signs11Survival11Pathology14Statistical Analyses of Results17
IV.		erials and Methods - Litton Bionetics, Inc. I)
	A. B. C. D. E. F. G.	Chemicals.27Dietary Preparation.27Animals.28Animal Maintenance.29Subchronic Study and Design of Chronic Study.30Clinical and Pathologic Examinations.31Data Recording and Statistical Analyses.33
v.	Resu	lts - Litton Bionetics, Inc NTA
	Α.	Rats (NTA)
		<ol> <li>Body Weights and Clinical Signs</li></ol>

## Page

B. Mice (NTA)

		2. 3.	Body Weights and Clinical Signs Survival Pathology Statistical Analyses of Results	48 51
VI.			- Litton Bionetics, Inc 20	57
	A.	Rats	$(Na_3NTA \cdot H_20)$	
		2. 3.	Body Weights and Clinical Signs Survival Pathology Statistical Analyses of Results (Rats)	57 60
	В.	Mice	$(Na_3NTA \cdot H_20)$	
		2. 3.	Body Weights and Clinical Signs Survival Pathology Statistical Analyses of Results (Mice)	68 68
VII.	Di	scuss	ion	75
VIII	. Bi	bliog	raphy	83
			APPENDIXES	
Аррет	ndíx	A	Summary of the Incidence of Neoplasms and Other Proliferative Lesions in Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet (Stanford Research Institute)	85
Τŧ	able	A1	Male Rats	87
Τŧ	able	A2	Female Rats	90
Apper	ndix	В	Summary of the Incidence of Neoplasms and Other Proliferative Lesions in Rats and Mice Fed NTA	
			(Litton Bionetics, Inc.)	93
Ta	able	B1	Male Rats	95

Table H	B2	Female Rats	98
Table H	B3	Male Mice	101
Table H	B4	Female Mice	103
Appendix (	C	Summary of the Incidence of Neoplasms and Other Proliferative Lesions in Rats and Mice Fed Na <sub>3</sub> NTA·H <sub>2</sub> O (Litton Bionetics, Inc.)	105
Table (	C1	Male Rats	107
Table (	C2	Female Rats	110
Table (	03	Male Mice	113
Table (	C4	Female Mice	116
Appendix I	D	Summary of the Incidence of Nonneoplastic Lesions in Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> 0 in the Diet (Standford Research Institute)	119
Table DI	L	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet	121
Table D2	2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet	126
Appendix E	E	Summary of the Incidence of Nonneoplastic Lesions in Rats and Mice Fed NTA in in the Diet (Litton Bionetics, Inc.)	131
Table El	1	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Fed NTA in the Diet	133
Table E2	2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Fed NTA in the Diet	142
Table E3	3	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Fed NTA in the Diet	152

xi

Table E4	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Fed NTA
	in the Diet 159
Appendix F	Summary of the Incidence of Nonneoplastic Lesions in Rats and Mice Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet (Litton Bionetics, Inc.) 167
Table Fl	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet
Table F2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet 174
Table F3	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet179
Table F4	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Fed Na <sub>3</sub> NTA·H <sub>2</sub> O in the Diet 182
	TABLES
	ge Schedule for Chronic Study of FA·H <sub>2</sub> 0: SRI
Carc	stases of Urinary Tract Transitonal-cell inomas in Rats Treated with 20,000 ppm FA·H <sub>2</sub> 0
	dence of Tumors in Male Rats Na <sub>3</sub> NTA·H <sub>2</sub> 0) 18
	dence of Tumors in Female Rats Na <sub>3</sub> NTA·H <sub>2</sub> 0) 22

- Table 7 Incidence of Tumors in Female Rats (Litton NTA). 44

xii

Table 8	Incidence of Tumors in Male Mice (Litton NTA)	55
Table 9	Incidence of Tumors in Female Mice (Litton NTA).	56
Table 10	Incidence of Tumors in Male Rats (Litton – Na <sub>3</sub> NTA·H <sub>2</sub> 0)	65
Table ll	Incidence of Tumors in Female Rats (Litton - Na <sub>3</sub> NTA·H <sub>2</sub> 0)	66
Table 12	Incidence of Tumors in Male Mice (Litton - Na <sub>3</sub> NTA·H <sub>2</sub> 0)	71
Table 13	Incidence of Tumors in Female Mice (Litton - Na <sub>3</sub> NTA·H <sub>2</sub> 0)	74
Table 14	Summary of Primary Epithelial Neoplasms of the Urinary Tract - Rats	76
Table 15	Summary of Primary Epithelial Neoplasms of the Urinary Tract - Mice	77
	FIGURES	
Figure l	Growth Curves for Rats, Na <sub>3</sub> NTA·H <sub>2</sub> 0 Stanford Study	12
Figure 2	Survival Curves for Rats, Na <sub>3</sub> NTA·H <sub>2</sub> O Stanford Study	13
Figure 3	Growth Curves for Rats, NTA - Litton Study	36
Figure 4	Survival Curves for Rats, NTA - Litton Study	37
Figure 5	Growth Curves for Mice, NTA - Litton Study	49

.

Figure	10	Survival Curves	for Mice,	Na <sub>3</sub> NTA·H <sub>2</sub> 0 -	
		Litton Study	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	69

xiv

Nitrilotriacetic acid (NTA) is a synthetic amino-polycarboxylic acid chelating agent used chiefly as a replacement for phosphates in detergents. NTA sequesters magnesium and calcium ions present in hard water, which would normally inhibit the activity of detergent surfactants. In December, 1970, the detergent industry voluntarily suspended such applications of NTA in the United States, following an unpublished government report indicating that the compound was teratogenic (Chernoff and Courtney, 1970). During that year the annual production of NTA was 150 million pounds. of which 86-92% was used in detergents. Major nondetergent uses, for which NTA is still being produced, include water treatment, textile treatment, metal plating and cleaning, and pulp and paper processing. To a lesser extent, NTA is used in leather tanning, photographic development, synthetic rubber production, the manufacture of pharmaceuticals, agriculture (in herbicide formulations and micronutrient solutions), and in the separation of rare-earth elements (Cureton, 1967). It has been predicted that water-soluble chelates that survive biodegradation in sewage treatment plants and natural water would be present in domestic water supplies at an average concentration of less than 25 parts per billion (Thayer and Kensler, 1973). This estimate was obtained under conditions of actual use of NTA-containing

detergents prior to 1972 and does not represent current exposure.

The trisodium salt of NTA (Na<sub>3</sub>NTA·H<sub>2</sub>O), the form used in detergents, and NTA itself were both selected for testing in the carcinogenesis bioassay program because toxicological evidence of the incidence of tumors in rats administered NTA was inconclusive (Saffiotti et al., unpublished ms.) and the exposure potential to these compounds was significant. The bioassay of Na<sub>3</sub>NTA·H<sub>2</sub>O was conducted in rats at Stanford Research Institute (SRI); bioassays of both Na<sub>3</sub>NTA·H<sub>2</sub>O and NTA were conducted at Litton Bionetics, Inc. (LBI). The combined results of these bioassays are summarized in this report.

### A. Chemical

The test chemical in the SRI bioassay was nitrilotriacetic acid, trisodium salt, monohydrate:  $N(CH_2CO_2Na)_3 \cdot H_2O$ . It was obtained from Hampshire Chemical Division of W. R. Grace and Co., Nashua, New Hampshire. The identity and purity of all batches used in the bioassay were checked at SRI by elemental analysis (C,H,N) and infrared and nuclear magnetic resonance spectrometry. No impurities were detected. Elemental composition in all cases matched the theoretical within normal error limits. Spectra were as expected for this structure.

### B. Dosage Preparation and Analyses

Na<sub>3</sub>NTA·H<sub>2</sub>O was administered by mixing the compound in the feed (Lowfat Lab Chow, Ralston Purina Co.). A stock mixture containing 40,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O was prepared every 2 weeks by premixing the compound and the feed, adding corn oil as a dust suppressant, and then mixing by machine. Every 2 weeks diets fed to the animals were diluted from the stock mixture with control diet containing corn oil and stored in covered plastic food containers at room temperature until use. The concentration of corn oil in

the feed was 3%. The corn oil was purchased from the Staley Manufacturing Company (Orange, California).

To check the concentration of test chemical in each stock mixture immediately prior to preparation of the fed diets, SRI used the method developed by Chau & Fox (1971) involving extraction, purification, conversion to the tripropyl ester, and quantitation by gas-liquid chromotography. All batches of stock mixture were within the  $\pm 4,000$  ppm ( $\pm 10\%$ ) tolerance limits of the theoretical (40,000 ppm). Dosage mixtures that were stored for 2 weeks at room temperature in a rat feeder showed no change in concentration of the test chemical.

### C. Animals

Fischer 344 rats (Simonsen Laboratory; Gilroy, California) of both sexes were used in these tests. Upon arrival at the laboratory, all animals were observed, weighed, and quarantined for 2 weeks. Following quarantine, all males gained less than 25 g, females gaining less than 15 g, and all sickly animals were culled. The remaining animals were assigned to the test and control groups in the following manner: they were assigned one per cage until all cages were occupied; this procedure was repeated until cages contained three animals. Cages were numbered and assigned to test using computer-generated randomization tables.

### D. Animal Maintenance

All animals were housed in temperature- and humidity-controlled Incoming air was filtered at a rate of 10 changes of room rooms. Fluorescent lighting was provided on a 12-hourair per hour. per-day cycle. The rats were housed in polycarbonate cages equipped with a disposable filter top of random-woven polyester Clean cages with autoclaved bedding (Iso-Dri<sup>®</sup> hardwood fiber. manufactured by Becton, chips, Dickinson, and Carworth. Warrensburg, New York), were provided twice each week.

The chemical-feed mixture was supplied once per week in hopper-type feeders that were kept filled during one week and replaced the next. Water, which was softened, filtered, and sterilized with ultraviolet light, was supplied automatically to each cage. All diets and water were consumed <u>ad libitum</u>. Neither cages nor racks were routinely rotated. The animals were housed in a room in which N-nitroso-N-pentyl-l-pentamine, N-methyl-N'-nitro-N-nitrosoguanidine, and 4-(butylnitrosoamino)l-butanol were also tested.

## E. Subchronic Study and Design of Chronic Study

The study with  $Na_3NTA \cdot H_20$  at SRI was part of a larger investigation of the effects of combinations of chemicals on

their carcinogenicity. For this reason, the design of this study varied from that of bioassays conducted at other laboratories.

To estimate the maximum tolerated dose for the chronic study, a preliminary toxicity study was conducted in which Na<sub>3</sub>NTA·H<sub>2</sub>O was administered in feed for 8 weeks at four doses to 15 animals of each sex. At 20,000 ppm, the highest dose administered, there was a weight decrement of approximately 10% in males and 0% in females at 8 weeks. No mortality occurred and no other signs of toxicity were apparent. Since Na<sub>3</sub>NTA·H<sub>2</sub>O was thus determined to be relatively nontoxic, and since doses suitable for the chronic study were also based on predicted effects of combinations of 200, 2,000 and 20,000 ppm were selected for the Na<sub>3</sub>NTA·H<sub>2</sub>O. These were administered throughout the chronic study (table 1). Rats were started on the test at 53 + 2 days of age.

		Concentrat	ion in Feed	Treatment
Species	No./Sex	(ppm)	(mM <sup>a</sup> /kg)	Period (wks)
Fischer 344	24/M & 24/F	0	0	104
Rat	24/M & 24/F	200	0.7	104
	24/M & 24/F	2,000	7	104
	24/M & 24/F	20,000	70	104

Table 1. Dosage Schedule for Chronic Study of Na<sub>3</sub>NTA·H<sub>2</sub>O: SRI

The control animals were obtained from the same source as the  $Na_3NTA \cdot H_2O$ -treated animals, given identical animal care, housed in the same room, and administered the same quantity of corn oil in the feed.

### F. Clinical and Pathologic Examinations

All animals were observed daily for deaths and for clinical signs. They were weighed individually at the start and every 2 weeks for the initial 12 weeks of the study and every 4 weeks thereafter. They were also palpated for masses at each weighing. Those animals appearing moribund at the time of clinical examination were killed and necropsied.

The pathologic evaluation consisted of gross and microscopic examination of all major tissues, organs, or gross lesions. The following tissues and organs were taken from killed animals and, where feasible, from animals found dead: all gross lesions, skin, mammary gland, mandibular lymph node, salivary gland, sternal marrow, costochondral rib, thymus, lung, heart, trachea, esophagus, thyroid, parathyroid, stomach, cecum, colon, ileum, jejunum, duodenum, pancreas, spleen, mesenteric lymph node, liver, bladder, prostate, testes, ovaries, uterus, pituitary, kidneys, adrenals, and brain. Tissues were preserved in 10% buffered formalin, embedded in paraffin, sectioned, routinely stained with hematoxylin and eosin, and examined histopathologically. An occasional section was subjected to special staining techniques for more definitive diagnosis.

A few tissues were not examined for some animals, particularly for those that showed early deaths. Also, some animals were missing, cannibalized, or judged to be in such an advanced state of autolysis as to preclude histopathologic interpretation. Thus, the number of animals for which particular organs, tissues, or lesions were examined microscopically, varies and does not necessarily represent the number of animals that were placed on experiment in each group.

### G. Data Recording and Statistical Analyses

Pertinent data for this experiment have been recorded in an automatic data processing system, the Carcinogen Bioassay Data System (Linhart et al., 1974). The data elements include descriptive information on the chemicals, animals, experimental design, clinical observations, survival, animal weight, and individual pathologic results, as recommended by the International Union Against Cancer (Berenblum, 1969). Data tables were generated for verification of data transcription and for statistical review.

Survivorship analyses were made in the form of graphs for males and females using the Kaplan-Meier techniques (1958). On each graph survivorship curves were computed for each dose group and the controls. The Thomas-Breslow-Gart program (1976) was used to obtain these curves. Significance tests to compare survivorship curves for the different dose groups were carried out using the Cox (1972) and Tarone (1975) methods.

(1) For the incidence of tumor-bearing animals, (a) each dose group was compared with the controls using Fisher-Irwin one-tailed tests, (b) the departure from the linear-trend statistic was calculated (Cochran, 1954), (c) when the departure statistic P value was greater than 0.10, the Cox (1970) test for significance of linear trend was carried out, and (d) exact two-sided 95% confidence intervals for the odds ratio (Gart, 1970) were given when the result in (a) had a P value less than 10% (values of the odds ratio larger than 1 imply that the treated group has a higher incidence of tumors than the controls). These analyses were run on the incidence of tumors using computer programs developed at the University of California and at NCI (Thomas, 1975; Thomas et al., 1976). In precise terms, the incidence of total tumors for males is equal to the proportion of animals with at least one tumor (excluding benign testicular tumors) among the number of animals autopsied and histologically examined. The incidence of tumors for females is

defined in the same way, except that benign uterine tumors are excluded.

(2) For several sites, systems, and histology, the same analyses were carried out as those reported in (1) above. For example, analyses of the incidence of urinary-tract tumors were done where the incidence of urinary-tract tumors equaled the number of animals with at least one primary urinary-tract tumor among the animals autopsied and histologically examined. Sites or systems, or histologic types with no tumors or very few tumors, are not reported but were statistically analyzed.

#### A. Body Weights and Clinical Signs

High-dose animals (20,000 ppm), when compared with the controls, exhibited a weight decrement of approximately 12% for males and 10% for females (figure 1). They had no clinical signs beyond those of normal aging except for enlarged and/or hard kidneys, first noted by palpation between weeks 60 and 64. By week 68, 13/22 males and 2/23 females had these renal abnormalities. High-dose animals that died before termination were generally weak, emaciated, and anemic, and had a history of the enlarged and/or hard kidneys. No unusual signs were noted, however, in the other groups. The mean survival time for the males fed 20,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O in the diet was 92 weeks, compared with the other groups, in which the mean was not reached before termination at 104 weeks.

### B. Survival

Figure 2 shows the estimated probabilities of survival of the rats in this experiment. In the males, there was a statistically significant difference (P < 0.001) among the four groups (three dose groups and one control). The high-dose group had earlier deaths than the other dose groups. Although 75% of the high-dose



Figure 1. Growth Curves for Rats,  $Na_3NTA \cdot H_2O$  - Stanford Study



Figure 2. Survival Curves for Rats,  $Na_3NTA \cdot H_2O$  - Stanford Study

group died before termination of the study, only one death occurred in the first year, and 12/24 (50%) of this group were alive for over 90 weeks. The survival curves of the female groups are comparable with each other.

### C. Pathology

Histopathologic findings are tabulated in Appendix A, tables A1-A2, covering neoplasms and other proliferative lesions, and in Appendix D, tables D1-D2, covering nonneoplastic lesions.

Almost all lesions of interest occurred in the 24 male and 24 female rats that had received 20,000 ppm of Na<sub>3</sub>NTA·H<sub>2</sub>O. Primary neoplasms of the urinary tract were seen in 14 high-dose males, 11 of which died before 104 weeks. Similar neoplasms were also observed in 13 high-dose females; 4 of these were among the 7 animals that died before 104 weeks. The neoplasms of the urinary tract consisted of transitional-cell carcinomas, tubular-cell carcinomas, and tubular-cell adenomas of the kidney and transitional-cell carcinomas of the ureter and urinary bladder. Of these neoplasms, the earliest observed was a transitional-cell carcinoma of the ureter in a female rat; this animal died during week 42 of the study. A papilloma of the bladder was also present in a mid-dose female.

The transitional-cell carcinomas seen in the ureter and urinary

bladder were generally characterized by sheets of proliferating neoplastic transitional-epithelial cells which invaded the basement membrane submucosa and muscular walls. Evidence of vascular invasion was present in some rats, and in a few animals there was penetration to the serosal surface of the urinary bladder and ureter. In these rats, there was a seeding of neoplastic transitional cells to the other organs of the abdominal cavity. In some instances, small foci or nests of neoplastic transitional-epithelial cells were present in the submucosa and muscular wall of the ureter. In a few animals, the transitional-cell carcinomas presented in а papillary configuration with projections of proliferating transitionalepithelial cells and their attendant stroma into the lumen of the urinary bladder.

The tubular-cell adenomas were characterized by encapsulated masses of proliferating tubules, which were generally welldifferentiated. Evidence of compression was present in the surrounding normal kidney tubules. The tubular-cell carcinomas were less differentiated and consisted of anaplastic tubular epithelial cells, which appeared to be infiltrating the surrounding kidney tissue. Numerous mitotic figures were present.

Metastatic transitional-cell carcinomas were seen in five

high-dose males and five high-dose females. They appeared in the lung, lymph node, pancreas, adrenal gland, and seminal vesicle. The frequency of appearance at the different sites is shown in table 2.

Table 2. Metastases of Urinary Tract Transitional-Cell Tumors in Rats Treated with 20,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O

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Organ	Male	(24)	%	Female	(24)	%
annannering faunt indernations, hanna an an air agus an ga ana saor ao da dao daodar de	New works the set	ntar aarna 2000-000 40	a. an an an an	harden darada itar idar dari daritir ita	sala adar namina dasada.	
Lung		4	17		5	21
Lymph Node		2	8		1	4
Pancreas		2	8		0	0
Adrenal Gland		1	4		0	0
Seminal Vesicle		1	4		0	0
Total animals with lesi	on	5	21		5	21

The incidence of other primary neoplasms in these rats was low, with the exception of interstitial-cell tumors of the testes in most of the males. Such an occurrence is not uncommon for this strain of rat.

In most high-dose rats of both sexes, the kidneys were moderately to markedly affected by a nephritis and/or hydronephrosis. These microscopic alterations were characterized by varying degrees of glomerulosclerosis, interstitial fibrosis, tubular dilatation, protein in the lumen of the tubules, and regenerative epithelium.

In several of the urinary bladders, ureters, and renal pelves where there were no neoplasms, there was, however, some degree of transitional-epithelial dysplasia and hyperplasia.

The incidence of primary neoplasms of the urinary tract in these high-dose rats was high, whereas primary neoplasms of the urinary tract of the rat have, in general, an extremely low incidence. It can only be assumed, therefore, that the administration of 20,000 ppm of  $Na_3NTA \cdot H_2O$  was responsible for this marked increase in urinary-tract neoplasia.

### D. Statistical Analyses of Results

Of the 144 treated and 48 control rats entered into the study, all were examined histopathologically except one that was autolyzed. Tables 3 and 4 contain the analyses of the incidence of tumors in both males and females as defined in (1) and (2) of the preceding section. The results in table 3 suggest the following conclusions for males: The incidence of total tumors (excluding testicular tumors) was higher in the high-dose group than in the controls. The principal cause of the elevated incidence was the occurrence of primary tumors of the urinary tract of the transitional-cell type. Within the urinary tract, the sites of action were the kidney and the ureter. The endocrine system showed increased incidences of tumors in the lowand mid-dose groups relative to the controls.

Table 3. Incidence of Tumors in Male Rats (SRI  $Na_3NTA \cdot H_2O$ )

	Controls 0 ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
Incidence of Tumors				
(excluding testicular tumors)	8/24 (33%)	15/23 (65%)	9/24 (38%)	18/24 (75%)
Statistical Tests <sup>a</sup>	P = 0.007, nonlinear	P = 0.029	N.S.	P = 0.004
95% Confidence Intervals		0.99 - 14.94		1.47 - 25.63
Weeks to First Observed Tumor	82	81	104	43
Incidence of Urinary Tumors (including primary tumors of the				
kidney, bladder, and ureter)	0/24 (0%)	0/23 (0%)	0/24 (0%)	14/24 (58%)
Statistical Tests <sup>a</sup>	P < 0.001, P < 0.001	N•S•	N.S.	P = 0.001
95% Confidence Intervals				7.91 - œ
Weeks to First Observed Tumor				67

(continued)	Controls O ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
Incidence of Tumors of the Kidney	0/24 (0%)	0/23 (0%)	0/24 (0%)	9/24 (38%)
Statistical Tests <sup>a</sup>	P < 0.001, P < 0.001	N.S.	N.S.	P = 0.001
95% Confidence Intervals				$3.41 - \alpha$
Weeks to First Observed Tumor				56
Incidence of Transitional-cell Carcinoma of the Kidney	0/24 (0%)	0/23 (0%)	0/24 (0%)	4/24 (17%)
Statistical Tests <sup>a</sup>	P = 0.006, P = 0.003	N.S.	N.S.	P = 0.054
95% Confidence Intervals				$0.96 - \infty$
Weeks to First Observed Tumor			~~~	56

## Table 3. Incidence of Tumors in Male Rats (SRI Na<sub>3</sub>NTA·H<sub>2</sub>0)

Table 3.	Incidence	of	Tumors	in	Male	Rats	(SRI	$Na_3NTA \cdot H_20)$

· · · · · · · · · · · · · · · · · · ·	Controls O ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
Incidence of Tumors of the Ureter	0/24 (0%)	0/23 (0%)	0/24 (0%)	8/24 (33%)
Statistical Tests <sup>a</sup>	P < 0.001, P < 0.001	N.S.	N.S.	P = 0.002
95% Confidence Intervals				2.81 - œ
Weeks to First Observed Tumor				56
Incidence of Primary Tumors of the Lung	1/24 (4%)	0/23 (0%)	1/24 (4%)	1/24 (4%)
Statistical Tests <sup>a</sup>	N.S.,N.S.	N.S.	N.S.	N.S.
95% Confidence Intervals				
Weeks to First Observed Tumor	104		104	98
	Controls O ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
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Incidence of Primary				
Endocrine Tumors	2/24 (8%)	8/23 (35%)	7/24 (29%)	2/24 (8%)
Statistical Tests <sup>a</sup>	P = 0.037, nonlinear	P = 0.03	P = 0.068	N.S.
95% Confidence Intervals		0.94 - 61.92	0.71 - 48.64	البنا ليبانها
Weeks to First Observed Tumor	103	98	104	78
Incidence of Primary				
Hematopoietic Tumors	2/24 (8%)	6/23 (26%)	1/24 (4%)	1/24 (4%)
Statistical Tests <sup>a</sup>	P = 0.044, nonlinear	N.S.	N.S.	N.S.
95% Confidence Intervals	1968 Taur 6455			المتاجب بيب
Weeks to First Observed Tumor	100	81	104	104

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x4 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data. Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

	Controls O ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
Incidence of Tumors (exclusive	/			
of benign uterine tumors)	13/24 ((54%)	17/24 (71%)	15/24 (63%)	19/24 (79%)
Statistical Tests <sup>a</sup>	N.S. $P = 0.066$	N.S.	N•S•	P = 0.062
95% Confidence Intervals				0.78 - 14.96
Weeks to First Observed Tumor	88	83	76	42
Incidence of Primary Urinary Tum (inclusive primary tumors of the kidney, bladder, and ureter) Statistical Tests <sup>a</sup>		0/24 (0%) N.S.	1/24 (4%) N.S.	13/24 (54%) P = 0.001
95% Confidence Intervals				6.73 <b>-</b> ∝
Weeks to First Observed Tumor			99	42

(continued)				
	Controls	Low Dose	Mid Dose	High Dose
	0 ppm	200 ppm	2,000 ppm	20,000 ppm
Incidence of Primary Tumors				
of the Kidney	0/24 (0%)	0/24 (0%)	0/24 (0%)	4/24 (17%)
Statistical Tests <sup>a</sup>	P = 0.006,	N.S.	N.S.	P = 0.054
	P = 0.003			
95% Confidence Intervals	***			1.04 - ∝
Weeks to First Observed Tumor				104
Incidence of Tumors				
of the Ureter	0/24 (0%)	0/24 (0%)	0/24 (0%)	6/24 (25%)
Statistical Tests <sup>a</sup>	P < 0.001,	N.S.	N.S.	P = 0.011
	P < 0.001			
95% Confidence Intervals				1.79 <b>-</b> ∝
Weeks to First Observed Tumor				42

# Table 4. Incidence of Tumors in Female Rats (SRI $Na_3NTA \cdot H_20$ )

Table 4. Inc:	idence of	Tumors	in	Female	Rats	(SRI	$Na_3NTA \cdot H_20)$
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	Controls O ppm	Low Dose 200 ppm	Mid Dose 2,000 ppm	High Dose 20,000 ppm
Incidence of Tumors				
of the Bladder	0/22 (0%)	0/23 (0%)	1/22 (5%)	5/24 (21%)
Statistical Tests <sup>a</sup>	P = 0.010, P = 0.001	N.S.	N.S.	P = 0.031
95% Confidence Intervals				1.23 - ∝
Weeks to First Observed Tumor			104	96
Incidence of Endocrine Tumors	3/24 (13%)	8/24 (33%)	5/24 (21%)	4/24 (17%)
Statistical Tests <sup>a</sup>	N.S.,N.S.	P = 0.084	N.S.	N.S.
95% Confidence Intervals		0.68 - 23.17		
Weeks to First Observed Tumor	, 98	92	80	92

24

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x4 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data. Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it below 0.10; or, otherwise N.S. - not significant. For the female rats also there was a statistically significant increase of urinary tract tumors in the high-dose group. While the kidney and the ureter were the sites of action in the males, the bladder was an additional site in the females. Most of these tumors in the females, as in the males, were transitional-cell carcinomas.

#### A. Chemicals

The batches of NTA and Na<sub>3</sub>NTA·H<sub>2</sub>O were manufactured by the Hampshire Chemical Division of W. R. Grace and Co., Nashua, New Hampshire. Analyses for purity were not performed in the LBI study. According to the manufacturer's specifications, commercial NTA and Na<sub>3</sub>NTA·H<sub>2</sub>O contain 99.5% active ingredients. Since the samples used at LBI and samples of the trisodium salt tested at SRI (see p. 3, above) were obtained from the same manufacturer, it is expected that they would be of similar purity.

#### B. Dietary Preparation

A 6-kg mixture of chemical in feed (Wayne<sup>®</sup> Lab Blox Meal, Allied Mills) was prepared in a hooded twin-shell blender twice a week for mice and three times a week for rats. Feed preparations and chemicals were refrigerated until they were used. No corn oil was added to the feed.

Analyses that were conducted at the beginning of the study and 10 days later to determine the percent recovery of NTA in dosage mixtures showed that NTA was stable in feed for at least 10 days. Similar analyses of samples taken from three positions in the blender indicated that the mixture was homogeneous. Assays of

the stability of  $Na_3NTA \cdot H_20$  in feed and of the homogeneity of such mixtures were not performed.

#### C. Animals

Inbred Fischer 344 rats and hybrid B6C3F1 mice were obtained from A. R. Schmidt, Madison, Wisconsin. Additional mice of the same strain were procured from Charles River Breeding Laboratories, Wilmington, Massachusetts. These laboratories were under contract to the Division of Cancer Treatment, NCI, to provide the animals used for testing.

In the NTA test, half of the mice were from Charles River and half from A. R. Schmidt; in the  $Na_3NTA \cdot H_20$  study, 90% of the mice were from Charles River and 10% were from A. R. Schmidt. No information is available on how the animals from the two sources were assigned to the test groups.

Animals were received at 28 days of age and quarantined for a period of 14 days. At the end of this period, animals with no clinical signs of disease were weighed individually. Mice weighing 19-22 g and rats weighing 85-110 g were considered acceptable for testing and were then segregated into equal weight groups. Cage assignments were made by choosing one animal from each such group so that the total weights of animals in different cages were equal.

During the chronic study, rats were housed four per cage and mice five per cage in solid polycarbonate cages suspended on moveable racks. All cages were lined with heat-treated hardwood-chip bedding and covered with filter paper over a wire-mesh screen. Clean cages and fresh bedding were provided twice a week. Water bottles were sanitized and refilled with acidulated water (pH 2.5) twice a week; feed was available <u>ad libitum</u> and supplied three times a week. Air in the animal rooms was changed 15 times per hour and exhausted through HEPA filters. Animal rooms were negatively pressurized with respect to the clean hall, and positively pressurized with respect to the dirty hall. The room air was maintained at 21-25° C and 45-55% relative humidity. Fluorescent lighting illuminated the rooms for 8 hours a day.

Rats in the NTA bioassay were maintained concurrently in a room with rats that were being treated with N-9H-fluoren-2-ylacetamide, 4,4'-diisocyanato-3,3'-dimethoxy-1,1'-biphenyl, and Nphenyl-1,4-benzenediamine hydrochloride. Rats on test with Na<sub>3</sub>NTA·H<sub>2</sub>O were in a room with animals that were given 4,4'-methylenebis(N,N'-dimethyl)benzenamine, ethenylbenzene (styrene), and 2,5-cyclohexadiene-1,4-dione, dioxime.

All mice in this study were in a room with mice receiving N-9H-fluoren-2-ylacetamide, 2-4-dichloro-l-(4-nitrophenoxy)ben-

zene, lH-1,2,4-triazol-3-amine, ethenylbenzene (styrene), 2-nitroethenylbenzene, and 4-nitroso-N-phenylbenzenamine.

Controls were housed in the same rooms as their corresponding experimental groups.

#### E. Subchronic Study and Design of Chronic Study

In the bioassay at Litton Bionetics, both NTA and  $Na_3NTA \cdot H_20$  were tested. To estimate the maximum tolerated dose for the chronic study, an 8-week subchronic toxicity test was conducted in which the compounds were administered in the diet to both species at concentrations up to 31,600 ppm for rats and 21,600 ppm for mice. At these concentrations there were no deaths or gross pathologic findings at necropsy, and depression of body weight was in the range of only 10-20%.

During the chronic study, the doses of NTA and  $Na_3NTA \cdot H_20$  were as outlined below (table 5). Since equimolar quantities of these compounds were not used, given concentrations of  $Na_3NTA \cdot H_20$ represented 30% less NTA than did equal concentrations of the free acid. Table 5 therefore expresses dosages in terms of millimoles per kilogram as well as parts per million. Treatment began when animals were 6 weeks of age and continued for 18 months. At the end of that time, rats were maintained on control

diets (feed only) for an additional 6 months, and mice for 3 months.

Table 5. Dosage Schedule for Chronic Studies of

NTA and Na<sub>3</sub>NTA·H<sub>2</sub>O: LBI

Species	No./Sex	<u>Concentration</u> (ppm)		Treatment Period (months)
		NTA		
Fischer 344 Rat	-•/	0 7,500 (1/2 MTD) 15,000 (MTD)	0 ) 40 80	18 18 18
B6C3F1 Mouse		0 7,500 (1/2 MTD 15,000 (MTD)	0 ) 40 80	18 18 18
		Na3NTA·H2O		
Fischer 344 Rat	20/M & 20/F 50/M & 50/F 50/M & 50/F	0 7,500 (1/2 MTD 15,000 (MTD)	0 ) 27 55	18 18 18
B6C3F1 Mouse	20/M & 20/F 20/M & 20/F 50/M & 50/F 50/M & 50/F	0 2,500 (1/2 MTD 5,000 (MTD)	0	18 18 18 18

## F. Clinical and Pathologic Examinations

Treatment and control groups were observed twice a day, and any animal that was moribund or had large masses was killed and necropsied to minimize the risk of autolysis. Cage-mates were weighed as a group each week for the first 6 weeks, biweekly for the next 6 weeks, and monthly thereafter. Palpation for tumors was performed routinely when the animals were weighed. At termination animals were killed by  $CO_2$ -induced asphyxiation and necropsied.

The following tissues were examined during necropsy and processed for histopathologic examination: skin, trachea, lung, heart, salivary gland, esophagus, stomach, duodenum, jejunum, ileum, colon, liver, pancreas, kidney, urinary bladder, thyroid, parathyroid, adrenal, pituitary, mandibular and mesenteric lymph nodes, bone marrow, spleen, mammary gland, seminal vesicle, prostate, testis, ovary, uterus, brain, and rib, as well as any tissue mass. Large tissue masses were weighed, described morphologically, and sectioned. All tissues were preserved in 10% buffered formalin, embedded in paraffin, sectioned, routinely stained with hematoxylin and eosin, and examined histopathologically. An occasional section was subjected to special staining techniques for more definitive diagnosis.

A few tissues were not examined for some animals, particularly for those that showed early deaths. Also, some animals were missing, cannibalized, or judged to be in an advanced state of autolysis as to preclude histopathologic interpretation. Thus, the number of animals for which particular organs, tissues, or

lesions were examined microscopically, varies and does not necessarily represent the number of animals that were placed on experiment in each group.

## G. Data Recording and Statistical Analyses

Data obtained from Litton Bionetics were handled as described earlier for data obtained from Stanford.

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#### A. RATS (NTA)

#### 1. Body Weights and Clinical Signs

The average weights of both male and female rats were depressed in a dose-related manner when compared with those of the controls (figure 3). No significant signs or lesions were observed until the sixth month of the study, when the first lesion occurred in a high-dose male. A crusted mass appeared on the back and remained until the termination of the study. In the second year of the study an insignificant number of palpable tissue masses and cataracts appeared in a few of the animals.

## 2. Survival

Estimates of the probabilities of survival of rats are shown in figure 4. Survivals of treated and control groups of both sexes are comparable. The Tarone test of male-rat survival did not indicate a dose-related trend (P > 0.10), but in female rats the dose-related statistic approached significance (P = 0.057). In every group of both sexes, more than 94% of the animals survived for a year or more.



Figure 3. Growth Curves for Rats, NTA - Litton Study



Figure 4. Survival Curves for Rats, NTA - Litton Study

3. Pathology

Histopathologic findings are tabulated in Appendix B, tables Bl and B2, covering neoplasms and other proliferative lesions, and in Appendix E, tables El and E2, covering nonneoplastic lesions.

All of the 200 treated rats and the 40 control rats that comprised this study were examined histopathologically with the exception of a single high-dose male that was autolyzed. Thus, where the number of animals with lesions is delineated, comparisons should be made to the respective group size, i. e., 20 control male, 50 low-dose male, 49 high-dose male, 20 control female, 50 low-dose female, and 50 high-dose female animals.

A significant number of tumors occurred in the urinary system of the treated animals. Seven high-dose male rats showed a total of eight neoplasms of the kidney and ureter; three of these neoplasms were classified as tubular-cell adenomas of the kidney, two as tubular-cell adenocarcinomas of the kidney (one widely metastasized), one as a papillary adenoma of the ureter, and two as papillomas of the ureter. A low-dose male rat showed a tubular-cell adenoma. In the females, tumors of the urinary bladder were more frequent than those of the kidney. Eleven high-dose and two low-dose females showed transitional-cell carcinomas of the bladder. An additional high-dose female showed

were found only in two high-dose females that were not included among those that had shown transitional-cell carcinomas of the bladder; one of these showed a transitional-cell papilloma of the renal pelvis, the other a tubular-cell adenoma. No neoplasms of the urinary system were observed in the controls.

Microscopically, the tubular-cell adenomas were discrete expanding masses of tubules of varying sizes, usually located in the cortex. The cells lining and filling the tubules resembled normal renal epithelium, except that the nuclei tended to be more hyperchromatic than those of the normal contiguous renal epitnelial cells.

In the adenocarcinomas, this tubular pattern was less distinct. Basement membranes were poorly defined and the cells tended to pile up; in some areas they appeared to be growing in sheets rather than in a tubular pattern. Rapid growth was suggested by the anaplasia, nuclear pleomorphism, frequent mitoses, and foci of necrosis.

The tumors of the bladder varied in appearance from benign, well-differentiated squamous- or transitional-cell papillomas to carcinomas. The latter were characterized by disarray in cellular polarity and arrangement as well as by subepithelial invasions by nests of pleomorphic epithelial cells. The mitotic index was low and metastases did not occur.

Hepatocellular carcinomas occurred in three of the low-dose male rats and neoplastic nodules appeared in three control, two low-dose, and two high-dose males. However, 8 of the low-dose and 22 of the high-dose females had neoplastic nodules, compared with 2 in the controls. This is a strikingly higher incidence than was noted with female rats receiving  $Na_3NTA \cdot H_2O$  (Section VI, A).

Alveolar/bronchiolar adenoma and carcinoma occurred in one control, five low-dose, and five high-dose males, and in three low-dose and seven high-dose females. This is a frequently encountered neoplasm in the respiratory system of the Fischer 344 rat.

Fourteen primary tumors of the integument of various types occurred throughout all groups with a slightly higher proportion among controls. Eight of these tumors arose from adnexae. Of these, four were malignant, with two metastasizing. The remainder arose from connective tissue, of which two were classified as malignant.

In the endocrine system, pituitary tumors occurred in 1 control, 6 low-dose, and 2 high-dose males, and in 6 control, 10 low-dose, and 12 high-dose females. Among males, pheochromocytomas were present in one control, nine low-dose, and five high-dose animals. Fourteen pheochromocytomas were present in the

high-dose females, but none occurred in the low-dose. A single pheochromocytoma was present in the controls. Both of these tumors are frequently found in Fischer 344 rats.

The number and types of thyroid tumors in the treated animals were similar to those in the controls. In the male reproductive system, carcinomas of the preputial gland occurred in two low-dose, four high-dose, but no control animals. Interstitial-cell tumors of the testes occurred in nearly all male rats. This extremely high incidence is characteristic of Fischer 344 rats.

A number of different types of neoplasms occurred in various other organ systems, apparently not related to treatment.

In the urinary system, particularly the kidney, severe chronic inflammatory changes in the treatment groups far exceeded those seen in the controls. The lesions are those commonly associated with kidneys of old rats. These consist of fibrosed glomeruli, diffuse interstitial scarring, and dilated and cast-containing tubules, accompanied by focal accumulation of mononuclear inflammatory cells.

Hyperplasia of tissue in the urinary system was seen only in the treated rats. Epithelial hyperplasia of the urinary bladder was present in 2 low-dose males, 1 high-dose male, and 11 high-dose

The gamut of lesions comprising the chronic murine pneumonia syndrome is responsible for the majority of the nonneoplastic lesions seen in this study. The treated males appear to have had a higher incidence of disease than did the controls. The reverse appears to have been the case with the females.

#### 4. Statistical Analyses of Results (Rats)

As shown in table 6, tumors of the urinary tract in male rats occurred more frequently in the high-dose group than in the control group (P = 0.076), and a positive linear dose-response relation existed (P = 0.006). The low-dose group produced a higher incidence of endocrine tumors than the control group.

In female rats (table 7), there was a significant dose-related trend (P < 0.001) in overall incidence of tumors (excluding uterine), due mainly to differences in the incidences of the high-dose group and the controls (P = 0.026). This dose-response statistic was nonlinear. Further analyses revealed that the overall incidence of tumors in the high-dose group is different from that of the controls due to the higher incidence of nonmalignant tumors of the liver (P = 0.024) and malignant tumors of the urinary bladder (P = 0.014) in the high-dose group as

	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors of the Urinary Tract	0/20 (0%)	1/49 (2%)	7/48 (15%)
Statistical Tests <sup>a</sup>	P = 0.021, P = 0.006	N.S.	P = 0.076
95% Confidence Intervals			0.83 - œ
Weeks to First Observed Tumor		104	66
Incidence of Tumors of the Endocrine System	2/20 (10%)	16/49 (33%)	8/49 (16%)
Statistical Tests <sup>a</sup>	P = 0.054, nonlinear	P = 0.045	N.S.
95% Confidence Intervals		0.85 - 42.62	
Weeks to First Observed Tumor	104	93	104

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P values for a 2x3 contingency table using chisquare theory: (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data. Beneath the dosed-group incidence is the Fisher-Irwin one-tail test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

	Controls 0 ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors	14/20 (70%)	33/50 (66%)	47/50 (94%)
Statistical Tests <sup>a</sup>	P = 0.002 nonlinear	N.S.	P = 0.013
95% Confidence Intervals			1.20 - 45.34
Weeks to First Observed Tumor	76 <sup>b</sup> /96	86	73
Incidence of Non-uterine Tumors	14/20 (70%)	30/50 (60%)	46/50 (92%)
Statistical Tests <sup>a</sup>	P < 0.001, nonlinear	N.S.	P = 0.026
95% Confidence Intervals		149 - 15 149	0.98 - 26.61
Weeks to First Observed Tumor	76 <sup>b</sup> /96	86	73

	Controls	Low Dose	High Dose	
	0 ppm	7,500 ppm	15,000 ppm	
Incidence of Tumors of the Lung				
(all malignant)	0/15 (0%)	3/49 (6%)	7/46 (15%)	
Statistical Tests <sup>a</sup>	N.S. $P = 0.033$	N.S.	N.S.	
95% Confidence Intervals				
Weeks to First Observed Tumor		104	73	
Incidence of Tumors of the Liver				
(all nonmalignant)	2/15 (13%)	8/49 (16%)	22/49 (45%)	
Statistical Tests <sup>a</sup>	P = 0.003, P = 0.001	N.S.	P = 0.024	
95% Confidence Intervals			1.00 - 52.13	
Weeks to First Observed Tumor	99 <sup>c</sup> /104	104	93	

(continued)

	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors of the Urinary Tract	0/20 (0%)	2/50 (4%)	14/50 (28%)
Statistical Tests <sup>a</sup>	P < 0.001, P < 0.001	N•S•	P = 0.005
95% Confidence Intervals			2 <b>.</b> 06 – ∝
Weeks to First Observed Tumor		104	91
Incidence of Tumors of the Bladder (all malignant)	0/18 (0%)	2/45 (4%)	12/48 (25%)
Statistical Tests <sup>a</sup>	P = 0.002, P < 0.001	N•S•	P = 0.014
95% Confidence Intervals			1 <b>.</b> 56 <b>-</b> ∝
Weeks to First Observed Tumor		104	91

(continued)	Controls	Low Dose	High Dose
	0 ppm	7,500 ppm	15,000 ppm
Incidence of Tumors of the			
Endocrine System	6/20 (30%)	13/50 (26%)	25/50 (50%)
Statistical Tests <sup>a</sup>	P = 0.036, P = 0.024	N.S.	N.S.
95% Confidence Intervals			سا جاها
Weeks to First Observed Tumor	99c	101	91
Incidence of Adrenal Phenochromocytoma	1/20 (5%)	0/50 (0%)	14/48 (29%)
Statistical Tests <sup>a</sup>	P < 0.001, nonlinear	N.S.	$\mathbf{P} = 0.024$
95% Confidence Intervals			1.01 - 347.90
Weeks to First Observed Tumor	99c		93

<sup>a</sup>Beneath the untreated-control incidence are two quantities; (a) the P values for a 2x3 contingency table using chisquare theory: (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

<sup>b</sup>Animal at week 76 was accidentally killed; the first natural death with a tumor was at week 96. <sup>C</sup>Animal at week 99 was a scheduled sacrifice, not a natural death.

compared with the controls. Also, a positive linear doseresponse relation exists for the incidence of nonmalignant tumors of the liver (P = 0.001) and malignant tumors of the urinary bladder (P < 0.001). The incidence of tumors in the endocrine system shows a positive linear dose-response relation (P = 0.024). Finally, the incidence of adrenal tumors is elevated in the high-dose group relative to the controls (P = 0.024).

#### B. MICE (NTA)

#### 1. Body Weights and Clinical Signs

The average weights of the high-dose male mice and the high- and low-dose female mice were depressed when compared with those of the controls (figure 5). No significant gross lesion or palpable mass was observed in this group of animals during the treatment period.

#### 2. Survival

The survival curves of the treated and control groups of both sexes of the mice were comparable (figure 6). More than 92% of the animals survived to the end of the study, and the results can be evaluated over the entire time period for both the treated and control groups. The Tarone test for life-table analyses showed no significant difference in survival between the groups.







Figure 6. Survival Curves for Mice, NTA - Litton Study

3. Pathology

Histopathologic findings are tabulated in Appendix B, tables B3 and B4, covering neoplasms and other proliferative lesions, and in Appendix E, tables E3 and E4, covering nonneoplastic lesions.

The study began with 200 treated and 40 matched-control mice; of these, 222 animals received histopathologic examination. Eighteen mice escaped, including 1 low-dose male, 6 high-dose males, and 11 low-dose females. Thus, where the number of animals with lesions is delineated, comparisons should be made with regard to the respective group size, i.e., 20 control male, 49 low-dose male, 44 high-dose male, 20 control female, 39 low-dose female, and 50 high-dose female animals.

As with the rats, the urinary system was the site of treatmentrelated neoplasia in mice. Altogether, 32 treated mice showed urinary tract tumors. Tubular-cell adenocarcinomas, four of which were bilateral, were found in 22 high-dose males. The same tumor was also found in five low-dose males and in four high-dose females. In one of the high-dose females, the tumor was bilateral. A papilloma occurred in the renal pelvis of an additional high-dose male. No renal neoplasms were present in either the low-dose females or controls.

The pattern of these tubular-cell adenocarcinomas varied from

small cortical foci to large masses containing blood-filled cystic spaces and areas of necrosis. While ductal structures could usually be found in the tumor, large areas of neoplastic cells grew in sheets in which cell borders and basement membranes were indistinct. The individual cell types varied from fairly well-differentiated renal tubule cells to highly pleomorphic, often polygonal-shaped large cells with eosinophilic cytoplasm, frequently containing bizarre nuclei and mitotic figures.

Six high-dose, four low-dose, and two control male mice developed neoplasms of the hematopoietic system. These hematopoietic neoplasms were represented by malignant lymphomas in three of the high-dose males. Ten high-dose, seven low-dose, and four control female mice developed neoplasms of the hematopoietic system. These neoplasms were represented by malignant lymphomas in eight high-dose, three low-dose, and two control females.

In males, hepatocellular adenomas were observed in one low-dose and three control animals; and hepatocellular carcinomas occurred in two high- and two low-dose mice, but none was found in the control group. In females, only one hepatocellular carcinoma occurred, this in a low-dose animal.

The incidences of pulmonary neoplasms in treated male and female mice appear similar. In males alveolar/bronchiolar carcinomas occurred in four control, two low-dose, and four high-dose

animals; in addition, adenomas were found in three low-dose and two high-dose animals. In the females, two alveolar/bronchiolar carcinomas were seen in each treatment group, but none in the controls. Two high-dose females had adenomas. These neoplasms are frequently encountered in both sexes of mice.

Additional neoplasms were found only in the skin and in the circulatory and female reproductive systems. These occurred as single lesions or in such small numbers as to be insignificant.

The kidney was the most frequent site of nonneoplastic lesions in both male and female mice. The most frequently observed lesion, hydronephrosis, was encountered in eight high-dose and three low-dose males. Twelve high-dose females had this same lesion. Hydronephrosis was not observed in low-dose females or in any of the controls. Since epithelial hyperplasia of the kidney, renal pelvis, and ureter was described in only one female and one male of the treated mice, the cause of the hydronephrosis is obscure. However, no special diagnostic procedures were employed. No lesion of the urinary bladder was observed.

A variety of other nonneoplastic lesions occurred in both control and treated animals in insignificant numbers. The most frequently occurring lesions of this type were corpora amylacea in the brain, pneumonic changes in both males and females, inflammatory and cystic hyperplastic changes seen in the uterus, lymphoid

hyperplasia, and hyperplasia of the C-cell of the thyroid.

## 4. Statistical Analyses of Results

Table 8 shows that in male mice the high-dose group had a higher overall incidence of tumors than the control group (71% vs. 50%), due mainly to the higher incidence of tumors of the kidney in the high-dose group (55% vs. 0%). Thus, the important finding for male mice administered NTA was the statistically significant incidence (P < 0.001) of tumors of the kidney in the high-dose group. No other significant findings were observed.

In the females, tumors again appeared only in the high-dose group, but at a rate of incidence which was too low to be significant (table 9).

	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors	10/20 (50%)	14/49 (29%)	31/44 (71%)
Statistical Tests <sup>a</sup>	P < 0.001 nonlinear	N.S.	P = 0.0976
95% Confidence Intervals			0.69 - 8.11
Weeks to First Observed Tumor	76	82	66
Incidence of Tumors of the Urinary T	ract		
(all kidney tumors)	0/20 (0%)	5/49 (10%)	24/44 (55%)
Statistical Tests <sup>a</sup>	P < 0.001 nonlinear	N.S.	P < 0.001
95% Confidence Intervals			6 <b>.</b> 34 - ∝
Weeks to First Observed Tumor	91	88	74

55

#### Table 8. Incidence of Tumors in Male Mice (Litton NTA)

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x3 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

Table 9. Incidence of	Tumors	in Female	Mice	(Litton NTA	A)
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	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors of the Urinary Tract (all malignant kidney tumors)	0/20 (0%)	0/39 (0%)	4/50 (8%)
Statistical Tests <sup>a</sup>	P = 0.086, P = 0.041	N.S.	N.S.
95% Confidence Intervals			
Weeks to First Observed Tumor			91

<sup>a</sup>Beneath the untreated-control incidence are two quantities; (a) the P value for a 2x3 contingency

table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tail test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.
#### VI. RESULTS - LITTON BIONETICS, INC. - Na3NTA+H20

A. <u>RATS</u>  $(Na_3NTA \cdot H_20)$ 

#### 1. Body Weights and Clinical Signs

The average weights of both male and female rats were depressed in a dose-related manner when compared with those of the controls (figure 7).

No significant clinical signs were observed until late in the second year when a few animals began to show loss of weight and discharges from the eyes and nose. Near the end of the study, nearly all of the low-dose females appeared to be suffering from respiratory disease.

#### 2. Survival

Figure 8 shows the estimated probability of survival of the rats in this study. The times to death of all groups of both sexes are comparable. While the number of early deaths increased slightly with dose, there is no statistically significant dose-related trend (P > 0.10). In every group more than 85% of the animals survived for 80 weeks or more. Six of the high-dose male rats and five of the high-dose female rats were accidentally killed during the test, and were examined histopathologically.



Figure 7. Growth Curves for Rats,  $Na_3NTA \cdot H_2O$  - Litton Study



Figure 8. Survival Curves for Rats,  $Na_3NTA \cdot H_2O$  - Litton Study

These animals were entered as censored observations in the Tarone test for dose-related survival, and they are included among the number of animals examined in the analyses of tumors.

#### 3. Pathology

Histopathologic findings are tabulated in Appendix C, tables Cl and C2, covering neoplasms and other proliferative lesions, and in Appendix F, tables F1 and F2, covering nonneoplastic lesions.

Of the 200 treated and 40 control rats entered into this study, all were necropsied, and 238 were examined histopathologically. The tissues from one low-dose male and one high-dose female were lost. Thus, where the number of animals with lesions is delineated, comparisons should be made with the respective group size, i.e., 20 control male, 49 low-dose male, 50 high-dose male, 20 control female, 50 low-dose female, and 49 high-dose female animals.

As was noted in animals treated with NTA, a number of primary neoplasms of the urinary system occurred in both the high- and low-dose groups. No such neoplasm occurred in the controls. In the low-dose males, a tubular-cell adenocarcinoma of the kidney was found in one animal and a papilloma of the ureter in the other; similarly, in the high-dose males a tubular-cell carcinoma of the kidney was found in one animal and a papilloma of the

ureter in another. In female rats the tumors were confined to the bladder. One female bearing a transitional-cell carcinoma and a second bearing a papilloma were found in the high-dose group; a squamous-cell carcinoma in one female and transitionalcell carcinomas in three additional females were found in the low-dose group.

The tubular-cell adenocarcinomas seen in this study had many of the morphologic characteristics of those tumors seen in the rats dosed with NTA. One of the neoplasms in Na<sub>3</sub>NTA·H<sub>2</sub>O-treated rats differed somewhat from those previously described. This carcinoma appeared as a discrete cortical multiloculated mass comprised of centers of necrosis surrounded by proliferating neoplastic cells. These varied in size from small cells resembling normal renal tubule epithelium to very large cells, many of which contained a single vacuole displacing the nucleus to the periphery of the cell.

In the respiratory system, nine males and six females had alveolar/bronchiolar carcinomas. This tumor is not infrequently encountered in the Fischer 344 rats in this laboratory. Other primary neoplasms of the lung appeared in about equal numbers in both treated and control animals. In contrast to the large number of neoplastic nodules of the liver found in rats receiving NTA, only one neoplastic nodule was found in each of one low-dose

and one high-dose female, one control and one high-dose male.

In the female rats, chromophobe adenoma of the pituitary occurred in three control, 15 low-dose, and 12 high-dose animals. Lesser numbers occurred in both treated and control males. This is a frequently encountered tumor in several strains of rats, particularly in females. Pheochromocytoma of the adrenal gland and isletcell adenomas of the pancreas were found in small numbers in both treated and control animals.

Interstitial-cell tumor of the testis occurred in nearly all male rats. This extremely high incidence is found only in Fischer 344 rats.

Various benign and malignant tumors of the mammary gland were scattered throughout both treated and control groups.

As is usually seen in long-term chronic studies, a large number of inflammatory, degenerative, and proliferative lesions occurred. The morphologic changes associated with senile rat kidneys were the most prominent nonneoplastic lesions occurring in the treated animals of both sexes. All the treated animals had moderate to severe chronic nephritis. Fewer control animals also exhibited this inflammation, but it was less severe.

Epithelial hyperplasia of the urinary tract occurred in the

treated animals only. Three high-dose males, four low-dose females, and five high-dose females had this proliferative change in the urinary bladder. Four low-dose males had urothelial proliferation in the ureter or renal pelvis. This lesion is considered noteworthy, since a substantial number of treated animals had urinary tract lesions.

The pulmonary lesions, consisting for the most part of morphologic changes associated with chronic murine pneumonia, were more prevalent in both high-dose males and females than in controls. However, the incidence of chronic murine pneumonia in controls was similar to that in low-dose males and females; thus, no compound-related effect appears to be present.

The treated females had a higher incidence of basophilic cytoplasmic alteration of hepatocytes than did the controls. This lesion was recognized in 2 controls, 15 low-dose, and 15 high-dose females. This change was observed in the males as well, but in nearly equal proportions in all groups, including the controls.

In the endocrine system, there were many types of lesions scattered through all the treated groups and controls. The only cluster of lesions that appears significant is in the 12 low-dose males with C-cell hyperplasia of the thyroid. This represents a 24% incidence, compared with 5% in the controls. However, C-cell

tumors of the thyroid appeared in approximately equal numbers in both treated and control groups.

#### 4. Statistical Analyses of Results (Rats)

Tables 10 and 11 show the overall incidence of tumors as well as the incidence of site-specific tumors for male and female rats, respectively. In the males, the overall incidence of tumors in the treated animals did not differ statistically (P > 0.10) from that of the controls. Although the incidence of primary tumors in the lung in the low-dose group was higher than in the controls, the difference was not statistically significant.

In the female rats, no P values less than 0.10 occur.

B. MICE (Na<sub>3</sub>NTA·H<sub>2</sub>0)

#### 1. Body Weights and Clinical Signs

The average weights of male mice were depressed in a dose-related manner throughout most of the study, although the differences decreased toward the end of the test (figure 9). The average weights of female mice were depressed in a dose-related manner throughout the study.

No significant clinical signs were observed in the first year of treatment. In the second year an occasional tissue mass was observed, and a few animals appeared to lose weight.

	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors (excluding testicular tumors)	10/20 (50%)	26/49 (53%)	24/50 (48%)
Statistical Tests <sup>a</sup>	N.S., N.S.	N.S.	N.S.
95% Confidence Intervals			
Neeks to First Observed Tumor	99	51	81
Incidence of Tumors of the Lung			
(excluding metastatic)	2/19 (11%)	10/47 (21%)	3/48 (6%)
Statistical Tests <sup>a</sup>	P = 0.089 nonlinear	N.S.	N.S.
95% Confidence Intervals			
Veeks to First Observed Tumor	106	106	106

65

Table 10. Incidence of Tumors in Male Rats (Litton - Na<sub>3</sub>NTA·H<sub>2</sub>0)

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x3 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

	Controls O ppm	Low Dose 7,500 ppm	High Dose 15,000 ppm
Incidence of Tumors (all tumors)	13/20 (65%)	36/50 (72%)	26/49 (53%)
Statistical Tests <sup>a</sup>	N.S., N.S.	N.S.	N.S.
95% Confidence Intervals			نيت التي جيد
Weeks to First Observed Tumor	96	75	84
Incidence of Tumors (excluding uterine tumors)	12/20 (60%)	33/50 (66%)	24/49 (49%)
Statistical Tests <sup>a</sup>	N.S.,N.S.	N.S.	N.S.
95% Confidence Intervals			
Weeks to First Observed Tumor	96	75	84

Table 11. Incidence of Tumors in Female Rats (Litton - Na<sub>3</sub>NTA·H<sub>2</sub>0)

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x3 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.



Figure 9. Growth Curves for Mice,  $Na_3NTA \cdot H_2O$  - Litton Study

#### 2. Survival

The survival curves for mice are shown in figure 10. Survival was comparable between all groups of both sexes. More than 85% of each group survived to the end of the study, and the results can be evaluated over the entire time period for both treated and control groups. There is no dose-related trend (P > 0.10).

#### 3. Pathology

Histopathologic findings are tabulated in Appendix C, tables C3 and C4, covering neoplasms and other proliferative lesions, and in Appendix F, tables F3 and F4, covering nonneoplastic lesions.

Of the 200 treated and 40 control animals that were assigned to this study, all were necropsied and evaluated histopathologically with the exception of 11 that were autolyzed. Thus, where the number of animals with lesions is delineated, comparisons should be made with the respective group size, i.e., 20 control male, 48 low-dose male, 50 high-dose male, 18 control female, 46 low-dose female, and 47 high-dose female animals.

Hepatocellular carcinomas occurred in one control, five low-dose, and three high-dose males. In addition, three hepatocellular adenomas occurred in three male controls. In females the incidence of hepatocellular carcinomas was similar in both treated and control groups.



Figure 10. Survival Curves for Mice, Na<sub>3</sub>NTA·H<sub>2</sub>O - Litton Study

A leukemia appeared in four high-dose males and four high-dose females, seven low-dose females, and three female controls. Malignant lymphomas occurred only in treated animals; however, the lesions were randomly dispersed throughout the hematopoietic system as single entities. Their significance is not clear at this time.

Alveolar/bronchiolar carcinomas were observed in one control and six low-dose males. In addition, each of these groups displayed one adenoma, a frequently encountered neoplasm in this strain of mouse.

The only nonneoplastic lesion occurring in these mice was hydronephrosis, which was observed in 1 low-dose and 28 high-dose males. A similar picture was seen in the females: 1 low-dose and 30 high-dose animals had hydronephrosis in 1 or both kidneys. Hydronephrosis was not observed in any of the controls. No occlusive lesions were observed; however, no special procedures were used for their detection.

#### 4. Statistical Analyses of Results (Nice)

In the male mice (table 12), the overall incidence of tumors in the treatment groups was comparable to that of the control group (P > 0.10). On the other hand, tumors of the hematopoietic system were statistically more frequent in the high-dose group

	Controls O ppm	Low Dose 2,500 ppm	High Dose 5,000 ppm
Incidence of Tumors	7/20 (35%)	18/48 (38%)	14/50 (28%)
Statistical Tests <sup>a</sup>	N.S.,N.S.	N.S.	N.S.
95% Confidence Intervals			
Weeks to First Observed Tumor	91	75	72
Incidence of Tumors of the Lung	2/20 (10%)	8/48 (17%)	0/49 (0%)
Statistical Tests <sup>a</sup>	P = 0.013, nonlinear	N.S.	N.S.
95% Confidence Intervals			
Weeks to First Observed Tumor	91	76	

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71

# Table 12. Incidence of Tumors in Male Mice (Litton $Na_3NTA \cdot H_20$ )

(continued)			
	Controls	Low Dose	High Dose
	<u>0 ppm</u>	2,500 ppm	5,000 ppm
Incidence of Tumors of the Hematopoi	etic		
System (all malignant)	0/20 (0%)	4/47 (9%)	9/50 (18%)
Statistical Tests <sup>a</sup>	P = 0.073,	N.S.	P = 0.038
	P = 0.015		
95% Confidence Intervals			1.11 - œ
Weeks to First Observed Tumor	الما الما	75	86

### Table 12. Incidence of Tumors in Male Mice (Litton Na<sub>3</sub>NTA·H<sub>2</sub>0)

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x3 contingency table using chisquare theory; (b) the P value for the test for linear trend if a linear trend fits

the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

(P = 0.038) than in the controls; also, a significant linear positive dose-response relation was found (P = 0.015).

In the females, no significant findings were obtained (table 13).

	Controls O ppm	Low Dose 2,500 ppm	High Dose 5,000 ppm
Incidence of Tumors	6/18 (33%)	11/46 (24%)	16/47 (34%)
Statistical Tests <sup>a</sup>	N.S., N.S.	N.S.	N.S.
95% Confidence Intervals			
Weeks to First Observed Tumor	85	68	70

Table 13. Incidence of Tumors in Female Mice (Litton Na3NTA·H20)

<sup>a</sup>Beneath the untreated-control incidence are two quantities: (a) the P value for a 2x3 contingency table using chisquare theory: (b) the P value for the test for linear trend if a linear trend fits the data, or the word "nonlinear," which means that a linear trend on a logistic scale does not fit the data.

74

Beneath the dosed-group incidence is the Fisher-Irwin one-tailed test for comparison of that group with the control group when it is below 0.10; or, otherwise N.S. - not significant.

The bioassays of NTA and Na3NTA·H2O showed that a variety of neoplastic and nonneoplastic lesions of the urinary tract developed in rats as a result of the administration of 7,500 to 20,000 ppm of either one of the test compounds in the diet. These same lesions were detected in mice as a result of the administration of 7,500 or 15,000 ppm of the acid, but not of 2,500 or 5,000 ppm of the salt form of the test compound. Almost all of the tumors were primary epithelial in origin. Their occurrence was particularly significant because they were not found in any control animals and only rarely develop spontaneously among animals of the strains on test. More tumors were found in the higher- than the lower-dose groups for each chemical and species (tables 14 and 15). When comparing results between compounds and between laboratories, it must be recognized that given concentrations of Na3NTA·H20 represent 30% less NTA than do equal concentrations of the free acid and that the SRI animals were treated for a total of 24 months while LBI animals were treated for only 18. Changing the units of concentration from parts per million to millimoles made such comparisons easier, and the results became more consistent. In all cases there was a rapid drop from the number of tumors observed at high doses to those at lower doses. This finding is consistent with

## TABLE 14: SUMMARY OF PRIMARY EPITHELIAL NEOPLASMS OF THE URINARY TRACT - RATS

SPECIFIC ORGAN/	All Conti		Na <sub>3</sub> NTA·H <sub>2</sub> 20,000 pp	20	Na, NTA.								
PECIFIC ORGAN/	Conti	ols	20,000		"a3 "IA.	H20	Na <sub>3</sub> NT/	-н <sub>2</sub> 0	Na3 NTA-H20	NT/	۱.	NT	A
PECIFIC ORGAN/			20,000 pt	pm	15,000	ppm	7,500	ppm	200-2,000 ppm	15,000	) ppm	7,500	) ppm
			(73 mM/Kg	g)	(55 mM/	'Kg)	(27 mž	1/Kg)	(0.7-7 mM/Kg)	. (78 1	nM/Kg)	(39 🖬	nM/Kg)
TUMOR TYPE	м	F	м	F	<u>M</u>	F	<u> </u>	F	M/F	M	F	м	F
IDNEY													
Transitional-cell Carcinoma	0/63	0/64 <sup>a</sup>	4/24(17%)	-	-	-	-	-	-	-	-	-	-
Transitional-cell Papilloma	0/63	0/64	-	-	1/49(2%)	-	-	-	-	-	1/49(2%)	-	-
Tubular-cell Adenocarcinoma	0/63	0/64	1/24(4%)	1/24(4%)	1/49(2%)	-	1/48(25	() -	-	2/49(4%)	-	-	-
Tubular-cell Adenoma	0/63	0/64	3/24(13%)	3/24(13%)	-	-	-	-	-	3/49(6%)	1/49(2%) 1/	49(2%)	-
RETER													
Transitional-cell Carcinoma	0/64	0/64	8/24(33%)	6/24(25%)	-	-	-	-	-	-	-	-	-
Papilloma	0/64	0/64	-	-	-	-	1/48(2	27) -	-	2/49(4%)	-	-	-
Papillary Adenoma	0/64	0/64	-	-	-	-	-	-	-	1/49(2%)	-	-	-
RINARY BLADDER													
Transitional-cell Carcinoma	0/57	0/56	1/24(4%)	5/24(21%)	-	1/42(2%)	-	3/43(7%)	-	-	11/48(23 <b>%</b> )	-	2/45(4%)
Squamous-cell Carcinoma	0/57	0/56	-	-	-	-	-	1/43(2%)		-	1/48(2%)	-	-
Papilloma	0/57	0/56	-	-	-	1/42(2%)	-	-	1/23(4%) <sup>b</sup>	-	-	-	-
Total Number of Animals with Tumors of the Urinar Tract	ту 0	0	13	13	2	2	2	4	1	7	14	1	2
ercent	v	v	(54)	(54)	(4)	- (4)	(4)	• (9)	- (4)	(14)	(28)	(2)	(4)

<sup>a</sup>Denominators equal number of tissues examined histopathologically.

<sup>b</sup>In female rat receiving 2,000 ppm

# TABLE 15: SUMMARY OF PRIMARY EPITHELIAL NEOPLASMS OF THE URINARY TRACT - MICE

	Litton Bionetics					
	A11	Na <sub>3</sub> NTA H <sub>2</sub> 0	Na3 NTA-H20	NTA	NTA	
	Controls	5,000 ppm	2,500 ppm	15,000 ppm	7,500 ppm	
		(18 mM/Kg)	(9 mM/Kg	(78 mM/Kg)	(39 mM/Kg)	
SPECIFIC ORGAN/TUMOR TYPE	MF	MF	M F	<u>M</u> F	<u>M</u> F	
KIDNEY						
Tubular-cell Adenoma	0/40 <sup>a</sup> 0/39			1/43(2%) -		
Tubular-cell Adenocarcinoma	0/40 0/39			22/43(50%) 4/50(8%)	5/48(10%) -	
Papilloma	0/40 0/39			1/43(2%) -		
Fotal Number of Anımals with Fumors of the Urinary Tract	0 0	0 0	0 0	24 4	5 0	
Percent				(56) (8)	(10)	

 $^{\rm a}{\rm Denominators}$  equal number of tissues examined histopathologically.

that of Nixon et al., (1972) who reported an absence of tumors in rats receiving 5,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O in the diet for 2 years.

Most of the tumors of the urinary tract in rats were of transitional-cell origin and were found mainly in the kidneys of males, bladders of females, and ureters of both sexes. In addition to the transitional-cell tumors at the different sites, tubular-cell adenomas carcinomas developed highly or ín significant frequencies in the kidney of the rat (table 14). The various lesions of the urinary tract may have been even more significant had a greater number of kidney and bladder sections been examined and had the ureters been routinely saved at necropsy; the tumors of the ureter that were actually examined were those recognized grossly or fortuitously sectioned with the kidneys. In mice, the tumors of the urinary tract consisted primarily of tubular-cell carcinomas of the kidney.

Transitional epithelial dysplasia and hyerplasia occurred in many of the treated animals that displayed no urinary neoplams, but not in untreated animals (Appendixes D, E, and F). Hydronephrosis and/or nephritis was observed in rats given high doses of the test compounds. In mice hydronephrosis was induced by low, nontumorigenic doses (5,000 ppm Na<sub>3</sub>NTA·H<sub>2</sub>O) as well as by high, tumorigenic doses (15,000 ppm NTA).

Numerous other neoplastic lesions occurred, some of which

appeared statistically significant in certain tests. For example, hematopoietic tumors showed a dose-related trend in male rats given Na<sub>3</sub>NTA·H<sub>2</sub>O at SRI (P = 0.044), tumors of the liver in female rats given NTA at LBI (P = 0.003), and endocrine tumors in both male rats given Na<sub>3</sub>NTA·H<sub>2</sub>O at SRI (P = 0.037) and female rats given NTA at LBI (P = 0.036). However, in other instances the levels of incidence or of statistical significance were comparatively low, the data were not reproducible in the different tests, or the tumors were known to be variable in rate of spontaneous occurrence. Therefore, no conclusions are drawn as to the meaning of occurrence of tumors other than those of the urinary tract.

In all tests body weights of high-dose rats and mice were lower during the greater part of the test period than were respective controls. The lower-dose groups generally showed lesser changes. Decrease in survival also was related to the size of the dose, but only in rats, for which levels of significance of the trend were P = 0.001 in males given Na<sub>3</sub>NTA·H<sub>2</sub>O and P = 0.057 in females given NTA.

The pathologic findings in the kidney were not unexpected, since nephrotoxicity has been noted in several previous studies. Renal adenomas were reported in treated rats that died before termination of 2-year tests in which Na<sub>3</sub>NTA was administered in

the drinking water (Chernoff and Courtney, 1970). Rats receiving diets containing up to 20,000 ppm Na3NTA for 90 days developed hydronephrosis and renal tubule-cell damage at concentrations of 7,500 ppm and over (Nixon, 1971). The incidence and severity of nephritis and nephrosis increased in rats receiving 1,500 or 5,000 ppm of the compound in the diet for 2 years, but no compound-related increase in tumors was reported at these levels (vixon et al., 1972). Rats administered 0.01, 0.1, or 1.0% Na3NTA in the drinking water for 10 weeks showed marked vacuolization of renal tubules and high mortality at the 1% level, but no effect on weight gain and no histopathologic changes in the kidney, brain, liver, or pancreas at the two lower concentrations (Mahaffey and Goyer, 1972). When 20 ml of a 5% NTA solution, disodium salt, was administered to rats in place of drinking water 5 nights/week for 84 weeks, no significant increase in the incidence of tumors was noted (Lijinski et al., 1973); similarly treated mice also showed no significant increase in the incidence of tumors (Greenblatt and Lijinsky, 1974).

Metabolic studies with several species indicate that NTA and  $Na_3NTA \cdot H_20$  are either poorly absorbed, or if absorbed are rapidly excreted and that metabolic transformation does not occur. Michael and Wakim (1971) reported that NTA was readily absorbed from the gastrointestinal tract in rats and dogs, but was poorly absorbed in rabbits and monkeys. In either case, most of the

dose that remained in the body after 72 hours was found in the skeleton, or, in the case of rabbits, still in the gastrointestinal tract. Absorption studies have not been reported with mice; however, Tjalve (1972) observed that radioactivity accumulated in the skeleton, kidney, and urinary bladder of mice given <sup>14</sup>C-labeled NTA. Metabolic data for NTA in humans resembled data for rats and dogs except that the extent of absorption for rats and dogs is four times greater than in humans (Budney and Arnold, 1973). Little or no biotransformation was observed in humans, judging by the finding that the radioactivity present in urine of humans given the labeled NTA was represented by unchanged NTA.

Since NTA and Na<sub>3</sub>NTA·H<sub>2</sub>O are eliminated rapidly through the kidneys, lesions of the urinary tract which arise as a result of administration of the compounds may be due to a local effect which can be brought about only by high concentrations. The occurrence of treatment-related neoplasms at high doses among animals of this bioassay should be taken into account in evaluations of hazards posed by use of the compounds.

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APPENDIX A

# SUMMARY OF THE INCIDENCE OF NEOPLASMS AND OTHER PROLIFERATIVE LESIONS IN RATS FED NA<sub>3</sub>NTA·H<sub>2</sub>O

IN THE DIET (SRI)

# \_\_\_\_\_NUNBER\_OF\_MALE\_\_RATS\_WITH\_TUMOPS\_BY\_ANATOMIC\_SITE(NTA.NA3.H20): SRI

	CONTROL (VEH)	LOW DOSE	MID DOSE	HIGH DOSE
FFECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	24(100%) 22(92%)	24 (100%) 23 (96%)	24 (100%) 24 (100%)	24(100%) 24(100%)
NTEGUNENTARY SYSTEM*	1 (4%)	4 (17%)		
SKIN PAPILLOMA SQUAMOUS CELL CARCINOMA	1	2 1 1		
SUBCUT TISSUE FIBROMA LIPOMA		2 1 1		
ESPIRATORY SYSTEM	1 (4%)		1 (4%)	5 (21%)
LUNG TRANSIT-CELL CARCINOMA METASTAT ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	1		1	5 4 1
IRCULATORY SYSTEM				
NO NE				
IGESTIVE SYSTEM	2 (8%)		1 (4%)	5 (21%)
LIVER NEOPLASTIC NODULE	2 2		1	3 3
PANCREAS TRANSIT-CELL CARCINOMA METASTAT				2 2
RINARY SYSTEM				14 (58%)
KIDNEY TRANSITIONAL-CELL CAPCINOMA HEMANGIOMA TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA				9 4 1 3 1
URETER TRANSITIONAL-CELL CARCINOMA				8 8
URINARY BLADDER TRANSITIONAL-CELL CARCINOMA				1

NUMBER OF MA	LERATS_WITH_T	TUMORS BY ANATOMIC	SITE(NTA-NA3-H2O);	SRI

	CONTFOL (VEH)	LOW DOSE	MID DOSE	HIGH DOS
NDOCRINE SYSTEM*	2 (8%)	8 (33%)	7 (29%)	3 (13%)
PITUITARY Chromophobe Adenoma		2 2	1 1	
ADRENAL TRANSIT-CELL CARCINOMA METASTAT PHEOCHROMOCYTOMA CORTICAL CARCINOMA	2 1 1	1 1	2 2	3 1 2
THYROID C-CELL CARCINOMA C-CELL ADENOMA		4 3 1	4	
PANCREATIC ISLETS ISLET-CELL ADENOMA		1 1	2 2	
MATOPOIETIC SYSTEM	2 (8%)	6 (25%)	1 (4%)	3 (13%)
MULTIPLE ORGANS LEUKEMIA LEUKEMIA GRANULOCYTIC	1 1	5 6	1 1	1 1
MESENTERIC LYMPHNODE TRANSIT-CELL CARCINOMA METASTAT				2 2
THYMUS MESOTHELIOMA MALIGNANT	1 1			
PRODUCTIVE SYSTEM	22 (92%)	23 (96%)	24 (100%)	23 (96%)
MAMMARY GLAND FIBROADENOMA				1 1
SEMINAL VESICLE TRANSIT-CELL CARCINOMA METASTAT				1 1
TESTIS INTERSTITIAL-CELL TUMOR MESOTHELIONA	22 22	23 23	24 24 1	23 23

	CONTROL (VEH)	LOW DOSE	MID DOSE	HIGH DOS
ERVOUS SYSTEM				
940M				
USCULOSKELETAL SYSTEM				
NONE				
PECIAL SENSE ORGANS				
NONE				
LL OTHEP SYSTEMS*	2 (8%)			
DIAPHRAGM	1			
MESOTHELIONA MALIGNANT	1			
PIEURA MESOTHELICMA	1			
UNOR SUMMARY				
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	22 (92%) 24	23 (96%) 31	24 (100%) 33	23 (96%) 31
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	4 (17%) 5	8 (33%) 10	2 (8 <b>%)</b> 2	11 (46%) 15
TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASTATIC TUMORS				5_(21%) 10

NUMBER	<u>of female rats</u>	<u>WITH_TUNORS_BY_A</u>	NATOMIC_SITE(NTA.NA3.H20):

	CONTROL (VEH)	LOW DOSE	MID DOSE	HIGH DOSI
PFECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	24(100%) 18(75%)	24 ( 100%) 19 (79%)	24 (100%) 17 (71%)	24 (100%) 20 (83%)
NTEGUMENTARY SYSTEM*		2 (8%)	1 (4%)	1 (4%)
SKIN SQUANOUS CELL CARCINOMA SEBACEOUS ADENOCARCINOMA SEBACEOUS ADENOMA		2 2	1	1
ESPIRATORY SYSTEM	1 (4%)	1 (4%)	3 (13%)	8 (33%)
NASAL CAVITY UNDIFFERENTIATED CARCINOMA			1	
LUNG UNDIPPERENTIATED CARCINOMA METAS TRANSIT-CELL CARCINOMA METASTAT ALVEOLAR/BRONCHIOLAR ADENOMA	1	1	3 2 1	8 5
ALVEOLAR/BRONCHIOLAR CARCINOMA Adenocarcinoma metastatic	1	1		3
IRCULATORY SYSTEM				
NONE				
IGESTIVE SYSTEM	2 (8%)	3 (13%)	2 (8%)	2 (8%)
SALIVARY GLAND UNDIFFERENTIATED CARCINOMA METAS			1	
LIVER NEOPLASTIC NODULE	1	3 3	1 1	1 1
SMALL INTESTINE ADENOCARCINOMA	1 1			1 1
CECUM UNDIFFEPENTIATED CAPCINOMA		•	1 1	

,

\* COLUMNS ARE OFFSET ACCORDING TO ORGAN SYSTEM, SPECIFIC ORGAN AND TUMOR TYPE

CONTROL (VEH)	LOW DOSE	MID DOSE	HIGH DOS
1 (4%)		2 (8%)	13 (54%)
1		1	4
1		1	
•			1 3
			6 6
		1	5
		1	5
3 (13%)	8 (33%)	5 (21%)	4 (17%)
2	4	3	2
2	4	3	2
1 1	1 1	2 2	1
	3		
	2 1		
			1 1
5 (21%)	4 (17%)	7 (29%)	4 (17%)
4	4	7	3
j	1	4 1	3
1	2	2	
			1 1
1			
	$ \begin{array}{c} 1 & (4\%) \\ 1 \\ 1 \\ 1 \\ 3 & (13\%) \\ 2 \\ 2 \\ 1 \\ 1 \\ 5 & (21\%) \\ 4 \\ 3 \\ 1 \\ \end{array} $	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

\* COLUMNS ARE OFFSET ACCORDING TO ORGAN SYSTEM, SPECIFIC ORGAN AND TUMOR TYPE

•

	CONTROL (V BH)	LOW DOSE	MID DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM*	11 (46%)	11 (46%)	7 (29%)	3 (13%)
MAMMARY GLAND	3	2	2	1
ADENONA FIBROADENONA	1 2	2	1 1	1
FIBRORDEROAR	2	2	1	1
CLITOPAL GLAND SEBACEOUS ADENOCARCINCMA	1			
UTERUS	8	11	6	2
ADBNOCARCINOMA	2	2		•
ENDONETRIAL STROMAL POLYP LEIONYOMA	6	10 1	6	2
CERVIX UTERI	1			
ENDOMETRIAL STROMA'L POLYP	1			
NERVOUS SYSTEM	1 (4%)	1 (4%)		1 (4%)
BRAIN	1	1		1
ASTROCYTOMA Meningioma	1	1		1
NONE SPECIAL SENSE ORGANS NONE				
ALL OTHER SYSTEMS				
NONE				
TUMOR SUMMARY				
TOTAL ANIMALS WITH BENIGN TUMOPS Total Benign Tumors	11 (46%) 13	13 (54 <b>%</b> ) 19	12 (50%) 15	9 (33 <b>%)</b> 11
TOTAL ANIMALS WITH MALIGNANT TUMORS "OTAL MALIGNANT TUMORS	9 (38%) 10	8 (33%) 12	10 (42%) 10	16 (67 <b>%</b> ) 20
TOTAL ANIMALS WITH METASTATIC TUMORS Total metastatic tumors	1 (4%)		2_(8%)	5 (21%) 6

\_\_\_\_\_NUMBER\_OF\_FEMALE\_RATS\_WITH\_TUMORS\_BY\_ANATOMIC\_SITE(NTA.NA3.H2O): SRI
APPENDIX B

# SUMMARY OF THE INCIDENCE OF NEOPLASMS AND OTHER PROLIFERATIVE LESIONS IN RATS AND MICE FED NTA

IN THE DIET (LBI)

NUMBER OF MALE	<u>PATS_WITH_TUMORS_BY_ANATOMIC_SITE(NTA):</u>	LBI

	CONTROL (UNTP)	LOW DOSE	HIGH DOSE
OFFECTIVE NUMBER OF ANIMALS	20 (100%)	50 ( 100%)	50 (100%)
INIMAIS WITH TUMORS	19 (95%)	43 (86%)	47 (94%)
NTEGUMENTARY SYSTEM*	2 (10%)	4 (8%)	4 (8%)
SKIN	1	2	3
PAPILLOMA BASAL CELL CARCINOMA	1	1	
ADNEXAL ADENOMA			1
ADNEXAL CARCINOMA KERATOACANTHOMA		1	1
SARCOMA, NOS			1
SUBCUT TISSUE	1	2	1
FIBROMA	4	1	
FIBROSARCOMA Hemangioma	1		1
KERATOACAN THOMA		1	
ESPIRATORY SYSTEM	1 (5%)	5 (10%)	6 (12%)
LUNG ALVEOLAF/BRONCHIOLAR ADENOMA	1	5 1	6
ALVEDLAF/BRONCHIOLAF CARCINOMA	1	4	4
SARCOMA METASTATIC			1
IRCULATORY SYSTEM			1 (2%)
MYOCARDIUM			1
SARCOMA METASTATIC			1
DIGESTIVE SYSTEM	3 (15%)	5 (10%)	3 (6%)
LIVER	3	5	2
NEOPLASTIC NODULE Hepatocellular capcinoma	3	2 3	2
STOMACH			1
PAPILLOMA			1
		1 (2%)	7 (14%)
KIDNEY		1	5
TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA		1	3 2
URETER			3
PAPILLOMA Papillary Adencma			2
TAFILLAFI ADDALCA			

\_\_\_\_\_\_NUMBER OF MALE RATS WITH TUMORS BY ANATOMIC SITE (NTA): LBI

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM*		16 (32%)	8 (16%)
PITUITARY Chronophobe Adenoma Basophil Adenoma	1 1	6 5 1	2 2
ADRENAL PHEOCHRONOCYTONA	1 1	9 9	5 5
THYROID Follicular-Cell Adenoma Pollicular-Cell Carcinoma		2 1 1	1 1
PANCREATIC ISLETS ISLET-CBLL ADENOMA			1
ENATOPOIETIC SYSTEM	1 (5%)	3 (6%)	2 (4%)
MULTIPLE ORGANS Leukemia Brythrocytic leukemia	1 1	3 3	1 1
LIVER ERYTHROCYTIC LEUKENIA			1
BPRODUCTIVE SYSTEM	17 (85%)	42 (84%)	45 (90%)
PP EPUTIAL GLAND ADENOCARCINIMA		2 2	4 4
TESTIS INTERSTITIAL-CELL TUMOR	16 16	42 42	45 45
EPIDIDYMIS HEMANGIOMA	1		
BRVOUS SYSTEM			
NONE			
USCULOSKELETAL SYSTEM			
NONE			
PECIAL SENSE ORGANS	1 (5%)		
EYELID SARCONA, NOS	1		

	CONTROL (UNTR)	TOW DOCE	WTCH DOSP
• • • • • • • • • • • • • • • • • • • •	CONTROL (GNIR)		
L OTHER SYSTEMS*			1 (2%)
MULTIPIE ORGANS			1
TUBULAR-CELL ADENOCARCINIMA META			1
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	18 (90%) 19	43 (86%) 63	46 (92%) 65
TOTAL ANIMALS WITH MALIGNANT TUMOFS TOTAL MALIGNANT TUMORS	5 (25%) 5	13 (26%) 14	12 (24%) 13
TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASTATIC TUMORS	:		2 (4%)

NUMBER OF FEMALE RATS WITH TUMORS BY ANATOMIC SITE (NTA): LBI

	CONTFOL (UNTF)	LOW DOSE	HIGH DOSE
EFFECTIVE NUMBER OF ANIMALS	20 ( 100%)	50 (100%)	50 (100%)
NIMALS WITH TUMORS	20(100%) 14(70%)	33 (66%)	47 (94%)
NTEGUMENTARY SYSTEM*	2 (10%)	1 (2%)	
SKIN	2		
BASAL CELL CARCINOMA	1		
CARCINOSARCOMA	1		
SUBCUT TISSUE	1	1	
SQUAMOUS CELL CARCINOMA	4	1	
CARCINOSARCOMA	1		
ESPIRATORY SYSTEM	1 (5%)	4 (8%)	7 (14%)
		• •	
LUNG Souandus cell carcingma metastat	1	4 1	7
ALVEOLAR/BRONCHIOLAR CARCINOMA		3	7
CARCINOSARCOMA METASTAT	1		
IRCULATORY SYSTEM			
IGESTIVE SYSTEM	2 (10%)	8 (16%)	22 (44%)
LIVER NEOPLASTIC NODULE	2	8	22 22
	L		
PANCREAS Acinar-Cell Adenoma			1
ACINAR-CELL ADENORA			
RINARY SYSTEM		2 (4%)	14 (28%)
KIDNEY			2
TRANSIT-CELL PAPILLOMA			-1
QUBULAP-CELL ADENOMA			1
URINARY BLADDER		2	12
SQUAMOUS CELL CARCINOMA		2	1
TPANSITIONAL-CELL CARCINOMA		2	11
NDOCRINE SYSTEM	6 (30%)	13 (26%)	25 (50%)
PITUITARY	6	10	12
CHROMOPHOBE ADENOMA	6	9	11
BASOPHIL AD ZNOMA		FIC ORGAN AND	11

NUMBEP OF PENALE RATS WI	IH_TUMORS_BY_ANA	TOMIC_SITE(NTA	): LBI
PERCENTAGES BY SYSTEM ARE BASED ON TH	HE EFFECTIVE NUM	BER OF ANIMALS	)
	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ADRENAL	1		14
PHEOCHROMOCYTOMA	1		14
THYROTD	3	3	3
C-CELL ADENOMA	2	2	2
C-CELL CARCINOMA		1	1
IEMATOPOIETIC SYSTEM*	3 (15%)	6 (12%)	6 (12%)
MULTIPLE ORGANS	3	4	6
MALIGNANT LYMPHOMA		1	
MALIG.LYMPHOMA LYMPHOCYTIC TYPE Malig.lymphoma histiocytic type		1	1
LEUKEMIA	3	2	3
ERYTHROCYTIC LEUKEMIA	5	-	2
SUBMANDIBULAR L.NODE		1	
SQUAMOUS CELL CARCINONA METASTAT		1	
PANCREATIC L.NODE		1	
MALIG.LYMPHOMA HISTIOCYTIC TYPE		1	
LUNG		1	
MALIG.LYMPHOMA HISTICCYTIC TYPE		1	
PEFRODUCTIVE SYSTEM	7 (35%)	15 (30%)	7 (14%)
NAMMAFY GLAND	6	4	2
ADENOCAFCINDMA	_	1	
CYSTADENOMA	3	2	1
FIBROADENOMA	3	3	1
MAMMARY DUCT		3	
CARCINOMA		1	
CYSTADENOCARCINOMA		1	
FIBROADENOMA		1	
CLITORAL GLAND	1	2	
ADENOCARCINIMA	1	2	

\* COLUMNS ARE OFFSET ACCORDING TO ORGAN SYSTEM, SPECIFIC ORGAN AND TUMOR TYPE

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UTERUS

OVARY

ADENOCARCIN MA MULTIPLE POLYPOSIS

FIBROSAPCOMA

ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ERVOUS SYSTEM*		1 (2%)	2 (4%)
CEPEBRUM ASTPOCYTOMA			1 1
BRAIN GLIOMA		1	1 1
USCULOSKELETAL SYSTEM			
rone			
PECIAI SENSE ORGANS	1 (5%)		
EAR CANAL Squamous cell carcinoma	1 1		
LL OTHEP SYSTEMS			
NONE			
UFOP SUMMARY			
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	9 (45%) 17	18 (36%) 23	27 (54%) 35
TOTAL ANIMALS WITH MALIGNANT TUMOPS TOTAL MALIGNANT TUMORS	7 (35%) 8	16 (32%) 20	25 (50%) 31
TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASTATIC TUMORS	1 (5%) 1	1 (2%) 2	

NUMBER OF FEMALE RATS WITH TUMORS BY ANATOMIC SITE (NTA): LBI

\_\_\_\_\_NUMBER\_OF\_MALE\_\_\_NICE\_WITH\_TUMORS\_BY\_ANATOMIC\_SITE(NTA): LBI

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
FFECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	20(100%) 10(50%)	49(100%) 14(29%)	44(100%) 31(70%)
NTEGUMENTARY SYSTEM*			2 (5%)
SUBCUT TISSUE HEMANGIOMA			2 2
ESPIRATORY SYSTEM	4 (20%)	5 (10%)	6 (14%)
IUNG	Ľ	5	6
ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAF/BRONCHIOLAF CARCINOMA	4	3 2	2 L
IFCULATORY SYSTEM			
NCNE			
IGESTIVE SYSTEM	3 (15%)	4 (8%)	2 (5%)
LIVER	3	4	2
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HAMARTOMA	3	1 2 1	2
RINAPY SYSTEM		5 (10%)	25 (55%)
KIDNEY		5	23
TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA		5	1 22
KIDNEY/PELVIS Papilloma			1 1
NDOCRINE SYSTEM			
NCNE			
ENATOPOIETIC SYSTEM	2 (10%)	u (8%)	6 (14%)
MULTIPLE ORGANS	1	4	ц
MALIGNANT LYMPHOMA Leukemia	1	2	1 3
LEUKEMIA LYMPHOCYTIC	·	2	-
SPLEEN	1		

\_\_\_\_\_NUMBER OF MALE \_\_MICE WITH TUMORS BY ANATOMIC SITE(NTA): LBI (PEPCENTAGES BY SYSTEM ARE BASED ON THE EFFECTIVE NUMBER OF ANIMALS) CONTROL (UNTF) IOW DOSE 313H DOSE -----PANCPEATIC L. MODE 1 MALIGNANT LYMPHOMA 1 MESENTERIC LYMPHNODE 1 MALIGNANT LYMPHOMA 1 \_\_\_\_\_ REPFODUCTIVE SYSTEM NONE NERVOUS SYSTEM NONE \_\_\_\_ MUSCULOSKELETAL SYSTEM NONE SPECIAL SENSE ORGANS NONE ALL OTHEP SYSTEMS\* 1 (5%) PELVIS 1 HEMANGIOMA 1 TUMOR SUMMARY TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS 5 (10%) 5 (25%) 5 (11%) 11 (22%) 13 5 (25%) 28 (64%) 34 TOTAL ANIMALS WITH MALIGNANT TUMOPS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASPATIC FUMORS \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \* CCLUMNS ARE OFFSET ACCOPDING TO ORGAN SYSTEM, SPECIFIC ORGAN AND TUMOP TYPE

NUMBER OF PEMALE MICE WITH TUMORS BY ANATOMIC SITE (NTA): LBI

/PERCENTAGES	RV	く 人 ム山 ちょう	ARE	BASED	<b>ON</b>	THE	EFFRCTTVE	NUMBER	OP	ANTMALSY	

	CONTROL (UNTR)	LOW DOSE	FIGH DOSE
PPECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	20(100%) 4 (20%)	39 (100%) 13 (33%)	50(100%) 19(38%)
NTEGUMENTARY SYSTEM*			1 (2%)
SKIN HEMANGIOMA			1
BSPIPATORY SYSTEM		2 (5%)	4 (8%)
LUNG ALVEOLAR/BRONCHIOLAP ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA		2 2	4 2 2
IRCULATORY SYSTEM		1 (3%)	
HEART NONCHROMAFFIN PARAGANGLIOMA		1	
IGESTIVE SYSTEM		2 (5%)	1 (2%)
LIVER Hepatocellular carcinoma Hemangioma		2 1 1	
ESOPHAGUS SQUAMOUS CELL CARCINOMA			1
RINARY SYSTEM			4 (8%)
KIDNEY TUBULAR-CELL ADENOCARCINOMA			4 4
NDOCRINE SYSTEM		1 (3%)	
PITUITARY CHRONOPHOBE ADENONA		1	
EMATOPOIETIC SYSTEM	4 (20%)	7 (18%)	10 (20%)
MULTIPLE CRGANS Malignant lyyphoma Leukemia	3 1 2	7 3 3	7 5 1

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
SPLEEN MALIGNANT LYMPHOMA	1 1		
MEDIASTINAL L.NODE Malignant lymphoma			1 1
MESENTERIC LYMPHNODE Malignant lymphona			2 2
BPRODUCTIVE SYSTEM*		1 (3%)	1 (2%)
UTERUS ADENOMA LEIONYOMA		1 1	1 1
ERVOUS SYSTEM			
NONE			
NONE USCULOSKELETAL SYSTEM NONE			
USCULOSKELETAL SYSTEM			
USCULOSKELETAL SYSTEM None			
USCULOSKELETAL SYSTEM NONE PECIAL SENSE ORGANS NONE		1 (3%)	
USCULOSKELETAL SYSTEM NONE PECIAL SENSE ORGANS NONE		1 (3%) 1 1	
USCULOSKELETAL SYSTEM NONE PECIAL SENSE ORGANS NONE LL OTHER SYSTEMS UTERINE LIGAMENT HEMANGIOMA		1	
JSCULOSKELETAL SYSTEM NONE PECIAL SENSE ORGANS NONE LL OTHER SYSTEMS UTERINE LIGAMENT HEMANGIOMA		1	4 (8%) 4
USCULOSKELETAL SYSTEM NONE PECIAL SENSE ORGANS NONE LL OTHER SYSTEMS UTERINE LIGAMENT HEMANGIOMA UMOR SUMMARY TOTAL ANIMALS WITH BENIGN TUMORS	u (20%)	1 1 	4 (8%) 4 (8%) 16 (32%) 17

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APPENDIX C

# SUMMARY OF THE INCIDENCE OF NEOPLASMS AND OTHER PROLIFERATIVE LESIONS IN RATS AND MICE FED Na<sub>3</sub>NTA·H<sub>2</sub>O IN THE DIET (LBI)

.

NUMBER_	OF MALE	<u>_RATS_WITH</u>	TUMORS_BY	ANATOMIC	SITE (NTA.NA3.H2O);	LBI

	CONTPOL (UNTR)	LOW DOSE	HIGH DOSE
FFECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	20 (100%) 20 (100%)		
NTEGUMENTARY SYSTEM *		2 (4%)	2 (4%)
SKIN SQUAMOUS CELL CARCINOMA		1 1	
SUBCUT TISSUE FIBPOMA SARCOMA,NOS		1 1	2 1 1
ESPIRATORY SYSTEM	2 (10%)	12 (24%)	3 (6%)
LUNG SQUAMOUS CELL CARCINOMA METASTAT ALVEOLAR/BRONCHIOLAP ADENOMA AIVEOLAF/BRONCHIOLAR CARCINOMA SARCOMA METASTATIC	2 1 1	12 1 2 8 1	3 2 1
IPCULATORY SYSTEM			1 (2%)
HEART SARCCMA, NOS			1
IGESTIVE SYSTEM	2 (10%)	1 (2%)	3 (6%)
SALIVARY GLAND MIXED TUMOR MALIGNANT			1 1
LIVER NEOPLASFIC NODULE	1 1		1 1
STOMACH PAPILLOMA	1 1		
SMALL INTESTINE Aden )carcinoma		1 1	1 1
RINARY SYSTEM		4 (8%)	2 (4%)
KIDNEY TUBULAR-CELL ADENOCARCINOMA SARCOMA MEFASTATIC HAMAPTOMA		3 1 1 1	1 1
KIDNEY/PELVIS RANSIT-CELL_PAPILLOMA			1

.

	CONTROL (UNTF)	LOW DOSE	HIGH DOSE
UPETER PAPILLOMA		1 1	
ENDOCRINE SYSTEM*	9 (40%)	11 (22%)	11 (22%)
PITUITAPY Chromophobe Adenoma	2 2	3 3	1 1
ADRENAL Pheochromocytoma	4 4	<b>3</b>	5 5
THYROID C-CELL ADENDMA C-CELL CARCINOMA FIBROSARCOMA	2 2	2 1 1	5 2 2 1
PANCREATIC ISLETS ISLET-CELL ADENOMA		3 3	1 1
IEMATOPOIETIC SYSTEM	3 (15%)	1 (2%)	6 (12%)
MULTIPLE ORGANS LEUKEMIA ERYTHROCYTIC LEUKEMIA MALIG.LYMPHOMA HISTIOCYTIC TYPE	2 2	1	5 4 1
SPLEEN SARCOMA MALIG.LYMPHONA HISTIOCYTIC TYPE	1 1		1 1
EPRODUCTIVE SYSTEM	20 (100%)	45 (92%)	41 (92%)
MAMMARY GLAND FIBROADENOMA			1
PREPUTIAL GLAND ADENOCARCINIMA	1 1	1 1	
TESTIS INTERSTITIAL-CELL TUMOR	20 20	45 45	4 1 4 1
EPIDIDYMIS HEMANGIOMA		1 1	
EPVOUS SYSTEM		1 (2%)	1 (2%)
BRAIN ASTROCYTOMA		1 1	1

NUMBER OF MALE RATE WITH TUMORS BY ANATOMIC STTE (NTA.NA3.H20)! LBI

	CONTPOL (UNTR)	LOW DOSE	HIGH DOSE
USCULOSKELETAL SYSTEM			
NDNE			
PECIAL SENSE ORGANS			
NONE			
LL OTHER SYSTEMS*		2 (4%)	1 (2%)
MULTIPLE ORGANS Mesothelioma		1 1	1 1
PERITONEUM MESOTHELIONA		1	
UMOR SUMMARY			
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIJN TUMORS	20 (100%) 30	47 (96%) €1	42 (84%) 55
TOTAL ANIKALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	5 (25%) 5	15 <b>(31%) **</b> 16	13 (26%) 16
TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASTATIC TUMORS		2 (4%) 3	

NUMBER OF FENALE RATS WITH TUMORS BY ANATOPIC SITE (NTA.NA3.H20): LBI

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
FFECTIVE NUMBER OF ANIMALS NIMALS WITH TUMORS	20(100%) 13(65%)	50 ( 100%) 36 (72%)	49 (100%) 26 (53%)
NTEGUMENTARY SYSTEM *		2 (4%)	
SUBCUT TISSUE Fibroma Lipoma		2 1 1	
ESPIRATORY SYSTEM	1 (5%)	5 (10%)	3 (6%)
LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	1 1	5 1 4	3 1 2
IRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM		2 (4%)	2 (4%)
LIVER NEOPLASTIC NODULE		1 1	1 1
ESOPHAGUS Squamous cell carcinoma			1 1
COLON Adenonatous Polyp		1	
IRINAPY SYSTEM		4 (8%)	2 (4%)
URINARY BLADDER PAPILLOMA		u	2 1
SQUAMOUS CELL CAPCINONA TRANSITIONAL-CELL CARCINOMA		1 3	1
NDOCRINE SYSTEM	7 (35%)	19 (38%)	13 (27%)
PITUITARY	3	16	13
ADENONA Chronophobe Adenoma Basophil Adenona	3	15 1	1 12
ADRENAL <u>PHEOCHROMOCYTOMA</u>	1		

PHEOCHROMOCYTOMA 1 \* COLUMNS ARE OFFSET ACCORDING TO ORGAN SYSTEM, SPECIFIC OPGAN AND TUMOR TYPE

## NUMBER OF FEMALE RATS WITH TUMOPS BY ANATOMIC SITE (NTA.NA3.H20): LBI

4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	5 1 4
1 4 0%) 1 (2%) 1 1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	$ \begin{array}{c} 1\\ 1\\ 2\%) & 5 & (10\%) \\ & 5 \\ & 1 \\ 4\\ 36\%) & 8 & (16\%) \\ & 3 \\ 1\\ 1\\ 1\\ 1\\ u \end{array} $
4 0%) 1 (2%) 1 1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	1 2%) 5 (10%) 5 1 4 36%) 8 (16%) 3 1 1 1 1 1 1 u
0%) 1 (2%) 1 1 1 1 1 18 (36%) 10 1 1 1 7 2 2 7	1 2%) 5 (10%) 5 1 4 36%) 8 (16%) 3 1 1 1 1 1 1 u
1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	2%) 5 (10%) 5 1 4 36%) 8 (16%) 3 1 1 1 1 1 4
1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	5 1 4 36%) 8 (16%) 3 1 1 1 1 1 1
1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	5 1 4 36%) 8 (16%) 3 1 1 1 1 1 1
1 1 0%) 18 (36%) 10 1 1 1 7 2 2 7	5 1 4 36%) 8 (16%) 3 1 1 1 1 1 1
1 0%) 18 (36%) 10 1 1 1 7 2 2 2 7	1 4 36%) 8 (16%) 3 1 1 1 1 1 1 1 4
0%) 18 (36%) 10 1 1 1 1 7 2 2 2 7	4 36%) 8 (16%) 3 1 1 1 1 1 1 1
0%) 18 (36%) 10 1 1 1 1 7 2 2 2 7	36%) 8 (16%) <sup>3</sup> 1 1 1 1 1 1 1 1 1
10 1 1 7 2 2 7	3 1 1 1 1 1 4
1 1 7 2 2 7	1 1 1 1 1 4
1 1 7 2 2 7	1 1 1 1 1 4
1 1 7 2 2 7	1 1 1
1 7 2 2 7	1 1 1
1 7 2 2 7	1 1 4
1 7 2 2 7	1 1 4
2 2 7	1 1 4
2 7	1
7	u
7	4

NUMBER OF FEMALE RATS WITH TUMORS BY ANATOMIC SITE (NTA.NA3.H20): LBI (PERCENTAGES BY SYSTEM ARE BASED ON THE EFFECTIVE NUMBER OF ANIMALS) ------CONTROL (UNTR) LOW DOSE HIGH DOSE TUMOR SUMMARY 10 (50%) 29 (58%) 15 42 TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS 17 (35%) 21 TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS 12 (24%) 13 4 (20%) 4 11 (22%) 11 TOTAL ANIMALS WITH METASTATIC TUMORS TOTAL METASTATIC TUMORS --------\* COLUMNS APE OF SET ACCORDING TO ORGAN SYSTEM, SPECIFIC OFGAN AND TUMOR TYPE

NUMBER O	P_MALE	MICE WITH TUMORS	BY ANATOMIC	SITE(NTA.NA3.H20):	LBI

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
EFFECTIVE NUMBER OF ANIMALS NUMAIS WITH TUMORS	20(100%) 7(35%)	48(100%) 18(38%)	50 (100%) 14 (28%)
NTEGUMENTAPY SYSTEM *		1 (2%)	1 (2%)
SKIN SEBACEOUS ADENOMA FIBROSARCOMA		1	1 1
ESPIRATORY SYSTEM	3 (15%)	9 (19%)	
LUNG HEPATOCELLULAR CARCINOMA NETASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA NONCHROMAFFIN PARAGANGLIGMA PHEOCHROMOCYTOMA METASTATIC	3 1 1 1	9 1 6 1 1	
IPCULATORY SYSTEM			
NON E			
IGESTIVE SYSTEM	5 (25%)	6 (13%)	LL (8%)
LIVER HEPATOCELLULAR ADBNOMA HEPATOCELLULAR CARCINOMA NONCHROMAFFIM PARAGANGLIOMA SAPCOMA, UNDIFFERENTIATED	4 3 1	6 5 1	4 3 1
SMALL INTESTINE Adenocarcinoma	1 1		
RINARY SYSTEM		1 (2%)	
KIDNEY Nonchropaffin Paraganglioma		1 1	
NDOCPINE SYSTEM	1 (5%)	4 (8%)	
ADRENAL CORTICAL CARCINOMA FONCHPOMAFFIN PARAGANGLIOMA PHEOCHROMOCYTOMA NALIGNANT		3 1 1 1	
THYROID FOLLICULAR-CELL ADEMOTA	1 1	1 1	

\* COLUMNS ARE OFFSET ACCORDING TO ORGAN SYSTEM, SPECIFIC ORGAN AND TUMOR TYPE

NUMBER OF MALE MICE WITH TUMORS BY ANATOMIC SITE (NTA. NA3. H2O): LBI

С	ONTROL (UNTR) LOW DOSE	HIGH DOSE
MATOPOIETIC SYSTEM*	4 (8%)	9 (18%)
NULTIPLE ORGANS Malignant lynphona Leukemia	1 1	5 1 4
SPLEEN HEMANGIONA	1 1	1 1
NESENTERIC LYNPHNODE Malignant lynphona	1 1	3 3
LUNG HALIGNANT LYNPHOMA		1 1
KIDNEY Malignant lynphoma	1 1	
PRODUCTIVE SYSTEM		1 (2%)
TESTIS Interstitial-Cell Tumor		1 1
RVOUS SYSTEM		1 (2%)
BRAIN STEM SARCONA, UN DIFFER ENTIATED		1 1
SCULDSKELETAL SYSTEM		
NON E		
ECIAL SENSE ORGANS		
NOK E		
l other systems		1 (2%)
MES ENTERY HEN ANGIONA		1 1
TOLYSIS/NO NECROPSY PERFORMED	2	

NUMBER OF MALE \_\_\_\_\_\_ NICE WITH TUMORS BY ANAIOMIC\_SITE(NTA.NA3.H20): LBI

(PERCENTAGES BY SYSTEM ARE BASED ON THE	EFFECTIVE NUM	BER OF ANIMALS	)
	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH BENIGN TUMORS	4 (20%)	4 (8%)	≗(3%)
Total Benign Tumors	5	4	4
TOTAL ANIMALS WITH MALIGNANT TUMORS	3 (15%)	15 (31%)	12 (24%)
TOTAL MALIGNANT TUMORS	3	17	13
TOTAL ANIMALS WITH METASTATIC TUMORS	1 (5%)	1 (2%)	
Total metastatic tumors	1	1	

115

47'

NUMBER OF FEMALE MICE WITH TUMORS BY ANATOMIC SITE(NTA.NA3.H2O): LBI

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
EFFECTIVE NUMBER OF ANIMALS	18(100%) 6(33%)	46(100%) 11(24%)	47 (100%) 16 (34%)
NTEGUMENTARY SYSTEM *		1 (2%)	
SKIN FIBROSARCOMA		1	
RESPIRATORY SYSTEM	1 (6%)		2 (4%)
LUNG ALVEOLAF/BRONCHIOLAF ADENOMA	1		2 1
ALVEOLAR/BRONCHIOLAR CARCINOMA	1		1
CIRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM	2 (11%)	3 (6%)	3 (6%)
LIVER	2	3	3
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	2	1 2	2
SARCOMA METASTATIC	-		ī
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM		1 (2%)	3 (6%)
PITUITARY Chromophobe Adenoma		1	1
ADRENAL		·	1
PHEOCHROMOCYTOMA			1
THYROID FOLLICULAR-CELL CARCINOMA			1 1
IEMATOPOIETIC SYSTEM	3 (17%)	8 (17%)	9 (19%)
MULTIPLE ORGANS	3	8	8
MALIGNANT LYMPHOMA Leukemia	3	1 7	4
SPLEEN			1

	NUMBER_O	P_PEMALE_MICE_WI	TH_TUMORS_BY_ANA	<u> COMIC_SITE(NTA</u>	<u>NA3.H20</u> ): LBI
PERCENTAGES	BY SYSTE	M ARE BASED ON T	THE BFFECTIVE NUM	BER OF ANIMALS	)
			CONTROL (UNTR)	LOW DOSE	HIGH DOSE
<b>E</b> PRODUCTIVE	SYSTEM*				1 (2%)
UT ERUS SARCONA,	NOS				1 1
ERVOUS SYST	BM				
NONE					
USCULOSKELE	TAL SYSTE	M			
NONE					
PECIAL SENS	E ORGANS				
NONE					
LL OTHER SY					
UMOR SUMMAR					
TOTAL ANIM	ALS WITH NIGN TUMO	BENIGN TUMORS RS		2 (4%) 2	3 (6%) 3
TOTAL BE			() () ) M)	11 (24%)	13 (28%)
TOTAL ANIM	ALS WITH I LIGNANT T	MALIGNANT TUMORS UMORS	5 6 (33%) 6	11	14

APPENDIX D

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# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS FED NA $_3$ NTA·H $_2$ O IN THE DIET (SRI)

#### TABLE D1 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED NA<sub>3</sub>NTA<sup>.</sup>H<sub>2</sub>O IN THE DIET

	CONTROL	LOW DOSE	HID DOSE	HIGH DOS
AWIMALS INITIALLY IN STUDY ANIMALS NECROPSIED AWIMALS EXAMINED HISTOPATHOLOGICALLY AWIMALS WITH NON-TUMOR PATHOLOGY	24 24 <b>(100\$)</b> 24 .	24 24 (100%) 23 23 (96%)	24 2 <b>4 (100%)</b> 24	24 24 (1005) 24 24 (1005)
INTEGUMENTARY SYSTEM				
BONE				
RESPIRATORY SYSTEM *	15 (63%)	17 (74%)	15 (63%)	18 (75%)
TRACHEA Inflammation	7 7	5 5	8 8	*
LUNG/BRONCHUS	4	10	7	1
BRONCHIECTASIS	4	2	3	
LYMPHOID HYPERPLASIA	1	9	5	1
LUNG	11	8	10	15
MINERALIZATION	1			
ENPHYSEMA	2	1	2	
ATELECTASIS	1	1	1	
CONGESTION	2			
EDENA		1		
HENORRHAGE		1		**
ISPLANNATION THEILMEADTON THERESITETAL	4	•	E	13
INPLAMMATION INTERSTITIAL Abscess	4	3	5	•
FYPERPLASIA ADENONATOUS		ľ	2	8
HYPERPLASIA ALVEOLAR-CELL	2			·
IRCOLATORY SYSTEM	24 (100%)	23 (100%)	24 (100%)	22 (92%)
BPICARDIUM INPLAMMATION	1			
INFARMALION	E.			
HEART				3
FIBROSIS				3

	CONTROL	LOW DOSE	MID DOSE	HIGH DOSE
MYOCARDIUM	24	23	24	19
INPLANMATION FIBROSIS DIFFUSE	2 23	23	24	3 17
POLNONARY ARTEPY THRONBOSI S		1 1		
IGESTIVE SYSTEM	17 (71%)	18 (7 <b>8%)</b>	22 <b>(92%)</b>	10 (42%)
LIVER	5	8	8	
GRANULOMA	4	6	6	
PIBROSIS POCAL Peliosis hepatis	1		1	
NECROSIS FOCAL	I	1		
BASOPHILIC CYTOPLASM ALTERATION		•	1	
HEMATOPOIESIS		1	·	
LIVER/HEPATOCYTES CYTOPLASHIC VACUOLIZATION			1 1	
BILE DUCT	12	12	19	5
INFLAMMATION	3	6	7	5
RYPERPLASIA	11	11	15	
PANCREAS	3	4	4	6
INFLAMMATION	_	•	1	
INPLAMMATION CHRONIC FIBROSIS	3	4	3	•
FIBROSIS DIFFUSE				3
				·
STONACH	4	1	3	1
IN PLAMMATION	2		1	1
ULCER INFLAMMATION CHRONIC	1	1	3	
	•			
GASTRIC MUCOSA			2	
EROSIVE INFLAMMATION			2	

## TABLE D1 MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	NID DOSE	HIGH DOSE
URINARY SYSTEM	17 (71%)	19 (83%)	24 (100%)	24 (100%)
KIDNBY	17	19	24	24
<b>HYDRONEPHROSIS</b>				18
INFLAMMATION		1	2	4
INFLAMMATION CHRONIC	17	18	22	-
NEPHROSIS				2
HYPERPLASIA				1
HYPERPLASIA TUBULAR-CELL				20
<b>RIDNEY/PELV</b> IS	1		3	7
HYPERPLASIA EPITHELIAL	. 1		3	ר' ז
···· <b>·································</b>	•		•	
DRETER		1	4	3
HYPERPLASIA EPITHELIAL		1	4	3
URINARY BLADDER		3	5	8
HYPERPLASIA EPITHELIAL		3	3	8
DYSPLASIA EPITHELIAL		1	4	
BNDOCRINE SYSTEM	4 (17%)	5 (22%)	6 (25%)	1 (4%)
ADRENAL CORTEX	2	5	6	
CYTOPLASHIC VACUOLIZATION	2	4	6	
HYPERPLASTIC NODULE		1		
ADRENAL MEDULLA	1			
HYPERPLASIA FOCAL	1			
THYROID	1	1		1
COLLOID CYST				Ť
HYPERPLASIA C-CELL		1		
HYPERPLASIA POLLICULAR-CELL	1			
HEBATOPOIETIC SYSTEM	22 (92%)	17 (71%)	23 (96%)	23 (96%)
SPLEEN	22	17	23	23
HEMOSIDEROSIS	20		23	16

#### TABLE D1 MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	NID DOSE	TIGE DOSI
SPLEEN (CONT.) LYNPHOID HYPERPLASIA				1
<b>HEMATOPOIESIS</b>	21	15	22	20
MANDIBULAR L. NODE GRANULOMA	1 T			
MESENTERIC LYMPHNODE Atrophy	1 1 1			
REPRODUCTIVE SYSTEM	3 (13%)	2 (9%)	3 (13%)	
BAMMARY GLAND Hyperplasia	1 1			
PROSTATE INFLAMMATION	1 1	2 2	3 3	
SEMINAL VESICLE DISTENTION	1 1			
BERVOUS SYSTEM		7 (4%)		
BRAIN HEHORRHAGE		1 1		
BUSCULOSKELETAL SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONE				

	CONTROL	LOW DOSE	HID DOSE	NIGR DOSI
ALL OTHER SYSTEDS	10 (4 2%)	4 (17%)	10 (42%)	8 (33%)
ADIPOSE TISSUE NECROSIS PA1	10 10	4 6	10 10	8 8
UTOLYSIS/NECROPSY PERF/NO HISTO P	ER <b>P</b>	1		
UTOLYSIS/NECROPSY PERF/NO HISTO P	ER <b>P</b>	1		
	24	24	24	24
NIMAL DISPOSITION SUMMARY			24	
NIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH* MORIBUND SACRIFICE		1 24 5 3	24	24 18
NIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH* MORIBUND SACRIFICE SCHEDULED SACRIFICE	24		24	
NIMAL DISPOSITION SUMMARY ANIMALS INITIALLY IN STUDY NATURAL DEATH* MORIBUND SACRIFICE	24		24 24	

#### TABLE D1 MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

\* SYSTEM PERCENTAGES ARE BASED ON NUMBER OF ANIMALS NECROPSIED.

# TABLE D2 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED $\rm NA_3NTA^{-}H_2O$ in the diet

NIMALS INITIALLY IN STUDY NIMALS NECROPSIED NIBALS EXAMINED HISTOPATHOLOGICALLY NIMALS WITH NON-TUMOR PATHOLOGY	24 24 (100%)	24 24 (100%) 24	24 24 (100%) 24	24 24 <b>(10</b> 0%)
			24 (100%)	24 23 (96%)
NTEGUMENTARY SYSTEM				
NONE				
RESPIRATORY SYSTEM *	11 (46%)	11 (46%)	7 (29%)	13 (54%)
TRACREA	6	7	5	9
INPLAMMATION	6	7	5	9
LUNG/BRONCHUS	4	1	1	<b>TO</b> .
BRONCHIECTASIS	1	1		
LYMPHOID HYPERPLASIA	3		1	10
LUNG	4	4	2	1
EDEMA			1	
INFLAMMATION	2	<b>`</b>	1	1
INPLANNATION INTERSTITIAL Abscess	3 1	3 1	•	
LDNG/ALVEOLI PHAGOCYTIC CELL				† 1
IRCULATORY SYSTEM	23 (96%)	23 (96%)	24 (100%)	6 (25%)
HBART			1	4
NINBRALIZATION				1
PIBROSIS				3
FIEROSIS FOCAL			1	
HYOCARDIUM	23	23	23	2
INPLAMMATION PIBROSIS DIPPUSE	1 23	1 23	23	•

•

	CONTROL	LOW DOSE	MID DOSE	HIGH DOSI
JIGASTIVE SYSTEM	19 (79%)	17 (71%)	19 (79%)	17 (71%)
LIVFK	11	8	12	8
INFLATATION GRANULOMATOUS			1	1
GRANULCHA	9	7	8	6
PIBROSIS POCAL Necrosis focal			1 1	1
BASOPPILIC CYTOPLASE ALTERATION	2	1	3	•
BILE DUCI	16	11	11	15
LNPLANMATION	13	9	6	13
HYPERPLASIA	10	6	6	11
		•	-	
PANCREAS	9	3	1	1
INFLAMMATION	2	-		-
INFLAMMATION CHRONIC	6	3	1	1
STONACH	1			
INFLAMMA FION	1			
COLON	2	1		
INFLAMPATION	2	1		
CECUN		1		
INFLAMMATION		1		
IPINARY SYSTEM	5 (21%)	5 (21%)	16 (6 <b>7%</b> )	24 (100%)
KIDNEY	3	3	5	21
HYDRONEPHROSIS		_	_	20
INFLAMMATION	•	2	1	
INFLAMMATION CHRONIC Hyperplasia tubular-cell	3	1	1	11
FEMOSIDEROSIS			3	
KIDNEY/CORTEX FIBROSIS		1		
F1BR0515		1		
RENAL TOBULE				11
HYPERPLASIA				11
KIDNEY/PELVIS	1	2		10
HYPERPLASIA EPITHELIAL	<b>'</b> 1	2		10
				-
URLTER				5

### TABLE D2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	NID DOSE	HIGH DOS
RETER (CONT.) DYSPLASIA				2
URINARY BLADDER EDEMA	1	1	15	18 1
HYPERPLASIA EPITHELIAL Hyperplasia pocal Dysplasia epithelial	1	1	13 1 3	14 8
NDOCRINE SYSTEM	3 (13%)	4 (17%)	6 (25%)	6 (25%)
FIFUITARY CYST		1		
ADRENAL Pibrosis Pocal Anglectasis	1		3 2 1	
ADREBAL CORTEX CYST	2	3 1	3	
PIBROSIS POCAL Necrosis Pocal Cytoplasmic Vacuolization	1	1	2 1	
HYPERPLASIA FOCAL Thyroid	1	1	1	5
HYPERPLASIA C-CELL Thyroid Pollicle Riperplasia			1	5 1 1
ENATOPOIETIC SYSTEM	18 (75%)	19 (79%)	16 (6 <b>7%</b> )	18 (75%)
SPLBEN HEBOSIDEROSIS HEMATOPOIESIS	17 17 17	18 17 18	16 16 T3	18 12 17
MANDIBULAR L. NODE ATROPHY	1			

### TABLE D2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)
	CONTROL	LOW DOSE	NID DOSE	HIGH DOSE
MESENTERIC LYMPHNODE Lymphangiectasis		1 1		
EPRODUCTIVE SYSTEM	7 (29%)	7 (29%)	4 (*7%)	7 (29%)
MAMMARY GLAND INFLAMMATION YSTIC Hyperplasia	1 1	1 1		
NAMMARY GLAND/LOBULE HYPERPLASIA	2 2		1 1	
UTERUS KYDROMETFA CYST			T 1	3 3
INFLAMMATION METAPLASIA SQUAMOUS	1		•	1
UTEFUS/BNDOMETRIUM INFLAMMATION INFLAMMATION SUPPURATIVE	5 4	4 4	2 1	4 4
INPLANMATION CYSTIC SYPERPLASIA	1		1	•
FALLOPIAN TUBE INFLAMMATION				1 1
OVARY CYST		2		1 1
INPLAMMATION INPLAMMATION GRANULOMATOUS		1 1		
ERVOUS SYSTEM				
NONE				
JSCULOSKELETAL SYSTEM				
NOBE				
PECIAL SENSE ORGANS				
NORE		·····	· · · · · · · · · · · · · · · · · · ·	

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# TABLE D2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	MID DOSE	HIGH DOSI
LL OTHER SYSTEMS	2 (8%)			
ADIPOSE TISSUE	1			
NECROSIS PAT	1			
ONENTUM	1			
CYST	1			
O LESION REPORTED		1		
NIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY	24	24	24	24
NATURAL DEATH*	3	1	2	1
MORIBUND SACRIFICE	3	4	6	6
SCHEDULED SACRIFICE				
ACCIDENTALLY KILLED				
TERNIWAL SACRIPICE Animal missing	18	19	16	17

\* SYSTEM PERCENTAGES ARE BASED ON NUMBER OF MAINALS NECROPSIED.

APPENDIX E

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS AND MICE FED NTA IN THE DIET (LBI)

#### TABLE E1 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED NTA IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	20	50	50
ANIMALS NECROPSIED	20 (100%)	50 (100%)	50 (100%)
ANIMALS EXAMINED HISTOPATHOLOGICALLY	20	50	49
AN IMALS WITH NON-TUMOR PATHOLOGY	19 (95%)	49 (98%)	49 (98%)
		r der dir ein dir ihn den bisan son der ein den den das der der der der der	
INTEGUNENTARY SYSTEM	1 (5%)		
SKIN	1		
EPIDERNAL INCLUSION CYST	1		
RESPIRATORY SYSTEM	6 (30%)	34 (68%)	34 (68%)
TRACHEA	1	1	1
INFLAMMATION		1	1
INFLAMMATION CHRONIC	1		
LUNG/BRONCHUS			1
INFLAMMATION			1

	CONTROL	LOW DOSE	HIGH DOSE
LUNG/BRONCHIOLE		1	
HYPERPLASIA ADENOMATOUS		1	
LUNG	5	33	32
BRONCHOPNEUMONIA SUPPURATIVE		1	1
ABSCESS			2
PNEUMONIA CHRONIC MURINE	4	31	29
INFLAMMATION CHRONIC	1	1	1
CIRCULATORY SYSTEM	5 (25%)	18 (36%)	14 (28%)
NYOCARDIUN	5	18	14
INFLAMMATION POCAL	1		
PIBROSIS	2	13	9
FIBROSIS FOCAL			1
FIBROSIS DIFFUSE	1	1	
DEGENERATION	1	4	4
IGESTIVE SYSTEM	13 (65%)	13 (26%)	13 (26%)

	CONTROL	LOW DOSE	HIGH DOSE	
SALIVARY GLAND			2	
FIBROSIS DIFFUSE			1	
HYPERPLASIA			1	
LIVER	4	1	2	
METAMORPHOSIS PATTY	3	1	1	
BASOPHILIC CYTOPLASH ALTERATION	1			
LEUKEMOID REACTION			1	
PANCREAS	4	6	2	
FIBROSIS		2		
FIBROSIS FOCAL	1			
PIBROSIS DIPPUSE	2	2	1	
HYPERPLASIA INTRADUCTAL	1	2	1	
PANCREATIC ACINUS	1	1		
ATROPHY	1	1		
SMALL INTESTINE	7	4	7	
INFLAMMATION			1	
ULCER			1	
INFLAMMATION CHRONIC	1			
LYMPHOID HYPERPLASIA	6	4	6	

	CONTROL	LOW DOSE	HIGH DOSE
COLON	2	1	1
LYMPHOID HYPERPLASIA	2	1	1
URINARY SYSTEM	10 <b>(50%</b> )	46 (92%)	43 (86%)
KIDNEY	10	46	43
INFLAMMATION CHRONIC	9	46	43
TOXIC BEPHROPATHY	1		
HYPERPLASIA RENAL-CELL			1
HYPERPLASIA FOCAL		1	
URETER			1
HYPERPLASIA EPITHELIAL			1
URINARY BLADDER			1
HYPERPLASIA EPITHELIAL			1

	CONTROL	LOW DOSE	HIGH DOSE
			****
BN DOGDIND, CYCODD			11 (Q <b>M</b> )
ENDOCRINE SYSTEM		2 (4%)	4 (8%)
PITUITARY		1	
HEMATOCYST		1	
ADKENAL			1
LYMPHANGIECTASIS			1
INDENIT CODER			1
ADRENAL CORTEX			
HYPERPLASIA NODULAR			1
THIROID		1	2
HYPERPLASIA C-CELL		1	2
HEMATOPOIETIC SYSTEM	8 (40%)	6 (12%)	17 (34%)
BONE MARROW		1	
HYPERPLASIA		1	
SPLEEN	4	2	4
CONGESTION			1
LEUREMOID REACTION			1
HYPERPLASIA RETICULUN-CELL	2	2	

	CONTROL	LOW DOSE	HIGH DOSE
LYMPHOID HYPERPLASIA	2		2
LYMPH NODE	3	3	3
HYPERPLASIA RETICULUM-CELL	1	1	3
LYMPHOID HYPERPLASIA	2	2	
SUBMANDIBULAR LYMPH		2	4
INFLAMMATION HEMORRHAGIC		1	
INPLANMATION CHRONIC			1
INPLANHATION CHRONIC SUPPURATIVE			1
LYMPHOID HYPERPLASIA		1	2
CERVICAL LYMPH BODE			1
HYPERPLASIA RETICULUM-CELL			1
MESENTERIC LYMPHNODE	1	1	6
EDEMA			1
INFLAMMATION HEBORRHAGIC			1
INFLAMMATION CHRONIC			1
HYPERPLASIA RETICULON-CELL		1	3
LYMPHOID HYPERPLASIA	1		

		به هذا با با گراهه مرد مرد با ب این ها در این این کردن کردن این این این این این این ا	
	CONTROL	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM	3 (15%)	3 (6%)	2 (4%)
PREPUTIAL GLAND			1
HYPERPLASIA EPITHELIAL			2
PROSTATE	2	2	2
INFLAMMATION CYSTIC		1	
HYPERPLASIA	1		1
HYPERPLASIA EPITHELIAL			1
HYPBRPLASIA CYSTIC	1		
HYPERPLASIA INTRADUCTAL		1	
SEMINAL VESICLE	1	1	
INFLAMMATION SUPPURATIVE		1	
HYPERPLASIA CYSTIC	1		
TESTIS	1		
ATROPH Y	1		
NBRVOUS SYSTEM		1 (2%)	
BRAIN		1	
HYDROCEPHALUS INTERNAL		1	

	CONTROL	LOW DOSE	HIGH DOSE
HUSCULOSKELETAL SYSTEM			
NONE			
******			
SPECIAL SENSE ORGANS			
NONE			
** ** * * * * * * * * * * * * * * * * *			
ALL OTRER SYSTEMS			2 (4%)
			2 (4%)
NO ASSOCIATED ORGAN			1
AUTOLYSIS/NECROPSY PERF/NO HISTO			1
MESBNTERY			1
NECROSIS PAT			1

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	20	50	50
NATURAL DEATH*			1
MORIBUND SACRIFICE			
SCHEDULED SACRIFICE			6
ACCIDEBTALLY KILLED			1
TERMINAL SACRIFICE	18	39	41
ANIMAL MISSING			
INCLUDES AUTOLYZED ANIMALS			

#### TABLE E2 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED NTA IN THE DIET

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	20	50	50
ANIMALS NECROPSIED	20 (100%)	50 (100%)	50 (100%)
ANIMALS EXAMINED HISTOPATHOLOGICALLY	20	50	50
ANIMALS WITH NON-TUMOR PATHOLOGY	19 (95%)	46 (92%)	48 (96%)
INTEGUNENTARY SYSTEM NOWE			
RESPIRATORY SYSTEM	12 (60%)	18 (36%)	24 (48%)
TRACHEA	1		1
INFLAMMATION NECROTIZING	1		
INFLAMMATION CHRONIC SUPPURATIVE			1
LUNG	11	18	23
PNEUMORIA CHRONIC MURINE	10	18	22
INPLAMMATION CHRONIC			1

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
CIRCULATORY SYSTEM	3 (15%)	9 (18\$)	
EPICARDIUM			1
INPLANATION			1
HEART		1	
PERIARTERITIS		1	
HYOCARDIUH	3	8	13
FIBROSIS	2	3	8
FIBROSIS DIFFUSE		1	
DEGENERATION	1	4	5
DIGESTIVE SYSTEM	6 (30%)	11 (225)	7 (14%)
LIVER	3	5	1
NECROSIS FOCAL	1		
HETAHORPHOSIS FATTY		2	
HEBOSIDEROSIS	·· <u>···································</u>		

### TABLE E2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL (UNTR)	LOW DOSE	HIGH DOS
IVER (CONT.)		*	
<b>BASOPHILIC CYTOPLASE ALTERATION</b>	2	3	
BILE DUCT			1
LYMPHOCYTIC INPLAM INFILTRATE			1
PANCREAS	2	1	4
INFLAMMATION FOCAL			1
LYMPHOCYTIC INFLAM INFILTRATE			1
FIBROSIS DIFFUSE	2	٦	1
HYPERPLASIA INTRADUCTAL			3
SMALL INTESTINE	1	6	1
INFLAMMATION		1	
LYMPHOID HYPERPLASIA	1	6	1
RINAFY SYSTEM	4 (20%)	26 (52%)	40 (80%)
KIDNEY	4	25	36
HYDRONEPHROSIS			1
PYELONEPHRITIS			1
INFLAMMATION SUBACUTE		2	1
INFLAMMATION CHRONIC	2	24	33
NEPHROPATHY	2		

	CONTROL	LOW DOSE	HIGH DOSE
GLONERULOSCLEROSIS			1
BENAL TUBULE			1
REGENERATION			1
URINARY BLADDER		2	11
BYPERPLASIA EPITHELIAL		2	11
NDOCRINE SYSTEM	6 (30%)	8 (16%)	12 (24%)
PITUITARY	4	3	4
CIST	2	2	2
HENATOCYST	1		
INFLAMMATION CYSTIC			1

	CONTROL	LOW DOSE	HIGH DOSE
PITUITARY (CONT.) PIGNENTATION	1		
	1		
HEMOSIDEROSIS			1
RYPERPLASIA POCAL		1	
ADRENAL CORTEX	2	2	1
HEMATOCYST		1	
INPLANHATION SUPPURATIVE	1		
LIPOIDOSIS	1		
HYPERPLASIA BODULAR			1
BYPERPLASIA FOCAL		1	
ADREWAL MEDULLA		1	
HEMATOCIST		1	
THYROID		2	8
CYSTIC POLLICLES			1
HYPERPLASIA C-CELL		2	7
ENATOPOIETIC SYSTEM	2 (10%)	8 (16%)	8 (16%)
BORE MARROW		2	
PIBROSIS POCAL		1	
HYPERPLASIA HEMATOPOIETIC		1	

	CONTROL (UNTR)	LOW DOSE	HIGH DOSE
SPLEEN			4
INFLAMMATION CHRONIC	•	·	1
INFLAMMATION CHRONIC NECROTIZING	1		·
NECROSIS DIFFUSE			1
Henosiderosis			1
<b>ERYTHROPHAGOCYTOSIS</b>			1
HYPERPLASIA ERYTHROID			1
HYPERPLASIA RETICULUM-CELL		1	
LYNPH NODE		3	2
HYPERPLASIA RETICULUN-CELL		2	3
LYMPHOID HYPERPLASIA		1	
SUBMANDIBULAR LYMPH		2	1
INFLAMMATION SUPPURATIVE			1

ه هم به مراجع ها به ما ها به منه به منه منه از منه مراجع منه منه به منه به منه منه به من 	به به همه ها ما های همینها هر بهی خانه است جای هایشا با به های بوری والی کار 		**************************************
	CONTROL	LOW DOSE	HIGH DOSE
JBHANDIBULAR LYNPH NODE (CONT.)			
HYPERPLASIA RETICULUM-CELL		3	
HESENTERIC LYMPHNODE	1	1	3
HYPERPLASIA RETICULUM-CELL	1	1	2
LYMPHOID HYPERPLASIA			1
EPRODUCTIVE SYSTEM	2 (10%)	18 (36%)	11 (22%)
		• •	
HAHHARY GLAND			1
CYST			1
UTBRUS		8	2
HEBA TOBA		1	
INPLANMATION SUPPORATIVE		1	
PIONETRA		3	2
ABSCESS		2	
PIBROSIS		1	
HYPERPLASIA CYSTIC		1	
UTERUS/BNDOMETRIUM	1	7	6
INFLAMMATION		1	
INFLAMMATION SUPPORATIVE	1	5	2
INPLAMBATION ACUTE			1

	CONTROL	LOW DOSE	HIGH DOSE
INPLANMATION ACUTE SUPPURATIVE			1
HYPERPLASIA		2	
HYPERPLASIA CYSTIC		2	3
PALLOPIAN TUBE		1	
INFLAMMATION SUPPURATIVE		1	
OVARY	2	4	5
CYST	-	4	4
INPLANMATION CYSTIC			1
INFLAMMATION CHRONIC	1		
NECROSIS FAT	1		
NERVOUS SYSTEM	1 (5%)		

# TABLE E2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
BRAIN	1		
HYDROCEPHALUS INTERNAL	1		
NUSCULOSKELETAL SYSTEM		1 (2%)	
SPLENIUS MUSCLE		1	
INFLAMMATION		1	
SPECIAL SENSE ORGANS			
NONE			
ALL OTHER SYSTEMS	1 (5%)	2 (4%)	1 (2%)
	(3%)	2 (477)	(24)
PBRITONEUM			1
INFLAMMATION			1
INFLAMMATION			·
NO ASSOCIATED ORGAN	1	2	
NO LESION REPORTED	1	2	
ANIMAL DISPOSITION SUMMARY	ŧ	L	
	20	F.0.	50
ANIMALS INITIALLY IN STUDY	20	50	50
NATURAL DEATE*			

	CONTROL	LOW DOSE	HIGH DOSE
NORIBUND SACRIFICE			
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED	1	1	
TERMINAL SACRIFICE	6	39	39
ANIMAL MISSING			
* INCLUDES AUTOLYZED ANIMALS			
	*****		

#### TABLE E3 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED NTA IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY	20	50	50
NIMALS MISSING		1	6
NIMALS MECROPSIED	20 (100%)	48 (100%)	44 (100%)
NIMALS EXAMINED HISTOPATROLOGICALLY	20	48	44
NIMALS WITH NON-TUMOR PATHOLOGY	12 (60%)	30 (63%)	33 ( <b>7</b> 5 <b>%</b> )
BTEGUNEBTARY SYSTEM NONE			
NONE	1 (5%)	1 (2%)	3 (7%)
	1 (5%)	1 (2%)	3 (7%) 3
NONE BSPIRATORY SYSTEM			

CIRCULATORY SYSTEM

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	CONTROL	LOW DOSE	HIGH DOSE
			** **** * * * * * * * *
DIGESTIVE SISTEN	2 (10%)	9 (19%)	2 (5%)
LI VER	1	4	
METAHORPHOSIS PATTY	1	2	
HYPERPLASIA WODULAR		1	
ANGIECTASIS		1	
BILE DUCT		1	
INFLAMBATION		1	
SMALL INTESTINE		3	1
LYMPHOID HYPBRPLASIA		3	1
PETERS PATCH	1		1
LYMPHOID HYPERPLASIA	1		1
LARGE INTESTINE		1	
LYNPBOID HYPERPLASIA		1	

******			
	CONTROL	LOW DOSE	HIGH DOSE
RIWARY SYSTEM	2 (10%)	5 (10%)	16 (36 <b>%</b> )
KIDNEY	1	3	13
HYDRON EPHROS IS		3	8
HENATOCYST			1
INFLAMMATION			1
INFLAMMATION CHRONIC			4
INFARCT			1
CALCINOSIS	1		
HETAPLASIA OSSEOUS			1
KIDH EY /CORTEX		1	1
CYST		1	
DEGENERATION			1
REWAL TUBULE			3
DEGENERATION			1
SEPHROSIS			2
ORETER		1	1
INPLANMATION CHRONIC			1
HYPERPLASIA EPITHELIAL		1	

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	CONTROL	LOW DOSE	HIGH DOSE	
HYPERPLASIA EPITHELIAL	1			
ENDOCRINE SYSTEM		3 (6%)	4 (9%)	
ADREWAL MEDULLA		1		
HYPERPLASIA		1		
THYROID		2	4	
CISTIC POLLICLES			1	
GOITER COLLOID		1	1	
HYPERPLASIA C-CELL		1	3	
FENATOPOIETIC SYSTEM	2 (10%)	4 (8%)	9 (20%)	
SPLEEN	1	1	3	
LYMPHOID HYPERPLASIA	1	1	3	
LTHPH NODE			2	
LYMPHOID HYPERPLASIA			2	
NAWDIBULAR L. NODE			1	
LYMPHOID HYPERPLASIA			1	

	CONTROL	LOW DOSE	HIGH DOSE
MESENTERIC LYNPBHODE	1	3	6
HYPERPLASIA			1
LYMPHOID HYPERPLASIA	1	3	5
HENATOPOIESIS		1	
REPRODUCTIVE SYSTEM	3 (15%)	10 (21%)	19 (43%)
PROSTATE	3	10	19
INFLAMBATION CREONIC		1	
HYPERPLASIA CYSTIC	3	9	19
ERVOUS SYSTEM	7 (35%)	7 (15%)	5 (11%)
BRAIN	7	7	5
CORPORA ANYLACEA	7	7	5
USCULOSKELETAL SYSTER			
NONE			

SPECIAL SENSE ORGANS

	CONTROL	LOW DOSE	HIGH DOSE
BONE			
ALL OTHER SYSTEMS	5 (25%)	12 (25%)	8 (18%)
PERITONEUM		1	
INFLAMMATION RECFOTIZING		1	
NO ASSOCIATED ORGAN	4	10	8
NO LESION REPORTED	4	9	2
ANIMAL MISSING		1	6
Mesentery	1	1	
NECROSIS_PAT	1	1	

	CONTROL	LOW DOSE	HIGH DOSE
WIRAL DISPOSITION SUMMARY			
ANIHALS INITIALLY IN STUDY	20	50	50
NATURAL DRATH*	1	4	2
MORIBUND SACRIPICE			2
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			1
TERMINAL SACRIFICE	19	44	39
ANIMAL BISSING		1	6
INCLUDES AUTOLYZED ANIMALS			

#### TABLE E4 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED NTA IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	20	50	50
ANIMALS MISSING		11	
ANIMALS NECROPSIED	20 (100%)	38 (100%)	49 (100%)
ANIHALS EXAMINED HISTOPATHOLOGICALLY	20	38	49
ANIMALS WITH NON-TUMOR PATHOLOGY	15 ( <b>75%</b> )	31 (82%)	44 (90%)
了这点也不可能有知道不为好,不知道而你当			
INTEGUNENTARY SYSTEM			
INTEGUNENTARY SISTEM NONE			
NONE	4 (205)	2 (5%)	3 (6%)
NONE	4 (20%)	2 (5%)	3 (6%)
NONE	4 (20 <b>%</b> ) 4	2 (5%) 2	3 (6%) 2
NONE			
NONE RESPIRATORY SYSTEM LUNG	4	2	2
NONE RESPIRATORY SYSTEM LUNG PNEUMONIA CHRONIC MURINE	4	2 1	2
NONE RESPIRATORY SYSTEM LUNG PNEUMONIA CHRONIC MURINE	4	2 1	2

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	CONGROI	LOW DOSE	HTCH DOCP
	CONTROL	TON DOPE	nign Dose
CIRCULATORY SYSTEM			1 (2%)
MYOCARDIUM			1
INPLANMATION NECROTIZING			1
DIGESTIVE SYSTEM	6 <b>(30%</b> )	4 (11%)	
SALIVARY GLAND	1		
LYMPHOCYTIC INFLAM INFILTRATE	1		
LIVER	2	2	
NECROSIS FOCAL		1	
INPARCT		1	
HYPERPLASIA NODULAR	1		
HEMATOPOIESIS	1		
GALLBLADDER	1		
CALCULUS	1		
INFLAHRATION CHRONIC	1		
BILE DUCT	1		
INFLAMMATION	11		

	CONTROL	LOW DOSE	HIGH DOSE
PEYERS PATCH		2	
LYMPHOID HYPERPLASIA		2	
COLON	1		
CYST	1		
URINARY SYSTEM			22 (45%)
KIDNEY			19
HYDRONEPHROSIS			12
INFLAMMATION			2
INFLAMMATION CHRONIC			5
NEPHROSIS			1
INFARCT			4
KIDNEY/CORTEX			1
NEPHROSIS			1
RENAL TUBULE			4
DEGENERATION			4
KIDNEY/PELVIS			1
RYPERPLASIA EPITRELIAL			1

	CONTROL	LOW DOSE	HIGH DOS
ENDOCRINE SYSTEM		5 (1 <b>3%</b> )	4 (8%)
THYROID		5	4
GOITER COLLOID		2	1
HYPERPLASIA C-CELL		3	3
PARATHYROID		1	
HYPERPLASIA		1	
HENATOPOIETIC SYSTEM	1 (5%)	5 (13%)	7 (14%)
SPLEEN		5	5
LYMPHOID HYPEPPLASIA		5	5

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	CONTROL	LOW DOSE	HIGH DOSE
LYNPH BODE			1
LYMPHOID HYPERPLASIA			1
HANDIBULAR L. NODE		1	
LYMPHOID HYPERPLASIA		1	
LYBPH BODE OF THORAX		1	
LYNPROID HYPERPLASIA		1	
NESENTERIC LYNPHHODE	1	2	4
EDEBA		1	
INFLAMMATION CISTIC	1		
LYMPHOID HYPERPLASIA		2	4
REVAL LYNPH NODE		1	
LYMPHOID HYPERPLASIA		1	
REPRODUCTIVE SYSTEM	11 (558)	23 (61%)	30 (618)
adiavyyeliti jijiki	(334)	23 (018)	1410) VC
UTERUS		4	6
19PLANNATION			1
PYOHETRA			1
INPLABRATION CYSTIC		1	3

	CONTROL	LOW DOSE	HIGH DOSE	
RYPERPLASIA CYSTIC		3	1	
CEPVIX BTEPI		3	2	
IBPLAMMATION		2	1	
INFLAMMATION SUPPURATIVE		1		
INFLAMMATION ACUTE			1	
UTERUS/BEDOEETRIUE	9	15	19	
10PLANBATION		1	1	
INPLANMATION CYSTIC		1		
BYPERPLASIA CYSTIC	9	14	19	
OVARY	3	6	6	
CTST		5	3	
HE NO REHAGE		1		
IBPLANEATION CYSTIC	3	1	3	
	CONTROL	LOW DOSE	HIGH DOSE	
----------------------------------	---	----------	---	--
NERVOUS SYSTEM	3 (15%)	4 (11%)	5 (10%)	
BRAIN	3	4	5	
CORPORA ANYLACEA	3	4	5	
ADSCULOSKELBTAL SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONE				
	، طلب عنه، بعنه حرف هذه جع، عليه عنه، الله عنه، الله عنه، الله حالة. كله ال		. The data will disk disk data will a disk disk disk disk disk disk disk disk	
ALL OTHER SYSTEMS	3 (15%)	13 (34%)	4 (8%)	
TAIL			1	
INPLAMMATION POCAL GRANULOMATOUS			1	
NO ASSOCIATED ORGAN	2	13	2	
NO LESION REPORTED	2	2	2	
ANIMAL HISSING		11		
HESENTER Y	1		1	
			-	

# TABLE E4 FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
CIST			1
WECROSIS FAT	1		
HAL DISPOSITION SUMMARY			
WINALS INITIALLY IN STUDY	20	50	50
BATURAL DEATH*	1	2	1
HORIBUND SACRIFICE		1	1
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			
TERMINAL SACRIFICE	19	35	47
ANIMAL MISSING		11	
INCLUDES AUTOLYZED ANIHALS			

#### TABLE E4 FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

166

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SUMMARY OF THE INCIDENCE OF NONNEOPASTIC LESIONS IN RATS AND MICE FED  $NA_3NTA \cdot H_2O$  in the diet (LBI)

APPENDIX F

# TABLE F1 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED $NA_3NTA \cdot H_20$ in Thediet

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals missing	20	50 1	50
ANIMALS MISSING	23 (1005)	49 (100%)	50 (100%)
ANIMALS PRAMINED HISTOPATHOLOGICALLY		49 (10074)	50 (100,7)
		43 (88%)	50 (100%)
INTEGUNENTARY SYSTEM *		1 (2%)	1 (2%)
SUBCUT TISSUE		1	1
EPIDERMAL INCLUSION CYST		1	1
RESPIRATORY SYSTEM	2 (10%)	4 (8%)	26 (52%)
TE ACHEA			3
IN FLAMFATION			2
INPLAMMATION CHRONIC			1
LUNG	2	4	25
HE NOR RHAGE			6
Abscess			1
PNEUMONIA CHRONIC MURINE	2	4	20
HYPERPLASIA ALVEOLAP-CELL			1
LUNG/ALVEOLI			1
CIRCULATOPY SYSTEM	5 (25%)	18 (37%)	19 (38%)
MYOCARD IOM	5	18	19
INFLAMMATION FOCAL			1
FIBROSIS	1	6	2
DEGENERATION	4	12	16

	CONTROL	LOW DOSE	HIGH DOSE
)IGESTIVE SYSTEM	7 (35%)	13 (27%)	13 (26%)
LIVER	4	10	10
NECROSIS	•		1
NECROSIS FOCAL			1
METAMORPHOSIS PATTY		3	2
CYTOPLASMIC ALTERATION	1		
CYTOPLASMIC VACUOLIZATION		_	2
	4	7	4
HEMATOPOIESIS		1	
PANCREAS		2	4
FIBROSIS		1	2
FIBROSIS DIFFUSE		1	2
PERIARTEFITIS			1
HYPERPLASIA INTRADUCTAL		1	
PANCREATIC ACINUS		4	
BYPERPLASIA NODULAR		1	
MIFERFLASIA RODULAR		·	
STORACH			1
HYPERPLASIA EPITHELIAL			1
SMALL INTESTINE	٤	1	1
LYMPHOID HYPERPLASIA	3	1	1
COLON	1	1	
NEMATODIASIS	1	1	
RINARY SYSTEM	9 (45%)	36 (73%)	49 (98%)
	5 (45 <b>x</b> )	30 (73%)	45 (50%)
KIDNEY	9	36	47
HEMORRHAGE	_		5
INFLAMMATION CHRONIC	9	36	39
NEPHROSIS CHOLEMIC		•	2
PIGMENTATION Hyperplasia tubular-cell		1	1
HIPERPERSIA IUBOLAR-CELL			I
KIDNEY/PELVIS			3
HYPERPLASIA EPITHELIAL			3
URETER			1
HYPERPLASIA EPITHELIAL			.1
NETHING UTINGO			3
URINARY BLADDER HYPERPLASIA EPITHELIAL			3

	CONTROL	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM	2 (10%)	16 (33%)	5 (10%)
PITUITARY		3	
CYST		1	
HYPERPLASIA FOCAL		1	
HYPERPLASIA BASOPHILIC		1	
ADRENAL CORTEX		2	
HYPERPLASIA NODULAF		2	
ADRENAL MEDULLA	1		
CYST	1		
THYROID	1	12	5
HYPEPPLASIA C-CELL	1	12	4
HYPERPLASIA FOLLICULAR-CELL			1
PARATHY FOID		1	
HYPERPLASIA		1	
HEMATOPOIETIC SYSTEM	5 (25%)	8 (16%)	5 (10%)
SFLEEN	1	1	3
FIBROSIS POCAL			1
HEMOS IDEROSIS			1
LYMPHOID DEPLETION			1
LYMPHOID HYPEPPLASIA	1	1	
LYMPH NODE	2	5	
INFLAMMATION		1	
HYPERPLASIA RETICULUM-CELL		3	
LYMPHOID HYPERPLASIA	2	1	
SUBMANDIBULAR L.NODL	1	1	
INFLAMMATION SUPPURATIVE		1	
HIPERPLASIA CYSTIC	1		
MESENTEFIC LYMPHNODE	1	2	2
CYST		_	1
INFLAMMATION		2	
HYPERPLASIA PEIICULUM-CELL			<u> </u>

	CONTROL	LOW DOSE	HIGH DOSI
REPRODUCTIVE SYSTEM	**======	3 (6%)	2 (4%)
PREPUTIAL GLAND		1	1
ABSCESS		, 1	•
HYPERPLASIA		1	1
PROSTATE			1
METAPLASIA SQUAMOUS			1
SEMINAL VESICLE		1	
INFLAMMATION SUPPURATIVE		1	
<b>LPIDIDYMIS</b>		1	
NECROSIS FAT		1	
ERVOUS SYSTEM	1 (5%)		5 (10%)
BRAIN/MENINGES HEMORRHAGE			5 5
BRAIN HYDROCEPHALUS INTERNAL	1 1		
USCULOSKELETAL SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONE			
LL OTHEP SYSTEMS		2 (4%)	
MLSENTERY		2	
PERIARTERITIS		-1	
NECROSIS PAT		1	

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	20	50	50
NATURAL DEATH*	1	3	4
MORIBUND SACRIFICE	1	1	3
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			7
TERMINAL SACRIFICE	16	45	36
ANIMAL MISSING		1	

\* SYSTEM PERCENTAGES ARE BASED ON NUMBER OF ANIMALS NECROPSIED.

# TABLE F2 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED NA\_3NTA $\cdot$ H\_20 IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	20	50	50
ANIEALS NECROPSIED	20 ( 100%)	50 (100%)	49 (100%)
ANIMALS EXAMINED HISTOPATHOLOGICALLY		50	49
ANIMALS WITH NON-TUMOR PATHOLOGY	12 (60%)	46 (92%)	46 (94%)
INIEGUMENTARY SYSTEM *		,	1 (2%)
SKIN			1
HYPERKEPATOSIS			1
PARAKERA TOSIS			1
RESPIRATORY SYSTEM	3 (15%)	3 (6%)	14 (29%)
LUNG	3	3	14
HENORBHAGE			5
PNEUMONIA CHRONIC MURINE	3	2	8
NECROSIS FOCAL			1
HYPERPLASIA ALVEOLAF-CELL		1	
CIRCULATORY SYSTEM	2 (10%)	9 (18%)	4 (8%)
MYOCARDIUM	2	9	4
INPLAMMATION FOCAL			1
FIBROSIS	1	4	2
DECENERATION	1	5	1
DIGESTIVE SYSTEM	5 (25%)	22 (44%)	19 (39%)
LIVER	4	17	17
METANORPHOSIS FATTY	2	••	2
CYTOPLASMIC VACUOLIZATION		2	
<b>BASOPHILIC CYTOPLASE ALTERATION</b>	2	<b>1</b> 5	15
HEMATOPOIESIS		1	
PANCREAS		4	1
FIBROSIS			1
FIEROSIS FOCAL		1	
FIBROSIS DIPFUSE		3	

	CONTROL	LOW DOSE	HIGH DOSE
FANCREATIC ACINUS ATROPHY			1 1
SMALL INTESTINE LYMPHOID PYPERPLASIA	1 1	2 2	1
RINARY SYSTEM	2 (10%)	32 (64%)	39 (80%)
KIDNEY YYDRONEPHROSIS	2	29 1	37
HEMORRHAGE PYELONEPHRITIS		1	2
INPLAMMATION INFLAMMATION CHRONIC	2	27	1 34
TOXIC NEPHROPATHY NEPHROSIS CHOLEMIC HYPERFLASIA TUBULAR-CELL		1	2 1
KIDNEY/PELVIS INFLANNATION SUPPURATIVE		1	1
NECROSIS		1	I
URINARY BLADDER Hyperplasia epitrelial		4 4	5
ENLOCRINE SYSTEM	3 (15%)	13 (26%)	13 (27%)
PITUITAPY Cyst Hematocyst Hyperplasia basophilic	1 1	4 4	6 3 2 1

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#### TABLE F2 FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOS
ADFENAL		4	3
CYST		1	•
BEMATOCYST LIPOIDOSIS		2 1	2
1110100315		ľ	•
ADPENAL COFTEX	1	1	1
REMATOCYST		1	
METANORPHOSIS PATTY	1		
HYPERPLASIA FOCAL			1
ADRENAL MEDULLA		1	
CYST		1	
TEYROID	2	5	5
HYPERPLASIA C-CELL	2	<b>5</b>	ັ5
PARATHYROID		1	
HEMATOCYST		1	
EMATOPOLETIC SYSTEM	2 (10%)	6 (12%)	5 (10%)
SPLEEN	2	2	2
INFARCT	1		
LYMPHOID HYPERPLASIA	1	2	2
LYMPH NODE		1	1
HYPERPLASIA FETICULUM-CELL		1	1
SUBMANDIBULAR L.NODE		2	
IN PLA MMATION		1	
LYMPHOID HYPERPLASIA		1	
CEIVICAL LYMPH NODE			1
HE BOR RHAGE			1
MESENTERIC LYMPHNODE		1	1
EDEMA		-	1
HYPERPLASIA FETICULUM-CELL		1	

	CONTROL	LOW DOSE	HIGH DOSI
EPRODUCTIVE SYSTEM	1 (5%)	3 (6%)	5 (10%)
NANNARY GLAND Cyst			2 2
UTERUS Hematometra		1 1	
UTERUS/ENDOMETRIUM INPLAMMATION CYSTIC HYPERPLASIA	1	1 1	2 1 1
HYPERPLASIA CYSTIC OVARY CYST	1	1 1	1 1
ERVOUS SYSTEM	1 (5%)	3 (6%)	6 (12%)
BEAIN/MENINGES HEMORRHAGE INPLAMMATION		1	1 1
CHOROID PLEXUS Corpora Amylacea	1 1		
CERBBRUM Hemorriage			1 1
BRAIN HYDROCEPHALUS HYDROCEPFALUS INTERNAL HEMORRHAGE			4 1 2 1
HYPOTHA LAN US ATROPHY		1 1	1 1
MIDBRAIN Atrophy		1	

	CONTROL	LOW DOSE	HIGH DO
USCULOSKELETAL SYSTEM			
NONE			
PECIAL SENSE OPGANS			
NONE			
LL OTHER SYSTEMS	3 (15%)		2 (4%)
PLLVIS			1
HEMORRHAGE			1
NECROSIS FAT			1
ADIPOSE TISSUE	2		1
INFLAMMATION	1		1
NECROSIS FAT	1		
MESENTERY	1		
NECROSIS FAT	1		
O LESION REPORTED	2	1	2
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	20	50	50
NATURAL DEATH*	2	3	5
MORIBUND SACRIFICE SCHEDULED SACRIFICE	2	1	5
ACCIDENTALLY KILLED		I	5
TERMINAL SACRIFICE	18	46	39
ANIMAL MISSING			
INCLUDES AUTOLYZED ANIMALS			

\* SYSTEM PERCENTAGES ARE BASED ON NUMBER OF ANIMALS NECROPSIED.

#### **TABLE F3**

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED $\rm NA_3NTA^{\cdot}H_2O$ in the diet

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS WECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY ANIMALS WITH NON-TUMOR PATHOLOGY	20 20 ( 100%) 20 11 (55%)	48	50 50 (100%) 50 34 (68%)
INTEGUMENTARY SYSTEM *		2 (4%)	2 (4%)
SKÍN CYST SEBACEOUS CYST		1	2 1 1
SUBCOT TISSUE Abscess		1 1	
PESPIRATORY SYSTEM		2 (4%)	1 (2%)
LUNG PNEUMONIA CHFONIC MURINE		2 2	1 1
CIRCULATORY SYSTEM			
NONB			
DIGESTIVE SYSTEM	4 (20%)	5 (10%)	4 (8%)
LIVER	£	4	2
HEMATOMA In <b>plamma</b> tion granulomatous	1		1
NECROSIS		1	,
METANORPHOSIS PATTY	1	1	
LIPOIDOSIS Hyperplasia Nodular		1	1
HIPERPLASIC NODULE	1		I
ANGIECTASIS	-	1	
LIVER/PERIPORTAL			1
METAMORPHOSIS PATTY			<b>'</b> 1
LIVER/CENTRILOBULAR		1	
NECROSIS		1	
BILE DUCT	1		
INFLANMATION FOCAL	1		

	CONTROL	LOW DOSE	HIGH DOSE
SMALL INTESTINE LYMPHOID HYPEFPLASIA		1 1	1 1
JRINARY SYSTEM		1 (2%)	28 (56%)
KIDNEY HYDRONEPHROSIS		1 1	28 28
ENDOCRINE SYSTEM		1 (2%)	2 (4%)
THYROID CYSTIC POLLICLES	•		1 1
PANCREATIC ISLETS HYPERPLASIA HYPELPLASIA FOCAL		1	1 1
HENATOPOIETIC SYSTEM	2 (10%)	4 (8%)	5 (10%)
BONE MAFFOW Hyperplasia	1 1		
SPLEEN Hyperplasia nodular lymphoid hyperplasia	1	2 2	3 2 1
MANDIBULAP L. NODE Hyperplasia reticulum-cell Lymphoid Hyperplasia	1 1 1		
MESENTERIC LYMFHNODE CYST HEMORRHAGE	1	2 1 1	2
IN FLAMMATION GRANULOMATOUS HYPERPLASIA HEMATOPOIESIS	1		1 1
REPRODUCTIVE SYSTEM	1 (5%)		1 (2%)
PROSTATE Hyperplasia cystic Lymphoid hypepplasia	1 1		1

		LOW DOSE	
ERVOUS SYSTEM		5 <b>(10%)</b>	
BRAIN COPPORA ANYLACEA	1 1	5 5	2 2
USCULOSKELETAL SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONL			
LL OTHER SYSTEMS	4 (20%)	1 (2%)	
ADIPOSE TISSUE	2		
INPLA MATION	2		
MESENTERY	2	1	
INFLAMMATION	2	1	
IO LESION REPORTED UTOLYSIS/NO NECROPSY PEFFORMED	7	18 2	11
NINAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATH*	20	50 6 1	50 4
MORIBUND SACPIFICE SCHEDUIED SACRIFICE ACCIDENTALLY KILLED		·	
TERMINAL SACRIFICE Animal bissing	20	43	46

\* SYSTEM PERCENTAGES ARE BASED ON NUMBER OF ANIMALS NECROPSIED.

# TABLE F4

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED $\rm NA_3NTA\cdot H_2O$ in the diet

و من			
	CONIROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY ANIMALS WITH NON-TUMOR PATHOLOGY	20 18 (100%) 18 12 (67%)	50 46 (100%) 46 35 (76%)	50 47 (100%) 47 41 (87%)
INTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM *		3 (7%)	
LUNG PNEUMONIA CHRONIC MURINE		3 3	
CIRCULATORY SYSTEM			
NONE	~~~~~~~~~~		
DIGESTIVE SYSTEM		<b>4 (9≴)</b>	1 (2%)
LIVER		2	
NECROSIS FOCAL		1	
LYMPHOID HYPERPLASIA		1	
GA LL BLA DDER		1	
CALCULUS		1	
BILE DUCT		1	
LYMPHOCYTIC INFLAM INFILTRATE		1	
LARGE INTESTINE ABSCESS			1
URINARY SYSTEM	1 (6%)	1 (2%)	31 (66%)
KIDNEY		1	30
HYDRONEPHROSIS		1	30

	CONTROL	LOW DOSE	HIGH DOSI
KIDNBY (CONT.)			
INFLAMMATION CHRONIC			1
LYMPHOID HYPERPLASIA			1
URETER			1
INPLAMMATION			1
URINARY BLADDER	1		
IN FLAMMATION	1		
ENLOCPINE SYSTEM		2 (4%)	
THYROID		2	
HYPERPLASIA C-CELL		2	
IENATOPOIETIC SYSTEM	4 (22%)	5 (11%)	3 (6%)
SPLEEN	3	4	3
HYPERPLASIA		1	
HYPERPLASIA RETICULUM-CELL	_	_	1
LYMPHOID HYPERPLASIA	3	3	2
MANDIBULAR L. NODE		1	
LYMPHOID HYPERPLASIA		1	
BRONCHIAL LYMPH NODE			1
LYMPHOID HYPERPLASIA			1
PANCREATIC L.NODE	1		
CIST	1		
MESENTERIC LYMPHNODE		2	1
EDBNA		1	
INFLAMMATION		1	
HYPERPLASIA RETICULUM-CELL		<u> </u>	

# TABLE F4 FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOS
ESENTERIC LYMPHNODE (CONT.) LYMPHOID HYPERPLASIA			1
THYMUS Lymphoid Hyperplasia			1
EPRODUCTIVE SYSTEM	11 (61%)	28 (61%)	23 (49%)
UTERUS		3	
HEMORRHAGE		1	
PYOMETRA		2	
CERVIX UTERI	1	1	
IN FLAMMATION	1	1	
UTERUS/ENDOMETRI UM	5	22	20
INFLAMMATION SUPPURATIVE		1	
HYPER PLASIA	1	1	
EXPERPLASIA CYSTIC	4	20	20
OVARY	6	8	5
CYST	6	7	4
HEMATOMA		1	
ABSCESS		*********	1
ERVOUS SYSTEM	2 (11%)	3 (7%)	5 (11%)
ERAIN	2	3	5
ARTER IOS CLEPOSIS	1		
NECROSIS FOCAL	1		
CORPORA AMYLACEA	1	3	5
CHOLESTEATONA	1		

# TABLE F4 FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

NONE

TABLE F4	FEMALE MICE:	NONNEOPL.	ASTIC LESIONS	(CONTINUED)
				,,

CONTROL	LOW DOSE	HIGH DOSI
*** * * * * * * * * * * * * * * * * *		
	****	
1 (5%)	12 (26%)	1 (2%)
1		1
1		1
	8 4	3 3
20	50	50
3	6	ø
	1	
17	43	44
	1 (5 <b>%</b> ) 1 1 4 2 20 3	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

\* SYSTEM PEFCENTAGES ARE BASED ON NUMBER OF ANIMALS NECROPSIED.

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